

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

PRINTED: 11/08/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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			
E 004 SS=D	<p>This facility is not in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.</p> <p>Develop EP Plan, Review and Update Annually CFR(s): 483.73(a)</p> <p>§403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a).</p> <p>The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</p> <p>(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following:</p> <p>* [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the</p>	E 004		8/25/24	

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

TITLE

(X6) DATE

Electronically Signed

07/24/2024

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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E 004	<p>Continued From page 1</p> <p>requirements of this section, utilizing an all-hazards approach.</p> <p>* [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually.</p> <p>* [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years.</p> <p>.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of the facility's Emergency Preparedness Plan and Program (EPP), it was determined that the facility failed to ensure that their EPP was reviewed and updated at least annually.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/24/24 at 1:03 PM, the [US FOIA (b)(6)] and the [US FOIA (b)(6)] confirmed that they were both responsible for the overall completion and maintenance of the EPP. The [US FOIA (b)(6)] and [US FOIA (b)(6)] confirmed that their program was to be reviewed annually. When asked if there was a signature page documenting that the program was reviewed, the [US FOIA (b)(6)] stated that there was none present. Upon review, a "Disaster Planner Contract" was located in the EPP, dated January 2022, with a previous [US FOIA (b)(6)] name identified.</p>	E 004	<p>E004</p> <p>Element 1</p> <p>The Administrator and Director of Maintenance initiated a review and update of the facility emergency preparedness plan.</p> <p>Element 2</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3</p> <p>On 7/29/24 the Administrator inserviced the [US FOIA (b)(6)] as to the importance of reviewing annually and updating the facility emergency preparedness plan at least annually. Administrator will audit the emergency preparedness plan on a quarterly for the next 4 quarters to determine compliance and that the emergency preparedness plan is up to date.</p> <p>Element 4</p> <p>The results of the quarterly audits will be</p>		

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E 004	Continued From page 2  At this time, the <b>US FOIA (b)(6)</b> were unable to provide evidence that their EPP was reviewed and updated annually.  In a facility provided document titled, "Emergency Management Plan," with a handwritten revised date of April 2024, included: a multidisciplinary team represented as The Safety Committee will conduct annual evaluation of the Emergency Management Plan. The evaluation will include review and assessment of the plan's objectives, scope, performance, and effectiveness.	E 004	submitted to the Quality Assurance and Process Improvement Committee Meeting quarterly for 1 year. Based on the results of these audits, a decision will be made regarding the frequency of submission and reporting.		
E 006 SS=D	NJAC 8:39-31.2(e). Plan Based on All Hazards Risk Assessment CFR(s): 483.73(a)(1)-(2)  §403.748(a)(1)-(2), §416.54(a)(1)-(2), §418.113(a)(1)-(2), §441.184(a)(1)-(2), §460.84(a)(1)-(2), §482.15(a)(1)-(2), §483.73(a)(1)-(2), §483.475(a)(1)-(2), §484.102(a)(1)-(2), §485.68(a)(1)-(2), §485.542(a)(1)-(2), §485.625(a)(1)-(2), §485.727(a)(1)-(2), §485.920(a)(1)-(2), §486.360(a)(1)-(2), §491.12(a)(1)-(2), §494.62(a)(1)-(2)  [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]  (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*  (2) Include strategies for addressing emergency	E 006			8/25/24

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E 006	<p>Continued From page 3 events identified by the risk assessment.</p> <p>* [For Hospices at §418.113(a):] Emergency Plan. The Hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach. (2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.</p> <p>*[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For ICF/IIDs at §483.475(a):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:  (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach,</p>	E 006			

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E 006	<p>Continued From page 4 including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment. This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's Emergency Preparedness Plan and Program (EPP), it was determined that the facility failed to develop an EPP using an all hazards approach.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/24/24 at 1:03 PM, the <b>US FOIA (b)(6)</b> [REDACTED] confirmed that they were both responsible for the overall completion and maintenance of the EPP. When asked what hazards were identified in the all hazards risk assessment, the <b>US FOIA (b)(6)</b> recited various utilities (gas, electrical, etcetera). When asked if there were any additional hazards, the <b>US FOIA (b)(6)</b> reviewed the EPP and stated, "I don't see any particulars." The surveyor observed that the risk assessment form was blank. The surveyor inquired if any weather elements or man-made disasters were included in the EPP. The <b>US FOIA (b)(6)</b> confirmed that they were not included. When asked if the facility utilized an all hazards approach to the risk assessment, the <b>US FOIA (b)(6)</b> confirmed that it was not completed.</p> <p>In a facility provided policy titled, "Emergency Management Plan," with a handwritten revised date of April 2024, included under the title of Performance of Plan: Hazard Vulnerability Analysis (HVA)- An HVA has been conducted to include: list of possible disasters; Probability of Occurrence; Risk to organization [ ...].</p>	E 006	<p>E006- pending copy of risk assessment Element 1 On 6/28/2024 the Director of Maintenance initiated developing an emergency preparedness plan using an all-hazards approach. Element 2 All residents have the potential to be affected by this practice. Element 3 On 7/29/24 the Administrator in-serviced the <b>US FOIA (b)(6)</b> as to the importance of developing an emergency preparedness plan using an all-hazards approach. Administrator will audit the emergency preparedness plan on a quarterly basis for 4 quarters to determine if the plan is up to date including an all-hazards approach. Element 4 The results of the audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 1 year. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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E 006	Continued From page 5	E 006			
E 007	NJAC 8:39-31.2(e)	E 007			
SS=D	EP Program Patient Population CFR(s): 483.73(a)(3)  §403.748(a)(3), §416.54(a)(3), §418.113(a)(3), §441.184(a)(3), §460.84(a)(3), §482.15(a)(3), §483.73(a)(3), §483.475(a)(3), §484.102(a)(3), §485.68(a)(3), §485.542(a)(3), §485.625(a)(3), §485.727(a)(3), §485.920(a)(3), §491.12(a)(3), §494.62(a)(3).  [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]  (3) Address [patient/client] population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.**  *[For LTC facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following: (3) Address resident population, including, but not limited to, persons at-risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.  *NOTE: ["Persons at risk" does not apply to: ASC, hospice, PACE, HHA, CORF, CMCH,		8/25/24		

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E 007	<p>Continued From page 6 RHC/FQHC, or ESRD facilities.] This REQUIREMENT is not met as evidenced by: Based on interview and review of the facility's Emergency Preparedness Plan and Program (EPP), it was determined that the facility failed to ensure the Emergency Plans included a plan for how the facility and staff would address the patient populations needs during an emergency.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/24/24 at 1:03 PM, th <b>US FOIA (b)(6)</b> [REDACTED] confirmed that they were both responsible for the overall completion and maintenance of the EPP. When asked if there were any special populations in the facility, the <b>US FOIA (b)(6)</b> stated that they have <b>NJ Exec Order 26.4b1</b> [REDACTED] and <b>NJ Exec Order 26.4b1</b> that are in here from <b>NJ Exec Order 26.4b1</b>". When asked how they would be evacuated from the facility in case of an emergency, the <b>US FOIA (b)(6)</b> stated that it would be a "similar process" as the rest of the population. When asked if the <b>NJ Exec Order 26.4b1</b> could be evacuated and placed in a bus with a <b>NJ Exec Order 26.4b1</b> resident, the <b>US FOIA (b)(6)</b> denied. When asked if anyone additional has to be contacted in regards the evacuation of <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> residents, the <b>US FOIA (b)(6)</b> did not answer. When asked if the EPP thoroughly identified the patient population in the facility during an emergency, the <b>US FOIA (b)(6)</b> confirmed that there was no assessment plan for <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> residents.</p> <p>In a facility provided policy titled, "Emergency Management Plan," with a handwritten revised</p>	E 007	<p>E007 Element 1 The Director of Maintenance immediately initiated updating the facility emergency preparedness plan to include a plan for how the facility and staff would address all patient populations including but not limited to <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> [REDACTED] needs during an emergency.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 On 7/29/2024 The Administrator in-serviced the <b>US FOIA (b)(6)</b> as to the importance of updating the facility emergency preparedness plan to include a plan for how the facility and staff would address all patient population needs during an emergency. Administrator will audit the emergency preparedness plan on a quarterly basis for 4-quarters to determine compliance with all patient populations identified with specific needs during and emergency.</p> <p>Element 4 The results of the quarterly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting quarterly for 1 year. Based on the results of these audits, a decision will be made regarding the frequency of submission and reporting.</p>		

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E 007	Continued From page 7 date of April 2024, did not address the special populations identified in the facility.	E 007			
E 009 SS=D	NJAC 8:39-31.2(e) Local, State, Tribal Collaboration Process CFR(s): 483.73(a)(4)  §403.748(a)(4), §416.54(a)(4), §418.113(a)(4), §441.184(a)(4), §460.84(a)(4), §482.15(a)(4), §483.73(a)(4), §483.475(a)(4), §484.102(a)(4), §485.68(a)(4), §485.542(a)(4), §485.625(a)(4), §485.727(a)(5), §485.920(a)(4), §486.360(a)(4), §491.12(a)(4), §494.62(a)(4)  [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years [annually for LTC facilities]. The plan must do the following:]  (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation. *  * [For ESRD facilities only at §494.62(a)(4)]: (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation. The dialysis facility must contact the local emergency preparedness agency at least annually to confirm that the agency is aware of the dialysis facility's needs in the event of an emergency. This REQUIREMENT is not met as evidenced by:	E 009		8/25/24	



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E 009	<p>Continued From page 8</p> <p>Based on interview and review of the facility's Emergency Preparedness Plan and Program (EPP), it was determined that the facility failed to ensure that a copy of the EPP was sent to the local and county office of emergency management (OEM) for annual review.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/24/24 at 1:03 PM, the <b>US FOIA (b)(6)</b> confirmed that they were both responsible for the overall completion and maintenance of the EPP. The <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> confirmed that the program was to be reviewed annually and forwarded to the local and county OEM via email and certified mail. At this time, the facility could not provide documentation that the local EOM was provided with or acknowledged the receipt of the EPP as required.</p> <p>In a facility provided document titled, "Emergency Management Plan," with a handwritten revised date of April 2024, included: a multidisciplinary team represented as The Safety Committee will conduct annual evaluation of the Emergency Management Plan. The evaluation will include review and assessment of the plan's objectives, scope, performance, and effectiveness.</p> <p>NJAC 8:39-31.2(e).</p>	E 009	<p>E009 Element 1 The Director of Maintenance will send a copy of the emergency preparedness plan to the local and county office of emergency management by 8/25/24 for annual review. A copy of the cover letter sent to each OEM office will be submitted via EPOC as acknowledgment. Element 2 All residents have the potential to be affected by this practice. Element 3 On 7/20/2024 The Administrator in-serviced the <b>US FOIA (b)(6)</b> as to the importance of sending a copy of the emergency preparedness plan to the local and county office of emergency management for annual review. The Administrator will audit the emergency management plan on a quarterly basis for 4 quarters to ensure compliance with all required information. Element 4 The results of the quarterly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting quarterly for 1 year. Based on the results of these audits, a decision will be made regarding the frequency of submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on August 1 2024.</p>		
F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ159377, NJ159451, NJ159539,</p>	F 000			

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F 000	Continued From page 9 NJ159783, NJ161534, NJ162168, NJ163249, NJ166562, NJ166769, NJ168809, NJ171551, NJ174454  Survey Date: 6/26/24  Census: 94  Sample: 32 + 3  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550			8/25/24

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F 550	<p>Continued From page 10</p> <p>residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Complaint NJ #: 159451; 159783</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain an environment that promoted maintenance or enhancement of the resident's [REDACTED] NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 1 residents reviewed for Resident Rights (Resident #60).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/17/24 at 10:27 AM, the surveyor observed Resident #60 in their room watching television. Resident #60 stated that they did not like to [REDACTED] NJ Exec Order 26.4b1 in their room because their roommate (Resident #71) [REDACTED] NJ Exec Order 26.4b1 on the floor, causing the room to become [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 When</p>	F 550	<p>F550 Element 1 On 6/26/2024 The Environmental Services Director initiated a [REDACTED] NJ Exec Order 26.4b1 of resident #60's room to include [REDACTED] NJ Exec Order 26.4b1 of the entire room. On 7/24/2024 The Administrator and Unit Manager for Resident #60 offered resident to [REDACTED] NJ Exec Order 26.4b1 within the facility. [REDACTED] NJ Exec Order 26.4b1 The Administrator and Environmental Services Director reviewed and updated the facility policy on resident's rights to ensure it is compliant with maintaining a resident's dignity and care by 8/25/2024.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p>		

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F 550	<p>Continued From page 11</p> <p>asked if the facility was aware of this behavior, Resident #60 confirmed.</p> <p>On 6/20/24 at 10:52 AM, the surveyor was on the <sup>NJ Exec Order 26.4b1</sup> nursing unit and <sup>NJ Exec Order 26.4b1</sup> while approaching Resident #60's room. The surveyor entered the room to discover the floor by Resident #60's bed was <sup>NJ Exec Order 26.4b1</sup> and <sup>NJ Exec Order 26.4b1</sup> in addition to <sup>NJ Exec Order 26.4b1</sup> observed on the bed. Upon exiting the room, the surveyor observed two facility staff sitting in the alcove across from the resident's room engaged in conversation.</p> <p>On 6/20/24 at 11:41 AM, the surveyor requested that Registered Nurse (RN #1) walk with them to Resident #60's room. While approaching the room, RN #1 acknowledged the <sup>NJ Exec Order 26.4b1</sup> and confirmed that they were aware of the room's condition approximately 30 minutes prior to the surveyor being on the floor. RN #1 stated that they notified housekeeping and instructed the certified nursing aides to clean the room. RN #1 stated that they were under the impression that it was rectified.</p> <p>On 6/20/24 at 11:55 AM, the surveyor interviewed the <sup>US FOIA (b)(6)</sup> <sup>US FOIA (b)(6)</sup> stated that the rooms were to be considered as the resident's home. The <sup>US FOIA (b)(6)</sup> stated that Resident #60 should not have to sit in a room that <sup>NJ Exec Order 26.4b1</sup>, confirmed that the entire hallway by Resident #60's room <sup>NJ Exec Order 26.4b1</sup> and that the two facility staff members sitting in the alcove should have attempted to identify the location of the <sup>NJ Exec Order 26.4b1</sup> to clean it up.</p> <p>The surveyor reviewed the medical record for Resident #60.</p>	F 550	<p>Element 3</p> <p>The Environmental Service Director will initiate staff re-education of residents rights to an environment that promotes the maintenance or enhancement of the resident's quality of life for all housekeeping and laundry staff. The Administrator and Environmental Services Director reviewed and updated the facility policy on resident's rights to ensure it is compliant with maintaining a resident's dignity and care. The Environmental Services Director will conduct a weekly audit of 5 rooms of the total resident census weekly times four (4) weeks. When compliance is determined, the facility will continue to audit 5 rooms of the total resident census monthly for the next six (6) months with results submitted to the QAPI Committee.</p> <p>Element 4</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 550	<p>Continued From page 12</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that resident was admitted to the facility with diagnosis that included <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected a brief interview for mental status (BIMS) score of <b>NJ Exec Order 26.4b1</b> out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/25/24 at 9:43 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that the resident room should have been cleaned in a timely fashion and that residents should have the expectation to receive quality care and quality living environments.</p> <p>On 6/26/24 at 10:35 AM, the <b>US FOIA (b)(6)</b> in the presence of the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> acknowledged that the facility was aware of ongoing issue with Resident #60's room, but have never approached the resident to discuss whether or not this living condition impacted them.</p> <p>A review of the facility's "Resident Rights" policy, created 2/2024, included...The resident has a right to a safe, clean, comfortable and Homelike Environment, including but not limited to receiving treatment and supports for daily living safely...</p>	F 550			

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F 550	Continued From page 13  A review of the facility's undated "Quality of Life-Homelike Environment" policy included...2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Cleanliness and order...e. Pleasant, neutral scents...  A review of the facility's undated "Certified Nurse Aide Position" document included...22. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and right...  A review of the facility's undated "Licensed Practical Nurse Position" document included...9. Supervises and coordinates nursing personnel in providing direct resident care in adherence with state and federal regulations. 10. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and right...  A review of the facility's undated "Registered Nurse Position" document included...2. 9. Supervises and coordinates nursing personnel in providing direct resident care in adherence with state and federal regulations.	F 550			
F 573 SS=D	NJAC 8:39-4.1 (a), 11 Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3)  §483.10(g)(2) The resident has the right to access personal and medical records pertaining	F 573		8/25/24	

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F 573	<p>Continued From page 14</p> <p>to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the</p>	F 573			

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F 573	<p>Continued From page 15</p> <p>patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by: NJ Complaint #168809</p> <p>Based on interviews and review of pertinent facility documents, it was determined that the facility failed to provide a discharged resident with a copy of their medical records within a timely manner of the written request. This deficient practice was identified for 1 of 1 resident reviewed for medical records (Resident #252), and was evidenced by the following:</p> <p>According to the Resident Face Sheet (an admission summary), Resident #252 was admitted to the facility in [REDACTED] with diagnoses [REDACTED] NJ Exec Order 26.4b1. The face sheet did not include the resident's discharge date.</p> <p>A review of the electronic Admissions record revealed Resident #252 was discharged from the facility in [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/19/24 at 12:09 PM, the surveyor interviewed the Medical Records personnel who stated residents and authorized personnel can request medical records. Once the Medical Records personnel received the authorization, she printed out the medical records and had the nurses review to ensure they were complete and accurate. At that time the surveyor provided the Medical Records personnel with a list of residents if she could provide documentation if medical records were requested.</p> <p>On 6/20/24 at 9:12 AM, the Medical Records</p>	F 573	<p>Element 1: The facility was unable to locate requested records for resident #252. Resident #252 representative was unable to be notified due to no contact information on the facesheet. The Administrator will conduct in-service and education based on the findings in this deficiency to ensure that going forward a copy of the record will be furnished within 2 working days. The Administrator / Designee will conduct an audit to assure that no other medical record requests are currently outstanding, to include a date the request was initiated and completed and by whom.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator and Medical Records Coordinator will conduct a review and revise where needed the facility Medical Records Request policy to ensure each resident access to their personal medical record within twenty-four (24) hours, and copies within forty-eight (48) hours of the date requested. The Administrator / Designee will conduct in-service education with all Medical Records, Unit Clerks, and Reception staff on the facility policy and procedure for Access/ Documentation to Medical Records Requests. The Medical Records Coordinator /</p>		



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F 573	<p>Continued From page 16</p> <p>personnel informed the surveyor that months ago a representative for Resident #252 requested a copy of the resident's medical records. The Medical Records personnel stated she had made copies and provided them to the previous <b>US FOIA (b)(6)</b> and she was unsure if he sent them to the representative for Resident #252. At that time, the surveyor requested a copy of the medical records request and any documentation the medical records were released.</p> <p>A review of the documentation provided by the facility's <b>US FOIA (b)(6)</b> revealed that on <b>US Exec Order 26,400</b>, a representative for Resident #252 made a request to receive a copy of the resident's medical records.</p> <p>On 6/25/24 at 10:33 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated the facility had a form that was to be completed and medical records were released. The <b>US FOIA (b)(6)</b> stated a resident, family member, or representative as long as they were authorized could receive access to medical records with a small fee up to \$20. The medical records were printed out as soon as possible after the request was made. The <b>US FOIA (b)(6)</b> stated at the time of Resident #252's stay at the facility, the facility utilized paper medical records, and the facility was trying to locate the records.</p> <p>On 6/25/24 at 1:22 PM, the <b>US FOIA (b)(6)</b> informed the surveyor that there was no evidence that the representative for Resident #252 received the records.</p> <p>A review of the facility provided "Medical Record Policy" dated last revised 5/1/24, did not include the process for obtaining medical records.</p>	F 573	<p>Designee will conduct weekly audits of all medical record requests weekly times 8 weeks. When compliance is established the facility will continue auditing all medical record requests monthly for the next six (6) months.</p> <p>Element 4</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The next Quality Assurance and Process Improvement Committee Meeting will be held on August 1, 2024.</p>		

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F 580 SS=D	<p>NJAC 8:39-35.2(h)</p> <p>Notify of Changes (Injury/Denial/Room, etc.)</p> <p>CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p>	F 580		8/25/24	

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F 580	<p>Continued From page 18</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint NJ #162168</p> <p>Based on interviews, review of the closed medical records, and pertinent facility documents, it was determined that the facility failed to notify a resident's family after a <b>NJ Exec Order 26.4b1</b>. This deficient practice was identified for 1 of 35 sampled residents (Resident #247), and was evidenced by the following:</p> <p>A review of the closed medical record for Resident #247 revealed the resident was admitted to the facility in <b>NJ Exec Order 26.4b1</b> and discharged from the facility in <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, indicated that the resident had <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with diagnoses which included <b>NJ Exec Order 26.4b1</b>.</p>	F 580	<p>Element 1: Corrective Actions</p> <p>Resident #247 no longer resides in the facility. A review of the closed medical record for Resident #247 was conducted and it was determined that the facility failed to notify the resident's family after a <b>NJ Exec Order 26.4b1</b> due to there not being a phone number in the resident's medical chart.</p> <p>On July 25, 2024, The Director of Nurses/Designee initiated re-education to the licensed nursing staff to notify the physician or provider and responsible party/family member of change in condition following an incident/accident. This will be completed by July 30, 2024.</p> <p>On July 25, 2024, The Director of Nurses/Designee will initiate an audit to identify any incident reports in the last month in which families and/or</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 580	<p>Continued From page 19</p> <p>A review of the Progress Notes included a Nurses Note (NN) dated [REDACTED] NJ Exec Order 26.4b1, that the resident was noted [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] Vital signs were obtained, and the resident [REDACTED] NJ Exec Order 26.4b1 from their wheelchair [REDACTED] NJ Exec Order 26.4b1, and [REDACTED] on their [REDACTED] that they [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The nurse noted that they left a message for the [REDACTED] US FOIA (b)(6) but they were unable to call a responsible party because there was no phone number available.</p> <p>On 6/19/24 at 1:25 PM, the surveyor requested from the [REDACTED] US FOIA (b)(6) [REDACTED] a change of condition policy.</p> <p>On 6/20/24 at 9:54 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated family was notified anytime there was a [REDACTED] NJ Exec Order 26.4b1. The surveyor asked the [REDACTED] US FOIA (b)(6) why there was no phone number for Resident #247's representative, and the [REDACTED] US FOIA (b)(6) stated the resident had a responsible party who was very involved in their care, and the [REDACTED] US FOIA (b)(6) [REDACTED] would be able to contact them. The facility's [REDACTED] US FOIA (b)(6) worked at the only [REDACTED] NJ Exec Order 26.4b1, and the surveyor asked the [REDACTED] US FOIA (b)(6) to provide any documentation they were informed of the [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 12:57 PM, the survey team met with the [REDACTED] US FOIA (b)(6), and requested any additional information on Resident #247's [REDACTED] NJ Exec Order 26.4b1 notification. The [REDACTED] US FOIA (b)(6) stated that the resident had a responsible party who was very involved, and needed to check the Progress Notes. The surveyor requested a change of condition policy.</p>	F 580	<p>responsible party were not notified. This will be completed by July 26, 2024.</p> <p>On July 23, 2024, The Admission Director/Designee initiated an audit for all residents to ensure there is a phone number in the medical record. This audit will be completed by July 26, 2024.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On July 25, 2024, The Director of Nurses/Designee initiated re-education to the licensed nursing staff and agency licensed nursing staff in the facility on the Policy and Procedure for notifying responsible party and/or family members of changes in condition.</p> <p>The Director of Nursing/designee will audit 5 random resident charts to assure that the responsible party and/or family have been notified of the residents change in condition weekly times four (4), then and after the 4-weeks and competency is established, the facility will continue auditing 3 charts monthly for one (1) quarter, then quarterly for 2 quarters to monitor for compliance and report to QA.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly and daily audits</p>		

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F 580	Continued From page 20 On 6/26/24 at 10:36 AM, the <b>US FOIA (b)(6)</b> in the presence of the <b>US FOIA (b)(6)</b> and survey team stated that she usually spoke to Resident #247's responsible party member via the telephone that she stored in a separate book, and the <b>US FOIA (b)(6)</b> always made sure the responsible party was aware of any changes. The <b>US FOIA (b)(6)</b> confirmed the phone number should have been located in the resident's medical record, and that Resident #247's responsible party should have been made aware of the resident's <b>NJ Exec Order 26.4b1</b> .  No policy was received.	F 580	will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.		
F 582 SS=E	NJAC 8:39-13.1(c) Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)  §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.  §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and	F 582		8/25/24	

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F 582	<p>Continued From page 21</p> <p>periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to issue the required <sup>NJ Ex Order 26.4(b)</sup> and <sup>NJ Ex Order 26.4(b)(1)</sup> forms prior to discharge from <sup>NJ Exec Order 26.4b1</sup> services. This deficient</p>	F 582	<p>Element 1</p> <p>Resident # 28 has <sup>NJ Exec Order 26</sup></p> <p>Resident #55 was notified on <sup>NJ Exec Order 26.4b1</sup></p> <p>by the administrator/designee with the appropriate <sup>NJ Ex Ord</sup> and <sup>NJ Ex Order 26.4(b)</sup> form.</p> <p>Resident # 82 was notified on <sup>NJ Exec Order 26.4b1</sup></p>		

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F 582	<p>Continued From page 22</p> <p>practice was identified for for 3 of 3 residents reviewed for beneficiary notifications (Resident #28, #55, and #82), and was evidenced by the following:</p> <p>On 6/25/24 at 9:18 AM, the surveyor reviewed three residents (#28, #55, #82) who were discharged from their [NJ Exec Order 26.4b1] stay with benefit days remaining within the [NJ Exec Order 26.4b1] and should have received Beneficiary Notices.</p> <p>Resident #28 had a last documented covered day of [NJ Exec Order 26.4b1] service coverage date of [NJ Exec Order 26.4b1], from a facility-initiated discharge when benefit days were not exhausted. The facility did not have the resident or resident representative sign the required [NJ Exec Order 26.4b1] form to notify them of the [NJ Exec Order 26.4b1]. The [NJ Exec Order 26.4b1] form was also unsigned and dated [NJ Exec Order 26.4b1], and only included [NJ Exec Order 26.4b1] services with no documented estimated costs. The [NJ Exec Order 26.4b1] form contained no other services [NJ Exec Order 26.4b1] would not cover with the estimated costs.</p> <p>Resident #55 had a last documented covered day of [NJ Exec Order 26.4b1] service coverage date of [NJ Exec Order 26.4b1], from a facility-initiated discharge when benefit days were not exhausted. The facility provided the [NJ Exec Order 26.4b1] form for the resident to sign on [NJ Exec Order 26.4b1] with a notation that the date was incorrect; it was signed on [NJ Exec Order 26.4b1] which was [NJ Exec Order 26.4b1] after the last covered day. The [NJ Exec Order 26.4b1] form was also signed and dated [NJ Exec Order 26.4b1], and only included [NJ Exec Order 26.4b1] services with no documented estimated costs. The [NJ Exec Order 26.4b1] form contained no other services [NJ Exec Order 26.4b1] would not cover with the estimated</p>	F 582	<p>by the adminstrator/designee with the appropriated [NJ Ex Ord] and [NJ Ex Ord] form.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator will conduct a review and revise where needed the facility policy and procedure for Medicaid/Medicare Coverage/ Liability Notice specifically as it relates to the issuing of the Notice of Medicare Non-Coverage (NOMNC) and Advanced Beneficiary Notice (ABN) forms at least forty-eight (48) Hours prior to discharge from Medicare Part A Services. The Administrator/ Designee will conduct a weekly audit to ensure the facilities Notice of Medicare Non-Coverage (NOMNC) and Advanced Beneficiary Notice (ABN) policy and procedure are completed as relates to the timely notification and documentation of submission and are within compliance of the facilities policy and procedure. The facilities Social Worker/Designee will audit the Notice of Medicare Non-Coverage (NOMNC) and Advanced Beneficiary Notice (ABN) of the total Medicare A resident census weekly times four (4), until compliance is established. The Administrator will continue to audit the Notice of Medicare Non-Coverage (NOMNC) and Advanced Beneficiary Notice (ABN) for the next six (6) months to monitor compliance and report QAPI Committee.</p> <p>Element # 4 The results of the weekly and daily audits will be submitted to the Quality Assurance</p>		

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F 582	<p>Continued From page 23 costs.</p> <p>Resident #82 had a last documented covered day of NJ Exec Order 26.4b1 service date of NJ Exec Order 26.4b1, with the resident NJ Exec Order 26.4b1 from services due to NJ Exec Order 26.4b1. The facility provided the NJ Ex Order 26.4b1 form for the resident to sign on NJ Exec Order 26.4b1; which the facility noted the resident NJ Exec Order 26.4b1 and responsible party notified but no signature. The NJ Ex Ord form was unsigned and dated NJ Exec Order 26.4b1 and only included NJ Exec Ord services with no documented estimated costs. The NJ Ex Ord form contained no other services NJ Exec Order 26.4b1 would not cover with the estimated costs.</p> <p>On 6/25/24 at 10:01 AM, the surveyor interviewed the US FOIA (b)(6) who stated the NJ Ex Ord and NJ Ex Order 26.4b1 forms were provided to residents who received NJ Exec Order 26.4b1 services that benefit time still remained, but the services were discontinued. The NJ Ex Order 26.4b1 was provided forty-eight hours prior to discharge from rehab that informed the resident their right to appeal the discharge. The NJ Ex Ord form was also provided then, and listed what NJ Exec Order 26.4b1 services would not be covered and the cost of those services. At that time the surveyor reviewed the residents' NJ Ex Ord and NJ Ex Order 26.4b1 forms, and the US FOIA (b)(6) confirmed they were not completed appropriately. The US FOIA (b)(6) stated the facility had no US FOIA (b)(6) since NJ Exec Order 26.4b1 until about a NJ Exec Ord ago who worked NJ Exec Order 26.4b1 a week, and usually the US FOIA (b)(6) had the resident complete the forms. The US FOIA (b)(6) continued the NJ Exec Order Department provided at that time the NJ Ex Order 26.4b1 forms, and she did "not believe the forms were being completed" with no US FOIA (b)(6).</p> <p>A review of the facility's "Advance Beneficiary</p>	F 582	and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.		



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F 582	Continued From page 24  Notices (ABN) and Notice of Medicare Non-Coverage (NOMNC) Guidelines" dated last revised 1/1/24, included the facility shall obtain in a timely manner and retain all Advance Beneficiary Notices (ABN) and Notice of Medicare Non-Coverage as required by [Centers for Medicaid Medicare Services] guidelines. The [Minimum Data Set] Coordinator is responsible for monitoring and ensuring the ABN's are completed on each resident in a timely manner...ABN is issued when you expect Medicare to deny payment for an item or service because it is not reasonable and necessary under Medicare Program standards...The ABN allows the beneficiary to make an informed decision about whether to get services and accept financial responsibility for those services if Medicare does not pay...Medicare considers issuance of ABN and/or NOMNC effective when the notice is [...] provided far enough in advance of potentially non-covered items or services to allow sufficient time for the beneficiary to consider available options (at least two days)...The beneficiary or the beneficiary's representative must sign and retain the ABN and send a copy of the signed ABN to you for retention in the beneficiary's record. Keep a copy of the unsigned ABN on file while awaiting receipt of the signed ABN. If the beneficiary fails to return a signed copy, document the initial contact and subsequent attempts to obtain a signature in appropriate records or on the ABN.	F 582			
F 584 SS=D	NJAC 8:39-5.4 (b)(c) Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment.	F 584		8/25/24	

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F 584	<p>Continued From page 25</p> <p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p>			F 584			

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F 584	<p>Continued From page 26</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ #159783</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to to maintain the residents' environment, equipment, and living areas in a safe, sanitary, and homelike manner that included clean linens and privacy curtains. This deficient practice was identified for 2 of 2 nursing units observed for the facility environment task.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked what the resident census in the facility was, and the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] stated 94 residents.</p> <p>On 6/17/24 at 10:42 AM, during initial tour of the [NJ Exec Order 26.4b1] nursing unit, the surveyor observed that the clean linen cart located near Resident Room #15 did not contain any towels.</p> <p>On 6/19/24 at 11:16 AM, the surveyor toured the [NJ Exec Order 26.4b1] nursing unit and observed no clean towels in the clean linen cart located by Resident Room #15, and one clean towel in the clean linen cart by Resident Room #8.</p> <p>On 6/20/24 at 10:48 AM, the surveyor toured the [NJ Exec Order 26.4b1] nursing unit and did not observe any clean towel in the clean linen cart by Resident Room #15.</p>	F 584	<p>F584</p> <p>Element 1.</p> <p>The Environmental Services Director will secure sufficient linen to meet residents need on all shifts. Bedside curtain in room 34 was changed on 6/20/2024. All resident privacy curtains were assessed for cleanliness and any findings were addressed. On 06/26/24 the environmental services director conducted an audit on linen stock and privacy curtains to determine adequate PAR levels to meet resident needs. The Environmental Services Director initiated the usage of an emergency back stock of all facility linens and privacy curtains to ensure that in the event of an emergency the facility is able to maintain a safe, clean, comfortable, homelike environment.</p> <p>Element 2</p> <p>All residents have the potential to be impacted by this deficient practice.</p> <p>Element 3</p> <p>The Environmental Services Director/ Designee will initiate re-education of all housekeeping and laundry staff on the protocol for proper notification and documentation of the review of the policy for maintaining a safe, clean, comfortable, and homelike environment within the facility forms with specific emphasis on sufficient stocking of all linen carts within the facility, the use of clean privacy curtains, and the location of the facility</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 584	<p>Continued From page 27</p> <p>On 6/24/24 at 1:39 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that linens and towels were routinely processed throughout the day. The <b>US FOIA (b)(6)</b> indicated that there was no storage area where clean towels were kept and ready for the residents. The surveyor completed an inspection of the laundry room, where it was observed that only six towels were clean. At that time, Housekeeper #1 (HK #1) entered the laundry room and stated that they were responsible for checking the clean linen carts every two hours. When asked the times in which laundry was brought to the floors, HK #1 explained that it was brought up at 7:30 AM before morning care, 1:30 PM, and about 2:30 to 3:00 PM before end of shift. When asked how many towels were brought to the floor, HK #1 reported twenty towels and twenty washcloths. The surveyor questioned if there were any issues with the stock of towels, at which time HK #1 admitted that the facility can run low because the agency nurses threw away a lot of the towels and washcloths.</p> <p>On 6/25/24 at 11:49 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who acknowledged that the <b>US FOIA (b)(6)</b> approached them and identified that the number of towels "has gone down". The <b>US FOIA (b)(6)</b> further confirmed that towels "were a problem" and that the facility had placed an order for additional towels.</p> <p>On 6/26/2024 at 10:35 AM, the <b>US FOIA (b)(6)</b> in the presence of the <b>US FOIA (b)(6)</b>, and <b>US FOIA (b)(6)</b> confirmed that there was not enough towels in the facility for the residents and that morning they stopped at a sister facility to pick up more towels.</p>	F 584	<p>emergency linens stock.</p> <p>The Environmental Services Director/ Designee will conduct weekly for 4 weeks and monthly for 3 months an audit on all linen carts to ensure the facilities policy and procedure for maintaining a safe, clean, comfortable, homelike environment with great emphasis on sufficiently stocked linen .</p> <p>The facilities Environmental/Designee will audit five (5) resident rooms regarding proper condition of privacy curtains of the total resident census weekly times four. Once compliance is established, the facility will continue to audit 5 resident rooms monthly for three (3) months to monitor compliance and report QAPI Committee.</p> <p>Element4</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 4 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 584	<p>Continued From page 28</p> <p>2. On 6/17/24 at 10:47 AM, during initial tour of the facility, the surveyor observed Resident Room # [REDACTED] which was occupied by [REDACTED] residents in beds [REDACTED] and [REDACTED] Bed [REDACTED] had a privacy curtain pulled around the bed and was observed to be [REDACTED] with a <b>NJ Exec Order 26.4b1</b> along the bottom of the curtain.</p> <p>On 6/20/24 at 12:55 PM, in the presence of the survey team and the [REDACTED] the [REDACTED] when presented with a photograph of the observed [REDACTED] privacy curtain, stated that privacy curtains were to be cleaned monthly or more frequently if needed and that it "should not look like that."</p> <p>Review of the facility's "Cleaning and disinfecting wheelchairs, gerichairs, bedside commode, and privacy curtain" policy dated last reviewed March 2024, included ensure that privacy curtains are kept clean and in good repair by: Conduct daily review of all privacy curtains to identify if any. Soiling is noted. Remove and replace monthly/as need for cleaning service...</p> <p>A review of the facility's "Resident Rights" policy, created February 2024, included...The resident has a right to a safe, clean, comfortable and Homelike Environment, including but not limited to receiving treatment and supports for daily living safely...</p> <p>A review of the facility's undated "Quality of Life-Homelike Environment" policy included...2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting.</p>	F 584			

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F 600	NJAC 8:39-31.4(a) Free from Abuse and Neglect	F 600			
SS=G	CFR(s): 483.12(a)(1)  §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.  §483.12(a) The facility must-  §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 Complaint #166562  Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure a resident who was on NJ Exec Order 26.4b1 by staff was NJ Exec Order 26.4b1 by staff to ensure the resident was NJ Exec Order 26.4b1 when they sustained NJ Exec Order 26.4b1 to both NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 from an NJ Exec Order 26.4b1. The deficient practice was identified for 1 of 7 residents reviewed for NJ Exec Order 26.4b1 (Resident #254), and was evidenced by the following:  A review of the facility's "One-to-One			8/25/24	
			Element 1: Corrective Actions  Resident #254 no longer resides at the facility. A review of the facility documents for resident #254 determined that the facility failed to ensure a resident who was on NJ Exec Order 26.4b1 by staff was NJ Exec Order 26.4b1 by staff to ensure the resident was NJ Exec Order 26.4b1 when the resident NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 from an NJ Exec Order 26.4b1.  On June 21, 2024, the Director of Nursing initiated re-education to the Certified Nursing Assistants (CNA) on the		

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F 600	<p>Continued From page 30</p> <p>Observation" policy and procedure, dated revised January 2024, included the aim of one-to-one nursing is to provide continuous observation for an individual patient for a period of time during acute physical or mental illness...Primary Physician/Nurse Practitioner shall be notified about the change in patient's condition and order will be obtained for continuous 1:1 observation until further evaluation. Resident/patient's care plan will be initiated and/or updated with resident centered interventions...</p> <p>On 6/17/24 at 1:00 PM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of investigations for reportable events to the New Jersey Department of Health (NJDOH) or any investigations that included <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>The surveyor reviewed an investigation for the closed medical record for Resident #254.</p> <p>A review of the Incident Report dated <b>NJ Exec Order 26.4b1</b> at 8:30 AM, revealed that the <b>US FOIA (b)(6)</b> was called to Resident #254's room to assess the resident who had <b>NJ Exec Order 26.4b1</b> on both <b>NJ Exec Order 26.4b1</b> a <b>NJ Exec Order 26.4b1</b> by <b>NJ Exec Order 26.4b1</b> to <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. When staff attempted to <b>NJ Exec Order 26.4b1</b> the resident <b>NJ Exec Order 26.4b1</b> the resident <b>NJ Exec Order 26.4b1</b>; the <b>US FOIA (b)(6)</b> was made aware and a new order was put in place to send to the <b>NJ Exec Order 26.4b1</b>. The report indicated no <b>NJ Exec Order 26.4b1</b>. Additional comments or steps taken to prevent recurrence included resident will be <b>NJ Exec Order 26.4b1</b> every shift or <b>NJ Exec Order 26.4b1</b>. A review of the</p>	F 600	<p>expectation and process of completing the <b>NJ Exec Order 26.4b1</b> when a resident has an order to have <b>NJ Exec Order 26.4b1</b> provided.</p> <p>On June 21, 2024, the Director of Nursing initiated re-education the licensed nursing staff and Certified Nursing Assistants (CNAs) on continuous monitoring and observation of a resident on one-to-one (1:1) monitoring for an individual resident for a period of time during acute physical or mental illness. To notify the physician or provider and responsible party/family member of the change in the resident's condition and an order will be obtained for continuous 1:1 monitoring and observation until further evaluation.</p> <p>On July 25, 2024, the Director of Nursing/Designee initiated an audit to monitor the 1:1 log for compliance.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On June 21, 2024, the Director of Nursing/Designee in-serviced the licensed/certified nursing staff, on the Policy and Procedure for abuse and neglect.</p> <p>On July 25, 2024, the Director of Nursing/Designee in-serviced the ancillary staff on the Policy and Procedure for abuse and neglect. This will be completed by July 29, 2024.</p>		

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F 600	<p>Continued From page 31</p> <p>statement dated [REDACTED] by the [REDACTED] US FOIA (b)(6) [REDACTED] included they were called to the resident's room and they observed the resident in bed with [REDACTED] and [REDACTED] on [REDACTED] of [REDACTED]. The resident was [REDACTED] and [REDACTED] upon further assessment noted [REDACTED] and [REDACTED] on both [REDACTED] and [REDACTED]. The resident [REDACTED] of [REDACTED] when an attempt to [REDACTED] was made, and the [REDACTED] US FOIA (b)(6) [REDACTED] was notified.</p> <p>A review of the Emergency Department Discharge Note dated [REDACTED] included the resident had an [REDACTED] to the [REDACTED] [REDACTED] with no significant [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. There was no additional reports from the hospital provided.</p> <p>A review of the individual comprehensive care plan (ICCP) included in the investigation, had a focus area dated effective [REDACTED] NJ Exec Order 26.4b1 [REDACTED], for [REDACTED] related to [REDACTED] NJ Exec Order 26.4b1 [REDACTED]; desire to [REDACTED] NJ Exec Order 26.4b1 [REDACTED]; and [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. Goal included to feel safe in my environment; resident to continue on [REDACTED] NJ Exec [REDACTED] all shifts. A further review included a focus area dated effective [REDACTED] NJ Exec Order 26.4b1 [REDACTED], for [REDACTED] NJ Exec [REDACTED] due to medication use with an intervention that included to remain on [REDACTED] NJ Exec [REDACTED] every shift.</p> <p>A review of an additional Incident Report included in the investigation packet dated [REDACTED] NJ Exec Order 26.4b1 [REDACTED] at 7:00 PM, prepared by the [REDACTED] US FOIA (b)(6) [REDACTED] included that they saw the resident [REDACTED] NJ Exec Order 26.4b1 [REDACTED], and the [REDACTED] US FOIA (b)(6) [REDACTED] asked the resident about their [REDACTED] NJ Exec Order [REDACTED] and the resident [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The resident did not</p>	F 600	<p>On July 25, 2024, the Director of Nursing initiated education to the [REDACTED] US FOIA (b)(6) [REDACTED] to bring all one-one (1:1) monitoring logs to morning meeting and weekly to the High-Risk Meeting.</p> <p>DON/designee will review and audit all 1:1 monitoring logs in morning meetings and at the high-risk meeting weekly, to assure timely completion.</p> <p>Unit managers and supervisors will initiate daily random spot visual audits on July 25, 2024, to assure that residents that have 1:1 monitoring order have a 1:1 present and in line sight of the resident. This will be documented on an audit tool and submitted weekly at the high-risk meeting.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		



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F 600	<p>Continued From page 32</p> <p>know [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of the Progress Notes included a Nursing Note (NN) dated [REDACTED] NJ Exec Order 26.4b1 at 3:06 PM, that on arrival it was noted by the incoming [REDACTED] NJ Exec staff that the resident had an [REDACTED] NJ Exec Order 26.4b1, because the resident was a [REDACTED] NJ Exec Order 26.4b1, it was [REDACTED] NJ Exec Order 26.4b1. Resident [REDACTED] NJ Exec and [REDACTED] NJ Exec Order 26.4b1 and on assessment no additional [REDACTED] NJ Exec Order noted except [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1 or [REDACTED] NJ Exec Order 26.4b1 noted. This note indicated that the resident's [REDACTED] NJ Exec Order 26.4b1 was discovered on [REDACTED] NJ Exec Order 26.4b1, and not on [REDACTED] NJ Exec Order 26.4b1 as reported on the Incident Report dated [REDACTED] NJ Exec Order 26.4b1 at 8:30 AM.</p> <p>On 6/19/24 at 11:05 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated that Resident #254 was on a [REDACTED] NJ Exec Order 26.4b1 and should have been [REDACTED] NJ Exec Order 26.4b1 so there should not have been an [REDACTED] NJ Exec Order 26.4b1. The surveyor asked if staff was looked at for possible [REDACTED] NJ Exec Order and the [REDACTED] US FOIA (b)(6) stated that usually the Certified Nursing Aide (CNA) was with the resident, and CNA #1 was "looked at." The [REDACTED] US FOIA (b)(6) confirmed there were video cameras in the hallways, but could not speak to if the cameras were checked. At that time, the surveyor requested the resident's [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1</p> <p>On 6/19/24 at 12:00 PM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated she could not recall if the resident's incident occurred on [REDACTED] NJ Exec Order 26.4b1 or [REDACTED] NJ Exec Order 26.4b1 but when they were in the building on [REDACTED] NJ Exec Order 26.4b1, they were asked to assess the resident.</p> <p>The surveyor continued to review the closed</p>	F 600			

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F 600	<p>Continued From page 33</p> <p>medical record for Resident #254.</p> <p>A review of the Resident Face Sheet (admission summary) reflected the resident was admitted to the facility with diagnoses which included <b>NJ Exec Order 26.4b1</b></p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b> reflected the resident <b>NJ Exec Order 26.4b1</b>, with <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b>, but was able if <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> by responding <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>. The MDS further reflected the resident <b>NJ Exec Order 26.4b1</b> between surfaces including to or from bed, chair, wheelchair, standing position with <b>NJ Exec Order 26.4b1</b> and used a wheelchair.</p> <p>On 6/20/24 at 8:59 AM, the surveyor re-interviewed the <b>US FOIA (b)(6)</b> who stated she thought Resident #254 was placed on a <b>NJ Exec Order 26.4b1</b> in <b>NJ Exec Order 26.4b1</b>, because they were <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated they were still looking for the resident's <b>NJ Exec Order 26.4b1</b> log from <b>NJ Exec Order 26.4b1</b>, but stated CNA #1 was their aide on <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated CNA #1 no longer worked at the facility, and the surveyor requested their phone number.</p> <p>On 6/20/24 at 9:52 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated there was not necessarily a physician's order for <b>NJ Exec Order 26.4b1</b>; that it was documented on the twenty-four hour nursing report and the shift-to-shift report; as well as the resident's care plan. The <b>US FOIA (b)(6)</b> stated the physician was verbally made aware the resident</p>	F 600			

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 600	<p>Continued From page 34</p> <p>was on [REDACTED] NJ Exec Order 26.4b1. There was no documentation in the medical record provided to confirm the physician was made aware or ordered [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 10:12 AM, the surveyor asked the [REDACTED] US FOIA (b) what the facility's process for investigating was, and the [REDACTED] US FOIA (b) stated staff was interviewed and statements were obtained, resident was spoken to, and any additional witnesses. The facility investigated skin tears, injuries of unknown origin, fractures of unknown origin, complaints, verbal, physical, and sexual abuse. The [REDACTED] US FOIA (b) stated they gathered statements from staff for 72 hours prior to incident of unknown origin, and the investigation was started immediately. After statements were gathered and the resident was assessed, the statements were reviewed to determine what occurred; if abuse was substantiated; and what interventions could be put into place to prevent the situation from occurring again. Review of the investigation provided by the facility dated [REDACTED] NJ Exec Order 26.4b1, revealed that the [REDACTED] NJ Exec Order 26.4b1 discovered on [REDACTED] NJ Exec Order 26.4b1, was not immediately investigated until further [REDACTED] NJ Exec Order 26.4b1 was discovered on [REDACTED] NJ Exec Order 26.4b1. The investigation also did not include how the resident who was on [REDACTED] NJ Exec Order 26.4b1 had an [REDACTED] NJ Exec Order 26.4b1 that resulted in [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 11:30 AM, the surveyor requested from the [REDACTED] US FOIA (b)(6) again for CNA #1's phone number.</p> <p>On 6/20/24 at 12:17 PM, the surveyor observed CNA #2 and CNA #3 outside of two resident rooms. Both aides confirmed the residents in the rooms were on [REDACTED] NJ Exec Order 26.4b1; and they both confirmed that someone stayed with the resident</p>	F 600			

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F 600	<p>Continued From page 35</p> <p>NJ Exec Order 26.4b1, and every hour another aide would come to switch with them. They both confirmed the resident NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 1:24 PM, the survey team met with the US FOIA (b)(6). The surveyor informed them that they were still waiting for the resident's NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1, and they also requested additional information regarding why the Progress Notes documented the resident had a NJ Exec Order 26.4b1 on their NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 but it was not investigated until NJ Exec Order 26.4b1, when the resident was observed with not only the NJ Exec Order 26.4b1. The surveyor also asked for additional information on how a resident who was on NJ Exec Order 26.4b1 had an NJ Exec Order 26.4b1 that resulted in NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. At that time, the US FOIA (b)(6) acknowledged that the investigation should have included how the resident who was on a NJ Exec Order 26.4b1.</p> <p>On 6/25/24 at 1:28 PM, the surveyor requested from the US FOIA (b)(6) again the NJ Exec Order 26.4b1 sheets for Resident #254 for NJ Exec Order 26.4b1.</p> <p>On 6/26/24 at 9:45 AM, the surveyor reviewed the NJ Exec Order 26.4b1 logs for Resident #254 for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. The log indicated that CNA #1 was NJ Exec Order 26.4b1 the resident on NJ Exec Order 26.4b1 from 7:00 AM through 11:00 PM; CNA #4 and #5 NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1 at 11:00 PM until NJ Exec Order 26.4b1 at 7:00 AM; and CNA #6 NJ Exec Order 26.4b1 the resident on NJ Exec Order 26.4b1 from 7:00 AM until 11 PM. A review of CNA #6's statement from NJ Exec Order 26.4b1, indicated that at around 8:00 AM on that day, they entered the resident's room to do morning care, and the resident was in bed laying on their back, and the</p>	F 600			

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F 600	<p>Continued From page 36</p> <p>aide noticed [REDACTED] and [REDACTED] on [REDACTED] and they called the nurse. CNA #6's statement that they saw the resident at 8:00 AM for care contradicted the [REDACTED] that indicated CNA #6 was with the resident from 7:00 AM until 11:00 PM on [REDACTED].</p> <p>A review of the [REDACTED] 11:00 PM to 7:00 AM Certified Nursing Assistant Assignment Schedule reflected that CNA #4 and #5 both had resident assignments that night as well as an assignment of [REDACTED] with Resident #254.</p> <p>A review of CNA #4's statement dated [REDACTED], indicated that they took care of the resident on [REDACTED], during the 11:00 PM to 7:00 AM shift, and they did not observe any [REDACTED] and the resident did [REDACTED]. There was no statement from CNA #5 who according to the [REDACTED] took care of Resident #254 that night as well.</p> <p>On 6/26/24 at 10:36 AM, the survey team met with the [REDACTED] to discuss their concerns. The [REDACTED] confirmed CNA #1, #4, and #6 no longer worked at the facility, and CNA #5 worked the [REDACTED] and was currently not in the building but there should have been a statement. The [REDACTED] continued that the incident either occurred on [REDACTED] but no one was certain, but she assessed the resident on [REDACTED]. The [REDACTED] stated the resident's was unable to [REDACTED] but [REDACTED] of bed or wheelchair. The [REDACTED] stated the resident was [REDACTED] and [REDACTED] and the facility determined it was a [REDACTED] because the resident later [REDACTED].</p> <p>At that time, the [REDACTED] acknowledged it should</p>	F 600			

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F 600	Continued From page 37 have been looked at how a resident on <sup>NJ Exec</sup> had an <sup>NJ Exec Order 26.4b1</sup> staff should be with the resident <sup>NJ Exec Order 26.4b1</sup>  A review of the facility's undated "Abuse Policy" included each resident will be free from "abuse."...residents will be protected from abuse, neglect, and harm while they are residing at the facility...it is the policy of this facility that reports of "abuse" (mistreatment, neglect, or abuse including injuries of unknown source, exploitation and misappropriation of property) are promptly and thoroughly investigated...the investigation is the process used to try to determine what happened...	F 600			
F 607 SS=E	NJAC 4.1(a)(5) Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95,  §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.  §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care	F 607			8/25/24

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F 607	<p>Continued From page 38</p> <p>facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>§483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>§483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, review of facility policy, and review of pertinent facility documents, it was determined that the facility failed to implement their abuse policy to a.) complete criminal background checks on employees prior to employment; b.) to complete reference checks on employees before their start date; and c.) to complete license checks on employees prior to their start date. The deficient practice was identified for 2 of 10 employees reviewed for new hires (Employee #9 and Employee #10), and was evidenced by the following:</p> <p>A review of facility's undated "Abuse Policy" included in the section titled "Screening Components" that it is the policy of this facility to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of license and criminal background check...Employee Screening and Training a. Before new employees are permitted to work with residents, references provided by the prospective employee will be verified as well as appropriate board registrations and certifications regarding</p>	F 607	<p>Element 1</p> <p>Employees #9 and 10 immediately had their background check, reference, and license checks completed.</p> <p>The Human Resources Director will initiate a review of all employee files to ensure background, license, and reference check are completed in timely manner.</p> <p>Element 2</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3</p> <p>Administrator will in-service the [REDACTED] on the policy and procedure for new hires specifically related to state regulation requirements for criminal background , license , and reference check being completed in a timely manner.</p> <p>Administrator will audit all new employee files specifically regarding criminal background , license , and reference check being completed in timely manner monthly for the next six months and report findings to QAPI Committee.</p>		

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F 607	<p>Continued From page 39</p> <p>the prospective employee's background...d. Criminal background check will be conducted on all prospective employees as provided by the facility's policy in criminal background check...</p> <p>On 6/20/24 at 12:47 PM, the surveyor requested from the <b>US FOIA (b)(6)</b> ten employee files hired since last standard survey who were currently employed or terminated from the facility. The files include both their personnel and medical.</p> <p>A review of employee personnel files revealed the following:</p> <p>For Employee #9, a <b>US FOIA (b)(6)</b> with a start date of <b>US FOIA (b)(6)</b>, there was no evidence of a reference check prior to the start of employment.</p> <p>For Employee #10, an <b>US FOIA (b)(6)</b> with a start date of <b>US FOIA (b)(6)</b>, there was no evidence of a license check, reference check, or criminal background check prior to the start of employment.</p> <p>On 6/25/24 at 12:57 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> about the facility's screening process for new hires, and the <b>US FOIA (b)(6)</b> stated the facility completed criminal background checks prior to their first day of employment to ensure no one had a criminal history "to put our residents at risk for harm". The <b>US FOIA (b)(6)</b> stated the facility also completed reference and license checks prior to the first day of employment.</p> <p>On 6/26/24 at 10:35 AM, the <b>US FOIA (b)(6)</b> and survey</p>	F 607	<p>Element 4</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		



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F 607	Continued From page 40 team acknowledged the missing pre-employment checks. The [REDACTED] who confirmed every employee should have a criminal background and reference check prior to employment.	F 607			
F 610 SS=D	NJAC 8:39-4.1(a)(5); 9.3(b) Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: NJ Complaint #166562  Based on interview and review of pertinent facility documents, it was determined that the facility failed to a.) initiate an investigation at the time of an [REDACTED] NJ Exec Order 26.4b1 was discovered on [REDACTED] NJ Exec Order 26.4b1; and b.) complete a thorough investigation of how a resident on [REDACTED] NJ Exec Order 26.4b1	F 610	Element 1: Corrective Actions Resident #254 no longer resides at the facility. A review of the facility documents for resident #254 determined that the facility failed to initiate an investigation an investigation at the time of identifying a resident with an [REDACTED] NJ Exec Order 26.4b1 and complete a thorough investigation of		8/25/24

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F 610	<p>Continued From page 41</p> <p>NJ Exec Order 26.4b1 by staff had an NJ Exec Order 26.4b1 . The deficient practice was identified for 1 of 7 residents reviewed for NJ Exec Order (Resident #254), and was evidenced by the following:</p> <p>A review of the facility's "One-to-One Observation" policy and procedure dated revised January 2024, included the aim of one-to-one nursing is to provide continuous observation for an individual patient for a period of time during acute physical or mental illness...Primary Physician/Nurse Practitioner shall be notified about the change in patient's condition and order will be obtained for continuous 1:1 observation until further evaluation. Resident/patient's care plan will be initiated and/or updated with resident centered interventions...</p> <p>On 6/17/24 at 1:00 PM, the surveyor requested from the US FOIA (b)(6) a copy of investigations for reportable events to the New Jersey Department of Health (NJDOH) or any investigations that included NJ Exec Order or NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for NJ Exec and NJ Exec Order 26.4b1</p> <p>The surveyor reviewed an investigation for the closed medical record for Resident #254.</p> <p>A review of the Incident Report dated 8/14/23 at 8:30 AM, revealed that the US FOIA (b)(6) was called to Resident #254's room to assess the resident who had NJ Exec Order 26.4b1 a NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 ; NJ Exec Order 26.4b1 When staff attempted to the resident they NJ Exec Order 26.4b1 ; the US FOIA (b)(6) was</p>	F 610	<p>how a resident on NJ Exec Order 26.4b1 sustained NJ Exec Order 26.4b1</p> <p>On July 25, 2024, the Director of Nursing/Designee initiated re-education to the licensed nursing staff on incident and accident policy and procedure for investigating an alleged incident for residents with an injury of unknown origin. On July 25, 2024, the Director of Nursing/Designee will initiate an audit of the 24-hour report to identify any potential occurrences of injuries of unknown origin to assure that an incident report and investigation has been initiated.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change All Incident reports will be brought to the daily morning meeting by the unit manager and/or designee for review by the interdisciplinary team (IDT) to ensure a thorough investigation and completion of the incident report.</p> <p>On July 25, 2024, the Director of Nursing/Designee will initiate re-education to the unit managers to bring all incident reports to morning meeting and weekly to the High-Risk Meeting.</p> <p>A weekly random audit will be initiated by the DON/designee of 5 incident reports completed to ensure that the incident reports are completed with a thorough investigation and root cause identified and/or conclusion as why the incident occurred, and the interventions put into place to assure the incident will not continue to occur.</p>		

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F 610	<p>Continued From page 42</p> <p>made aware and a new order was put into place to send to the <b>NJ Ex Order 26.4b1</b>. The report indicated no witnesses with additional comments or steps taken to prevent recurrence included resident will be <b>NJ Exec Order 26.4b1</b> every shift on <b>NJ Exec</b>. A review of the statement dated <b>NJ Exec Order 26.4b1</b> by the <b>US FOIA (b)(6)</b> included they were called to the resident's room and they observed the resident in bed with <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. The resident was <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> upon further assessment noted <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. Resident <b>NJ Exec Order 26.4b1</b> of <b>NJ Exec</b> when attempted to <b>NJ Exec Order 26.4b1</b> and <b>US FOIA (b)(6)</b> was notified.</p> <p>A review of the Emergency Department Discharge Note dated <b>NJ Exec Order 26.4b1</b>, included the resident had an <b>NJ Exec Order 26.4b1</b> to the <b>NJ Exec Order 26.4b1</b> with no significant <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the individual comprehensive care plan (ICCP) included in the investigation, had a focus area dated effective <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> related to <b>NJ Exec Order 26.4b1</b>; desire to <b>NJ Exec Order 26.4b1</b>; <b>NJ Exec Order 26.4b1</b>; and <b>NJ Exec Order 26.4b1</b>. Goal included to feel safe in my environment; resident to continue on <b>NJ Exec Order 26.4b1</b> shifts. A further review included a focus area dated effective <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec</b> due to medication use with an intervention that included to remain on <b>NJ Exec</b> every shift.</p> <p>A review of an additional Incident Report included in the investigation packet dated <b>NJ Exec Order 26.4b1</b> at 7:00</p>	F 610	<p>On July 25, 2024, the Director of Nursing/Designee re-educated the licensed nursing staff to initiate an investigation at the time of identifying a resident with an injury of unknown origin and complete a thorough investigation of how a resident on one-to-one (1:1) monitoring sustained an injury secondary to an unwitnessed fall.</p> <p>Element 4: Monitoring/ Quality Assurance The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 610	<p>Continued From page 43</p> <p>PM, prepared by the [US FOIA (b)(6)] included that they saw the resident on the [NJ Exec Order 26.4b1] and the [US FOIA (b)(6)] asked the resident about their [NJ Exec Order] and the resident stated they [NJ Exec]. The resident did not know when they [NJ Exec].</p> <p>A review of the Progress Notes included a Nursing Note (NN) dated [NJ Exec Order 26.4b1] at 3:06 PM, that on arrival it was noted by the incoming [NJ Exec] staff that the resident had an [NJ Exec Order 26.4b1], because the resident was a [NJ Exec Order 26.4b1], it was [NJ Exec Order 26.4b1]. Resident [NJ Exec] and [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] and on assessment no [NJ Exec Order 26.4b1] noted except [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1] noted. This note indicated that the resident's [NJ Exec Order 26.4b1] was discovered on [NJ Exec Order 26.4b1], and not on [NJ Exec Order 26.4b1], as reported on the Incident Report dated [NJ Exec Order 26.4b1] at 8:30 AM.</p> <p>On 6/19/24 at 11:05 AM, the surveyor interviewed the [US FOIA (b)(6)] stated that Resident #254 was on a [NJ Exec Order 26.4b1] and should have been [NJ Exec Order 26.4b1] so there should not have been an [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] stated that usually the Certified Nursing Aide (CNA) was with the resident, and CNA #1 was "looked at." The [US FOIA (b)(6)] confirmed there were video cameras in the hallways, but could not speak to if the cameras were checked. At that time, the surveyor requested the resident's [NJ Exec] [NJ Exec Order 26.4(b)(1)] logs for [NJ Exec Order 26.4b1].</p> <p>On 6/19/24 at 12:00 PM, the surveyor interviewed the [US FOIA (b)(6)] who stated she could not recall if the resident's incident occurred on [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1] but when they were in the building on [NJ Exec Order 26.4b1], they were asked to assess the resident.</p>	F 610			

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F 610	<p>Continued From page 44</p> <p>The surveyor continued to review the closed medical record for Resident #254.</p> <p>A review of the Resident Face Sheet (admission summary) reflected the resident was admitted to the facility with diagnoses which included <b>NJ Exec Order 26.4b1</b></p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b> reflected the resident <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> but is able if <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> by <b>NJ Exec Order 26.4b1</b> to <b>NJ Exec Order 26.4b1</b>. The MDS further reflected the resident <b>NJ Exec Order 26.4b1</b> between surfaces including to or from bed, chair, wheelchair, standing position with <b>NJ Exec Order 26.4b1</b> and used a wheelchair.</p> <p>On 6/20/24 at 8:59 AM, the surveyor re-interviewed the <b>US FOIA (b)(6)</b> who stated she thought Resident #254 was placed on a <b>NJ Exec Order 26.4b1</b> in <b>NJ Exec Order 26.4b1</b> because they were <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated they were still looking for the resident's <b>NJ Exec Order 26.4b1</b> log from <b>NJ Exec Order 26.4b1</b>, but stated CNA #1 was their aide that day. The <b>US FOIA (b)(6)</b> stated CNA #1 no longer worked at the facility, and the surveyor requested their phone number.</p> <p>On 6/20/24 at 10:12 AM, the surveyor asked the <b>US FOIA (b)(6)</b> what the facility's process for investigating was, and the <b>US FOIA (b)(6)</b> stated staff was interviewed and statements were obtained, resident was spoke to, and any additional witnesses. The</p>	F 610			

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F 610	<p>Continued From page 45</p> <p>facility investigated <b>NJ Exec Order 26.4b1</b></p> <p><b>US FOIA (b)(6)</b> The <b>US FOIA (b)(6)</b> stated they gathered statements from staff for 72 hours prior to <b>NJ Exec Order 26.4b1</b>, and the investigation was started immediately. After statements were gathered and the resident was assessed, the statements were reviewed to determine what occurred; if <b>NJ Exec Order 26.4b1</b> was substantiated; and what interventions could be put into place to prevent the situation from occurring again.</p> <p>On 6/20/24 at 11:30 AM, the surveyor requested from the <b>US FOIA (b)(6)</b> again for CNA #1's phone number.</p> <p>On 6/20/24 at 12:17 PM, the surveyor observed CNA #2 and CNA #3 outside of two resident rooms. Both aides confirmed the residents in the rooms were on <b>NJ Exec Order 26.4b1</b>; and they both confirmed that someone stayed with the resident <b>NJ Exec Order 26.4b1</b>, and every hour another aide would come to switch with them. They both confirmed the resident was <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/20/24 at 1:24 PM, the survey team met with the <b>US FOIA (b)(6)</b>, and the surveyor informed them that they were still waiting for the resident's <b>NJ Exec Order 26.4b1</b> sheets from <b>NJ Exec Order 26.4b1</b>. The surveyor also requested additional information regarding why the Progress Notes documented the resident's had a <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> but it was not investigated until <b>NJ Exec Order 26.4b1</b>. The surveyor also asked for additional information on how a resident who was on <b>NJ Exec Order 26.4b1</b> had an <b>NJ Exec Order 26.4b1</b> that resulted in <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order 26.4b1</b>. At that</p>	F 610			

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F 610	<p>Continued From page 46</p> <p>time, the [REDACTED] acknowledged that the investigation should include how the resident on a <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/26/24 at 9:45 AM, the surveyor reviewed the <b>NJ Exec Order 26.4b1</b> for Resident #254 for [REDACTED] and [REDACTED]. The log indicated that CNA #1 was [REDACTED] the resident on [REDACTED] from 7:00 AM through 11:00 PM; CNA #4 and #5 [REDACTED] from [REDACTED] at 11:00 PM until 8/14/23 at 7:00 AM; and CNA #6 [REDACTED] the resident on [REDACTED] from 7:00 AM until 11 PM. A review of CNA #6's statement from [REDACTED], indicated that at around 8:00 AM on that day, they entered the resident's room to do morning care, and the resident was in bed laying on their back, and the aide noticed [REDACTED] and <b>NJ Exec Order 26.4b1</b> and they called the nurse. CNA #6's statement that they saw the resident at 8:00 AM for care contradicted the <b>NJ Exec Order 26.4b1</b> that indicated CNA #6 was with the resident from 7:00 AM until 11:00 PM on [REDACTED].</p> <p>A review of the [REDACTED] 11:00 PM to 7:00 AM Certified Nursing Assistant Assignment Schedule reflected that CNA #4 and #5 both had resident assignments that night as well as an assignment of [REDACTED] with Resident #254.</p> <p>A review of CNA #4's statement dated [REDACTED], indicated that they took care of the resident on [REDACTED] during the 11:00 PM to 7:00 AM shift, and they did not observe any [REDACTED] and the resident did not <b>NJ Exec Order 26.4b1</b>. There was no statement from CNA #5 who according to the [REDACTED] log took care of Resident #254 that night as well.</p> <p>On 6/26/24 at 10:36 AM, the survey team met</p>	F 610			

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F 610	<p>Continued From page 47</p> <p>with the <b>US FOIA (b)(6)</b> to discuss their concerns. The <b>US FOIA (b)(6)</b> stated an investigation should have included an assessment of the resident, interviews of possible witnesses and resident, <b>NJ Exec Order 26.4b1</b> if needed, <b>NJ Exec Order 26.4b1</b> if needed with a <b>US FOIA (b)(6)</b>, summary, conclusion and interventions put in place so will not happen again, and ICCP was updated.</p> <p>The <b>US FOIA (b)(6)</b> confirmed CNA #1, #4, and #6 no longer worked at the facility, and CNA #5 worked the <b>NJ Exec Order 26.4b1</b> and was currently not in the building but there should have been a statement. The <b>US FOIA (b)(6)</b> continued that the incident either occurred on <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b>, but no one was certain, but she assessed the resident's on <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> acknowledged the CNA discovered the <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b>, and the investigation should have been started then. The <b>US FOIA (b)(6)</b> stated the resident's was unable to <b>NJ Exec Order 26.4b1</b> but <b>NJ Exec Order 26.4b1</b> of bed or wheelchair. The <b>US FOIA (b)(6)</b> stated the resident was <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>, and the facility determined it was a <b>NJ Exec Order 26.4b1</b> because the resident later stated they <b>NJ Exec Order 26.4b1</b>.</p> <p>At that time, the <b>US FOIA (b)(6)</b> acknowledged it should have been looked at how a resident on <b>NJ Exec Order 26.4b1</b> had an <b>NJ Exec Order 26.4b1</b> since staff should be with the resident <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated it also should have been looked out where and when the resident <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the facility's undated "Abuse Policy" included each resident will be free from "abuse."...residents will be protected from abuse, neglect, and harm while they are residing at the facility...it is the policy of this facility that reports of "abuse" (mistreatment, neglect, or abuse</p>	F 610			



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F 610	Continued From page 48 including injuries of unknown source, exploitation and misappropriation of property) are promptly and thoroughly investigated...the investigation is the process used to try to determine what happened...	F 610			
F 641 SS=E	NJAC 8:39-4.1(a)5 Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to accurately assess a resident's status in the Minimum Data Set (MDS), an assessment tool used to evaluate resident's care needs. This deficient practice was identified for 5 of 35 residents reviewed for accuracy of assessments (Resident #29, #60, #73, #80, and #96), and was previously cited during the facility's last standard survey on 10/20/22. The evidence was as follows:  Refer F865  1. On 6/17/24 at 10:57 AM, the surveyor observed Resident #29 sitting on their bed. The surveyor attempted to interview the resident, but the resident was NJ Exec Order 26.4b1 [REDACTED]  The surveyor reviewed the medical record for Resident #29.	F 641	F641 <input type="checkbox"/> Accuracy of Assessments Element 1: Corrective Actions Resident # 29 had an updated MDS completed on NJ Exec Order 26.4b1 to accurately reflect their PASRR Level . Resident #60 had an updated MDS completed on NJ Exec Order 26.4b1 to accurately reflect their NJ Exec Order 26.4b1 . Resident # 73 had an updated MDS completed on NJ Exec Order 26.4b1 to accurately reflect their NJ Exec Order 26.4b1 . Resident # 80 had an updated MDS completed on NJ Exec Order 26.4b1 accurately reflect their NJ Exec Order 26.4b1 . Resident # 96 had an updated MDS completed on NJ Exec Order 26.4b1 to accurately reflect their NJ Exec Order 26.4b1 . The Director of Nursing/designee will provide re-education to the US FOIA (b)(6) [REDACTED] on the Policy and Procedure for Completion of MDS and Resident Assessment Instrument (RAI) Process.		8/25/24

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F 641	<p>Continued From page 49</p> <p>A review of the Admission Record face sheet (admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected a brief interview for mental status (BIMS) score of <b>NJ</b> out of 15, indicating that the resident had a <b>NJ Exec Order 26.4b1</b>. In addition, in Section <b>NJ</b> Identification Information indicated that the resident was not considered by the state level <b>NJ</b> Preadmission Screening and Resident Review (PASARR) <b>NJ</b> process to have <b>NJ Exec Order 26.4b1</b> and/or <b>NJ Exec Order 26.4b1</b> or a related condition.</p> <p>A review of a level <b>NJ</b> PASARR dated <b>NJ Exec Order 26.4b1</b>, that was in the paper medical record, indicated that the resident had a <b>NJ Exec Order 26.4b1</b> screen for <b>NJ Exec Order 26.4b1</b> and that a PASARR <b>NJ</b> was recommended. In addition, a review of a level <b>NJ</b> PASARR dated <b>NJ Exec Order 26.4b1</b>, that was in the paper medical record, indicated that it was completed.</p> <p>On 6/20/24 at 12:54 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> via the phone who stated that he had started as the <b>US FOIA (b)(6)</b> in <b>NJ Exec Order 26.4b1</b>, acknowledged that Section <b>NJ</b> of the MDS for Resident # 29 was inaccurate and he had to complete a modification to correct the <b>NJ Exec Order 26.4b1</b> MDS. The <b>US FOIA (b)(6)</b> added that the facility had changed computer systems and that there were inaccuracies in the transfer.</p> <p>On 6/20/24 at 9:30 AM, the survey team met with the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> who both acknowledged that the MDS for Resident #29</p>	F 641	<p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change The Director of Nursing/designee will provide re-education to the <b>US FOIA (b)(6)</b> on the Policy and Procedure for Completion of MDS and Resident Assessment Instrument (RAI) Process.</p> <p>The Director of Nursing/designee will conduct a weekly time 4 weeks and monthly time 3 months audit of 5 resident MDS and Resident Assessment Instrument (RAI) to ensure it is consistent with the residents status.</p> <p>Element 4: Monitoring/ Quality Assurance The results of the audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 4 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 641	<p>Continued From page 50 was inaccurate.</p> <p>On 6/20/24 at 12:55 PM, the survey team met with the <b>US FOIA (b)(6)</b> stated that the previous <b>US FOIA (b)(6)</b> resigned approximately <b>NJ Exec Order 26.4b1</b>, and the current <b>US FOIA (b)(6)</b> started in <b>NJ Exec Order 26.4b1</b>, and had been working to upload from the previous computer system and paper versions to the current computer system.</p> <p>2. On 6/17/24 at 10:27 AM, the surveyor observed Resident #60 in their room watching television. Resident #60 stated that they were waiting to go outside to <b>NJ Exec Order 26.4b1</b></p> <p>On 6/19/24 at 10:27 AM, the surveyor observed Resident #60 outside <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/20/2024 at 9:22 AM, the surveyor observed Resident #60 outside <b>NJ Exec Order 26.4b1</b>.</p> <p>The surveyor reviewed the medical record for Resident #60.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #60 was admitted to the facility with diagnosis that included, but not limited to <b>NJ Exec Order 26.4b1</b></p> <p><b>[REDACTED]</b></p> <p>A review of the most recent quarterly MDS dated <b>NJ Exec Order 26.4b1</b> reflected the resident had a BIMS score of <b>NJ Exec Order 26.4b1</b> out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>. Section <b>NJ</b> of the most recent</p>	F 641			

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F 641	<p>Continued From page 51</p> <p>comprehensive MDS assessment failed to identify Resident #60 as a current [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 12:11 PM, the survey team interviewed the [REDACTED] US FOIA (b)(6) via telephone, who identified that the MDS department was [REDACTED] NJ Exec Order 26.4b1 "when they arrived and has been attempting to "clean it up" since arriving in [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) acknowledged that they were aware of Resident #60's [REDACTED] NJ Exec Order 26.4b1, and confirmed that the MDS was coded incorrectly.</p> <p>On 6/25/24 at 1:30 PM, the [REDACTED] U.S. FOIA (b)(6) in the presence of the [REDACTED] US FOIA (b)(6), and and survey team acknowledged that Resident #60's MDS was coded incorrectly.</p> <p>3. On 6/19/24 at 10:01 AM, the surveyor observed Resident #73 in their room. Resident #73 explained that they had issues with [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 on the [REDACTED] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the medical record for Resident #73:</p> <p>A review of the Order Summary Report revealed that Resident #73 was admitted to the facility with diagnosis that included, but not limited to [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of the most recent quarterly MDS dated [REDACTED] NJ Exec Order 26.4b1, reflected the resident had a BIMS score of [REDACTED] NJ Exec Order 26.4b1 out of 15, which indicated a [REDACTED] NJ Exec Order 26.4b1. In addition, Section [REDACTED] NJ Exec Order 26.4b1 the MDS identified Resident #73 as [REDACTED] NJ Exec Order 26.4b1 of [REDACTED] NJ Exec Order 26.4b1.</p>	F 641			

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 641	<p>Continued From page 52</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated <b>NJ Exec Order 26.4b1</b> for activities of daily living (ADL) <b>NJ Exec Order 26.4b1</b>. Interventions included: I will have all my needs met. In addition, another focus area, dated <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> as evidenced by: <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/19/24 at 10:20 AM, the surveyor interviewed Certified Nursing Assistant (CNA #1 and #2), who both confirmed that Resident #73 <b>NJ Exec Order 26.4b1</b> and was being <b>NJ Exec Order 26.4b1</b> due to the <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/20/24 at 11:23 AM, the surveyor interviewed Unit Manager/Licensed Practical Nurse (UM/LPN #1) who identified Resident #73 as <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/20/24 at 7:50 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who acknowledged that they are aware of Resident #73 and confirmed that the MDS should not be coded as <b>NJ Exec Order 26.4b1</b>.</p> <p>The RAI manual, version 1.18.11, October 2023, Page H-8 provided the following guidance for coding this question, Review the medical record for bladder or incontinence records or flow sheets, nursing assessments and progress notes, physician history, and physical examination. 2. Interview the resident if they are capable of reliably reporting their continence. Speak with family members or significant others if the resident is not able to report on continence. 3. Ask direct care staff who routinely work with the resident on all shifts about incontinence episodes.</p>	F 641			

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F 641	<p>Continued From page 53</p> <p>4. The surveyor reviewed the closed medical record for Resident #96.</p> <p>A review of the Admission Record face sheet indicated that the resident was admitted to the facility with diagnosis that included but not limited to a <b>NJ Exec Order 26.4b1</b></p> <p>A review the comprehensive MDS dated <b>NJ Exec Order 26.4b1</b>, indicated in Section <b>NJ E</b> question <b>NJ Exec Order 26.4b1</b> was coded as in use while a resident.</p> <p>A review of the medical record included no indication that Resident #96 was on a <b>NJ Exec Order 26.4b1</b></p> <p>On 6/19/24 at 11:35 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who confirmed that Resident #96 was not on a <b>NJ Exec Order 26.4b1</b> while in the facility and that the assessment was not coded correctly.</p> <p>On 6/20/24 at 9:30 AM, the survey team met with the <b>US FOIA (b)(6)</b> who both acknowledged that the MDS for Resident #96 was inaccurate.</p> <p>The RAI manual, version 1.18.11, October 2023, Page O-5 provided the following guidance for coding this question Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) unable to support their own respiration in this item. During invasive mechanical ventilation the resident's breathing is controlled by the ventilator.</p>	F 641			

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F 641	<p>Continued From page 54</p> <p>5. On 6/17/24 at 10:52 AM, the surveyor observed Resident #80 lying in bed [REDACTED] via [REDACTED] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the medical record for Resident ##80.</p> <p>A review of the Admission Record face sheet reflected the resident was admitted to facility with diagnoses which included [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of the most recent MDS dated [REDACTED] NJ Exec Order 26.4b1, reflected the resident had a BIMS score of [REDACTED] out of 15; indicating a [REDACTED] NJ Exec Order 26.4b1. A review of Section [REDACTED] included the resident had an [REDACTED] NJ Exec Order 26.4b1 and Section [REDACTED] did not include that the resident received [REDACTED] NJ Exec Order 26.4b1 while a resident.</p> <p>A review of the Physician Orders with active orders as of [REDACTED] NJ Exec Order 26.4b1, included a physician order to administer [REDACTED] NJ Exec Order 26.4b1 as needed for [REDACTED] NJ Exec Order 26.4b1 if [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 12:16 PM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) via the phone who acknowledged that Section [REDACTED] of the MDS for</p>	F 641			

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F 641	Continued From page 55  Resident # 80 was inaccurate and should have been coded for <b>NJ Exec Order 26.4b1</b> . The <b>US FOIA (b)(6)</b> added that the facility had changed computer systems and that there were inaccuracies in the transfer.  On 6/20/24 at 9:30 AM, the survey team met with the <b>US FOIA (b)(6)</b> who both acknowledged that the MDS for Resident #80 was inaccurate.  A review of facility provided policy "Completion of MDS" reviewed 04-2023 indicated that: "The RN MDS Coordinator is responsible for ensuring the completion of the MDS." This policy also indicated that "Section O is to be completed by Nursing/Therapy Dept."  A review of facility's "Resident Assessment Instrument (RAI) Process" policy dated reviewed April 2023, included the Clinical Reimbursement Manager will oversee that the Interdisciplinary Team will complete an assessment of each resident as part of the Resident Assessment Instrument (RAI) process to assure data accuracy for the State-specific version of the Minimum Data Set (MDS) within the required timeframes according to applicable laws and regulations...	F 641			
F 656 SS=D	NJAC 8:39-11.2(e)1; 27.1(a) 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	F 656		8/25/24	



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F 656	<p>Continued From page 56</p> <p>§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 -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as 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>	F 656			

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F 656	<p>Continued From page 57</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to develop and implement an individualized comprehensive care plan (ICCP) consistent with the resident's history of [REDACTED] NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 35 residents reviewed for care planning (Resident #73), and was evidenced by the following:</p> <p>On 6/19/24 at 10:01 AM, the surveyor observed Resident #73 in their room.</p> <p>On 6/20/24 at 11:23 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated an ICCP was a "picture of the resident" and explained what needed to be done or expected for the resident. The [REDACTED] US FOIA confirmed that a resident's [REDACTED] NJ Exec Order 26.4b1 or ongoing [REDACTED] NJ Exec Order 26.4b1 should be identified on the ICCP.</p> <p>On 6/25/24 at 9:43 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) regarding Resident #73's needs, and the [REDACTED] US FOIA identified Resident #73 as a [REDACTED] NJ Ex Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the medical record for Resident #73.</p> <p>A review of the Order Summary Report revealed that Resident #73 was admitted to the facility with diagnosis that included, but not limited to [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p>	F 656	<p>F656-Develop/Implement Comprehensive Care Plan</p> <p>Element 1: Corrective Actions</p> <p>Resident #73's care plan was updated to include goals and interventions related to the resident's [REDACTED] NJ Exec Order 26.4b1. On July 25, 2024, the Director of Nursing/Designee will initiate re-education to the interdisciplinary team that all residents admitted to the facility must have a individualized comprehensive care plan (ICCP) for all residents with a history of [REDACTED] NJ Exec Order 26.4b1.</p> <p>On July 25, 2024, the Director of Nursing/Designee will initiate an audit of current residents, to ensure that all residents that have a [REDACTED] NJ Exec Order 26.4b1 [REDACTED] has a care plan that includes goals and interventions.</p> <p>Element 2: Identification of at-Risk Areas</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On July 25, 2024, the Director of Nursing/Designee will in-service the [REDACTED] US FOIA [REDACTED] on the Policy and Procedure for developing an individualized comprehensive care plan with a focus for residents admitted to the facility with a history of [REDACTED] NJ Exec Order 26.4b1.</p> <p>On July 25, 2024, the Director of Nursing/Designee will initiate re-education to the unit managers to bring all new admissions paperwork to morning meeting.</p>		

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F 656	Continued From page 58 The ICCP did not include a focus area identifying the resident's history as being a [REDACTED] NJ Exec Order 26.4b1.  On 6/25/24 at 1:30 PM, the [REDACTED] US FOIA (b) in the presence of the [REDACTED] US FOIA (b)(6), and survey team acknowledged that Resident #73's ICCP should have identified them as a [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1.  A review of the facility's undated "Care Plan" policy included that all residents admitted to the facility will have adequate person centered care plans that provide for all their needs in a timely manner...Procedure [...] 2. They will include initial goals, [physician's orders] orders, medications, treatments, dietary orders, therapy orders, social services, and PASARR recommendations...11. Care plans will be updated timely and necessary revisions will be made...  NJAC 8:39-31.2(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.	F 656	On July 25, 2024, the Director of Nursing/Designee will initiate re-education to the Unit Managers and [REDACTED] US FOIA (b)(6) that care plans for residents with a history of [REDACTED] NJ Exec Order 26.4b1 upon admission need to be brought to morning meeting for review by the interdisciplinary team. The Director of Nursing/Designee will complete monthly audits by 3 months of residents with a history of [REDACTED] NJ Exec Order 26.4b1 that they have a Care Plan. Element 4: Monitoring/ Quality Assurance The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.		
F 657 SS=D		F 657		8/25/24	

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F 657	<p>Continued From page 59</p> <p>(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.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to revise an individualized comprehensive care plan (ICCP) in a timely manner for a resident whose [REDACTED] was discontinued. This deficient practice was identified for 1 of 35 residents reviewed for comprehensive care plans (Resident #60), and was evidenced by the following:</p> <p>On 6/17/24 at 10:27 AM, the surveyor observed Resident #60 in their room watching television. The resident was not observed [REDACTED] any [REDACTED] <b>NJ Exec Order 26.4b1</b></p> <p>The surveyor reviewed the medical record for Resident #60.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnosis that included, but not limited to [REDACTED] <b>NJ Exec Order 26.4b1</b></p>	F 657	<p>F657 <input type="checkbox"/> Care Plan Timing and Revision</p> <p>Element 1: Corrective Actions On July 25, 2024, the Director of Nursing/Designee will initiate re-education to the Unit Managers and [REDACTED] <b>USFOIA (b)(6)</b> that when an order is discontinued the care plan must be updated.</p> <p>On July 29, 2024, the Director of Nursing/Designee will initiate an audit to assure that care plans are updated to reflect the discontinuation or orders/interventions that have associated care plans written.</p> <p>The Director of Nursing/ Designee updated the care plan of Resident # 60 <input type="checkbox"/>s to reflect [REDACTED] <b>NJ Exec</b> current status.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change On July 25, 2024, the Director of</p>		

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F 657	<p>Continued From page 60</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected a brief interview for mental status (BIMS) score of [REDACTED] out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the ICCP included a focus area dated [REDACTED], for activities of daily living (ADL) <b>NJ Exec Order 26.4b1</b>. Interventions included to apply <b>NJ Exec Order 26.4b1</b> a [REDACTED] when [REDACTED]. Further review of the ICCP identified the following note with a creation date of [REDACTED]: Resident use [REDACTED] in the morning and must <b>NJ Exec Order 26.4b1</b> at night.</p> <p>A review of the Order Summary Report reflected an active order, dated [REDACTED], for [REDACTED] to <b>NJ Exec Order 26.4b1</b> every day shift and [REDACTED] to <b>NJ Exec Order 26.4b1</b> every evening shift.</p> <p>On 6/25/024 at 9:43 AM, the surveyor and <b>US FOIA (b)(6)</b> passed Resident #60 in the hallway. The surveyor inquired if Resident #60 was currently wearing a [REDACTED]. The [REDACTED] denied and Resident #60 stated that they had not had it in while.</p> <p>On 6/25/24 at 10:22 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> regarding Resident #60's [REDACTED] physician order, who stated that the [REDACTED] was discharged on [REDACTED] at 4:51 PM. The [REDACTED] provided the following order:</p>	F 657	<p>Nursing/Designee will initiate re-education to the Unit Managers, <b>US FOIA (b)(6)</b> and interdisciplinary team members on the Policy and Procedure for reviewing and updating as needed a resident's care plan.</p> <p>A weekly audit of 5 -care plans will be audited by the DON and/or designee to assure that care plans are updated to reflect the discontinuation or orders/interventions that have associated care plans written.</p> <p>Element 4: Monitoring/ Quality Assurance The results of the weekly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 657	Continued From page 61 <b>NJ Exec Order 26.4b1</b> order: resident was <b>NJ Exec Order 26.4b1</b> to use <b>NJ Exec Order 26.4b1</b> because [they] <b>NJ Exec Order 26.4b1</b> while using it; and <b>NJ Exec Order 26.4b1</b> was adjusted by <b>NJ Exec Order 26.4b1</b> but <b>NJ Exec Order 26.4b1</b> to use it....  On 6/26/24 at 10:35 AM, the <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> , in the presence of the <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> and survey team acknowledged that the order was discontinued but was still identified on the ICCP.  A review of the facility's undated "Care Plan" policy included all residents admitted to the facility will have adequate person centered care plans that provide for all their needs in a timely manner...Procedure [...] 2. They will include initial goals, MD orders, medications, treatments, dietary orders, therapy orders, social services, and PASARR recommendations ...11. Care plans will be updated timely and necessary revisions will be made...  NJAC 8:39-27.1(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) administer multiple	F 657			
F 658 SS=E		F 658	F658 <input type="checkbox"/> Services Provided meet Professional Standards Element 1: Corrective Actions		8/25/24

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F 658	<p>Continued From page 62</p> <p>medications on multiple dates and times on a timely basis in <b>NJ Exec Order 26.4b1</b>, and b.) ensure a discontinued physician's order was removed from active orders in accordance with professional standards of practices. This deficient practice was identified for 4 of 4 residents reviewed for medication administration times (Resident #32, #43, #60, and #250) and 1 of 24 residents reviewed for professional standards of practice (Resident #60).</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p>	F 658	<p>Upon identification, on 6/19/24, a review of the medication regimen was conducted for the following residents:</p> <p>Resident #32 with nursing staff to ensure that the resident received their medication on timely basis. Any discontinued orders have also been removed from active orders. For resident #32 a medication error report was completed.</p> <p>Resident #43 with nursing staff to ensure that the resident received their medication on a timely basis. Any discontinued orders have also been removed from active orders. For resident #43 a medication error report was completed.</p> <p>Resident #60 with nursing staff to ensure that the resident received their medication on a timely bases. Any discontinued orders have also been removed from active orders. For resident #60 a medication error report was completed.</p> <p>Resident # 60 had a <b>NJ Exec Order 26.4b</b> order in place for the <b>NJ Exec Or</b> Nursing discharged the order in the TAR for consistency.</p> <p>Resident #250 with nursing staff to ensure that the resident received their medication on a timely basis. Any discontinued orders have also been removed from active orders. For resident #250 a medication error report was completed.</p> <p>Pharmacy Consultant to complete monthly medication passes on four nurses for 3 months.</p> <p>On July 25, the Director of Nursing/Designee will initiate a weekly audit by 4 weeks and monthly by 3 months of all physician orders to assure that all discontinued orders are no longer listed on the medication administration</p>		

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F 658	<p>Continued From page 63</p> <p>The deficient practice was evidenced by the following:</p> <p>1. During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the [US FOIA (b)(6)] how the facility's staff was, and the [US FOIA (b)(6)] stated that the facility relied heavily on Agency staffing. At that time, the surveyor requested the Nurse Staffing Report to be completed for the weeks of 11/6/22 to 11/19/22.</p> <p>On 6/18/24 at 11:56 AM, the [US FOIA (b)(6)] informed the surveyor that the facility did not have the staffing records for 2022; that they were trying to get the information from the payroll company. The surveyor asked the [US FOIA (b)(6)] if the facility needed to maintain staffing records, and the [US FOIA (b)(6)] confirmed the facility should have the records.</p> <p>On 6/25/24 at 10:13 AM, the surveyor reviewed the Nurse Staffing Report sheets completed by the facility for 11/6/22 through 11/19/22 which revealed the facility had zero to four nurses scheduled daily in a twenty-four hour period.</p> <p>At that time, the [US FOIA (b)(6)] stated that the facility could not locate the November 2022 staffing sheets, and they used payroll documents to complete the staffing report. The [US FOIA (b)(6)] stated the facility relied heavily on Agency staff who were not included in those reports.</p> <p>On 6/25/24 at 10:17 AM, the surveyor interviewed the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] who stated she was not here at the time, and could not locate the staffing sheets for that time. The [US FOIA (b)(6)] stated she could</p>	F 658	<p>record and discontinue any orders per physician orders.</p> <p>On July 27, 2024, an audit was done by the DON/Designee of all medication orders to assess opportunities to streamline the medication pass so that it is completed timely and as per physician orders.</p> <p>On July 27, 2024, an audit was done by the DON/Designee of discontinued medication orders to assure they are removed from the active orders</p> <p>For resident #32 a medication error report was completed.</p> <p>For resident #43 a medication error report was completed.</p> <p>For resident #60 a medication error report was completed.</p> <p>For resident #250 resident no longer resides in the facility. Discharged [NJ Exec Order 20]</p> <p>Pharmacy Consultant to complete monthly medication passes on two nurses.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change On June 21, 2024, the Director of Nursing in-serviced the licensed nursing staff on the Policy and Procedure for medication administration and administration times and that orders are discontinued per physician orders.</p> <p>A weekly audit for 4 weeks and monthly</p>		



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F 658	<p>Continued From page 64</p> <p>reach out to the Agencies to determine the staff provided.</p> <p>On 6/25/24 at 10:21 AM, the surveyor interviewed the [US FOIA (b)] in the presence of the [US FOIA (b)] and [US FOIA (b)(6)] who acknowledged the staffing sheets needed to be maintained and kept as a reference at all times. The [US FOIA (b)] stated the unit managers kept records of the assignment sheets, but the sheets cannot be located. The [US FOIA (b)] acknowledged her role was to oversee the nursing department, and confirmed the staffing levels were not acceptable.</p> <p>On 6/25/24 at 10:21 AM, the surveyor requested the Medication Administration Record with the times medication was administered for five sampled residents (Resident #32, #43, #60, #250, and #252) for the time period of [US FOIA (b)] through [US FOIA (b)].</p> <p>On 6/25/24 at 12:30 PM, the [US FOIA (b)] provided the surveyor with Administration Documentation Audit Detail Report (ADADR) for the weeks of [US FOIA (b)] to [US FOIA (b)] for Resident #32, #60, and #250. The [US FOIA (b)] stated Resident #252 was discharged from the facility in [US FOIA (b)], and Resident #43 was out of the facility at the time, so she provided the week of [US FOIA (b)].</p> <p>On 6/25/24 at 1:30 PM, the surveyor interviewed the [US FOIA (b)] who stated medication should be administered as ordered; the right person, medication, dose, route, and time. The [US FOIA (b)] continued medication was to be administered at the time prescribed or one hour before or after the medication was timed for.</p> <p>The surveyor reviewed the ADADR reports</p>	F 658	<p>for 3 months will be conducted on 5 resident Medication administration records by the Director of Nursing/Designee to assure that residents are receiving their medications as ordered and that medications that are discontinued are no longer listed on the medication administration record.</p> <p>A weekly audit for 4 week and monthly for 3 months will be conducted by the director of rehab therapy/designee on 5 residents to determine compliance with orders being consistent in POS, TAR, Care Plan. Element 4: Monitoring/ Quality Assurance The results of the weekly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 658	<p>Continued From page 65 provided which revealed the following:</p> <p>For the weeks of [REDACTED] through [REDACTED]:</p> <p>For Resident #32, their medications were administered out of the time parameters: for the 8:00 AM dose on [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], NJ Exec Order 26.4b1 [REDACTED]; for the 5:00 PM doses on [REDACTED] NJ Exec Order 26.4b1, and [REDACTED] NJ Exec Order 26.4b1; for the 6:00 PM dose on [REDACTED] and the 10 PM dose on [REDACTED] NJ Exec Order 26.4b1. It was documented the resident's [REDACTED] scheduled at 4:00 PM, was administered late on [REDACTED] NJ Exec Order 26.4b1. It was also documented on [REDACTED] NJ Exec Order 26.4b1, that their 8:00 AM medications were administered at 2:04 PM; and their [REDACTED] 8:00 AM and 9:00 AM medications were administered at 1:26 PM.</p> <p>For Resident #60, their medications were administered out of the time parameters: for the 8:00 AM doses on [REDACTED] NJ Exec Order 26.4b1 [REDACTED]; for the 1:00 PM doses on [REDACTED] NJ Exec Order 26.4b1 [REDACTED]; for the 5:00 PM doses on [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and the 9:00 PM doses on [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. It was documented that they received their [REDACTED] 9:00 AM medications at 2:18 PM.</p>	F 658			

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F 658	<p>Continued From page 66</p> <p>For Resident #250, their medications were administered out of the time parameters: for the 8:00 AM dose on [REDACTED] for the 9:00 AM doses on <b>NJ Exec Order 26.4b1</b> [REDACTED] for the 1:00 PM doses on 11/9/22, <b>NJ Exec Order 26.4b1</b>; and the 5:00 PM doses on <b>NJ Exec Order 26.4b1</b>. It was documented the resident's 9:00 AM doses on [REDACTED] were administered at 1:52 PM, and their 5:00 PM doses on [REDACTED] were administered at 10:26 PM.</p> <p>For the week of <b>NJ Exec Order 26.4b1</b>, Resident #43's medications were administered out of the time parameters: for the 9:00 AM dose on [REDACTED]; the 5:00 PM dose on [REDACTED] and the 6:00 PM dose on [REDACTED]. It was documented the 9:00 AM medications were administered at 12:06 PM on [REDACTED]</p> <p>On 6/26/24 at 10:34 AM, the [REDACTED] US FOIA (b)(6) acknowledged these concerns.</p> <p>A review of the facility's "Medication Administration Policy" dated effective 12/23/23, included medications are administered in a timely fashion as specified by policy...</p> <p>2. On 6/17/24 at 10:27 AM, the surveyor observed Resident #60 in their room watching television. Resident #60 was observed without any <b>NJ Exec Order 26.4b1</b>, specifically [REDACTED]</p> <p>The surveyor reviewed the medical record for Resident #60.</p> <p>A review of the Admission Record face sheet (an</p>	F 658			

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F 658	<p>Continued From page 67</p> <p>admission summary) reflected that the resident was admitted to the facility with diagnosis that included, but not limited to <b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected a brief interview for mental status (BIMS) score of <b>NJ ES</b> out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the Order Summary Report reflected an active order, dated <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> to <b>NJ Exec Order 26.4b1</b> every day shift and <b>NJ Exec Order 26.4b1</b> to <b>NJ Exec Order 26.4b1</b> every evening shift.</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated <b>NJ Exec Order 26.4b1</b>, for activities of daily living (ADL) <b>NJ Exec Order 26.4b1</b> with interventions that included to <b>NJ Exec Order 26.4b1</b> when out of bed. Further review of the ICCP identified the following note with a creation date of <b>NJ Exec Order 26.4b1</b>: Resident use <b>NJ Exec Order 26.4b1</b> in the morning and must remove prior going to bed at night.</p> <p>On 6/20/24 at 11:55 AM, the surveyor observed Resident #60 without a <b>NJ Exec Order 26.4b1</b> applied.</p> <p>On 6/25/24 at 9:43 AM, the surveyor and <b>US FOIA (b)(6)</b> passed Resident #60 in the hallway. The surveyor inquired if Resident #60 was currently <b>NJ Exec Order 26.4b1</b> a <b>NJ Exec Order 26.4b1</b>, and the <b>US FOIA (b)(6)</b> denied. Resident #60 stated that they had not had it in while.</p>	F 658			

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F 658	<p>Continued From page 68</p> <p>The surveyor and the [US FOIA (b)] reviewed the electronic medical record for Resident #60, which revealed an active order to apply [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] everyday shift, and apply left [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1] every evening shift. The surveyor and [US FOIA (b)] identified that the Treatment Administration Order also that displayed the nurses initials identifying that the [NJ Exec Order 26.4b1] has been applied today and within the past survey dates [NJ Exec Order 26.4b1]. The [US FOIA (b)] confirmed that nurses should not be signing off on the order if it was not applied.</p> <p>On 6/25/24 at 11:06 AM, the surveyor interviewed the [US FOIA (b)(6)] who reported that the [US FOIA (b)] was discontinued on [US FOIA (b)] at 4:51 PM. The [US FOIA (b)] provided a copy of the order that identified the order as signed off by the physician on [NJ Exec Order 26.4b1] at 1:22 PM.</p> <p>On 6/26/24 at 10:35 AM, the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)], and survey team confirmed that Resident #60's [NJ Exec Order 26.4b1] should have been discontinued in the system and that the nurses were identifying the [NJ Exec Order 26.4b1] was applied when it was not.</p> <p>The facility could not provide any policy regarding discontinuation of physician's orders and/or accuracy of completing the treatment administration orders.</p> <p>NJAC 8:39-11.2(b); 27.1(a)</p>	F 658			
F 677 SS=D	ADL Care Provided for Dependent Residents	F 677			8/25/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 677	<p>Continued From page 69 CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 159451</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a.) <b>NJ Exec Order 26.4b1</b> care was provided for 2 out of 7 residents observed during <b>NJ Exec Order 26.4b1</b> rounds (Resident #32 and Resident #147) and b.) <b>NJ Exec Order 26.4b1</b> was provided during activities of daily living (ADLs) for residents 2 of 4 residents reviewed for ADLs (Resident #60 and Resident #73).</p> <p>This deficient practice was evidenced by the following:</p> <p>Refer F725</p> <p>1. According to the Admission Record (AR), Resident #147 was admitted to the facility with the diagnoses which included but not limited to <b>NJ Exec Order 26.4b1</b>. The comprehensive Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b> reflected that Resident #147 had <b>NJ Exec Order 26.4b1</b> and was <b>NJ Exec Order 26.4b1</b> on staff for <b>NJ Exec Order 26.4b1</b>. Resident #147's individualized comprehensive care plan (ICCP) reflected that the resident required <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b>.</p>	F 677	<p>F677 <input type="checkbox"/> ADL Care Provided for Dependent Residents Element 1: Resident #32 and #147 received <b>NJ Exec Order 26.4b1</b> care. For residents #60 and #73 <b>NJ Exec Order 26.4b1</b> care was performed. On June 21, 2024, the Unit Manager initiated re-education to all clinical nursing staff on the policy and procedure for Bowel and Bladder Incontinence Care and Resident Care grooming (nail care). On July 25, 2024, the DON/designee will initiate an audit to assure incontinence care and nail care is being provided to residents during activities of daily living. Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice. Element 3: Systemic Change On June 21, 2024, the Unit Manager initiated re-education to all clinical nursing staff on the policy and procedure for Bowel and Bladder Incontinence Care and Resident Care grooming/nail care. Weekly audits for the next 4 weeks and monthly for the next 3 months of 5 of residents on each unit will be conducted by the unit manager and/or designee to assure that incontinence care and nail care is being provided during activities of daily living.</p>		

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F 677	<p>Continued From page 70</p> <p>According to the AR, Resident #32 was admitted to the facility with the diagnoses which included but not limited to <b>NJ Exec Order 26.4b1</b>. The comprehensive MDS dated <b>NJ Exec Order 26.4b1</b>, reflected that Resident #32 had <b>NJ Exec Order 26.4b1</b> and was <b>NJ Exec Order 26.4b1</b> on staff for <b>NJ Exec Order 26.4b1</b>. Resident #32's ICCP reflected that the staff provided the resident <b>NJ Exec Order 26.4b1</b> care every two to four hours, and that the resident required <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/18/24 at 8:02 AM, the surveyor conducted an <b>NJ Exec Order 26.4b1</b> tour on the <b>NJ Exec Order 26.4b1</b> nursing unit accompanied by the Unit Manager/Licensed Practical Nurse (UM/LPN #1) and observed the following:</p> <p>The surveyor and UM/LPN #1 entered Resident #147's room who was observed lying in bed. UM/LPN #1 asked the resident if she could check their <b>NJ Exec Order 26.4b1</b> and the resident gave UM/LPN #1 permission. The surveyor observed that the resident's <b>NJ Exec Order 26.4b1</b> and the <b>NJ Exec Order 26.4b1</b> that was directly under the resident was <b>NJ Exec Order 26.4b1</b> however the fitted sheet located under the <b>NJ Exec Order 26.4b1</b> had a large <b>NJ Exec Order 26.4b1</b> that <b>NJ Exec Order 26.4b1</b> like <b>NJ Exec Order 26.4b1</b> and contained some <b>NJ Exec Order 26.4b1</b> which UM/LPN #1 identified as <b>NJ Exec Order 26.4b1</b>. UM/LPN #1 was interviewed at this time and stated that the <b>US FOIA (b)(6)</b> that was assigned to care for Resident #32 should have <b>NJ Exec Order 26.4b1</b> the resident's sheet when performing <b>NJ Exec Order 26.4b1</b> care and should not have left a <b>NJ Exec Order 26.4b1</b> on the resident's bed. UM/LPN #1 stated that the <b>US FOIA (b)(6)</b> that cared for the resident on the 11:00 PM to 7:00 AM shift must have left the <b>NJ Exec Order 26.4b1</b> sheet on the</p>	F 677	<p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly and monthly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 4 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 677	<p>Continued From page 71</p> <p>resident's bed, because the CNA (CNA #1) that came in this morning just got to the unit and had not made rounds yet. UM/LPN #1 stated that [NJ Exec Order 26.4b1] rounds should be done by the CNA every two hours. The surveyor observed the resident's [NJ Exec O] during the tour and the resident's [NJ Exec Order 26.4b1].</p> <p>On 6/18/24 at 8:45 AM, the surveyor conducted an [NJ Exec Order 26.4b1] tour on the [NJ Exec Order 26.4b1] nursing unit with a Licensed Practical Nurse (LPN #1) and observed the following:</p> <p>At 9:00 AM, the surveyor accompanied LPN #1 entered Resident #32's room observed the resident lying in bed and the resident was [NJ Exec Order 26.4b1]. The resident's brief was observed to be [NJ Exec Order 26.4b1] with [NJ Exec O] and the sheets were observed with a [NJ Exec Order 26.4b1] that had a [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] LPN #1 was interviewed at the time and confirmed that the [NJ Exec O] the surveyor observed on the resident's sheet was [NJ Exec Order 26.4b1] and that the resident's [NJ Exec Order 26.4b1] and the entire bed linen should have been [NJ Exec Order 26.4b1]. The resident's [NJ Exec O] was observed, and the resident's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1].</p> <p>On 6/18/24 at 9:10 AM, the surveyor interviewed UM/LPN #2 for the [NJ Exec O] Floor nursing unit who stated that the CNA (CNA #2) who was assigned to care for Resident #32 should have made rounds that morning when she had arrived to the unit and checked the residents to see if any residents were [NJ Exec Order 26.4b1] and needed to be [NJ Exec Order 26.4b1] right away. UM/LPN #2 could not speak to why Resident #32 was [NJ Exec O] including the resident's bed linens. She stated that it was import to ensure that residents were [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] and to keep the residents</p>	F 677			



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F 677	<p>Continued From page 72</p> <p>comfortable.</p> <p>On 6/18/24 at 9:20 AM, the surveyor interviewed CNA #2 who stated that she made rounds that morning and performed an <b>NJ Exec Order 26.4b1</b> for Resident #32. CNA #2 stated that she conducted rounds on Resident #32 in the dark, and did not see the <b>NJ Exec Order 26.4b1</b> on the resident's bed sheets or notice the resident's <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b>. CNA #2 stated that the resident's <b>NJ Exec Order 26.4b1</b> and bed linen should have been <b>NJ Exec Order 26.4b1</b> and that it must have been an oversight.</p> <p>On 6/19/24 at 9:08 AM, the surveyor interviewed CNA #1 who stated that all <b>NJ Exec Order 26.4b1</b> residents should be checked every two hours, and every hour if they <b>NJ Exec Order 26.4b1</b> more frequently because the resident was on <b>NJ Exec Order 26.4b1</b>. CNA #1 stated that it was important to assure that residents' <b>NJ Exec Order 26.4b1</b> were <b>NJ Exec Order 26.4b1</b> timely, so that they did not develop <b>NJ Exec Order 26.4b1</b>. CNA #2 stated that bed linen should also be <b>NJ Exec Order 26.4b1</b> when the resident <b>NJ Exec Order 26.4b1</b> the bed because leaving <b>NJ Exec Order 26.4b1</b> linen on the bed could also cause <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>, and it was not appropriate to put clean bed linen over <b>NJ Exec Order 26.4b1</b> bed linen. CNA #1 stated that when she arrived on the unit, she made rounds with the CNAs from the previous shift so that she could ensure that all the residents were <b>NJ Exec Order 26.4b1</b>. CNA #1 stated that breakfast was served at 8:00 AM, so residents should be <b>NJ Exec Order 26.4b1</b> before they start their meals.</p> <p>On 6/20/24 at 9:55 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> <b>NJ Ex Order 26.4(b)(1)</b> who stated that <b>NJ Ex Order 26.4(b)(1)</b> rounds should be done when staff arrived to the unit to ensure that any priority residents should be taken care of. The <b>US FOIA (b)(6)</b></p>	F 677			

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F 677	<p>Continued From page 73</p> <p>stated that during shift rounds, the staffs responsibility was to identify <sup>NJ Ex Order</sup> residents, <sup>NJ Ex Order 26.4</sup> them, and ensure bed linen was <sup>NJ Ex Order 26.4</sup> when <sup>NJ Ex Order 26.4</sup> even if a <sup>NJ Ex Order 26.4(b)(1)</sup> got onto the linen, then the linen should be <sup>NJ Ex Order 26.4b</sup> The <sup>US FOIA (b)</sup> stated that clean linen should not be put on top of <sup>NJ Ex Order 26.4</sup> linen. The <sup>US FOIA (b)</sup> stated that all residents should be checked on every two hours to ensure that residents were provided <sup>NJ Ex Order 26.4(b)(1)</sup> care timely because residents left <sup>NJ Ex Order 26.4b1</sup>.</p> <p>On 6/26/24 at 10:36 AM, th <sup>US FOIA (b)(6)</sup> in the presence of the <sup>US FOIA (b)(6)</sup>, and survey team acknowledged it was unacceptable to put <sup>NJ Ex Order</sup> on a <sup>NJ Ex Order</sup> and <sup>US FOIA (b)</sup> fitted bed sheet. The <sup>US FOIA (b)</sup> acknowledged it was not appropriate to make care rounds in the dark.</p> <p>A review of the facility's "Bowel and Bladder Incontinence Care" policy dated May 2023, included controlling common infections for incontinent residents was part of the overall infection control program...the facility was committed to providing a safe a healthy environment for residents and to minimize or prevent the spread of infections...</p> <p>2. On 6/19/24 at 10:01 AM, the surveyor observed Resident #73 in their room with their <sup>NJ Ex Order 26.4b1</sup> as <sup>NJ Ex Order</sup> and <sup>NJ Ex Order</sup> When asked if their <sup>NJ Ex Order</sup> have been <sup>NJ Ex Order 26.4b1</sup> by the facility, Resident #73 denied and voiced that they do not <sup>NJ Ex Order 26.4b1</sup> and would like them <sup>NJ Ex Order</sup></p>	F 677			

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F 677	<p>Continued From page 74</p> <p>On 6/20/24 at 9:25 AM, the surveyor observed Resident #73 the facility's lobby [NJ Exec Order 26.4b1] on their [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1].</p> <p>The surveyor reviewed the medical record for Resident #73.</p> <p>A review of the Order Summary Report revealed that Resident #73 was admitted to the facility with diagnosis that included, but not limited to [NJ Exec Order 26.4b1].</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [NJ Exec Order 26.4b1] reflected a brief interview for mental status (BIMS) score of [NJ Exec Order 26.4b1] out of 15, which indicated a [NJ Exec Order 26.4b1]. Section [NJ Exec Order 26.4b1] (NJ Exec Order 26.4b1) of the MDS identified the resident as requiring [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1].</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated [NJ Exec Order 26.4b1], for activities of daily living (ADL) [NJ Exec Order 26.4b1] with interventions that included to have all my needs met.</p> <p>On 6/19/24 at 10:20 AM, the surveyor interviewed CNA #2 and #3 who both confirmed that they were responsible for [NJ Exec Order 26.4b1] care, which included [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] to a [NJ Exec Order 26.4b1].</p> <p>On 6/20/24 at 11:23 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated that the CNAs were responsible for assisting in residents' ADLs which included [NJ Exec Order 26.4b1] care. When asked how</p>	F 677			

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F 677	<p>Continued From page 75</p> <p>resident [REDACTED] are supposed to appear, the [REDACTED] responded, [REDACTED] and [REDACTED] with underneath also clean. The [REDACTED] further explained that [REDACTED] were completed by the CNA daily and weekly by the nurse during [REDACTED] in which [REDACTED] were checked for [REDACTED] and [REDACTED].</p> <p>On 6/26/24 at 10:35 AM, th [REDACTED] US FOIA (b)(6) [REDACTED], and survey team acknowledged that it was the expectation of the facility that [REDACTED] care was completed on the residents.</p> <p>2. On 6/17/24 at 10:27 AM, the surveyor observed Resident #60 in their room watching television. The surveyor observed Resident #60's [REDACTED] were [REDACTED] and [REDACTED] When asked if their nails have been [REDACTED] or [REDACTED] by the facility, Resident #60 denied and stated they would their [REDACTED].</p> <p>The surveyor reviewed the medical record for Resident #60.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnosis that included, but not limited to [REDACTED] [REDACTED]</p> <p>A review of the most recent quarterly MDS dated [REDACTED], reflected a BIMS score of [REDACTED] out of 15, which indicated a [REDACTED].</p>	F 677			

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F 677	<p>Continued From page 76</p> <p>A review of the ICCP included a focus area dated [REDACTED] for ADL [REDACTED] with interventions that included [REDACTED] expected with [REDACTED] NJ Exec Order 26.4b1</p> <p>On 6/19/24 at 10:20 AM, the surveyor interviewed CNA #2 and #3 who both confirmed that they were responsible for [REDACTED] which included [REDACTED] and [REDACTED] to a [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 11:23 AM, the surveyor interviewed the [REDACTED] who stated that the CNAs were responsible for assisting in residents' ADLs which included [REDACTED]. When asked how residents' [REDACTED] were supposed to appear, the [REDACTED] responded, [REDACTED] and [REDACTED] NJ Exec Order 26.4b1 also being [REDACTED]. The [REDACTED] further explained that [REDACTED] were completed by the CNA daily and weekly by the nurse during [REDACTED] in which [REDACTED] were checked for [REDACTED] and [REDACTED] NJ Exec Order 26.4b1. At that time, Resident #60 approached the nursing station, and the surveyor questioned the [REDACTED] and [REDACTED] of the resident's [REDACTED] NJ Exec Order 26.4b1. Both the [REDACTED] and UM/LPN #1 confirmed that they were [REDACTED] and unacceptable.</p> <p>On 6/25/24 at 9:43 AM, the surveyor and [REDACTED] passed Resident #60 in the hallway. At that time, the [REDACTED] confirmed that their [REDACTED] were [REDACTED] and [REDACTED] and stated that [REDACTED] care was an "everyday thing" and it should have been addressed by the CNAs. The surveyor informed the [REDACTED] that Resident #60's [REDACTED] were previously addressed with the [REDACTED] and UM/LPN #1 on 6/20/24, and the [REDACTED] confirmed that the [REDACTED] care should have been completed at that time.</p>	F 677			

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F 677	<p>Continued From page 77</p> <p>On 6/26/24 at 10:35 AM, the <span style="background-color: black; color: purple;">US FOIA (b)(6)</span>, <span style="background-color: black; color: black;">[REDACTED]</span>, and survey team acknowledged that it was the expectation of the facility that <span style="background-color: black; color: red;">NJ LSC</span> care was completed on the residents.</p> <p>A review of the facility's "Resident Care- Grooming" policy dated last reviewed January 2023, included...6. Trim the nails using the nail clipper and file to round the tips of the nails. 7. Clean around and under the nails using a moistened cotton swab. Essential Points: the nursing staff will provide observation and care of nails for all residents on bath day as needed...</p> <p>A review of the facility's undated "Certified Nurse Aide Position" document included...5. Bathes the resident in bed, tub or shower, combs hair, cleans and cut fingernails and gives shampoos...22. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and right...</p> <p>A review of the facility's undated "Licensed Practical Nurse Position" document included...9. Supervises and coordinates nursing personnel in providing direct resident care in adherence with state and federal regulations. 10. Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and right...</p> <p>A review of the facility's undated "Registered Nurse Position" document included...2. 9. Supervises and coordinates nursing personnel in providing direct resident care in adherence with state and federal regulations.</p>	F 677			

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F 677	Continued From page 78	F 677			
F 686 SS=D	<p>A review of the facility's undated "Unit Manager/Director Nurse Position" document included...4. Assesses the work performance of nursing personnel as it relates to their job description, unit standards of care and goals of the individual....6. Encourages nursing staff to perform their jobs to the fullest of their potential...</p> <p>NJAC 8:39-27.2 (g)</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to a.) obtain a physician's order for <b>NJ Exec Order 26.4b1</b> and b.) implement the individualized comprehensive care plan (ICCP) intervention to use a <b>NJ Exec Order 26.4b</b> on a resident's bed. This deficient practice was identified for 1 of 1 resident reviewed for <b>NJ Exec Order 26.4b1</b> (Resident #9),</p>	F 686	<p>Element 1: Corrective Actions</p> <p>During the initial tour of the facility by the surveyors it was identified that staff failed to obtain a physician order for <b>NJ Exec Order 26.4b</b> and did not implement the individualized comprehensive care plan (ICCP) intervention to use a <b>NJ Exec Order 26.4b</b> on resident # 9's bed .</p>	8/25/24	

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F 686	<p>Continued From page 79 and was evidenced by the following:</p> <p>On 6/17/24 at 10:54 AM, during initial tour of the facility, the surveyor observed Resident #9 lying in bed. The resident was on a regular mattress which was placed atop <b>NJ Exec Order 26.4b1</b> which was connected to an <b>NJ Exec Order 26.4b1</b> that was not plugged into the power outlet or turned on.</p> <p>On 6/19/24 at 11:01 AM, the surveyor observed Resident #9's bed which contained a regular mattress covered with bed linens placed on top of a <b>NJ Exec Order 26.4b1</b>. The resident was not present at the time of observation.</p> <p>On 6/19/24 at 11:05 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated, Resident #9 was being followed by <b>NJ Exec Order 26.4b1</b> for a <b>NJ Exec Order 26.4b1</b> which was now resolved. The <b>US FOIA (b)(6)</b> reviewed the resident's ICCP with the surveyor, and identified that the resident was care planned for being at risk for <b>NJ Exec Order 26.4b1</b>, having been treated for a <b>NJ Exec Order 26.4b1</b> with interventions that included to use a <b>NJ Exec Order 26.4b1</b> when in bed. The <b>US FOIA (b)(6)</b> further stated that the resident did not have physician's order for <b>NJ Exec Order 26.4b1</b>.</p> <p>At that time, the surveyor and the <b>US FOIA (b)(6)</b> went to the resident's room to observe the mattress setup. The <b>US FOIA (b)(6)</b> confirmed that there was a regular mattress on top of <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> acknowledged there was <b>NJ Exec Order 26.4b1</b> in bed for the resident; that the <b>NJ Ex</b> underneath the regular mattress was used incorrectly.</p>	F 686	<p>The <b>NJ Exec Order 26.4b1</b> was removed due to the resident #9 <b>NJ Exec Order 26.4b1</b> being resolved. The order and care plan were discontinued.</p> <p>On June 20, 2024, the Assistant Director of Nursing initiated re-education to the licensed nursing staff on obtaining a physician order for a <b>NJ Exec Order 26.4b1</b> and initiation of a individualized comprehensive care plan.</p> <p>On July 25, 2024, the unit managers on each unit will initiate an audit for residents with skin alterations requiring a pressure reducing device on their bed to assure that they are in place with an associated care plan and order.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On July 25, 2024, the Director of Nursing will initiate re-education to the Unit Managers and <b>US FOIA (b)(6)</b> on obtaining a physician order for a pressure reducing device and initiation of an individualized comprehensive care plan.</p> <p>Unit manager and/or designee will conduct weekly audits of all residents <input type="checkbox"/> skin alterations requiring a pressure reducing device on their bed to assure that they are in place with an associated</p>		



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F 686	<p>Continued From page 80</p> <p>The surveyor reviewed the medical record for Resident #9.</p> <p>A review of the Admission Record face sheet (an admission summary) indicated the resident was admitted to the facility with diagnosis which included <b>NJ Exec Order 26.4b1</b></p> <p>A review of the current Physician Order Summary Report did not include a physician's order for use of <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the ICCP included a focus for risk for <b>NJ Exec Order 26.4b1</b> with interventions which included the use of <b>NJ Exec Order 26.4b1</b> for bed and chair.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, indicated under section <b>NJ Exec Order 26.4b1</b> that the resident had <b>NJ Exec Order 26.4b1</b> with treatments including <b>NJ Exec Order 26.4b1</b> for chair and for bed.</p> <p>On 6/20/24 at 10:34 AM, in the presence of the survey team, the surveyor interviewed the <b>US FOIA (b)(6)</b> confirmed that Resident #9 had history of <b>NJ Exec Order 26.4b1</b> and that the resident should be on a <b>NJ Exec Order 26.4b1</b> set to the resident's <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> was presented with a photograph of</p>	F 686	<p>care plan and order.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 686	<p>Continued From page 81</p> <p>how the resident's bed was arranged with a regular mattress atop a <b>NJ Exec Order 26.4b1</b>, to which the <b>US FOIA (b)</b> stated that was "unacceptable" and that she had "never seen that done this way, we don't use it this way." She further stated "we should not have a regular mattress on top, it defeats the purpose" [of the <b>NJ Exec Order 26.4b1</b></p> <p>On 6/26/24 at 10:46 AM, the surveyor, in the presence of the survey team, <b>US FOIA (b)(6)</b></p> <p><b>US FOIA (b)(6)</b> if Resident #9 had an order for use of a <b>NJ Exec Order 26.4b1</b> on the bed, to which the <b>US FOIA (b)(6)</b> shook her head "No" and the <b>US FOIA (b)</b> stated, "there should have been one."</p> <p>Review of the facility's "Wound Prevention and Treatment" policy dated reviewed March 2024, included Pressure Ulcer Prevention...Provide a pressure reduction surface for bed and/ or wheelchair per the facility's Support Surface Selection Algorithm. (Refer to Algorithm of this "Wound Prevention and Management Protocol")...Stage II Treatment...Notify physician and obtain orders for the most appropriate treatment protocol...</p>	F 686			
F 693 SS=D	<p>NJAC 8:39-27.1(e)</p> <p>Tube Feeding Mgmt/Restore Eating Skills</p> <p>CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must</p>	F 693			8/25/24

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F 693	<p>Continued From page 82</p> <p>ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to monitor an [NJ Exec Order 26.4b1] to ensure the [NJ Exec Order 26.4b1] administered was in accordance with physician's orders. This deficient practice was identified for 1 of 1 residents reviewed for [NJ Exec Order 26.4b1] (Resident #32), and was evidenced by the following:</p> <p>On 6/17/24 at 10:54 AM, the surveyor observed Resident #32 lying in bed awake with [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] was located on a pole near their bed. There was no [NJ Exec Order 26.4b1] being administered at this time. When asked by the surveyor if they received [NJ Exec Order 26.4b1] daily, Resident #32 shook their head indicating yes.</p> <p>On 6/19/24 at 10:35 AM, the surveyor observed Resident #32 lying in bed awake with the [NJ Exec Order 26.4b1]</p>	F 693	<p>Element 1: Corrective Actions</p> <p>The order for [NJ Exec Order 26.4b1] was changed to be administered at 14:00 so that it did not interfere with the administration times for [NJ Exec Order 26.4b1]. As a result of the investigation by the nursing department, it was determined that the nurses disconnected the [NJ Exec Order 26.4b1] three times per day to administer the [NJ Exec Order 26.4b1]. That was contributing to the time of [NJ Exec Order 26.4b1] administration. The current [NJ Exec Order 26.4b1] order is now once per day at 1400 hours at [NJ Exec Order 26.4b1] when the [NJ Exec Order 26.4b1] is not connected. The eMAR includes supplemental documentation to capture the [NJ Exec Order 26.4b1].</p> <p>On July 25 2024, the Director of Nursing/Designee will initiate re-education to licensed nursing staff on the policy and</p>		

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F 693	<p>Continued From page 83</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>The <b>NJ Exec Order 26.4b1</b> was labeled as hung on <b>NJ Exec Order 26.4b1</b> at 7:30 PM.</p> <p>On 6/19/24 at 12:30 PM, the surveyor observed Resident #32 lying in bed with the <b>NJ Exec Order 26.4b1</b> administering <b>NJ Exec Order 26.4b1</b> an hour with a <b>NJ Exec Order 26.4b1</b></p> <p>The surveyor reviewed the medical record for Resident #32.</p> <p>According to the Admission Record face sheet (admission summary), the resident was admitted to facility with diagnoses which included <b>NJ Exec Order 26.4b1</b></p> <p>According to the most recent Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b> revealed Resident #32 did not have a Brief Interview for Mental Status (BIMS) score due to the resident was <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b>. A review of the MDS Section <b>NJ Exec Order 26.4b1</b>, revealed that Resident #32 had a <b>NJ Exec Order 26.4b1</b> while a resident, and received more than <b>NJ Exec Order 26.4b1</b> through the <b>NJ Exec Order 26.4b1</b></p>	F 693	<p>procedure for Enteral Feeding inclusive of ensuring the total volume administered is consistent with the physician's order.</p> <p>On July 25, 2024, the unit manager and/or designee will initiate an audit of all residents with tube feeding orders to assure that the volume to be administered in accordance to the physician's order. This will be completed by July 26, 2024.</p> <p>Element 2: Identification of at-Risk Areas All residents with tube feeding have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>The DON/designee will do a weekly audit by 4 weeks and monthly by 3 months of all residents with tube feeding orders to assure that the volume to be administered is in accordance with the physician's order.</p> <p>The Registered Dietician will conduct a monthly audit by 3 months of residents with an order for enteral feeding to ensure the orders are input correctly.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 693	<p>Continued From page 84</p> <p>A review of the individualized comprehensive care plan (ICCP) dated effective [REDACTED] to present, included that the resident required a [REDACTED] for [REDACTED] related to need for [REDACTED] status with [REDACTED] interventions included to monitor labs as ordered; [REDACTED]; <b>NJ Exec Order 26.4b1</b>; [REDACTED]; provide [REDACTED] as ordered; and monitor [REDACTED] monthly.</p> <p>A review of the [REDACTED] Physician Order Sheet (POS) included a physician's order (PO) dated [REDACTED] to administer <b>NJ Exec Order 26.4b1</b> at the [REDACTED]; start at 4:00 PM (4 PM) until completion of <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the corresponding [REDACTED] electronic Medication Administration Record (eMAR) indicated the following:</p> <p>The [REDACTED] order for [REDACTED] was signed by the nurse indicating it was administered at 4 PM on [REDACTED].</p> <p>A review of the corresponding [REDACTED] Administration History Report indicated that on [REDACTED], the [REDACTED] <b>NJ Exec Order 26.4b1</b> [REDACTED] was [REDACTED] at 4:50 PM.</p> <p>During an interview with the surveyor on [REDACTED] at 12:15 PM, the <b>US FOIA (b)(6)</b> [REDACTED] was asked how the facility monitored the amount of <b>NJ Exec Order 26.4b1</b> [REDACTED]. The <b>US FOIA (b)(6)</b> [REDACTED] responded, if the resident's [REDACTED] order was for a [REDACTED] then the [REDACTED] was set to administer the <b>NJ Exec Order 26.4b1</b>, and the [REDACTED] stopped when the [REDACTED] was [REDACTED].</p>	F 693			

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F 693	<p>Continued From page 85</p> <p>NJ Exec Order 26.4b1 The US FOIA (b)(6) also stated that the nurse signed on the eMAR when they started the NJ Exec Order 26.4b1 but the nurses did not document the NJ Exec Order 26.4b1 at the end of each shift.</p> <p>On 6/19/24 at 12:30 PM, the US FOIA (b)(6) accompanied the surveyor to Resident #32's room, and they observed the resident in bed with the NJ Exec Order 26.4b1</p> <p>The US FOIA (b)(6) stated that Resident #32's NJ Exec Order 26.4b1 was usually completed around 10:00 AM, and that possibly the nurse who changed the NJ Exec Order 26.4b1, cleared the NJ Exec Order 26.4b1 on the NJ Exec Order 26.4b1 which the US FOIA (b)(6) confirmed they should not do. The surveyor asked can you determine the NJ Exec Order 26.4b1 that the resident received since the NJ Exec Order 26.4b1 was started on NJ Exec Order 26.4b1 at 4 PM, and the US FOIA (b)(6) responded, they could not say for certain if the NJ Exec Order 26.4b1. The US FOIA (b)(6) also acknowledged that the NJ Exec Order 26.4b1 would continue to administer the NJ Exec Order 26.4b1 until it reached a NJ Exec Order 26.4b1 which would take approximately NJ Exec Order 26.4b1 to reach that NJ Exec Order 26.4b1 and it would overlap the resident's next NJ Exec Order 26.4b1 that started at 4 PM. The US FOIA (b)(6) also acknowledged it was possible that the resident could have received more than NJ Exec Order 26.4b1, since the NJ Exec Order 26.4b1 usually ended at 10:00 AM, and NJ Exec Order 26.4b1 could have led to the resident NJ Exec Order 26.4b1. At that time, the US FOIA (b)(6) instructed a nearby nurse to NJ Exec Order 26.4b1</p> <p>On 6/20/24 at 12:30 PM, the surveyor interviewed the US FOIA (b)(6) who stated that a resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1 according to the physician's orders; that the NJ Exec Order 26.4b1 should be administered at the time ordered, and continue to NJ Exec Order 26.4b1 until the resident received the NJ Exec Order 26.4b1.</p>	F 693			

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F 693	<p>Continued From page 86</p> <p>When asked how do the facility monitored the [redacted] administered each shift, the [redacted] responded, the [redacted] the resident received was [redacted] NJ Exec Order 26.4b1. The [redacted] also stated the nurse documented on the eMAR when the [redacted] was started, but the nurses did not document the [redacted] administered each shift. The surveyor then asked, how do you know if Resident #32 received the ordered amount of [redacted] NJ Exec Order 26.4b1, if at 12:30 PM, the [redacted] indicated [redacted] NJ Exec Order 26.4b1. The [redacted] stated that she could not confirm if the resident received the ordered amount, and the nurse should have documented in the Progress Notes if they held the [redacted] and why, and it should have been communicated to the next shift.</p> <p>On 6/26/24 at 10:35 AM, the [redacted] in the presence of the [redacted] US FOIA (b)(6) and survey team stated that through interviews with staff, they were "assuming" the [redacted] NJ Exec Order 26.4b1 was [redacted] late, and the nurse should be have been checking and making rounds on the units. The [redacted] acknowledged the facility needed to be more diligent in tracking when [redacted] NJ Exec Order 26.4b1 was [redacted] and how much was [redacted] NJ Exec Order 26.4b1 each shift, and the nurse should have documented if the [redacted] NJ Exec Order 26.4b1 was [redacted] or the [redacted] NJ Exec Order 26.4b1 was held for a length of time. When asked if the facility conducted an investigation, the [redacted] US FOIA (b)(6) stated that she verbally spoke to staff but did not document anything. The [redacted] US FOIA (b)(6) also acknowledged there was no documentation that the physician was made aware. The [redacted] US FOIA (b)(6) could not speak to why the nurse signed the [redacted] NJ Exec Order 26.4b1 was started on [redacted] at 4:50 PM, but acknowledged it was not appropriate to start the next [redacted] NJ Exec Order 26.4b1 directly after the</p>	F 693			

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F 693	Continued From page 87 previous [REDACTED] ended.  A review of the facility's "Enteral Feeding" policy dated revised 5/1/11, included Procedure: [...] 16. Document administration of feeding on Medication Administration Record (MAR) including: Date, Formula, Rate and Continuous bolus. 17. Document total intake separated into formula and water flush on MAR or Intake & Output Record if applicable. 18. Document the following, including, but not limited to: Tube placement verification, Time tube feeding initiated, Resident/patient tolerance, and Amount of gastric residual, as applicable...	F 693			
F 697 SS=E	NJAC 8:39-27.1(a) Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: NJ Complaint #166769  Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure a resident who received daily [REDACTED] management a.) received their [REDACTED] medications as order and b.) ensure the resident's [REDACTED] was being assessed and monitored every shift. This deficient practice was	F 697	Element 1: Corrective Actions  Resident #97 no longer resides in the facility. Based on observation, interview, and review of the facility documents it was identified for resident #97 that the facility failed to administer [REDACTED] medication per physician orders and to ensure that the resident [REDACTED] is assessed every shift.		8/25/24



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F 697	<p>Continued From page 88</p> <p>identified for 1 of 1 residents reviewed for [REDACTED] management (Resident #97), and was evidenced by the following:</p> <p>On 6/20/24 at 9:23 AM, the surveyor reviewed the closed medical record for Resident #97.</p> <p>A review of the Resident Face Sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated [REDACTED] for [REDACTED] with a goal to be free from [REDACTED] and interventions which included assess for signs and symptoms of [REDACTED] establish [REDACTED] through [REDACTED] assessment. An additional focus are dated [REDACTED] as evidenced by [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and [REDACTED] NJ Exec Order 26.4b1 [REDACTED] with an [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>with "no interventions exist for this focus."</p> <p>A review of the [REDACTED] Medication Administration Record (MAR) revealed a physician's order (PO) dated [REDACTED] for [REDACTED] NJ Exec Order 26.4b1 [REDACTED] tablet; give one tablet</p>	F 697	<p>On July 26, 2024, the Director of Nursing/ will initiate re-education to the licensed nursing staff on the policy and procedure for Pain Management.</p> <p>On July 26, 2024, the DON/designee will initiate an audit to assure residents with pain medication orders are administered per physician orders.</p> <p>On July 26, 2024, the DON/designee will initiate an audit to assure that residents with documented pain and/or pain medication orders are assessed for pain every shift.</p> <p>The nurses who were identified to not provide the ordered [REDACTED] mediation will be provided with education on July 26, 2024 by the Director of Nursing/designee regarding if an ordered [REDACTED] medication is not available, that the nurse should notify the physician and get an alternate order for a [REDACTED] medication to treat the [REDACTED] until the ordered medication arrives.</p> <p>On July 26, 2024, the director of nursing/designee will initiate an audit to assure that all ordered pain medications were available.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>Weekly audits will be completed by unit manager and/or designee on each unit of</p>		

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F 697	<p>Continued From page 89</p> <p>three times a day for [REDACTED] scheduled at 9:00 AM; 1:00 PM; and 5:00 PM. A review of the corresponding administration times revealed the following:</p> <p>On 6/22/24 at 9:00 AM, an indication for not administered see last section</p> <p>A review of the corresponding last section indicated on [REDACTED] at 9:00 AM, [REDACTED] not administered and comment not applicable [n/a].</p> <p>A review of the corresponding Progress Notes (PN) included a Nursing Note (NN) dated [REDACTED] at 7:53 PM, that the resident was received from the hospital at 4:30 PM, denies [REDACTED] at this time. The next NN was dated [REDACTED] at 2:42 PM, that included the resident continued on [REDACTED] and was observed in [REDACTED]. The note did not include why the resident did not receive their [REDACTED] on [REDACTED] at 9:00 AM.</p> <p>A further review on the [REDACTED] MAR, revealed a PO dated [REDACTED], for [REDACTED] assessment every shift; use [REDACTED]. A review of the corresponding [REDACTED] assessment for [REDACTED] during the 7:00 AM to 3:00 PM shift; reflected the resident was in [REDACTED].</p> <p>A review of the [REDACTED] MAR revealed a PO dated [REDACTED] for [REDACTED] tablet; give one tablet by mouth every six hours for [REDACTED] scheduled at 12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM. A review of the corresponding administration times revealed the following:</p> <p>On [REDACTED] at 12:00 AM, 6:00 AM, and 12:00 PM, [REDACTED] was not administered and to comment (see last section).</p>	F 697	<p>5 residents with pain medication orders to assure that are administered per physician orders.</p> <p>Weekly audits will be completed by unit manager and/or designee on each unit of 5 residents with documented pain and/or pain medication orders are assessed for pain every shift.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 697	<p>Continued From page 90</p> <p>On [NJ Exec Order 26.4b] at 6:00 AM, [NJ Exec Order 26.4b] was not administered.</p> <p>A review of the corresponding last section indicated on [NJ Exec Order 26] at 12:00 AM and 6:00 AM, awaiting medication from pharmacy, and at 12:00 PM, the resident was not in the facility. There was no documentation for the [NJ Exec Order 26] at 6:00 AM dose.</p> <p>A further review of the [NJ Exec Order 26.4b] MAR included no PO for [NJ Exec Order 26] scale every shift as previously documented in [NJ Exec Order 26.4b].</p> <p>A review of the Progress Notes for [NJ Exec Order 26] included a NN at 1:34 PM, that call was placed to the Pharmacy to be made aware of the need for [NJ Exec Order 26.4b] and the Pharmacy stated they were awaiting a prescription. The nurse documented they called the [US FOIA (b)(6)] who stated a prescription was sent over the night before, and nurse called Pharmacy to relay information who denied having prescription. The nurse documented they made [US FOIA (b)(6)] aware. An additional note dated [NJ Exec Order 26] at 1:37 PM, that resident was out of the facility at 9:05 AM to go to [NJ Exec Order 26.4b1] with [NJ Exec Order 26.4b1] observed. There was no documentation on [NJ Exec Order 26] that either the physician or [US FOIA (b)(6)] was made aware the resident did not receive their [NJ Exec Order 26.4b] for three scheduled administrations or any alternative. There was no documentation of the resident's [NJ Exec Order 26] for the missed 12:00 AM and 6:00 AM doses.</p> <p>A further review of the Progress Notes did not include any documentation as to why the resident did not receive the [NJ Exec Order 26.4b] or [NJ Exec Order 26] at 6:00 AM.</p>	F 697			

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F 697	<p>Continued From page 91</p> <p>A review of the comprehensive Minimum Data Set (MDS) dated [REDACTED] NJ Exec Order 26.4b1, revealed the resident had a brief interview for mental status (BIMS) score of a [REDACTED] out of 15, which indicated a [REDACTED] NJ Exec Order 26.4b1. A further review revealed the resident received routine [REDACTED] NJ Exec Order 26.4b1 medication.</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated [REDACTED] NJ Exec Order 26.4b1 was monitored for all residents on the MAR using a [REDACTED] NJ Exec Order 26.4b1 scale every shift. The [REDACTED] US FOIA (b)(6) stated if the resident did not receive their scheduled [REDACTED] NJ Exec Order 26.4b1 medication, the nurse documented why it was not received. The [REDACTED] US FOIA (b)(6) stated the facility had a backup [REDACTED] NJ Exec Order 26.4b1 medication supply, but review of the inventory revealed [REDACTED] NJ Exec Order 26.4b1 was not included. At this time, the surveyor requested the resident's [REDACTED] NJ Exec Order 26.4b1 declining inventory sheets for [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 1:24 PM, the surveyor informed the [REDACTED] US FOIA (b)(6) about the missing doses of [REDACTED] NJ Ex Order 26.4(b)(1). The surveyor requested any additional information for what was done for those shifts; [REDACTED] NJ Exec Order 26.4b1 scale; and the resident's [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 declining inventory sheets.</p> <p>On 6/25/24 at 1:22 PM, the surveyor in the presence of the [REDACTED] US FOIA (b)(6), and survey team requested for the third time a copy of the resident's [REDACTED] NJ Exec Order 26.4b1 declining inventory sheet.</p> <p>On 6/26/24 at 8:45 AM, the surveyor received the resident's "Individual Patient [REDACTED] NJ Exec Order 26.4b1 Administration Record" for [REDACTED] NJ Exec Order 26.4b1 dated first dose administered [REDACTED] NJ Exec Order 26.4b1 at 9:00 AM,</p>	F 697			

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F 697	<p>Continued From page 92</p> <p>and the last dose administered [REDACTED] at 12:00 PM. There were no additional declining inventory sheets.</p> <p>On 6/26/24 at 10:35 AM [REDACTED] US FOIA (b)(6) [REDACTED], and survey team stated they were unable to locate any additional declining inventory sheets for [REDACTED]. The [REDACTED] was unable to provide any additional information regarding the missing doses, but confirmed medication should be administered as ordered. The [REDACTED] acknowledged the facility should have assessed the resident's [REDACTED] every shift, and if medication was unavailable, the physician was immediately notified and asked if another medication should be given instead. The [REDACTED] confirmed the resident was on [REDACTED] medications and it was important to monitor their [REDACTED] to ensure the medication prescribed was effective.</p> <p>At that time, the [REDACTED] confirmed the resident had [REDACTED] at the time the [REDACTED] medication was not received.</p> <p>A review of the facility's "Pain Management" policy dated reviewed February 2024, included the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goal and preferences...reassess patients with pain regularly based on facility's established intervals. If re-assessment findings indicate pain is not adequately controlled, revise the pain management regimen and plan of care as indicated...</p>	F 697			

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F 697	Continued From page 93	F 697			
F 725	NJAC 8:39-27.1(a)	F 725			
SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)			8/25/24	
	<p>§483.35(a) Sufficient Staff.</p> <p>The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provide sufficient nursing staff to ensure residents were provided with care to achieve their highest practical wellbeing by</p>		<p>Element 1</p> <p>In an effort to ensure additional staff is added to facility staffing, the facility is working proactively in hiring staff to be able to be compliant with staffing</p>		

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F 725	<p>Continued From page 94</p> <p>failing to ensure a.) <sup>NJ Exec Order 26.4b1</sup> care was provided for 2 out of 7 residents observed during <sup>NJ Exec Order 26.4b1</sup> rounds (Resident #32 and Resident #147) and b.) medications were administered according to physician's orders for 4 of 4 residents reviewed for medication administration timing (Resident #32, #43, #60, and #250). This deficient practice was evidenced by the following:</p> <p>Refer F658 and F677</p> <p>1. According to the Admission Record (AR), Resident #147 was admitted to the facility with the diagnoses which included but not limited to <b>NJ Exec Order 26.4b1</b>. The most recent comprehensive Minimum Data Set (MDS), an assessment tool dated <sup>NJ Exec Order 26.4b1</sup>, reflected that Resident #147 had <b>NJ Exec Order 26.4b1</b> and was <sup>NJ Exec Order 26.4b1</sup> on staff for <sup>NJ Exec Order 26.4b1</sup> Resident #147's individualized comprehensive care plan (ICCP) reflected that the resident required <sup>NJ Exec Order 26.4b1</sup> with <b>NJ Exec Order 26.4b1</b>.</p> <p>According to the AR, Resident #32 was admitted to the facility with the diagnoses which included but not limited to <b>NJ Exec Order 26.4b1</b>. The most recent comprehensive MDS dated <sup>NJ Exec Order 26.4b1</sup> reflected that Resident #32 had <b>NJ Exec Order 26.4b1</b> and was <sup>NJ Exec Order 26.4b1</sup> on staff for <sup>NJ Exec Order 26.4b1</sup> Resident #32's ICCP reflected that the staff provided <sup>NJ Exec Order 26.4b1</sup> care every two to four hours and that the resident required <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> with <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 6/18/24 at 8:02 AM, the surveyor conducted an <sup>NJ Exec Order 26.4b1</sup> tour on the <sup>NJ Exec Order 26.4b1</sup> Floor nursing</p>	F 725	<p>requirements. Additional staff are being recruited utilizing the following including but not limited to generous sign on bonuses, shift differential pay, additional staffing agency contracts, job postings on multiple job recruiting sites and job fairs. Elements2</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3</p> <p>The Administrator/Designee will monitor staff schedules on a daily basis for compliance.</p> <p>Administrator will in-service <sup>U.S. FOIA (b) (6)</sup> on the requirement for staffing in the nursing home.</p> <p>The Administrator / Designee will audit the nurse staffing schedules on a daily basis for two months to monitor compliance.</p> <p>Element 4 .</p> <p>The results of the daily audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 2 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 725	<p>Continued From page 95</p> <p>unit accompanied by the Unit Manager/Licensed Practical Nurse (Um/LPN #1) and observed the following:</p> <p>The surveyor and UM/LPN #1 entered Resident #147's room who was observed lying in bed. UM/LPN #1 asked the resident if she could check their <b>NJ Exec Order 26.4b1</b> and the resident gave UM/LPN #1 permission. The surveyor observed that the resident's <b>NJ Exec Order 26.4b1</b> and the <b>NJ Exec Order 26.4b1</b> that was directly under the resident was <b>NJ Exec</b> however the fitted sheet located under the <b>NJ Exec Ord</b> had a large <b>NJ Exec Order 26.4b1</b> that <b>NJ Exec Order 26.4b1</b> like <b>NJ Exec O</b> and contained some <b>NJ Exec Order 26.4b1</b> which UM/LPN #1 identified as <b>NJ Exec Order 26.4b1</b> UM/LPN #1 was interviewed at that time, and stated that the <b>US FOIA (b)(6)</b> that was assigned to care for Resident #32 should have <b>NJ Exec Order 26.4b1</b> the resident's sheet when performing <b>NJ Exec Order 26.4b1</b> care and should not have left a <b>NJ Exec Order 26.4b1</b> on the resident's bed. UM/LPN #1 stated that the <b>US FOIA (b)(6)</b> that cared for the resident on 11:00 PM to 7:00 AM shift must have left the <b>NJ Exec</b> sheet on the resident's bed because the CNA (CNA #1) that came in that morning just got to the unit and had not made rounds yet. UM/LPN #1 stated that <b>NJ Exec Order 26.4b1</b> rounds were completed by the CNA every two hours. The surveyor observed the resident's <b>NJ Exec</b> during the tour and the resident's <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the CNA Assignment sheet for 6/18/24, revealed that for the resident census of 47, there were five assigned CNAs. CNA #1 had thirteen assigned residents to care for.</p> <p>On 6/18/24 at 8:45 AM, the surveyor conducted</p>	F 725			



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F 725	<p>Continued From page 96</p> <p>an NJ Exec Order 26.4b1 tour on the NJ Exec Order 26.4b1 Floor nursing unit with a US FOIA (b)(6) and observed the following:</p> <p>On 6/18/24 at 9:00 AM, the surveyor accompanied the US FOIA into Resident #32's room observed the resident lying in bed and was NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 was observed to be NJ Exec Order 26.4b1 and the sheets were observed with a NJ Exec Order 26.4b1 that had a NJ Exec Order 26.4b1. The US FOIA was interviewed at the time and confirmed that the NJ Exec Order 26.4b1 the surveyor observed on the resident's sheet was NJ Exec Order 26.4b1 and that the resident's NJ Exec Order 26.4b1 should have been NJ Exec Order 26.4b1 and the entire bed linen should have been NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 was observed, and the resident's NJ Exec Order 26.4b1 was and NJ Exec Order 26.4b1.</p> <p>On 6/18/24 at 9:10 AM, the surveyor interviewed UM/LPN #2 for the NJ Exec Order 26.4b1 Floor nursing unit who stated that CNA #2 who was assigned to care for Resident #32 should have made rounds that morning when she had arrived at the unit and checked the residents to see if any residents were NJ Exec Order 26.4b1 and needed to be NJ Exec Order 26.4b1 right away. UM/LPN #2 could not speak to why Resident #32 was NJ Exec Order 26.4b1 including the resident's bed linens. UM/LPN #2 stated it was import to assure that the residents were NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to protect the resident's NJ Exec Order 26.4b1 and to keep residents NJ Exec Order 26.4b1.</p> <p>A review of the CNA Assignment sheet for 6/18/24, revealed that for the resident census of 50, there were five assigned CNAs. CNA #2 had eleven assigned residents to care for.</p> <p>On 6/18/24 at 9:20 AM, the surveyor interviewed</p>	F 725			

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F 725	<p>Continued From page 97</p> <p>the CNA #2 who stated that she made rounds that morning and performed an NJ Exec Order 26.4b1 check for Resident #32. CNA #2 stated that she did not see the NJ Exec Order 26.4b1 on the resident's bed sheets and did not notice that the resident's NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 because she did not turn the light on in the resident's room. CNA #2 stated that the resident's NJ Exec Order 26.4b1 and bed linen should have been NJ Exec Order 26.4b1 and that it must have been an oversight.</p> <p>On 6/19/24 at 9:08 AM, the surveyor interviewed CNA #1 who stated that all NJ Exec Order 26.4b1 residents should be checked every two hours, and if a resident NJ Exec Order 26.4b1 more frequently because the resident was on NJ Exec Order 26.4b1 that they should be NJ Exec Order 26.4b1 every hour. CNA #1 stated that it was important to assure that residents' NJ Exec Order 26.4b1 were NJ Exec Order 26.4b1 timely so that they did not NJ Exec Order 26.4b1, as well as bed linen should be NJ Exec Order 26.4b1 when the resident NJ Exec Order 26.4b1 the bed. CNA #1 explained that leaving NJ Exec Order 26.4b1 bed linen on the bed could also cause NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, and it would not be appropriate to put clean bed linen over NJ Exec Order 26.4b1 bed linen. CNA #1 stated that when she arrived on the unit, she made rounds with the CNAs from the previous shift so that she could ensure that all the residents were NJ Exec Order 26.4b1 CNA #1 stated that breakfast was served at 8:00 AM, so residents should have been NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 before they started their meals.</p> <p>On 6/20/24 at 9:55 AM, the surveyor interviewed the US FOIA (b)(6) who stated that NJ Exec Order 26.4b1 rounds should be done when staff arrived at the unit to ensure that any priority residents should be taken care of. The US FOIA (b)(6)</p>	F 725			

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F 725	<p>Continued From page 98</p> <p>stated that during shift rounds, the staffs responsibility was to identify [redacted] residents and to ensure that the residents were [redacted] and bed linen were [redacted] when [redacted] emphasizing that even if a [redacted] got onto the linen, then the linen should be [redacted] The [redacted] stated that clean linen should not be put on top of [redacted] linen, and all residents should be checked on every two hours. The [redacted] explained that it was important to assure that residents were provided [redacted] care timely and that residents left [redacted] were at risk for [redacted]</p> <p>On 6/25/24 at 10:13 AM, the surveyor interviewed the [redacted] who stated she scheduled nursing staff in accordance with State regulation which required one CNA to every eight residents for the morning shift; one CNA for every ten residents for the evening shift; and one CNA to every fourteen residents for the overnight shift. The [redacted] stated it was very hard to find staff; that the facility did not always meet the required ratios.</p> <p>On 6/26/24 at 10:36 AM, the [redacted] and survey team acknowledged it was unacceptable to put [redacted] on a [redacted] and [redacted] fitted bed sheet. The [redacted] acknowledged it was not appropriate to make care rounds in the dark.</p> <p>2. During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the [redacted]</p>	F 725			

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F 725	<p>Continued From page 99</p> <p><b>US FOIA (b)(6)</b> how the facility's staff was, and the <b>US FOIA (b)(6)</b> stated that the facility relied heavily on Agency staffing. At that time, the surveyor requested the Nurse Staffing Report to be completed for the weeks of 11/6/22 to 11/19/22.</p> <p>On 6/18/24 at 11:56 AM, the <b>US FOIA (b)(6)</b> informed the surveyor that the facility did not have the staffing records for 2022; that they were trying to get the information from the payroll company. The surveyor asked the <b>US FOIA (b)(6)</b> if the facility needed to maintain staffing records, and the <b>US FOIA (b)(6)</b> confirmed the facility should have the records.</p> <p>On 6/25/24 at 10:13 AM, the surveyor reviewed the Nurse Staffing Report sheets completed by the facility for 11/6/22 through 11/19/22 which revealed the following:</p> <p>On 11/6/22, there was a census of 91 residents with a total of four nurses throughout the twenty-four hour period.</p> <p>On 11/7/22, there was a census of 91 residents with a total of two nurses throughout the twenty-four hour period with no nurses on the overnight.</p> <p>On 11/8/22, there was a census of 91 residents with a total of four nurses throughout the twenty-four hour period.</p> <p>On 11/9/22, there was a census of 93 residents with a total of three nurses throughout the twenty-four hour period with no nurses on the overnight.</p> <p>On 11/10/22, there was a census of 93 residents with a total of four residents throughout the twenty-four hour period.</p> <p>On 11/11/22, there was a census of 92 residents with a total of four nurses throughout the</p>	F 725			

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F 725	<p>Continued From page 100</p> <p>twenty-four hour period.</p> <p>On 11/12/22, there was a census of 93 residents with a total of three nurses throughout the twenty-four hour period.</p> <p>On 11/13/22, there was a census of 93 residents with a total of two nurses throughout the twenty-four hour period with no nurses on the evening shift.</p> <p>On 11/14/22, there was a census of 94 residents with a total of two nurses throughout the twenty-four hour period with no nurses on the overnight shift.</p> <p>On 11/15/22, there was a census of 95 residents with a total of three nurses throughout the twenty-four hour period.</p> <p>On 11/16/22, there was a census of 95 residents with a total of three nurses throughout the twenty-four hour period with no nurses on the evening shift.</p> <p>On 11/17/22, there was a census of 93 residents with a total of two nurse throughout the twenty-four hour period with no nurse on the evening shift.</p> <p>On 11/18/22, there was a census of 94 residents with a total of one nurse throughout the twenty-four hour period with no nurses on the day or evening shifts.</p> <p>On 11/19/22, there was a census of 93 residents with a total of one nurse throughout the twenty-four hour period with no nurse on the day or evening shifts.</p> <p>At that time, the [US FOIA (b)(7)] stated that the facility could not locate the November 2022 staffing sheets, and they used payroll documents to complete the staffing report. The [US FOIA (b)(7)] stated the facility relied heavily on Agency staff who were not included in those reports.</p>	F 725			

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F 725	<p>Continued From page 101</p> <p>On 6/25/24 at 10:17 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated she was not here at the time, and could not locate the staffing sheets for that time. The <b>US FOIA (b)(6)</b> stated she could reach out to the Agencies to determine the staff provided.</p> <p>On 6/25/24 at 10:21 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> in the presence of the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> who acknowledged the staffing sheets needed to be maintained and kept as a reference at all times. The <b>US FOIA (b)(6)</b> stated the unit managers kept records of the assignment sheets, but the sheets cannot be located. The <b>US FOIA (b)(6)</b> acknowledged her role was to oversee the nursing department, and confirmed the staffing levels were not acceptable.</p> <p>At that time, the surveyor requested the Medication Administration Record with the times medication was administered for five sampled residents (Resident #32, #43, #60, #250, and #252) for the time period of <b>NJ Exec Order 26.46</b> through <b>NJ Exec Order 26.46</b>.</p> <p>On 6/25/24 at 12:30 PM, the <b>US FOIA (b)(6)</b> provided the surveyor with Administration Documentation Audit Detail Report (ADADR) for the weeks of <b>NJ Exec Order 26.46</b> for Resident #32, #43, and #250. The <b>US FOIA (b)(6)</b> stated Resident #252 was discharged from the facility in <b>NJ Exec Order 26.46</b>, and Resident #43 was out of the facility at the time so she provided the week of <b>NJ Exec Order 26.46</b>.</p> <p>On 6/25/24 at 1:30 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated medication should be administered as ordered; the right person, medication, dose, route, and time. The <b>US FOIA (b)(6)</b></p>	F 725			

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F 725	<p>Continued From page 102</p> <p>continued medication was to be administered at the time prescribed or one hour before or after the medication was timed for.</p> <p>The surveyor reviewed the ADADR reports provided which revealed the following:</p> <p>For the weeks of <b>NJ Exec Order 26.4b1</b>:</p> <p>For Resident #32, their medications were administered out of the time parameters: for the 8:00 AM dose on <b>NJ Exec Order 26.4b1</b> _____ for the 9:00 AM doses on <b>NJ Exec Order 26.4b1</b> _____ for the 12:00 PM doses on <b>NJ Exec Order 26.4b1</b> _____; for the 5:00 PM doses on <b>NJ Exec Order 26.4b1</b> _____ for the 6:00 PM dose on <b>NJ Exec Order 26.4b1</b> _____; and the 10 PM dose on <b>NJ Exec Order 26.4b1</b> _____. It was documented the resident <b>NJ Exec Order 26.4b1</b> _____ scheduled at 4:00 PM, was administered late on <b>NJ Exec Order 26.4b1</b> _____. It was also documented on <b>NJ Exec Order 26.4b1</b> _____, that their 8:00 AM medications were administered at 2:04 PM; and their <b>NJ Exec Order 26.4b1</b> _____ 8:00 AM and 9:00 AM medications were administered at 1:26 PM.</p> <p>For Resident #60, their medications were administered out of the time parameters: for the 8:00 AM doses on <b>NJ Exec Order 26.4b1</b> _____; for the 9:00 AM doses on <b>NJ Exec Order 26.4b1</b> _____ for the 1:00 PM doses on <b>NJ Exec Order 26.4b1</b> _____; for the 5:00 PM doses on <b>NJ Exec Order 26.4b1</b> _____ and the</p>	F 725			

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F 725	<p>Continued From page 103</p> <p>9:00 PM doses on <b>NJ Exec Order 26.4b1</b> [REDACTED]. It was documented that they received their <b>NJ Exec Order 26.4b1</b> 9:00 AM medications at 2:18 PM.</p> <p>For Resident #250, their medications were administered out of the time parameters: for the 8:00 AM dose on <b>NJ Exec Order 26.4b1</b> [REDACTED] for the 1:00 PM doses on <b>NJ Exec Order 26.4b1</b> [REDACTED]; and the 5:00 PM doses on <b>NJ Exec Order 26.4b1</b> [REDACTED]. It was documented the resident's 9:00 AM doses on <b>NJ Exec Order 26.4b1</b> were administered at 1:52 PM, and their 5:00 PM doses on <b>NJ Exec Order 26.4b1</b> were administered at 10:26 PM.</p> <p>For the week of <b>NJ Exec Order 26.4b1</b>, Resident #43's medications were administered out of the time parameters: for the 9:00 AM dose on <b>NJ Exec Order 26.4b1</b>; the 5:00 PM dose on <b>NJ Exec Order 26.4b1</b>; and the 6:00 PM dose on <b>NJ Exec Order 26.4b1</b>. It was documented the 9:00 AM medications were administered at 12:06 PM on <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/26/24 at 10:30 AM, the <b>US FOIA (b)(6)</b> provided additional staffing for the weeks of 11/6/22 through 11/19/22, which revealed on 11/6/22, there were three nurses for the day shift and one for the overnight; on 11/7/22, there were two nurses for the day and overnight shifts and three for the evening; on 11/8/22 there were three nurses for the evening and two nurses for the overnight shifts; on 11/9/22 four nurses for the day shift, two for the evening and one for the overnight shifts; on 11/10/22 there was four for the day, three for the evening, and two for the overnight shift; for 11/11/22 there was four for the day, three for the evening, and one for the</p>	F 725			



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F 725	<p>Continued From page 104</p> <p>overnight shift; on 11/12/22 there were two nurses for the day four for the evening, and two for the overnight; for 11/13/22 there was three for the day, two for the evening, and one for the overnight; for 11/14/22 there was two for the evening and one for the overnight; for 11/15/22 and 11/16/22 there was two for the evening and overnight; 11/17/22 there were three for the evening and two for the overnight; for 11/18/22 there were three for the evening and one for the overnight; and for 11/19/22 there were two for the evening and one for the overnight.</p> <p>On 6/26/24 at 10:34 AM, the [REDACTED] acknowledged these concerns.</p> <p>A review of the facility's "Bowel and Bladder Incontinence Care" policy dated May 2023, included that controlling common infections for incontinent residents was part of the overall infection control program...the facility was committed to providing a safe a healthy environment for residents and to minimize or prevent the spread of infections...</p> <p>A review of the facility's "Nursing and Sufficient Staff" policy dated last reviewed July 2023, included it is the policy of this facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The facility's census, acuity and diagnoses of the resident population will be considered based on the facility assessment...the facility will supply sufficient numbers of each of the following personnel types on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans...</p>	F 725			

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F 725	Continued From page 105	F 725			
F 755 SS=E	<p>NJAC 8:39-25.2 (a); 27.1(a)</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced</p>	F 755		8/25/24	

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F 755	<p>Continued From page 106</p> <p>by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards by not ensuring a.) the accurate documentation of medication administration during the 6/18/24 medication administration observation for ten residents by 1 of 2 nurses; b.) accurate documentation of the administration of a medication (NJ Exec Order 26.4b1) according to physician's orders from (NJ Exec Order 26.4b1) until surveyor inquiry; c.) accurate inventory documentation of a (NJ Exec Order 26.4b1) medication (NJ Exec Order 26.4b1) administered on (NJ Exec Order 26.4b1); d.) maintain accurate documentation for signing the (NJ Exec Order 26.4b1) shift-to-shift inventory counts of the (NJ Exec Order 26.4b1) medications on the morning shift of 6/18/24 by 1 of 2 nurses observed during the medication administration observation and an additional six shifts in (NJ Exec Order 26.4b1) for one 1 of 2 medication carts inspected; and e.) accountability of the (NJ Exec Order 26.4b1) shift count logs were completed in accordance with facility policy and accurately account for and document the administration of (NJ Exec Order 26.4b1) medications identified on 2 of 2 medication carts and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by</p>	F 755	<p>Element 1: Corrective Actions</p> <p>Resident #89 had their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Resident #32 their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Resident #61 their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Resident #79their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Resident #51 their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Resident #84their medication administration reviewed to ensure accurate documentation of medication administration.</p> <p>Residents #5 had their medication administration reviewed to ensure accurate documentation of (NJ Ex Order 26.4(b)(1)) medication including accurate documentation and signing the (NJ Ex Order 26.4(b)(1)) (NJ Exec Ord) shift to shift declining inventory count sheet.</p> <p>Resident #51 had their medication administration reviewed to ensure accurate documentation of (NJ Ex Order 26.4(b)(1)) medication including accurate documentation and signing the (NJ Ex Order 26.4(b)(1))</p>		

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F 755	<p>Continued From page 107</p> <p>a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>The deficient practices were evidenced by the following:</p> <p>1. On 6/18/24 at 7:57 AM, during the medication administration observation, the surveyor observed the Registered Nurse (RN #1) entering electronic signatures for the medications that she had administered to Resident #89 in the electronic Medication Administration Record (eMAR).</p> <p>On 6/18/24 at 8:13 AM, RN #1 stated "I had to borrow a password", explaining that she was using the login password for the Unit Manager/Licensed Practical Nurse (UM/LPN #1) because she was an <b>NJ Exec Order 26.4b1</b> nurse, and she had a problem with her login.</p> <p>On 6/18/24 at 8:21 AM, the surveyor observed RN #1 entering electronic signatures for the 8:00 AM (8 AM) and 9:00 AM (9 AM) medications for four sampled residents, (Resident #32, #61, #79,</p>	F 755	<p><b>NJ Exec Order 26.4b1</b> shift to shift declining inventory count sheet.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On June 18, 2024, the Director of Nursing initiated re-education to the licensed nursing staff on the Policy and Procedure Medication Administration and Schedule II Controlled Substance Medication.</p> <p>On July 26, 2024, the Director of Nursing will initiate a weekly audit by 4 weeks and monthly by 3 months to assess that all controlled substances are documented and signed out for the administration of Schedule II Controlled Substance in accordance with physician orders to monitor the narcotic declining sheets that the nursing staff are signing out the narcotic declining sheet during shift change.</p> <p>On July 26, 2024, the Director of Nursing will initiate re-education to the <b>U.S. FOIA (b) (6)</b> to do in person medication passes on the nurses.</p> <p>On July 26, 2024, the Director of Nursing will initiate re-education to the <b>U.S. FOIA (b) (6)</b> to ensure that all nursing staff have their own credentials to log into <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b>). Education will be provided to staff that sharing passwords is prohibited.</p>		

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F 755	<p>Continued From page 108</p> <p>and #84), and six unsampled residents, (unsampled Resident #1, #2, #3, #4, #5, #6). RN #1 stated that she had already administered the morning medications to those residents and needed to sign the eMAR. RN #1 explained that she administered morning medications to the residents earlier because they were a priority since the residents were either <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> or had <b>NJ Exec Order 26.4b1</b> and she had not had a chance to sign the eMAR.</p> <p>On 6/18/24 at 8:45 AM, the surveyor observed RN #1 administer and electronically sign for medications that were administered to Resident #51.</p> <p>A review of the eMARs for Resident #89, #51, #32, #61, #79, #84 and the six unsampled residents revealed that the initials for the 8 AM and 9 AM medications on 6/18/24 had the electronic signature initials for UM/LPN #1.</p> <p>On 6/18/24 at 11:27 AM, the surveyor interviewed UM/LPN #1 at the nurse's station, who stated that she had given RN #1 her login because there was a problem this morning. In addition, UM/LPN #1 stated that medications should be signed for immediately after administering them to the resident.</p> <p>At that time, the <b>US FOIA (b)(6)</b> was at the nurse's station and confirmed UM/LPN #1 should not have given RN #1 her login password. The <b>US FOIA (b)(6)</b> stated that when the computer system changed on 6/11/24, the staff were trained on how to use the system, but that agency nurses were already familiar with the system.</p>	F 755	<p>On June 21, 2024, the Director of Nursing initiated re-education to licensed nursing staff on documenting on the Methadone Chain of Custody Record.</p> <p>On June 21, 2024, the Director of Nursing initiated re-education to the nursing staff to report the nursing supervisor immediately of any discrepancies with Schedule II Controlled Substance Medications.</p> <p>On June 21, 2024, the Director of Nursing initiated re-education to the nursing staff that pre-signing for Scheduled II Controlled Substance Medication is prohibited.</p> <p>On June 21, 2024, the Director of Nursing initiated re-education to the nursing staff that a declining inventory sheet will be provided with each dispensed prescription for controlled dangerous medication in addition to proper procedure for charting of medications, the nurse must document on the declining inventory sheet the date of administration, the quantity administered, the amount of medication remaining, and his/her initials. An inventory count of all controlled dangerous substances medications stored on each nursing unit shall be performed at each change of each shift by both the incoming and outgoing nurse. Both nurses are responsible for the count and must sign the narcotic count form.</p> <p>On June 18, 2024, the Director of Nursing initiated re-education to the licensed</p>		

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F 755	<p>Continued From page 109</p> <p>On 6/18/24 at 12:12 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that she was responsible for providing the login passwords for the agency nurses. The <b>US FOIA (b)(6)</b> also stated that each nurse had their own login password, and that she had tested RN #1's login password at 7:45 AM that morning, but that RN #1 had entered the password wrong three times and was locked out.</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that every nurse had their own login password and were not to use another nurse's login. The <b>US FOIA (b)(6)</b> added that UM/LPN #1 should not have given her login password to RN #1 because the login corresponded to the nurse's signature. The <b>US FOIA (b)(6)</b> explained that the administrative staff which included the <b>US FOIA (b)(6)</b> had the capability to unlock the <b>US FOIA (b)(6)</b> login or provide a new one. The <b>US FOIA (b)(6)</b> also stated that the computer system was changed on 6/11/24, but that nursing procedures were still to be followed. The <b>US FOIA (b)(6)</b> explained that the eMAR was to be signed immediately after the medication was administered.</p> <p>On 6/19/24 at 3:50 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> via the telephone who stated that she had started as the <b>US FOIA (b)(6)</b> in <b>NJ Exec Order 26.4b1</b> and she had not done any medication passes on nurses or inservices for medication administration yet.</p> <p>On 6/20/24 at 1:21 PM, the survey team met with the <b>US FOIA (b)(6)</b> and the <b>US FOIA (b)(6)</b> stated that there were no medication administration observations</p>	F 755	<p>nursing staff on the Policy and Procedure Medication Administration and Schedule II Controlled Substance Medication.</p> <p>A monthly audit will be conducted for 3 months by the Unit Managers/Designee of the following: that a declining inventory sheet will be provided with each dispensed prescription for controlled dangerous medication; proper procedure for documenting on the declining inventory sheet the date of administration, the quantity administered, the amount of medication remaining, and his/her initials. An inventory count shall be performed of all controlled dangerous substances stored on each nursing unit at each change of each shift by both the incoming and outgoing nurse. Both nurses are responsible for the count and must sign the narcotic count form.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 755	<p>Continued From page 110</p> <p>performed with RN #1, and the facility had not done any inservices on medication administration recently.</p> <p>A review of the facility's "Medication Administration Policy" dated 12/23/2, included that after medication administration document necessary medication administration/treatment information (e.g. (for example), when medications are administered, medication injection site, refused medications, and reason, prn (as needed) medications, etc.) on appropriate forms...</p> <p>2. On 6/18/24 at 8:59 AM, during the morning medication administration pass, the surveyor, observed RN #2 preparing [REDACTED] medications for Resident #5 which included a [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>On 6/18/24 at 9:08 AM, the surveyor observed RN #2 administer [REDACTED] medications to Resident #5 which included the [REDACTED] NJ Exec Order 26.4b1 tablet. Upon returning to the medication cart, the surveyor observed RN #2 electronically sign the eMAR for Resident #5 for all the highlighted medications that were due for 9 AM.</p> <p>The surveyor reviewed the medical record for Resident #5.</p> <p>A review of the Admission Record face sheet (admission summary) revealed diagnoses that included [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p>	F 755			

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F 755	<p>Continued From page 111</p> <p>A review of the Order Summary Report revealed a physician's order (PO) with a start date of [REDACTED], for NJ Exec Order 26.4b1 tablet, give 1 tablet orally two times a day for NJ Exec Order 26.4b1. Give with [REDACTED] for a NJ Exec Order 26.4b1.</p> <p>Further review of the Order Summary Report revealed PO with an active date of [REDACTED], and a start date of [REDACTED], for NJ Exec Order 26.4b1 tablet; give 1 tablet orally two times a day for [REDACTED] with [REDACTED] for a total dose of [REDACTED].</p> <p>A review of the [REDACTED] eMAR revealed the above PO for NJ Exec Order 26.4b1. In addition, the eMAR revealed a PO dated [REDACTED] for NJ Exec Order 26.4b1 tablet; give 1 tablet orally two times a day for NJ Exec Order 26.4b1. Give with [REDACTED] for a total dose of [REDACTED]. The eMAR reflected all [REDACTED] dates with an "X" until [REDACTED].</p> <p>There was no documentation that NJ Exec Order 26.4b1 [REDACTED] was administered from [REDACTED] until surveyor inquiry.</p> <p>On 6/18/24 at 12:23 PM, the surveyor interviewed UM/LPN #2 regarding the dose of [REDACTED] that was to be administered at 9:00 AM (9 AM) to Resident #5. UM/LPN #2 checked the electronic records for Resident #5 and stated that the facility had changed electronic charting systems recently and was checking both systems. UM/LPN #2 then verified that the dose of [REDACTED] that Resident #5 was to receive at 9 AM was a total of [REDACTED]. UM/LPN #2 explained that there was a PO for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 to be administered together for a total dose of [REDACTED]. UM/LPN #2 then reviewed the current eMAR and stated that the NJ Exec Order 26.4b1 order was</p>	F 755			



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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 755	<p>Continued From page 112</p> <p>entered incorrectly because the PO had a start date of [REDACTED], and should have been started on [REDACTED] with the [REDACTED] PO. UM/LPN #2 added that the [REDACTED] PO had instructions regarding the total dose, but that when the electronic system started on [REDACTED], the [REDACTED] dose would not be highlighted for administration at 9 AM until [REDACTED]. UM/LPN #2 was unable to speak to how the PO was entered incorrectly.</p> <p>A review of the previous computer system Physician's Orders revealed a PO dated [REDACTED] for [REDACTED] tablet, [REDACTED]; give 1 tablet ( [REDACTED] ) by oral route 2 times per day. Take with [REDACTED] for a total of [REDACTED]. In addition, a PO dated [REDACTED], for [REDACTED] tablet; give 1 tablet [REDACTED] by oral route 2 times per day. Take with [REDACTED] for a total of [REDACTED].</p> <p>A review of the previous computer system eMAR reflected the administration of [REDACTED] and [REDACTED] together at 9 AM for a total dose of [REDACTED].</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the [REDACTED] who stated that the facility had changed computer systems on [REDACTED], and that all PO were transferred to the new computer system.</p> <p>On 6/20/24 at 10:45 AM, the survey team met with the [REDACTED] who acknowledged that there was an error in the dosage of [REDACTED] for Resident #5 that occurred on [REDACTED]. The [REDACTED] added that she was continuing to investigate how the entry error occurred. The [REDACTED] added that she was reviewing with each nurse that administered medications regarding the [REDACTED] PO for the</p>	F 755			

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F 755	<p>Continued From page 113</p> <p>total dose of [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of the facility's "Medication Administration" policy dated effective 12/23/23, included prior to medication administration Verify each medication preparation that the medication is the RIGHT DRUG, at the RIGHT DOSE, the RIGHT ROUTE, at the RIGHT RATE, at the RIGHT TIME, for the RIGHT CUSTOMER...Verify that the MAR reflects the most recent medication order...</p> <p>3. On 6/18/24 at 8:45 AM, the surveyor observed RN #1 preparing to administer medications to Resident #51 which included [REDACTED] NJ Exec Order 26.4b1</p> <p>[REDACTED] RN #1 stated that the [REDACTED] NJ Exec Order 26.4b1 was obtained by the nursing supervisors from the [REDACTED] NJ Exec Order 26.4b1 clinic on a weekly basis. RN #1 explained that the [REDACTED] NJ Exec Order 26.4b1 was a [REDACTED] NJ Exec Order 26.4b1 and had an inventory sheet [REDACTED] NJ Exec Order 26.4b1 [REDACTED] was provided by the [REDACTED] NJ Exec Order 26.4b1 clinic and had to be signed by the nurse and the resident for the appropriate date and all empty bottles were returned back to the clinic.</p> <p>At that time, the surveyor, with RN #1 reviewed the resident's [REDACTED] NJ Exec Order 26.4b1 Record and the [REDACTED] NJ Exec Order 26.4b1 bottles. RN #1 stated that there were [REDACTED] NJ Ex Order 26.4b1 bottles in a bag for Resident #51. RN #1 added that four were empty and three contained [REDACTED] NJ Exec Order 26.4b1. RN #1 stated that she was removing one bottle and signing the record for [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] NJ Exec Order 26.4b1 revealed that on [REDACTED] NJ Exec Order 26.4b1, there was no signature by a nurse for the</p>	F 755			

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F 755	<p>Continued From page 114</p> <p>removal of the [REDACTED] NJ Exec Order 26.4b1</p> <p>At that time, RN #1 stated that she thought the [REDACTED] US FOIA (b)(6) ) was supposed to sign the form on [REDACTED] NJ Exec Order 26.4b1. Resident #51 stated that they thought they had taken their [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1, and had not remembered signing.</p> <p>A review of the eMAR for Resident #51 for [REDACTED] NJ Exec Order 26.4b1 administration on [REDACTED] NJ Exec Order 26.4b1 revealed the electronic signature of the [REDACTED] US FOIA (b)(6)</p> <p>On 6/18/24 at 9:18 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated that she was the nurse on the medication cart on [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) was unsure about administering [REDACTED] NJ Exec Order 26.4b1 to Resident #51. The surveyor with the [REDACTED] US FOIA (b)(6) reviewed the [REDACTED] NJ Exec Order 26.4b1 Record for Resident #51. The [REDACTED] US FOIA (b)(6) then stated that she had not realized she was supposed to sign the record and should have signed the record for the removal of the [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated that the resident's individual [REDACTED] NJ Exec Order 26.4b1 sheet was to be signed when the [REDACTED] NJ Exec Order 26.4b1 was removed from inventory so that there were no discrepancies. In addition, if there were any discrepancies then a supervisor was to be notified and the discrepancy was to be corrected immediately.</p> <p>A review of the facility's undated "Schedule II Controlled Substance Medication" policy included...When a CDS (controlled substance medication) is administered, in addition to following procedures for the charting of medications, the nurse must document on the</p>	F 755			

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F 755	<p>Continued From page 115</p> <p>declining inventory sheet the date of administration, the quantity administered, the amount of medication remaining and his/her initials...</p> <p>4. On 6/18/24 at 8:45 AM, the surveyor observed RN #1 preparing to administer medications to Resident #51 which included [REDACTED] NJ Exec Order 26.4b1</p> <p>[REDACTED] NJ Exec Order 26.4b1. RN #1 stated that the [REDACTED] NJ Exec Order 26.4b1 was obtained by the nursing supervisors from the [REDACTED] NJ Exec Order 26.4b1 clinic on a weekly basis. RN #1 explained that the [REDACTED] NJ Exec Order 26.4b1 was a [REDACTED] NJ Exec Order 26.4b1 and had an inventory sheet [REDACTED] NJ Exec Order 26.4b1 that was provided by the [REDACTED] NJ Exec Order 26.4b1 clinic and had to be signed by the nurse and the resident for the appropriate date and all empty bottles were returned back to the clinic.</p> <p>At that time, the surveyor, with RN #1, reviewed the resident's [REDACTED] NJ Exec Order 26.4b1 and the [REDACTED] NJ Exec Order 26.4b1 bottles. The RN #1 stated that there were seven bottles in a bag for Resident #51. The RN #1 added that four were empty and three contained [REDACTED] NJ Exec Order 26.4b1. RN #1 stated that she was removing one bottle and signing the record for [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] NJ Exec Order 26.4b1 revealed that on [REDACTED] NJ Exec Order 26.4b1 there was no signature by a nurse for the removal of the [REDACTED] NJ Exec Order 26.4b1</p> <p>At that time, RN #1 stated that she thought the [REDACTED] US FOIA (b)(6) was supposed to sign the form on [REDACTED] NJ Exec Order 26.4b1 Resident #51 stated that they thought they had taken their [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1, and had not remembered signing.</p>	F 755			

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F 755	<p>Continued From page 116</p> <p>At that time, the surveyor with RN #1 reviewed the [REDACTED] Count Sheet (a monthly sheet for daily nurses' signatures to verify the inventory count of the [REDACTED] at the change of shift) that corresponded to the [REDACTED] Floor nursing unit high side medication cart, which revealed that the sheet was not signed for [REDACTED] for the Nurse In. RN #1 stated that she had done an inventory count at the beginning of her shift with the outgoing nurse, but had forgotten to sign the [REDACTED] Count Sheet and proceeded to sign the sheet in front of the surveyor. RN #1 then stated that she had not told the [REDACTED] or any other supervisor about the missing signature for the [REDACTED] inventory because there was no discrepancy.</p> <p>Further review of the [REDACTED] Shift Count revealed that the following nurse signatures were missing:</p> <p>[REDACTED] 11 PM Nurse Out [REDACTED] 11 PM Nurse Out [REDACTED] 11 PM Nurse In [REDACTED] 7 AM Nurse Out [REDACTED] 11 PM Nurse In [REDACTED] 7 AM Nurse Out</p> <p>On 6/18/24 at 9:18 AM, the surveyor interviewed the [REDACTED] who stated that she was unaware of any discrepancies regarding the [REDACTED] Count shift to shift sheets.</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the [REDACTED] who stated that the inventory count of the [REDACTED] in the medication carts were completed before each shift and there were three shifts; 7 AM to 3 PM, 3 PM to 11 PM, and 11 PM to 7 AM. The [REDACTED] explained that the inventory</p>	F 755			

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F 755	<p>Continued From page 117</p> <p>count was completed when the incoming nurse came in for their shift and the outgoing nurse was leaving their shift. The [US FOIA (b)] further explained that the [NJ Exec Order 26] Count Sheet should be signed when the inventory was completed. The [US FOIA (b)] stated that the [NJ Exec Order 26] Count Sheets should be thoroughly completed meaning there were no blanks. In addition, the [US FOIA (b)] stated that if there were any discrepancies, then that should be reported to a supervisor immediately. The [US FOIA (b)] explained that this system prevented any discrepancies from occurring with the [NJ Exec Order 26.4b] inventories.</p> <p>A review of the current facility's undated "Schedule II Controlled Substance Medication" policy included...when dispensing controlled substances An inventory count of all CDS (controlled drug substance) medications stored on each nursing unit shall be performed at each change of each shift by both the incoming and outgoing nurse. Both nurses are responsible for the count and must sign the inventory count form...</p> <p>5. On 6/18/24 at 11:45 AM, the surveyor, in the presence of RN #1, reviewed the [NJ Exec O] Floor nursing unit high side medication cart's [NJ Exec Order 26] logs. The following was observed:</p> <p>The [NJ Exec Order 26.4b] shift-to-shift [NJ Exec Order 26] Count Sheet", RN #1 pre-signed for the [NJ Exec O] 3 PM outgoing nurse.</p> <p>The "Individual Patient [NJ Exec Order 26.4b] [NJ Exec Order 26.4b] Administration Record" (declining inventory log) for Resident #51's [NJ Exec Order 26.4b] capsules</p>	F 755			

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F 755	<p>Continued From page 118</p> <p><b>NJ Exec Order 26.4b1</b> was missing "Nurse Administering" signatures for <b>NJ Exec Order 26.4b1</b> 9 AM and 9 PM doses.</p> <p>At that time, the surveyor interviewed RN #1, who confirmed she had pre-signed the outgoing nurse portion of the shift-to-shift stating "I shouldn't have pre-signed" informing the surveyor that this sheet was to be signed by the incoming and outgoing nurses together at shift change after a complete count of <b>NJ Exec Order 26.4b1</b> had been performed together. RN #1 further stated that there should be no missing signatures or documentation on the individual patient: <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> logs.</p> <p>On 6/18/24 at 12:25 PM, the surveyor, in the presence of the <b>US FOIA (b)</b> reviewed the <b>NJ Exec Order 26.4b1</b> Floor nursing unit high side medication cart's <b>NJ Exec Order 26.4b1</b> logs. The following was observed:</p> <p>Resident #9 <b>NJ Exec Order 26.4b1</b> tablet (<b>NJ Exec Order 26.4b1</b>) declining inventory log was missing the administration time documentation for <b>NJ Exec Order 26.4b1</b>.</p> <p>At that time, the <b>US FOIA (b)</b> stated that declining inventory logs should not have any missing documentation for doses that have been dispensed.</p> <p>On 6/18/24 at 12:53 PM, the surveyor interviewed UM/LPN #2 who stated there should be no missing documentation on <b>NJ Exec Order 26.4b1</b> declining inventory logs.</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the <b>US FOIA (b)</b> who stated that the inventory count of the <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> in the medication carts were completed before each shift and there were three</p>	F 755			

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F 755	Continued From page 119 shifts; 7 AM to 3 PM, 3 PM to 11 PM and 11 PM to 7 AM. The [REDACTED] explained that the inventory count was completed when the incoming nurse comes in for their shift and the outgoing nurse was leaving their shift and the [REDACTED] Count Sheet should be signed when the inventory completed. In addition, if there are any discrepancies then that should be reported to a supervisor immediately. The [REDACTED] added that the individual resident [REDACTED] sheets were to be signed when the [REDACTED] was removed from inventory so that there were no discrepancies.  Review of the facility's undated "Schedule II Controlled Substance Medication" included...a declining inventory sheet will be provided with each dispensed prescription for controlled dangerous medications...when CDS medication is administered, in addition to proper procedure for charting of medications, the nurse must document on the declining inventory sheet the date of administration, the quantity administered, the amount of medication remaining, and his/her initials. An inventory count of all CDs medications stored on each nursing unit shall be performed at each change of each shift by both the incoming and outgoing nurse. Both nurses are responsible for the count and must sign the inventory count form...	F 755			
F 756 SS=F	NJAC 8:39-11.2(b), 29.2 (a)(d), 29.4(k), 29.7(c) Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)  §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a	F 756			8/25/24



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F 756	<p>Continued From page 120 licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review it was determined that the facility failed to address the recommendations made by the <span style="background-color: black; color: white;">US FOIA (b)(6)</span></p>	F 756	<p>F756 <input type="checkbox"/> Drug Regimen Review, Report Irregular</p> <p>Element 1: Corrective Actions</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 756	<p>Continued From page 121</p> <p><b>US FOIA (b)(6)</b> in a timely manner. This deficient practice was identified for 4 of 5 residents reviewed for medication management (Resident #34, Resident #80, Resident #60, and Resident #61) and was previously cited during the facility's last standard survey on 10/20/22. The evidence was as follows:</p> <p>Refer F865</p> <p>1. On 6/19/24 at 1:27 PM, the surveyor requested from the <b>US FOIA (b)(6)</b> the <b>US FOIA (b)(6)</b> recommendations for Resident #34 from <b>US FOIA (b)(6)</b> until present.</p> <p>According to the Admission Record (AR), Resident #34 was admitted to the facility with the diagnoses which included but was not limited to <b>NJ Exec Order 26.4b1</b>.</p> <p>The quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected that the resident had <b>NJ Exec Order 26.4b1</b> and had <b>NJ Exec Order 26.4b1</b> directed toward others. The MDS also reflected that the resident was <b>NJ Exec Order 26.4b1</b> for activities of daily living (ADLs).</p> <p>On 6/20/24 at 9:00 AM, the <b>US FOIA (b)(6)</b> provided the surveyor with Resident #34's <b>US FOIA (b)(6)</b> recommendation reports for <b>NJ Exec Order 26.4b1</b>.</p> <p>The <b>US FOIA (b)(6)</b> recommendation dated <b>NJ Exec Order 26.4b1</b>, indicated that the medication <b>NJ Exec Order 26.4b1</b> should be <b>NJ Exec Order 26.4b1</b> before administering. This recommendation was not completed or acted upon by the facility until <b>NJ Exec Order 26.4b1</b>.</p>	F 756	<p>For resident #34 the Pharmacy Consultant Recommendations were carried out on <b>NJ Exec Order 26.4b1</b>.</p> <p>For resident #80 the Pharmacy Consultant Recommendations were carried out on <b>NJ Exec Order 26.4b1</b>.</p> <p>For resident #60 the Pharmacy Consultant Recommendations were carried out on <b>NJ Exec Order 26.4b1</b>.</p> <p>For resident #61 the Pharmacy Consultant Recommendations were carried out on <b>NJ Exec Order 26.4b1</b>.</p> <p>On July 25, 2024, the Director of Nursing will initiate re-education to the Unit Managers and the <b>US FOIA (b)(6)</b> that the pharmacy consultant recommendations must be addressed within 7 days of receiving.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change On July 26, 2024, the Director of Nursing will initiate re-education to the Unit Managers and the <b>US FOIA (b)(6)</b> that the pharmacy consultant reports must be completed within 7 days of receiving.</p> <p>The Director of Nursing/Designee will audit 5 resident pharmacy consultant recommendations weekly by 4 weeks and monthly by 3 months to determine compliance with the Pharmacy Consultants recommendations.</p> <p>Element 4: Monitoring/ Quality Assurance The results of the weekly will be submitted</p>		

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F 756	<p>Continued From page 122</p> <p>The [US FOIA (b)] recommendation dated [NJ Exec Order 26.4b1], indicated the use of [NJ Exec Order 26.4b1] needed a diagnosis for use. The surveyor reviewed the Physician Order Summary sheet, and the recommendation was not acted upon by the facility. The [NJ Exec Order 26.4b1] continued not to have a diagnosis for the use.</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [US FOIA (b)] who stated that the [US FOIA (b)] reports were sent to the facility through email by the [US FOIA (b)] and the [US FOIA (b)] recommendations were to be completed by the unit managers. The [US FOIA (b)] stated that an appropriate time for the [US FOIA (b)] recommendations to be completed was within seven days of receiving. The [US FOIA (b)] could not explain why the recommendations provided from the [US FOIA (b)] from [NJ Exec Order 26.4b1] were not completed until [NJ Exec Order 26.4b1] after surveyor inquiry.</p> <p>On 6/20/24 at 10:16 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN #1) for the [NJ Exec Order 26.4b1] Floor nursing unit who stated that the [US FOIA (b)] report recommendations were usually completed by the unit manager, but could be assigned to the nurse on the unit or divided amongst the nursing staff to complete. UM/LPN #1 stated that an appropriate time to complete the [US FOIA (b)] recommendation report was within one week. She continued to add that the unit managers usually received an email of the recommendations, but since switching over to the new electronic medical records (EMR), which was switched on [NJ Exec Order 26.4b1], the [US FOIA (b)] received the recommendations. UM/LPN #1 revealed that the [US FOIA (b)] recommendations from [NJ Exec Order 26.4b1] were not given to the unit managers to complete until yesterday ([NJ Exec Order 26.4b1]).</p>	F 756	to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.		

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F 756	<p>Continued From page 123</p> <p>On 6/20/24 at 12:24 PM, the surveyor interviewed the facility's [REDACTED] who stated that she had been at the facility since [REDACTED], and it was important that the facility acted upon the pharmacy recommendations as soon as possible (ASAP) so that if there was a medication safety concern, it could be taking care of immediately. The [REDACTED] stated that the facility needed more education because the new pharmacy consultant company was new to the facility and the staff was on a "learning curve".</p> <p>2. On 6/19/24 at 1:27 PM, the surveyor requested from the [REDACTED] the [REDACTED] recommendations for Resident #80 from [REDACTED]</p> <p>According to the Admission Record, Resident #80 was admitted to facility with diagnoses included [REDACTED]</p> <p>According to the most recent MDS dated [REDACTED] Resident #80 had a brief interview for mental status (BIMS) score of [REDACTED] out of 15, which indicated a [REDACTED]. A further review of the MDS revealed the resident had an active diagnosis of [REDACTED], and received [REDACTED] medications on a routine basis.</p> <p>On 6/20/24 at 9:00 AM, the [REDACTED] provided the surveyor with Resident #80's [REDACTED] recommendation reports for [REDACTED]</p>	F 756			

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F 756	<p>Continued From page 124</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1], indicated that the medication [NJ Exec Order 26.4b1] two tablets [NJ Exec Order 26.4b1] daily has been administered since [NJ Exec Order 26.4b1]. It was recommended, if the resident was [NJ Exec Order 26.4b1] to consider [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1] daily, then discontinue the medication. This recommendation was not completed or acted upon by the facility until [NJ Exec Order 26.4b1].</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1], indicated that the medication [NJ Exec Order 26.4b1] should include a [NJ Exec Order 26.4b1]. This recommendation was not completed or acted upon by the facility until [NJ Exec Order 26.4b1].</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1], indicated that the medication [NJ Exec Order 26.4b1] two tablets order indicated to administer as needed for complain of [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]. The [NJ Exec Order 26.4b1] order should be indicated for either [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1] according to the [US FO]. This recommendation was not completed or acted upon by the facility until [NJ Exec Order 26.4b1].</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1], indicated that the medication [NJ Exec Order 26.4b1] needed a correct diagnosis for use; long term use of [NJ Exec Order 26.4b1] was not a diagnosis. The surveyor reviewed the Physician Order Summary sheet, and the recommendation was not acted upon by the facility. The [NJ Exec Order 26.4b1] continued to have [NJ Exec Order 26.4b1] use of [NJ Exec Order 26.4b1] as a diagnosis.</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1] indicated that the medication [NJ Exec Order 26.4b1] needed a</p>	F 756			

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F 756	<p>Continued From page 125</p> <p>clarified diagnosis from [REDACTED] to [REDACTED] NJ Exec Order 26.4b1</p> <p>This recommendation was not completed or acted upon by the facility until [REDACTED] NJ Exec Order 26.4b1</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [REDACTED] who stated that the [REDACTED] reports were sent to the facility through email by the [REDACTED] and the [REDACTED] recommendations were to be completed by the unit managers. The [REDACTED] stated that an appropriate time for the [REDACTED] recommendations to be completed was within seven days of receiving. The [REDACTED] could not explain why the recommendations provided from the [REDACTED] from [REDACTED] NJ Exec Order 26.4b1 were not completed until [REDACTED] after surveyor inquiry.</p> <p>On 6/20/24 at 12:24 PM, the surveyor interviewed the facility's [REDACTED] who stated that she had been at the facility since [REDACTED] NJ Exec Order 26.4b1, and it was important that the facility acted upon the pharmacy recommendations as soon as possible (ASAP) so that if there was a medication safety concern, it could be taking care of immediately. The [REDACTED] stated that the facility needed more education because the new pharmacy consultant company was new to the facility and the staff was on a "learning curve".</p> <p>3. On 6/19/24 at 1:27 PM, the surveyor requested from the [REDACTED] US FOIA (b)(6) the CP's recommendations for Resident #60 from [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #60 was admitted to the facility with diagnosis that included [REDACTED] NJ Exec Order 26.4b1</p>	F 756			

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F 756	<p>Continued From page 126</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>On 6/20/24 at 9:00 AM, the [US FOIA (b)] provided the surveyor with Resident #60's CP recommendation reports for <b>NJ Exec Order 26.4b1</b> [REDACTED]</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1], indicated that there were two [NJ Exec O] assessment orders; please discontinue the order from [NJ Exec Order 26.4b1] that was an needed (prn). This request was acknowledged with a handwritten "done", but the facility could not provide documentation that it was completed in timely fashion.</p> <p>The [US FO] recommendation dated [NJ Exec Order 26.4b1] requested to do an order correction to allow for the results of [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1] prn for [NJ Exec O] to be documented on the [medication administration record (MAR)]. This request was acknowledged with a handwritten "done", but upon review of the physician's orders, the surveyor observed that the temperature could not be documented in the MAR. On the same recommendation, the [US FO] requested that an order correction to allow for results of [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1] prn for [NJ Exec O] to be documented on the MAR. These requests were acknowledged with a handwritten "done", but the facility could not provide documentation that it was completed in timely fashion.</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [US FOIA (b)] who stated that the [US FO] reports were sent to the facility through email by the [US FOIA (b)] and the [US FOIA (b)] recommendations were to be completed</p>	F 756			

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F 756	<p>Continued From page 127</p> <p>by the unit managers. The [US FOIA (b)(6)] stated that an appropriate time for the [NJ Exec Order 26.4b1] recommendations to be completed was within seven days of receiving. The [US FOIA (b)(6)] could not explain why the recommendations provided from the [US FOIA (b)(6)] from [NJ Exec Order 26.4b1] were not completed until [NJ Exec Order 26.4b1] after surveyor inquiry.</p> <p>On 6/20/24 at 12:24 PM, the surveyor interviewed the facility's [US FOIA (b)(6)] who stated that she had been at the facility since [NJ Exec Order 26.4b1], and it was important that the facility acted upon the pharmacy recommendations as soon as possible (ASAP) so that if there was a medication safety concern, it could be taking care of immediately. The [US FOIA (b)(6)] stated that the facility needed more education because the new pharmacy consultant company was new to the facility and the staff was on a "learning curve".</p> <p>4. On 6/19/24 at 1:27 PM, the surveyor requested from the [US FOIA (b)(6)] the CP's recommendations for Resident #61 from [NJ Exec Order 26.4b1] until present.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #61 was admitted to the facility with diagnosis that included [NJ Exec Order 26.4b1]</p> <p>On 6/20/24 at 9:00 AM, the [US FOIA (b)(6)] provided the surveyor with Resident #61's [US FOIA (b)(6)] recommendation reports for [NJ Exec Order 26.4b1].</p>	F 756			



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F 756	<p>Continued From page 128</p> <p>The [US FOIA (b)] recommendation dated [NJ Exec Order 26.4b1], requested to clarify [NJ Exec Order 26.4b1] by mouth every 12 hours and give at 9 AM and 9 PM. This request was acknowledged with a handwritten "done", but upon review of the MAR (prior to surveyor inquiry) the order was not clarified until [NJ Exec Order 26.4b1], when the administration times were adjusted per [US FOIA (b)] recommendation.</p> <p>The [US FOIA (b)] recommendation dated [NJ Exec Order 26.4b1], requested to clarify the diagnosis for [NJ Exec Order 26.4b1]. This request was acknowledged with a handwritten "done", but upon review of the MAR (prior to surveyor inquiry) it was not updated and continued to have the [NJ Exec Order 26.4b1] diagnosis.</p> <p>The [US FOIA (b)] recommendation dated [NJ Exec Order 26.4b1], requested to do an order correction that allowed for [NJ Exec Order 26.4b1] to be documented on the MAR. This request was acknowledged with a handwritten "done", but upon review of the MAR (prior to surveyor inquiry) there was no space identified to allow documentation of the resident's [NJ Exec Order 26.4b1].</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [US FOIA (b)] who stated that the [US FOIA (b)] reports were sent to the facility through email by the [US FOIA (b)] and the [US FOIA (b)] recommendations were to be completed by the unit managers. The [US FOIA (b)] stated that an appropriate time for the [US FOIA (b)] recommendations to be completed was within seven days of receiving. The [US FOIA (b)] could not explain why the recommendations provided from the [US FOIA (b)] from [NJ Exec Order 26.4b1] were not completed until [NJ Exec Order 26.4b1] after surveyor inquiry.</p>	F 756			

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F 756	Continued From page 129 On 6/20/24 at 12:24 PM, the surveyor interviewed the facility's [REDACTED] who stated that she had been at the facility since [REDACTED], and it was important that the facility acted upon the pharmacy recommendations as soon as possible (ASAP) so that if there was a medication safety concern, it could be taking care of immediately. The [REDACTED] stated that the facility needed more education because the new pharmacy consultant company was new to the facility and the staff was on a "learning curve".	F 756			
F 757 SS=D	NJAC 8:39-29.3 (b) Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-  §483.45(d)(1) In excessive dose (including duplicate drug therapy); or  §483.45(d)(2) For excessive duration; or  §483.45(d)(3) Without adequate monitoring; or  §483.45(d)(4) Without adequate indications for its use; or  §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or  §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this	F 757		8/25/24	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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 757	<p>Continued From page 130 section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to provide adequate monitoring for the use of [REDACTED] medications. This deficient practice was identified for 4 of 5 residents reviewed for unnecessary medications (Resident #34, #60, #61, and #80), and was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #34 was admitted to the facility with the diagnoses which included [REDACTED] [REDACTED] he quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected that the resident had [REDACTED] [REDACTED]s and had [REDACTED] directed toward others. The MDS also reflected that the resident was [REDACTED] for activities of daily living (ADLs) and was on [REDACTED] medications.</p> <p>On 6/17/24 at 10:06 AM, the surveyor observed Resident #34 in bed sleeping. The surveyor also observed a Certified Nursing Assistant (CNA #1) sitting in a chair next to the resident's door. CNA #1 stated that the resident had [REDACTED] such as [REDACTED] and required [REDACTED]</p> <p>On 6/18/24 at 9:59 AM, the surveyor observed Resident #34 in the room lying in bed. The surveyor did not observe the resident displaying any [REDACTED] at this time. The resident was [REDACTED] and the surveyor observed that the</p>	F 757	<p>F757 <input type="checkbox"/> Drug Regimen is Free from Unnecessary Drugs</p> <p>Element 1: Corrective Actions</p> <p>A review of resident #34 [REDACTED] medications was conducted including a [REDACTED] documentation.</p> <p>A review of resident #60 [REDACTED] medications was conducted including a [REDACTED] monitoring documentation.</p> <p>A review of resident #61 [REDACTED] medications was conducted including a [REDACTED] monitoring documentation.</p> <p>A review of resident #80 [REDACTED] medications was conducted including a [REDACTED] monitoring documentation.</p> <p>On July 29, 2024, the Director of Nursing/Designee will initiate re-education to the licensed nurses on the policy and procedure for Medication Use that behavior monitoring for all resident on antipsychotic, antianxiety, antidepressants, hypnotic medications will be incorporated with the MAR monthly, monitor side effects on residents every shift, targeted behaviors to be monitored and documented, and monthly psychotropic summaries.</p> <p>Element 2: Identification of at-Risk Areas</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On July 29, 2024, The Director of Nursing/Designee will initiate re-education to the licensed nurses on the policy and procedure for Medication Use that behavior monitoring for all resident on</p>		

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F 757	<p>Continued From page 131</p> <p>resident was being <b>NJ Exec Order 26.4b1</b> by a staff member in front of the resident's door.</p> <p>The surveyor reviewed the residents Physician Order Summary sheet (POS) which reflected that Resident #34 was on the following <b>NJ Exec Order 26.4b1</b> medications:</p> <p>A physician's order (PO) dated <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> tablet; administer 1 tablet orally one time a day related to the diagnoses of <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> tablet; give 1 tablet orally at bedtime related to <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b> give 1 tablet orally two times a day related to <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b> orally three times a day related to <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/18/24 at 10:26 AM, the surveyor interviewed CNA #2 who stated that she worked for the <b>NJ Exec Order 26.4b1</b>. CNA #2 stated that Resident #34 was <b>NJ Exec Order 26.4b1</b> around the clock because the resident was at <b>NJ Exec Order 26.4b1</b>. The CNA stated that the resident became <b>NJ Exec Order 26.4b1</b> at times with the staff and when she received report from the facility staff this morning, they told her that if the resident became <b>NJ Exec Order 26.4b1</b>, to come</p>	F 757	<p>antipsychotic, antianxiety, antidepressants, hypnotic medications will be incorporated with the MAR monthly, monitor side effects on residents every shift, targeted behaviors to be monitored and documented, and monthly psychotropic summaries.</p> <p>The Director of Nursing/Designee will audit 5 resident charts monthly times four (4) months to assure Monthly Psychotropic Summaries are complete and accurate.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 4 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 757	<p>Continued From page 132 get help from additional staff members.</p> <p>On 6/18/24 at 10:30 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that Resident #34 was on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> such as <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that the facility provided the resident with crossword puzzles to occupy their time as a distraction. She stated that she had not noticed on the new electronic medical record (EMR) that <b>NJ Exec Order 26.4b1</b> was being documented for Resident #34. The <b>US FOIA (b)(6)</b> stated that behaviors were documented on the Progress Notes, however there were no episodic behaviors documented on the resident's Medication Administration Record (MAR) or Treatment Administration Record (TAR).</p> <p>The surveyor reviewed the resident's MAR and TAR and there was no <b>NJ Exec Order 26.4b1</b> documentation on Resident #34s <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/18/24 at 10:35 AM, he surveyor interviewed the <b>US FOIA (b)(6)</b> for the <b>NJ Exec Order 26.4b1</b> Floor nursing unit who stated that Resident #34 was on <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> such as <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> other residents and <b>NJ Exec Order 26.4b1</b> that were not on the resident's <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that <b>NJ Exec Order 26.4b1</b> were charted by exception in the Progress Notes, and that there was no <b>NJ Exec Order 26.4b1</b> documentation of <b>NJ Exec Order 26.4b1</b> in the MAR or TAR. She also stated that she did not know if a monthly <b>NJ Exec Order 26.4b1</b> summary was completed for Resident #34.</p> <p>The <b>U.S. FOIA (b) (6)</b> report dated <b>NJ Exec Order 26.4b1</b>, indicated that the resident was on <b>NJ Exec Order 26.4b1</b> medications and recommended, to please monitor and document <b>NJ Exec Order 26.4b1</b></p>	F 757			

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F 757	<p>Continued From page 133</p> <p>(NJ Exec Order 26.4b1 ) and side effects daily when the resident was on (NJ Exec Order 26.4b1) medications. Please complete monthly (NJ Exec Order 26.4b1) reviews (none found in the EMR). The surveyor did not find that the recommendation was followed in the resident's electronic medical record.</p> <p>On 6/20/24 at 9:42 AM, the surveyor interviewed the (US FOIA (b)(6)) who stated behaviors were documented in the Progress Notes. The (US FOIA (b)) stated that (NJ Exec Order 26.4b1) were reviewed in the Progress Notes and how many times a resident experienced a (NJ Exec Order 26.4b1). The (US FOIA (b)) stated that there should be a monthly (NJ Exec Order 26.4b1) and indicated that it would be documented in the Progress Notes. The (US FOIA (b)) stated that as the behaviors were occurring, then the behavior were documented in the Progress Notes. The (US FOIA (b)) added that side effects from medications should also be documented in the Progress Notes.</p> <p>On 6/20/24 at 11:24 AM, the (US FOIA (b)) could not provide the surveyor with (NJ Exec Order 26.4b1) or documentation that the (NJ Exec Order 26.4b1) drugs summaries were being documented monthly.</p> <p>No additional information was provided.</p> <p>2. A review of the Admission Record face sheet (an admission summary) reflected that Resident #61 was admitted to the facility with diagnosis that included (NJ Exec Order 26.4b1)</p>	F 757			

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F 757	<p>Continued From page 134</p> <p><small>NJ Exec Order 26.4b</small></p> <p>The surveyor reviewed the resident's Physician Order Summary sheet (POS) which reflected that Resident #61 was on the following <small>NJ Exec Order 26.4b1</small> medications:</p> <p>A PO dated <small>NJ Exec Order 26</small>, for <small>NJ Exec Order 26.4b1</small> 10 MG; give 1 tablet by mouth two times a day for <small>NJ Exec Order 26</small></p> <p>A PO dated <small>NJ Exec Order 26</small>, for <small>NJ Exec Order 26.4b1</small> give 1 tablet by mouth at bedtime for <small>NJ Exec Order 26.4b1</small></p> <p>A PO dated <small>NJ Exec Order 26</small>, for <small>NJ Exec Order 26.4b1</small> give 1/2 tablet by mouth at bedtime for <small>NJ Exec Order 26.4b1</small></p> <p>A PO dated <small>NJ Exec Order 26</small>, for <small>NJ Exec Order 26.4b1</small>; give 1 tablet by mouth at bedtime for <small>NJ Exec Order 26.4b1</small> Give with <small>NJ Exec Order 26.4b1</small></p> <p>The CP report dated <small>NJ Exec Order 26</small> indicated that the resident was on <small>NJ Exec Order 26.4b1</small> medications and recommended to please monitor and document <small>NJ Exec Order 26.4b1</small> and side effects daily when the resident is on <small>NJ Exec Order 26.4b1</small> medications. Please complete monthly <small>NJ Exec Order 26.4b1</small> reviews. There were none seen. The surveyor did not find that the</p>	F 757			

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F 757	<p>Continued From page 135</p> <p>recommendation was followed in the resident's electronic medical record.</p> <p>The surveyor reviewed the resident's MAR and TAR and there was no [REDACTED] documentation on Resident #61s [REDACTED]</p> <p>On 6/20/24 at 9:42 AM, the surveyor interviewed the [REDACTED] who stated [REDACTED] were documented in the Progress Notes. The [REDACTED] stated that targeted behaviors were reviewed in the Progress Notes and how many times a resident experienced a targeted behavior. The [REDACTED] stated that there should be a monthly [REDACTED] and indicated that it would be documented in the Progress Notes. The [REDACTED] stated that as the behaviors were occurring, then the [REDACTED] were documented in the Progress Notes. The [REDACTED] added that side effects from medications should also be documented in the Progress Notes.</p> <p>On 6/20/24 at 11:24 AM, the [REDACTED] could not provide the surveyor with [REDACTED] or documentation that the [REDACTED] drugs summaries were being documented monthly.</p> <p>No additional information was provided.</p> <p>3. A review of the Admission Record face sheet reflected that Resident #60 was admitted to the facility with diagnosis that included, but not limited to [REDACTED]</p>	F 757			



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F 757	<p>Continued From page 136</p> <p>The surveyor reviewed the resident's POS which reflected that Resident #60 was on the following <b>NJ Exec Order 26.4b1</b> medications:</p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> give 1 tablet three times a day for <b>NJ Exec Order 26.4b1</b> related to <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b> for <b>NJ Exec Order 26.4b1</b> give 3 capsule orally one time a day for <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b> give 1 tablet orally at bedtime for <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, <b>NJ Exec Order 26.4b1</b> give 1 tablet orally at bedtime for <b>NJ Exec Order 26.4b1</b></p> <p>A PO dated <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> G; give 1 tablet orally at bedtime related to <b>NJ Exec Order 26.4b1</b></p> <p>The surveyor reviewed the resident's MAR and TAR and there was no <b>NJ Exec Order 26.4b1</b> documentation on Resident #60s <b>NJ Exec Order 26.4b1</b>.</p> <p>The CP report dated <b>NJ Exec Order 26.4b1</b> indicated that the resident was on <b>NJ Exec Order 26.4b1</b> medications and recommended to please monitor and document <b>NJ Exec Order 26.4b1</b> and side effects daily when the resident is on <b>NJ Exec Order 26.4b1</b> medications. Please complete monthly <b>NJ Exec Order 26.4b1</b> reviews. There were none seen. The surveyor did not find that the recommendation was followed in the resident's electronic medical record.</p>	F 757			

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F 757	<p>Continued From page 138</p> <p>NJ Exec Order 26.4b1. According to section NJ of the MDS Resident #80 receives NJ Exec Order 26.4b1 medications on a routine basis.</p> <p>During the initial tour of the NJ Exec floor on 06/17/24 at 10:52 AM, the surveyor observed resident #80 lying in bed NJ Exec Order 26.4b1. Resident #80 was receiving NJ Exec Order 26.4b1. The surveyor did not observe the resident displaying any NJ Exec Order 26.4b1 at this time.</p> <p>The surveyor reviewed the residents Physician Order Summary sheet (POSS) which reflected that Resident #80 was on the following NJ Exec Order 26.4b1 medications:</p> <p>1.) The POSS reflected an order dated NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1 give 3 capsules orally two times a day related to NJ Exec Order 26.4b1</p> <p>2.) The POSS reflected an order dated NJ Exec Order 26.4b1, for NJ Exec Order 26.4b1, administer 3 tablets orally at bedtime for NJ Exec Order 26.4b1 disorder related to other NJ Exec Order 26.4b1 disorder not due to a NJ Exec Order 26.4b1 or known NJ Exec Order 26.4b1 condition.</p> <p>The surveyor reviewed the resident's MAR and TAR and there was no NJ Exec Order 26.4b1 documentation on Resident #80's targeted NJ Exec Order 26.4b1</p> <p>On 06/20/24 at 09:42 AM, in the presence of the survey team the US FOIA (b)(6) stated that resident's NJ Exec Order 26.4b1 are documented in the</p>	F 757			

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F 757	<p>Continued From page 139</p> <p>progress notes. The [REDACTED] stated that targeted behaviors would have to be reviewed in the progress notes and how many times a resident experienced a [REDACTED] NJ Exec Order 26.4b1. She stated that there should be a monthly [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and indicated that it would be documented in the progress notes. The [REDACTED] stated that as the behaviors were occurring then the [REDACTED] should be documented in the progress notes. She added that side effects from medications should also be documented in the progress notes.</p> <p>On 06/20/24 at 11:24 AM, the [REDACTED] could not provide the surveyor with [REDACTED] or documentation that the [REDACTED] NJ Exec Order 26.4b1 drugs summaries were being documented monthly.</p> <p>On 06/24/2024 at 11:39 AM, the facility could not provide any additional information.</p> <p>The facility policy titled, "Medication Use" dated 09/2017 indicated that behavior monitoring for all residents on antipsychotic, antianxiety, antidepressant hypnotic medications will be incorporated with the MAR monthly. The nurse must monitor their subsequent effects on the resident every shift. Specific behaviors to be monitored will be identified for residents on antianxiety and antipsychotic medications. The policy also indicated that monthly psychotropic summaries would be completed monthly describing resident progress or deterioration, including summary of psychotropic medications being used and their subsequent effects to the resident/patient. The summary would include psychiatrist/psychologist visits and any plan for reduction and/or continuation of the medications.</p>	F 757			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 759 F 759 SS=E	Continued From page 140 Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)  §483.45(f) Medication Errors. The facility must ensure that its-  §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the morning medication administration observation on 6/18/24, the surveyor observed two (2) nurses administer medications to three (3) residents. There were 29 opportunities, and three (3) errors were observed which calculated to a medication administration error rate of 10.3%. The deficient practices were identified for 2 of 3 residents, (Resident #51 and #5), that were administered medications by 2 of 2 nurses that were observed. The facility was previously cited for this during their last standard survey.  The deficient practices were evidenced by the following:  1. On 6/18/24 at 8:28 AM, during the morning medication administration pass, the surveyor, observed the Registered Nurse (RN #1) preparing nine (9) medications for Resident #51 which included a NJ Exec Order 26.4b1 tablet of NJ Exec Order 26.4b1 RN #1 stated that the medication card of NJ Exec Order 26.4b1 tablets for Resident #51 was empty, and that she did not have any to administer to Resident #51 for the 9 AM dose. RN #1 stated that she would have to	F 759 F 759	Element 1: Corrective Actions  The Director of Nursing/Designees contacted pharmacy for NJ Exec order of the medication for resident #51. The Director of Nursing contacted pharmacy for NJ Exec order for the medication for resident # 5.  Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.  Element 3: Systemic Change  On June 18, 2024, the Director of Nursing/Designee initiated re-education to the licensed nurses on the policy and procedure for Medication Administration to verify each medication preparation that the medication is the right drug, right dose, right route, right rate, right time and the right resident. To verify that the Medication Administration Record reflects the most recent medication order and administered in a timely manner as ordered by the Physician or Provider. If a medication is unavailable to check the		8/25/24

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F 759	<p>Continued From page 141</p> <p>call the provider pharmacy and tell the Unit Manager/Licensed Practical Nurse (UM/LPN #1). RN #1 stated that she was an agency nurse and had not worked at the facility for months and could not speak to why the medication was not available in the cart.</p> <p>At that time, Resident #51 stated that they were not upset that the [REDACTED] was not available because they received their other medications.</p> <p>The surveyor reviewed the medical record for Resident #51.</p> <p>A review of the Admission Record face sheet (an admission summary) revealed diagnoses that included <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>A review of a comprehensive Minimum Data Set (MDS), an assessment tool dated [REDACTED] reflected the resident had a brief interview for mental status (BIMS) score of [REDACTED] out of 15, indicating that the resident had an [REDACTED].</p> <p>A review of the Order Summary Report revealed a physician's order (PO) with a start date of [REDACTED], for <b>NJ Exec Order 26.4b1</b>; administer 1 tablet orally two times a day for [REDACTED].</p> <p>A review of the backup inventory list that was stored in the facility was provided by the [REDACTED] The list reflected that [REDACTED] were in supply with eight tablets "On Hand."</p> <p>On 6/18/24 at 11:27 AM, the surveyor interviewed</p>	F 759	<p>backup supply and if not available in the back up supply inventory to call the pharmacy and the Physician or Provider for an alternative.</p> <p>Pharmacy Consultant will conduct a monthly medication pass audits on for the next 3 monthly on 5 licensed nurses.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the monthly medication pass audit will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 759	<p>Continued From page 142</p> <p>UM/LPN #1 who stated that she was unaware that Resident #51 had a medication that was not available.</p> <p>On 6/18/24 at 11:41 AM, the surveyor interviewed RN #1 who stated that she had not yet told UM/LPN #1 the resident's [REDACTED] was not available. Resident #51 had not received the [REDACTED] as ordered by the physician. (ERROR #1)</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the [REDACTED] who acknowledged that the facility's "Medication Administration" policy had not included a procedure for medications that were not available. The [REDACTED] stated that when a medication was not available during medication administration, then a supervisor should be contacted. The [REDACTED] further explained that the in house backup supply would then be checked, and the provider pharmacy called because the medication should be available within one hour. The [REDACTED] added if the medication was not able to be available within one hour, then the physician must be called for follow up orders and documented in the Nursing Progress Notes. The [REDACTED] stated that the medication administration computer system was recently changed but that nurses should still follow nursing procedures.</p> <p>A review of the Nursing Progress Notes for [REDACTED], did not include Progress Notes regarding the [REDACTED] not being administered.</p> <p>On 6/19/24 at 2:57 PM, the surveyor interviewed the [REDACTED] via the telephone who stated that she had started as the [REDACTED] in [REDACTED]. The [REDACTED] added that she had not</p>	F 759			

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F 759	<p>Continued From page 143</p> <p>done any med passes on nurses or inservices for medication administration yet.</p> <p>On 6/20/24 at 1:21 PM, the survey team met with the [US FOIA (b)] and the [US FOIA (b)](6). The [US FOIA (b)] stated that there were no medication administration observations performed with RN #1, and the facility had not done any inservices on medication administration recently.</p> <p>2. On 6/18/24 at 8:59 AM, during the morning medication administration pass, the surveyor, observed RN #2 preparing eight (8) medications for Resident #5 which included three (3) tablets of [NJ Exec Order 26.4b1] for a total of [NJ Exec Order 26.4b1]. RN #2 stated that she did not have the [NJ Exec Order 26.4b1] in the medication cart to administer to Resident # 5 that was due at 9 AM.</p> <p>On 6/18/24 at 9:17 AM, the surveyor interviewed RN #2 who stated that according to the computer the [NJ Exec Order 26.4b1] was "on order." RN #2 explained that the ordering system can be done electronically with the provider pharmacy. RN #2 stated that she was an agency nurse and had not worked at the facility for months, so she could not speak to when the [NJ Exec Order 26.4b1] would be available. RN #2 stated that she would have to check the backup supply to see if [NJ Exec Order 26.4b1] was available or call the provider pharmacy to see when the Risperdal would be delivered. The RN also stated that she would have to tell UM/LPN #2 and might have to call the physician if the [NJ Exec Order 26.4b1] was not available to be administered for the 9 AM dose to obtain follow up orders.</p>	F 759			



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F 759	<p>Continued From page 144</p> <p>The surveyor reviewed the medical record for Resident #5.</p> <p>A review of the Admission Record face sheet revealed the resident had diagnoses that included <b>NJ Exec Order 26.4b1</b></p> <p>A review of the Order Summary Report revealed a PO with a start date of <b>NJ Exec Order 26.4b1</b>, for <b>NJ Exec Order 26.4b1</b> oral tablet <b>NJ Exec Order 26.4b1</b>; give 3 tablets by mouth in the morning for <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/18/24 at 11:08 AM, the surveyor interviewed RN #2 who stated that she had not yet checked the backup supply or called the provider pharmacy.</p> <p>On 6/18/24 at 12:23 PM, the surveyor interviewed UM/LPN #2 who stated that she was unaware of a medication not being available for Resident #5.</p> <p>On 6/18/24 at 12:34 PM, the surveyor interviewed RN #2 who stated that she had not yet checked the backup supply, told the <b>U.S. FC</b> or called the physician. Resident #5 had not received the <b>NJ Exec Order 26.4b1</b> as ordered by the physician. (ERROR #2)</p> <p>A review of the backup inventory list that was stored in the facility was provided by the <b>US FOIA (b)</b> indicated that <b>NJ Ex Order 26.4(b)</b> tablets was not on the list.</p> <p>On 6/19/24 at 8:30 AM, the surveyor interviewed the <b>US FOIA (b)</b> who acknowledged that the "Medication Administration" policy had not included a procedure for medications that were not</p>	F 759			

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F 759	<p>Continued From page 145</p> <p>available. The [US FOIA (b)] stated that when a medication was not available during medication administration, then a supervisor should be contacted. The [US FOIA (b)] further explained that the backup supply would then be checked, and the provider pharmacy called because the medication should be available within one hour. The [US FOIA (b)] added if the medication was not able to be available within one hour, then the physician must be called for follow up orders and documented in the Nursing Progress Notes. The [US FOIA (b)] stated that the medication administration computer system was recently changed but that nurses should still follow nursing procedures.</p> <p>A review of the Nursing Progress Notes for [NJ Exec Order 26.4b1], included no Progress Notes regarding the [NJ Exec Order 26.4b1] not being administered.</p> <p>On 6/19/24 at 2:57 PM, the surveyor interviewed the [US FOIA (b)] via the telephone who stated that she had started as the [US FOIA (b)] in [NJ Exec Order 26.4b1]. The [US FOIA (b)] added that she had not done any med passes on nurses or inservices for medication administration yet.</p> <p>On 6/20/24 at 1:21 PM, the survey team met with the [US FOIA (b)(6)]. The [US FOIA (b)] stated that there were no medication administration observations performed with RN #2 and the facility had not done any inservices on medication administration recently.</p> <p>3. On 6/18/24 at 8:59 AM, during the morning medication administration pass, the surveyor, observed RN #2 preparing [redacted] medications for Resident #5 which included a [NJ Exec Order 26.4b1] of [NJ Exec Order 26.4b1] )</p>	F 759			

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F 759	<p>Continued From page 146</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>On 6/18/24 at 9:08 AM, the surveyor observed RN #2 administer [REDACTED] medications to Resident #5 which included the [REDACTED] <b>NJ Exec Order 26.4b1</b>. (As noted above the [REDACTED] <b>NJ Exec Order 26.4b1</b> was not administered.) Upon returning to the medication cart, the surveyor observed the RN #2 electronically sign the Medication Administration Record (MAR) for Resident #5 for all the highlighted medications that were due for 9 AM.</p> <p>The surveyor reviewed the medical record for Resident #5.</p> <p>A review of the Admission Record revealed diagnoses that included [REDACTED] <b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the Order Summary Report revealed a PO with a start date of [REDACTED] <b>NJ Exec Order 26.4b1</b>, for [REDACTED] <b>NJ Exec Order 26.4b1</b>; give 1 tablet orally two times a day for [REDACTED] <b>NJ Exec Order 26.4b1</b>. Give with [REDACTED] <b>NJ Exec Order 26.4b1</b> for a total dose of [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p> <p>Further review of the Order Summary Report revealed PO with an active date of [REDACTED] <b>NJ Exec Order 26.4b1</b>, and a start date of [REDACTED] <b>NJ Exec Order 26.4b1</b>, for [REDACTED] <b>NJ Exec Order 26.4b1</b> tablet; give 1 tablet orally two times a day for [REDACTED] <b>NJ Exec Order 26.4b1</b>. Give with [REDACTED] <b>NJ Exec Order 26.4b1</b> for a total dose of [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the [REDACTED] <b>NJ Exec Order 26.4b1</b> MAR revealed the above PO for [REDACTED] <b>NJ Exec Order 26.4b1</b>. In addition, the MAR revealed a PO dated [REDACTED] <b>NJ Exec Order 26.4b1</b>, for [REDACTED] <b>NJ Exec Order 26.4b1</b>; give 1 tablet orally two times a day for [REDACTED] <b>NJ Exec Order 26.4b1</b>. Give with [REDACTED] <b>NJ Exec Order 26.4b1</b> for a total dose of [REDACTED] <b>NJ Exec Order 26.4b1</b>. The MAR reflected all [REDACTED] <b>NJ Exec Order 26.4b1</b></p>	F 759			

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F 759	<p>Continued From page 147</p> <p>dates with an "X" until [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/18/24 at 12:23 PM, the surveyor interviewed UM/LPN #2 regarding the dose of [REDACTED] NJ Exec Order 26.4b1 that was to be administered at 9 AM to Resident #5. UM/LPN #2 checked the electronic records for Resident #5 and stated that the facility had changed electronic charting systems recently and was checking both systems. UM/LPN #2 then verified that the dose of [REDACTED] NJ Exec Order 26.4b1 that Resident #5 was to receive at 9 AM was a [REDACTED] NJ Exec Order 26.4b1. UM/LPN #2 explained that there was a PO for [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 to be administered together for a total dose of [REDACTED] NJ Exec Order 26.4b1. UM/LPN #2 then reviewed the current MAR and stated that the [REDACTED] NJ Exec Order 26.4b1 order was entered incorrectly because the PO had a start date of [REDACTED] NJ Exec Order 26.4b1, and should have been started on [REDACTED] NJ Exec Order 26.4b1 with the [REDACTED] NJ Exec Order 26.4b1 PO. UM/LPN #2 added that the [REDACTED] NJ Exec Order 26.4b1 PO had instructions regarding the total dose but that when the electronic system started on [REDACTED] NJ Exec Order 26.4b1 the [REDACTED] NJ Exec Order 26.4b1 dose would not be highlighted for administration at 9 AM until [REDACTED] NJ Exec Order 26.4b1. UM/LPN #2 was unable to speak to how the PO was entered incorrectly. (ERROR #3)</p> <p>A review of the previous computer system Physician's Orders revealed a PO dated [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1 tablet, [REDACTED] NJ Exec Order 26.4b1; give 1 tablet ([REDACTED] NJ Exec Order 26.4b1) by oral route 2 times per day. Take with [REDACTED] NJ Exec Order 26.4b1 for a total of [REDACTED] NJ Exec Order 26.4b1. In addition, a PO dated [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1; give 1 tablet ([REDACTED] NJ Exec Order 26.4b1) by oral route 2 times per day. Take with [REDACTED] NJ Exec Order 26.4b1 for a total of [REDACTED] NJ Exec Order 26.4b1.</p> <p>A review of the previous computer system MAR reflected the administration of [REDACTED] NJ Exec Order 26.4b1</p>	F 759			

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F 759	Continued From page 148 and [REDACTED] together at 9 AM for a total dose of [REDACTED].  On 6/19/24 at 8:30 AM, the surveyor interviewed the [REDACTED] who stated that the facility had changed computer systems on [REDACTED], and that all PO were transferred to the new computer system.  On 6/20/24 at 10:45 AM, the survey team met with the [REDACTED] who acknowledged that there was an error in the dosage of [REDACTED] for Resident #5 that occurred on [REDACTED]. The [REDACTED] added that she was continuing to investigate how the entry error occurred. The [REDACTED] also stated that there were no medication administration observations performed on RN #2 and there were no recent medication administration inservices completed.  A review of the facility's "Medication Administration" policy dated 12/23/23, included...Verify each medication preparation that the medication is the RIGHT DRUG, at the RIGHT DOSE, the RIGHT ROUTE, at the RIGHT RATE, at the RIGHT TIME, for the RIGHT CUSTOMER...Verify that the MAR reflects the most recent medication order...Medications are administered in a timely fashion as specified by policy...	F 759			
F 761 SS=E	NJAC 8:39-11.2(b), 29.2(d) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761			8/25/24

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F 761	<p>Continued From page 149</p> <p>professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) properly store medications, b.) maintain clean and sanitary medication storage areas, and c.) properly label opened multidose medications. This was observed in 2 of 2 observed medication carts on 2 of 2 nursing units and was previously cited during the facility's last standard survey on 10/20/22. The evidence was as follows:</p> <p>Refer F865</p> <p>On 6/17/24 at 10:44 AM, during initial tour of the facility, the surveyor observed in Resident Room</p>	F 761	<p>Element 1: Corrective Actions</p> <p>On July 29, 2024, the Director of Nursing/Designee will initiate re-education to the licensed nurses on the policy and procedure for Medication Storage/Labeling, including but not limited to medication and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier and that expired medications should be discarded from the medication cart.</p> <p>The director of nursing/designee conducted an audit of all medication storage areas to ensure all medications</p>		

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F 761	<p>Continued From page 150</p> <p># [REDACTED] which was occupied by four residents, a box of <b>NJ Exec Order 26.4b1</b> [REDACTED] stored unsecured and in the open, on top of a table next to the room door.</p> <p>On 6/18/24 at 11:45 AM, the surveyor, in the presence of the <b>US FOIA (b)(6)</b> [REDACTED], reviewed the First Floor nursing unit's high side nursing medication cart, and observed the following:</p> <p>32 unidentifiable loose pills of various colors, shapes, and sizes.</p> <p>Two opened foil packages of <b>NJ Exec Order 26.4b1</b> [REDACTED] and <b>NJ Exec Order 26.4b1</b> [REDACTED] <b>NJ Exec Order 26.4b1</b> [REDACTED], one dated with an opened date of [REDACTED] and the second with opened date [REDACTED]. The foil packages included printed manufacture instructions that indicated a one-week expiration once opened.</p> <p>At that time, the <b>US FOIA (b)(6)</b> [REDACTED] confirmed that the two foil packages of inhalation solution should have been discarded and there should have been no loose pills in the medication cart.</p> <p>On 6/18/24 at 12:25 PM, the surveyor, in the presence of the <b>US FOIA (b)(6)</b> [REDACTED], reviewed the <b>NJ Exec Order 26.4b1</b> [REDACTED] Floor nursing unit's high side medication cart, and observed ten unidentifiable loose pills of various colors, shapes, and sizes.</p> <p>At that time, the <b>US FOIA (b)(6)</b> [REDACTED] confirmed that there should not be any loose pills in the medication cart.</p> <p>On 6/20/24 at 10:05 AM, the surveyor, in the</p>	F 761	<p>were properly stored.</p> <p>The director of nursing/designee conducted an audit of all medication storage areas to ensure they are maintained in a clean and sanitary condition.</p> <p>The director of nursing/designee conducted an audit of all medication storage areas to ensure all medications, including but not limited to multidose medications are properly labeled.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change On July 29, 2024, the Director of Nursing/Designee initiated re-education to the licensed nurses on the following policy and procedures: Medication Administration to verify that the medication is the right drug, right dose, right route, right rate, right time and the right resident; to verify that the Medication Administration Record reflects the most recent medication order and that it was administered in a timely manner as ordered by the Physician or other Provider; if a medication is unavailable, to check the backup supply and if not available in the back up supply inventory to call the pharmacy and the Physician or other Provider for an alternative.</p> <p>Pharmacy Consultant will conduct a monthly medication cart audit and medication pass audits for the next 3 monthy on the licensed nurses.</p> <p>Element 4: Monitoring/ Quality Assurance</p>		

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F 761	Continued From page 151 presence of the survey team and the [REDACTED] who stated that there should not be any medications stored in a resident's room, and that the medication observed in Resident Room # [REDACTED] "should not be there." The [REDACTED] further confirmed that there should be no loose pills in the medication carts, and that medication identified as expired "should not have been in the cart" and "should have been discarded."  Review of the facility's "Medication Storage/Labeling" policy with initiated date of February 2019 included...medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications...	F 761	The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.		
F 809 SS=E	N.J.A.C. 8:39-29.4 Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3)  §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.  §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16	F 809		8/25/24	



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F 809	<p>Continued From page 152</p> <p>hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.</p> <p>§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to serve residents a nourishing snack when there was more than a fourteen-hour span of time between the dinner and breakfast mealtimes. This deficient practice was identified for 5 of 7 residents during the Resident Council meeting (Resident #23, #55, #61, #74, and #79), and was evidenced by the following:</p> <p>On 6/19/24 at 9:15 AM, the surveyor in the presence of the <b>US FOIA (b)(6)</b> observed labeled snacks in the reach-in refrigerator in the kitchen. The <b>US FOIA (b)(6)</b> stated that the facility supplied approximately seventy-five snacks in total for three snack times a day for residents. The <b>US FOIA (b)(6)</b> continued that not all residents received snacks; some had physician ordered snacks that were sent up at a certain time and labeled, and then the facility provided a few additional sandwiches if a resident wanted. The <b>US FOIA (b)(6)</b> confirmed there was not enough snacks for every resident, and not every resident received a hour of sleep (HS) snack.</p>	F 809	<p>Element 1</p> <p>A review was conducted on the diet of Resident #23 and snacks are now offered at bedtime.</p> <p>A review was conducted on the diet of Resident #55 and snacks are now offered at bedtime.</p> <p>A review was conducted on the diet of Resident #61 and snacks are now offered at bedtime.</p> <p>A review was conducted on the diet of Resident #74 and snacks are now offered at bedtime.</p> <p>A review was conducted on the diet of Resident #79 and snacks are now offered at bedtime.</p> <p>The facility now provides sufficient snacks for all residents including overnight and at bed time.</p> <p>Element 2</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3</p> <p>The Administrator conduct in service education with the <b>U.S. FOIA (b) (6)</b> on the facility policy and procedure for the ensuring provision of evening or bed time snacks to be provided for the total</p>		

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F 809	<p>Continued From page 153</p> <p>On 6/19/24 at 10:03 AM, the surveyor conducted a Resident Council meeting which included seven residents (Resident #3, #13, #23, #55, #61, #74, and #79). Five of the seven residents stated that they did not receive HS snacks. They stated that you must be "on the list" to receive HS snacks.</p> <p>A review of the facility mealtimes provided by the facility on entrance, indicated that breakfast was served at 7:30 AM and dinner was served at 4:30 PM; which was fifteen hours in between dinner and breakfast.</p> <p>On 6/20/24 at 9:17 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN #1) who stated that the HS snacks arrived at the nursing unit before 7:00 PM, and some were labeled for particular residents and there were also extra. UM/LPN #1 stated that the certified nursing aides (CNAs) handed out the snacks, and there were never any snacks left at the end of the night.</p> <p>On 6/20/24 at 9:22 AM, the surveyor interviewed the [REDACTED] who stated that HS snacks were distributed by the CNAs and nurses, and there were no signature sheets to sign that a resident received a snack.</p> <p>On 6/20/24 at 9:29 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated that there was a list with names and snacks that were sent to the nursing units.</p> <p>On 6/20/24 at 9:34 AM, the surveyor interviewed UM/LPN #2 who stated that snacks were not signed for, and there were never any leftover snacks.</p>	F 809	<p>resident census.</p> <p>The Food Service Director will initiate dietary staff in-service of the facilities policy and procedure for ensuring the provision of evening or bed time snacks to be provided for the total resident census. The Food Service Director will initiate a weekly audit by 4 weeks and monthly by 3 months to monitor staff's compliance with the facilities policy and procedure for ensuring the provision of evening or bed time snacks.</p> <p>Element 4</p> <p>The results of the weekly and will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 4 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 809	<p>Continued From page 154</p> <p>On 6/20/24 at 10:06 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that snacks were served at 10:00 AM, 2:00 PM, and evening. There were specific snacks for some residents and then extra snacks also. The <b>US FOIA (b)(6)</b> stated that whoever wanted a snack, it was provided. She further stated that she was not going to say the staff "go door to door", but they offered snacks to the residents.</p> <p>On 6/20/24 at 11:01 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who confirmed there was approximately seventy-five snacks made throughout the day. The <b>US FOIA (b)(6)</b> continued that some snacks were labeled with residents' names who had a physician's ordered snack, but there were not enough snacks for everyone to have at night. The <b>US FOIA (b)(6)</b> stated the kitchen provided sandwiches, cookies, crackers, juice, and milk as snacks. The <b>US FOIA (b)(6)</b> provided the surveyor with a list of residents who received snacks throughout the day.</p> <p>A review of the list provided by the <b>US FOIA (b)(6)</b> revealed that Resident #3 and Resident #13 had a physician's ordered snack.</p> <p>On 6/20/24 at 1:24 PM, the surveyor in the presence of the <b>US FOIA (b)(6)</b> and survey team informed the facility of the identified concern, and asked what was considered a nourishing snack. The <b>US FOIA (b)(6)</b> stated the facility provided peanut butter and jelly sandwiches or applesauce, but the <b>US FOIA (b)(6)</b> could not speak to it.</p> <p>On 6/25/24 at 11:40 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated residents received HS snacks upon request or by physician order. The <b>US FOIA (b)(6)</b> stated there was no</p>	F 809			

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F 809	Continued From page 155 formal policy regarding snacks, but not everyone received one, and he was unsure about the regulation regarding the time in between dinner and breakfast. When asked what a nourishing snack was considered, the <b>US FOR</b> stated eight ounces of milk, whole sandwich, or pudding.  A review of facility provided "Snack Program Policy" dated revised October 2022, included...All residents are offered snacks upon admissions and continuously throughout their stay...HS (Hour of Sleep):1. Dietary Service employees prepare, label, and date snacks including the use by date, according to the menu and in sufficient quantity to serve all residents; 2. Dietary Service delivers snacks to nursing units/stations at specified times; 3. Nursing or designated staff offers snack to each resident;4. Snacks are passed within 15 minutes of delivery to the unit or are properly stored at the nursing station and offered at a later time...	F 809			
F 812 SS=D	NJAC 8:39-17.2 (f)(1)(i-ii) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable	F 812		8/25/24	

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F 812	<p>Continued From page 156</p> <p>safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to a.) maintain multiuse food-contact surface cutting board in a manner to prevent microbial growth; and b.) maintain storage and preparation areas in a sanitary manner. This deficient practice was evidenced by the following:</p> <p>On 6/19/24 at 9:15 AM, the surveyor conducted a kitchen tour with the <b>U.S. FOIA (b) (6)</b> ) and observed the following:</p> <p>1. In the walk-in freezer, the vinyl strip curtains located in the entrance to the freezer, there were only two curtain strips. These curtains protect the inside of the freezer from outside dust particles as well as keep the cold air from escaping the freezer when the door was opened. There was also ice accumulation around the door frame. The <b>US FOIA (b) (6)</b> acknowledged the freezer needed vinyl curtains and there should not be ice around the door frame. The <b>US FOIA (b) (6)</b> stated the vinyl curtains maintained the freezer temperature and the ice was a result of the temperature changing in the freezer.</p> <p>2. At 9:30 AM, the <b>US FOIA (b)(6)</b> joined the tour, and they observed several large multi-colored cutting boards on the storage rack</p>	F 812	<p>Element 1 New multi-use food-contact surface cutting boards were ordered and received. New freezer curtains have been ordered and received. <b>US FOIA (b) (6)</b> was re-educated on the proper procedure regarding the disposal of food waste.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Food Service Director will conduct in-service education with all kitchen staff on the policy and procedure for food preparation, and serve-sanitary specifically as it relates to the safe disposal of food. The food service director and/or designee will initiate in-service education on proper use of cutting boards and properly maintaining air freezer curtains. The food service director and/or designee will initiate in-service education on proper use of beard and head covering. The food service director will initiate a weekly audit by 4 weeks and monthly by 3 months to monitor staff's compliance with the policy and procedure for the preparation, and serve-sanitary</p>		

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F 812	<p>Continued From page 157</p> <p>that were pitted and discolored. The [REDACTED] acknowledged the cutting boards needed to be changed.</p> <p>3. Around the preparation sink on the metal work surface, a pinkish colored liquid. The [REDACTED] stated he discarded the juice from the bag of chicken he was preparing in the sink, and the juice must have gotten on the surface. The [REDACTED] and [REDACTED] both acknowledged the chicken juice needed to be cleaned up and sanitized immediately.</p> <p>On 6/26/24 at 10:34 AM, the [REDACTED] in the presence of the [REDACTED] [REDACTED], and survey team acknowledged these findings.</p> <p>A review of the facility's "Cutting Board Care and Use Policy" dated revised October 2023, included once cutting boards develop hard to clean grooves or are excessively worn, they will be replaced.</p> <p>A review of the facility's "Maintaining and Cleaning Equipment" policy dated revised March 2024, included the Director of Dining Services or designee will ensure all equipment is maintained, kept clean, and in sanitary condition before and after each use...</p>	F 812	<p>specifically to ensure that all cutting boards, freezer curtains, food disposal, and beard and head covering meet compliance.</p> <p>Element 4</p> <p>The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 3 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		
F 835 SS=F	<p>NJAC 8:39-17.2(g)</p> <p>Administration</p> <p>CFR(s): 483.70</p> <p>§483.70 Administration.</p> <p>A facility must be administered in a manner that</p>	F 835			8/25/24

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F 835	<p>Continued From page 158</p> <p>enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility's <b>US FOIA (b)(6)</b> failed to ensure staff implemented facility policies and procedures to ensure a.) residents were provided with care and services to achieve their highest practical wellbeing and b.) their Quality Assurance and Performance Improvement (QAPI) Program was being implemented to ensure sustainability with previously cited deficiencies. This deficient practice was identified on 2 of 2 nursing units, and was evidenced by the following:</p> <p>Refer F600, F610, F641, F725, F756, F761, F838, F865, F881, F882</p> <p>A review of the Administrator's job description provided by the facility revealed the following:</p> <p>Administrator is responsible for planning and is accountable for all activities and departments at [name redacted] subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The Administrator administers, directs, and coordinates all activities of the facility to assure that the highest degree of care is constantly provided to the residents...</p> <p>Responsibilities/Accountabilities included but not limited to: implements [name redacted] objectives</p>	F 835	<p>Element 1</p> <p>The Administrator Consultant will in-service the <b>U.S. FOIA (b) (6)</b> on their job description, roles, and responsibilities to ensure that policies and procedures and effective systems are implemented. The facility will hire an infection preventionist by 7/26/2024. Administrator will revise the QAPI meeting schedule to monthly to better monitor facility policy and procedures. The Administrator, Director of Nursing, Medical Director will meet to review and update the facility assessment to include all special populations within the facility. The Administrator will conduct in-service education <b>US FOIA (b) (6)</b> to ensure she is aware of how to access resident electronic medical records and provide them timely upon request.</p> <p>Element 2</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3</p> <p>The Administrator/ Designee will conduct in-service education with all nurse management on policy and procedures for access to electronic medical record specifically as it relates to the provision of nursing services throughout the shift. The Administrator/ Designee will update the facilities on-boarding procedures to include in-service education of new hire</p>		



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F 835	<p>Continued From page 159</p> <p>as determined and directed by the governing body; interprets practices within guidelines and recommends changes as necessary; superintends physical operations of the facility; concerns his/herself with the safety of all nursing facility residents in order to minimize the potential for fire and accidents; oversees and guides department managers in the development and use of departmental policies and procedures; and ensure that residents and families receive the highest level of service in a caring and compassionate atmosphere which recognizes the individuals needs and rights...</p> <p>1. During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the [US FOIA (b)(6)] and [US FOIA (b)(6)] who the facility's [US FOIA (b)(6)] was, and the facility did not have an [US FOIA (b)(6)] for NJ Exec Order 26.4b1, that the [US FOIA (b)(6)] two unit managers, and herself reviewed antibiotic stewardship and inserviced staff on infection control. The surveyor requested a copy of their infection control certifications.</p> <p>On 6/19/24 at 1:36 PM, the surveyor interviewed the [US FOIA (b)(6)] who stated she did not have a certification in infection control; but she reviewed infection control with the [US FOIA (b)(6)] who also was not certified. The [US FOIA (b)(6)] stated only the Unit Manager/Licensed Practical Nurse (UM/LPN #1) had an infection control certification. The [US FOIA (b)(6)] stated the unit managers provided the antibiotic stewardship information to the [US FOIA (b)(6)] who reviewed, summarized, and completed the monthly report, and the [US FOIA (b)(6)] in-serviced staff on infection control.</p> <p>On 6/20/24 at 12:36 PM, the surveyor interviewed</p>	F 835	<p>and agency nursing staff within the facility with specific emphasis on the protocol for getting a new password when locked out of the system.</p> <p>The Administrator/ Designee will initiate in-service with the [US FOIA (b)(6)] and nurse management team on the facilities policy and procedure for sufficient nurse staffing with specific emphasis on the facilities protocol for emergency staffing.</p> <p>The Administrator/ Designee will initiate in-service education with the nurse management team on the facilities policy and procedure for timely follow-up and response to Consultant Pharmacist Recommendations.</p> <p>The Administrator/ Designee will initiate in-service education with the nurse management team on the facilities policy and procedure for investigation of reportable events or any investigation that includes injury of unknown origin or allegation of abuse within the facility with specific emphasis on the facilities protocol for conducting, summarizing, and reporting.</p> <p>The Administrator /Designee will audit and monitor 5 medical records to check for compliance with pharmacy consultant recommendations.</p> <p>The Administrator /Designee will audit 4 agency staff electronic medical records access requests weekly for four weeks to determine compliance.</p> <p>The Administrator/ Designee will audit all reportable events and investigations into any allegation of abuse, neglect, and or injury of unknown origin weekly times four</p>		



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F 835	<p>Continued From page 160</p> <p>the [NJ Exec Order 26.4b1] who stated the facility had no [US F] since [US FOIA (b)(6)], "everyone" was pitching in with infection control. The [US FOIA (b)(6)] stated she had just completed [NJ Exec Order] antibiotic stewardship review yesterday.</p> <p>On 6/25/24 at 10:58 AM, the surveyor re-interviewed the [US FOIA (b)(6)] who confirmed she had no infection control certification, and she was responsible for providing staff with infection control training.</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the [US FOIA (b)(6)], and survey team, asked the [US FOIA (b)(6)] what their role was. The [US FOIA (b)(6)] stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>2. On 6/18/24 at 7:57 AM, during the medication administration observation, the surveyor observed Registered Nurse (RN #1) entering electronic signatures for the medications that she had administered to Resident #89 in the electronic Medication Administration Record (eMAR).</p> <p>On 6/18/24 at 8:13 AM, RN #1 stated "I had to borrow a password", explaining that she was using the login password for the UM/LPN #2 because she was an agency nurse, and she had a problem with her login.</p> <p>On 6/18/24 at 8:21 AM, the surveyor observed RN #1 entering electronic signatures for the 8:00 AM (8 AM) and 9:00 AM (9 AM) medications for four sampled residents, (Resident #32, #61, #79,</p>	F 835	<p>(4) to determine compliance with facility policy.</p> <p>The Administrator/Designee will monitor that audits from all departments are being completed to enhance resident care monthly for 6 months. The initial focus of facility audits will be from the recent annual department of health survey as noted in the various F-tag, K-tag, E-tag, and S-tags documented throughout the enclosed plan of correction.</p> <p>Element 4</p> <p>The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 835	<p>Continued From page 161</p> <p>and #84), and six unsampled residents, (unsampled Resident #1, #2, #3, #4, #5, #6). RN #1 stated that she had already administered the morning medications to those residents and needed to sign the eMAR. RN #1 explained that she administered morning medications to the residents earlier because they were a priority since the residents were either <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> or had a <b>NJ Exec Order 26.4b1</b> and she had not had a chance to sign the eMAR.</p> <p>On 6/18/24 at 8:45 AM, the surveyor observed RN #1 administer and electronically sign for medications that were administered to Resident #51.</p> <p>A review of the eMARs for Resident #89, #51, #32, #61, #79, #84 and the six unsampled residents revealed that the initials for the 8 AM and 9 AM medications on 6/18/24 had the electronic signature initials for UM/LPN #2.</p> <p>On 6/18/24 at 11:27 AM, the surveyor interviewed UM/LPN #2 at the nurse's station, who stated that she had given RN #1 her login because there was a problem this morning. In addition, UM/LPN #1 stated that medications should be signed for immediately after administering them to the resident.</p> <p>At that time, the <b>US FOIA (b)(6)</b> was at the nurse's station and confirmed UM/LPN #2 should not have given RN #1 her login password. The <b>US FOIA (b)(6)</b> stated that when the computer system changed on <b>NJ Exec Order 26.4b1</b>, the staff were trained on how to use the system, but that agency nurses were already familiar with the system.</p>	F 835			

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F 835	<p>Continued From page 162</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the <b>US FOIA (b)(6)</b>, and survey team, asked the <b>US FOIA (b)(6)</b> what their role was. The <b>US FOIA (b)(6)</b> stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>3. During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the <b>US FOIA (b)(6)</b> how the facility's staff was, and the <b>US FOIA (b)(6)</b> stated that the facility relied heavily on Agency staffing.</p> <p>On 6/18/24 at 8:02 AM, the surveyor conducted an <b>NJ Exec Order 26.4b1</b> tour on the <b>NJ Exec Order 26.4b1</b> Floor nursing unit accompanied by the Um/LPN #1 and observed the following:</p> <p>The surveyor and UM/LPN #1 entered Resident #147's room who was observed lying in bed. UM/LPN #1 asked the resident if she could check their <b>NJ Exec Order 26.4b1</b> and the resident gave UM/LPN #1 permission. The surveyor observed that the resident's <b>NJ Exec Order 26.4b1</b> and the <b>NJ Exec Order 26.4b1</b> that was directly under the resident was <b>NJ Exec</b> however the fitted sheet located under the chuck had a large <b>NJ Exec Order 26.4b1</b> that smelled like <b>NJ Exec Or</b> and contained some <b>NJ Exec Order 26.4b1</b> which UM/LPN #1 identified as <b>NJ Exec Order 26.4b1</b> UM/LPN #1 was interviewed at that time, and stated that the <b>US FOIA (b)(6)</b> that was assigned to care for Resident #32 should have <b>NJ Exec Order 26.4b1</b> the resident's sheet when performing <b>NJ Exec Order 26.4b1</b> care and should not have left a <b>NJ Exec Order 26.4b1</b> on the resident's bed.</p>	F 835			

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F 835	<p>Continued From page 163</p> <p>UM/LPN #1 stated that the <b>US FOIA (b)(6)</b> that cared for the resident on 11:00 PM to 7:00 AM shift must have left the dirty sheet on the resident's bed because the CNA (CNA #1) that came in that morning just got to the unit and had not made rounds yet. UM/LPN #1 stated that <b>NJ Exec Order 26.4b1</b> rounds were completed by the CNA every two hours. The surveyor observed the resident's <b>NJ Exec Order 26.4b1</b> during the tour and the resident's <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the CNA Assignment sheet for <b>NJ Exec Order 26.4b1</b>, revealed that for the resident census of 47, there were five assigned CNAs. CNA #1 had thirteen assigned residents to care for.</p> <p>On 6/18/24 at 8:45 AM, the surveyor conducted an incontinence tour on the <b>NJ Exec Order 26.4b1</b> Floor nursing unit with a <b>US FOIA (b)(6)</b> and observed the following:</p> <p>On 6/18/24 at 9:00 AM, the surveyor accompanied the <b>US FOIA</b> into Resident #32's room observed the resident lying in bed and was <b>NJ Exec Order 26.4b1</b>. The resident's <b>NJ Exec Order 26.4b1</b> was observed to be <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b> and the sheets were observed with a <b>NJ Exec Order 26.4b1</b> that had a <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA</b> was interviewed at the time and confirmed that the <b>NJ Exec Order 26.4b1</b> the surveyor observed on the resident's sheet was <b>NJ Exec Order 26.4b1</b> and that the resident's <b>NJ Exec Order 26.4b1</b> should have been <b>NJ Exec Order 26.4b1</b> and the entire bed linen should have been <b>NJ Exec Order 26.4b1</b>. The resident's <b>NJ Exec Order 26.4b1</b> was observed, and the resident's <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/18/24 at 9:10 AM, the surveyor interviewed UM/LPN #2 for the <b>NJ Exec Order 26.4b1</b> Floor nursing unit who stated that CNA #2 who was assigned to care for</p>	F 835			

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F 835	<p>Continued From page 164</p> <p>Resident #32 should have made rounds that morning when she had arrived at the unit and checked the residents to see if any residents were [REDACTED] and needed to be [REDACTED] right away. UM/LPN #2 could not speak to why Resident #32 was [REDACTED] including the resident's bed linens. UM/LPN #2 stated it was import to assure that the residents were [REDACTED] and [REDACTED] to protect the resident's [REDACTED] and to keep residents [REDACTED]</p> <p>A review of the CNA Assignment sheet for [REDACTED], revealed that for the resident census of 50, there were five assigned CNAs. CNA #2 had eleven assigned residents to care for.</p> <p>On 6/25/24 at 10:13 AM, the surveyor interviewed the [REDACTED] in the presence of the [REDACTED] who stated she scheduled nursing staff in accordance with State regulation which required one CNA to every eight residents for the morning shift; one CNA for every ten residents for the evening shift; and one CNA to every fourteen residents for the overnight shift. The [REDACTED] stated it was very hard to find staff; that the facility did not always meet the required ratios.</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the [REDACTED], and survey team, asked the [REDACTED] what their role was. The [REDACTED] stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>4. On 6/19/24 at 1:27 PM, the surveyor requested from the [REDACTED] and [REDACTED] the</p>	F 835			

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F 835	<p>Continued From page 165</p> <p><b>US FOIA (b)(6)</b> recommendations for Resident #34, #60, #61, and #80) from <b>NJ Exec Order</b> until present.</p> <p>A review of the <b>US FOIA (b)(6)</b> recommendations revealed that recommendations made in <b>NJ Exec Order 26.4b1</b>, were acted on after surveyor inquiry.</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated that the <b>US FOIA (b)(6)</b> reports were sent to the facility through email by the <b>US FOIA (b)(6)</b> and the <b>US FOIA (b)(6)</b> recommendations were to be completed by the unit managers. The <b>US FOIA (b)(6)</b> stated that an appropriate time for the <b>US FOIA (b)(6)</b> recommendations to be completed was within seven days of receiving. The <b>US FOIA (b)(6)</b> could not explain why the recommendations provided from the <b>US FOIA (b)(6)</b> from <b>NJ Exec Order 26.4b1</b> were not completed until <b>NJ Exec Order 26.4b1</b> after surveyor inquiry.</p> <p>On 6/20/24 at 10:16 AM, the surveyor interviewed UM/LPN #1 who stated that the <b>US FOIA (b)(6)</b> report recommendations were usually completed by the unit manager, but could be assigned to the nurse on the unit or divided amongst the nursing staff to complete. UM/LPN #1 stated that an appropriate time to complete the <b>US FOIA (b)(6)</b> recommendation report was within one week. She continued to add that the unit managers usually received an email of the recommendations, but since switching over to the new electronic medical records (EMR), which was switched on 6/11/24, the <b>US FOIA (b)(6)</b> received the recommendations. UM/LPN #1 revealed that the <b>US FOIA (b)(6)</b> recommendations from <b>NJ Exec Order 26.4b1</b> were not given to the unit managers to complete until yesterday (6/19/24).</p> <p>On 6/20/24 at 12:24 PM, the surveyor interviewed the facility's <b>US FOIA (b)(6)</b> who stated that she had been at</p>	F 835			

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F 835	<p>Continued From page 166</p> <p>the facility since [REDACTED] NJ Exec Order 26.4b1, and it was important that the facility acted upon the pharmacy recommendations as soon as possible (ASAP) so that if there was a medication safety concern, it could be taking care of immediately. The [REDACTED] US FOIA stated that the facility needed more education because the new pharmacy consultant company was new to the facility and the staff was on a "learning curve".</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the [REDACTED] US FOIA (b)(6), and survey team, asked the [REDACTED] US FOIA (b)(6) what their role was. The [REDACTED] US FOIA (b)(6) stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>5. On 6/17/24 at 1:00 PM, the surveyor requested from the [REDACTED] U.S. FOIA (b) a copy of investigations for reportable events to the New Jersey Department of Health (NJDOH) or any investigations that included [REDACTED] NJ Exec Order 26.4b1 or [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed an investigation for the closed medical record for Resident #254.</p> <p>A review of the Incident Report dated 8/14/23 at 8:30 AM, revealed that the [REDACTED] US FOIA (b)(6) was called to Resident #254's room to assess the resident who had [REDACTED] NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>When staff attempted to [REDACTED] NJ Exec Order 26.4b1 the resident [REDACTED] NJ Exec Order 26.4b1 the physician was made aware and a new order was put in place to send to the emergency room (ER) for evaluation. The ER report indicated</p>	F 835			

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F 835	<p>Continued From page 167</p> <p>the resident <b>NJ Exec Order 26.4b1</b>. The resident's medical record revealed prior to the <b>NJ Exec Order 26.4b1</b>, they were on <b>NJ Exec Order 26.4b1</b> every shift. The incident report did not include how a resident on <b>NJ Exec Order 26.4b1</b> sustained <b>NJ Exec Order 26.4b1</b>."</p> <p>On 6/20/24 at 1:24 PM, the survey team met with the <b>US FOIA (b)(6)</b>, and the surveyor requested additional information on how a resident who was on <b>NJ Exec Order 26.4b1</b> had an <b>NJ Exec Order 26.4b1</b> that resulted in <b>NJ Exec Order 26.4b1</b> and a <b>NJ Exec Order 26.4b1</b>. At that time, the <b>US FOIA (b)(6)</b> acknowledged that the investigation should include how the resident on a <b>NJ Exec Order 26.4b1</b> had an <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the <b>US FOIA (b)(6)</b>, and survey team, asked the <b>US FOIA (b)(6)</b> what their role was. The <b>US FOIA (b)(6)</b> stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>On 6/26/24 at 10:36 AM, the survey team met with the <b>US FOIA (b)(6)</b> to discuss their concerns. The <b>US FOIA (b)(6)</b> stated an investigation should have included an assessment of the resident, interviews of possible witnesses and resident, <b>NJ Exec Order 26.4b1</b> if needed, <b>NJ Exec Order 26.4b1</b> if needed with a <b>US FOIA (b)(6)</b>, summary, conclusion and interventions put in place so will not happen again, and individualized comprehensive care plan (ICCP) was updated.</p> <p>6. During entrance conference on 6/17/24 at 10:00 AM, the surveyor requested from the <b>US FOIA (b)(6)</b></p>	F 835			



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F 835	<p>Continued From page 168</p> <p>and the [REDACTED] a copy of the facility's assessment.</p> <p>During initial tour on 6/17/24 at 10:29 AM, the surveyor observed Resident #26 observed in bed asleep. The surveyor observed that both the resident and their unsampled roommate were both [REDACTED] with [REDACTED] present in the room.</p> <p>On 6/24/24 at 1:03 PM, the surveyor asked the [REDACTED] and [REDACTED] if the facility had any special populations, and the [REDACTED] confirmed the facility had [REDACTED] and [REDACTED] from the [REDACTED].</p> <p>A review of the facility provided "Facility Staffing &amp; Resource Assessment Completion Based" indicated persons completing assessment included the [REDACTED] updated 9/17/23 and reviewed with the Quality Assurance and Performance Improvement (QAPI) committee and signed by the [REDACTED] on [REDACTED], did not include [REDACTED] or [REDACTED] residents as part of the facility's population.</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the [REDACTED], and survey team, asked the [REDACTED] what their role was. The [REDACTED] stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>On 6/26/24 at 10:36 AM, the [REDACTED] in the presence of the [REDACTED], and survey team acknowledged the [REDACTED] and [REDACTED] were not included in the facility assessment.</p>	F 835			

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F 835	<p>Continued From page 169</p> <p>7. On 6/20/24 at 12:57 PM, the survey team met with the <b>US FOIA (b)(6)</b> to discuss their concerns which included accuracy of the Minimum Data Set (MDS) assessments; medication storage; acting on Consultant Pharmacy (CP) reports; and antibiotic stewardship program.</p> <p>On 6/24/24 at 1:03 PM, the surveyor asked the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> if the facility had any special populations, and the <b>US FOIA (b)(6)</b> confirmed the facility had <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> from the <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the facility provided "Facility Staffing &amp; Resource Assessment Completion Based" indicated persons completing assessment included the <b>US FOIA (b)(6)</b> updated <b>NJ Exec Order 26.4b1</b> and reviewed with the QAPI committee on <b>NJ Exec Order 26.4b1</b> did not include <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> as part of the facility's population.</p> <p>On 6/25/24 at 1:22 PM, the survey team met with the <b>US FOIA (b)(6)</b> to discuss additional concerns which included the facility's assessment did not include <b>NJ Exec Order 26.4b1</b> in their special population.</p> <p>On 6/25/24 at 1:27 PM, the surveyor in the presence of the <b>US FOIA (b)(6)</b>, and survey team, asked the <b>US FOIA (b)(6)</b> what their role was. The <b>US FOIA (b)(6)</b> stated their role was to oversee operations for the facility, all departments and department heads to ensure residents received the services, were safe, and needs were met.</p> <p>A review of the Centers for Medicare &amp; Medicaid Services (CMS) 2567 statement of deficiencies</p>	F 835			

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F 835	<p>Continued From page 170</p> <p>from the facility's last standard survey included the facility was cited for the following concerns: MDS assessments, medication storage, acting on CP reports, antibiotic stewardship program, facility assessment to include [REDACTED] and the facility's QAPI program.</p> <p>On 6/26/24 at 11:52 AM, the survey team met with the [REDACTED] to discuss the facility's QAPI program which all three staff members were part of. When asked where the facility obtained their concerns for their QAPI program, the [REDACTED] stated the facility utilized the CMS 2567 statement of deficiencies from previous surveys. The survey team informed the facility that there were repeated concerns from the last standard survey which included MDS assessments, medication storage, acting on CP reports, antibiotic stewardship program, facility assessment, and QAPI, and asked what the facility implemented to ensure sustainability. The [REDACTED] acknowledged that even though she started at the facility in [REDACTED], she was present for the [REDACTED] quarterly QAPI meeting as well as reviewed and signed the facility assessment and reviewed the CMS 2567 from last standard survey. At that time the [REDACTED] stated she was aware of the facility's previous deficiencies and that facility educated staff and completed reports.</p> <p>NJAC 8:39-9.2(a); 9.3(a); 27.1(a)</p>	F 835			
F 838 SS=F	<p>Facility Assessment</p> <p>CFR(s): 483.70(e)(1)-(3)</p> <p>§483.70(e) Facility assessment. The facility must conduct and document a</p>	F 838		8/25/24	

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F 838	<p>Continued From page 171</p> <p>facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population, including, but not limited to,</p> <ul style="list-style-type: none"> <li>(i) Both the number of residents and the facility's resident capacity;</li> <li>(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;</li> <li>(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;</li> <li>(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and</li> <li>(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.</li> </ul> <p>§483.70(e)(2) The facility's resources, including but not limited to,</p> <ul style="list-style-type: none"> <li>(i) All buildings and/or other physical structures and vehicles;</li> <li>(ii) Equipment (medical and non- medical);</li> <li>(iii) Services provided, such as physical therapy,</li> </ul>	F 838			

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F 838	<p>Continued From page 172</p> <p>pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care; (v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and (vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach. This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that the facility-wide assessment identified the required services and procedures necessary to protect the health, safety, and welfare of all residents prior to admission of <b>NJ Exec Order 26.4b1</b> and residents admitted from the <b>NJ Ex Order 26.4(b)(1)</b> facility. This deficient practice was previously identified and cited during the facility's last standard survey on 10/20/22, and was evidenced by the following:</p> <p>Refer F865</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of the facility's</p>	F 838	<p>Element 1 The Administrator, Director of Nursing, and Medical Director have modified its facility assessment manual to include designated <b>NJ Exec Order 26.4b1</b> and <b>NJ Ex Order 26.4(b)(1)</b></p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator /Designee will conduct in-service education with all department heads on the facility assessment manual. The Administrator/designee will be responsible for maintaining and updating the facility assessment manual as necessary to include all resident special populations on an ongoing basis, but no less than annually.</p>		

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F 838	<p>Continued From page 173 assessment.</p> <p>During initial tour on 6/17/24 at 10:29 AM, the surveyor observed Resident #26 observed in bed asleep. The surveyor observed that both the resident and their unsampled roommate were both [REDACTED] with [REDACTED] present in the room.</p> <p>On 6/24/24 at 1:03 PM, the surveyor asked the [REDACTED] if the facility had any special populations, and the [REDACTED] confirmed the facility had [REDACTED].</p> <p>A review of the facility provided "Facility Staffing &amp; Resource Assessment Completion Based" indicated persons completing assessment included the [REDACTED] updated [REDACTED] and reviewed with the Quality Assurance and Performance Improvement (QAPI) committee on [REDACTED], did not include [REDACTED] or [REDACTED] as part of the facility's population.</p> <p>On 6/26/24 at 10:36 AM, the [REDACTED] in the presence of the [REDACTED], and survey team acknowledged the [REDACTED] and [REDACTED] were not included in the facility assessment.</p> <p>During an interview regarding the facility's QAPI program on 6/26/24 at 11:52 AM, the [REDACTED] acknowledged the facility was previously cited for this during the facility's last annual survey.</p> <p>On 6/26/24 at 12:00 PM, the [REDACTED] informed the survey team that the facility did not have a main contract with the [REDACTED] but the facility had</p>	F 838	<p>The Administrator/designee will audit the facility assessment manual weekly by 4 weeks and monthly for 3 months to ensure that all special resident populations are identified.</p> <p>Element 4</p> <p>The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 1 quarter. Based on the results of the audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 838	Continued From page 174 individual contracts for the two residents who were <span style="background-color: black; color: white;">NJ Exec Order 28</span> currently residing at the facility.	F 838			
F 842 SS=D	NJAC 8:39-5.1(a) 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, 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; (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,	F 842		8/25/24	

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 842	<p>Continued From page 175</p> <p>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 professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint NJ #163249; 168809</p> <p>Based on observation, interview, review of the medical record, and other pertinent facility documents, it was determined that the facility</p>	F 842	<p>Element 1: Corrective Actions</p> <p>A search for the discharge summary of the medical record for Resident # 252 was conducted and could not be found. Since the resident was dischargedn and then</p>		



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F 842	<p>Continued From page 176</p> <p>failed to maintain an accurate, complete, and easily accessible medical record. This deficient practice was identified for 3 of 35 residents' medical records reviewed (Resident #97, #248, and #252), and was evidenced by the following:</p> <p>1. On 6/17/24 at 1:00 PM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of the investigation for the reportable event to the New Jersey Department of Health (NJDOH) for Resident #248 reported on <b>NU Exec Order 26.4(b)(1)</b>.</p> <p>On 6/18/24, the surveyor was provided with a copy of the form submitted to the NJDOH, but was not provided with the investigation. The surveyor requested a copy of the investigation.</p> <p>A review of the investigation reported to the NJDOH included an Investigation Summary dated <b>NU Exec Order 26.4(b)(1)</b>, that Resident #248 on <b>NU Exec Order 26.4(b)(1)</b> at approximately 1:00 PM was observed by the nurse to be <b>NU Exec Order 26.4(b)(1)</b> sitting in their wheelchair. The nurse immediately performed a <b>NU Exec Order 26.4(b)(1)</b> and the resident immediately responded <b>NU Exec Order 26.4(b)(1)</b> and <b>NU Exec Order 26.4(b)(1)</b>. The report did not include any statements or assessments.</p> <p>On 6/19/24 at 1:25 PM, the surveyor asked for a third time to provide the investigation for the incident that occurred with Resident #248.</p> <p>On 6/20/24 at 10:12 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> regarding the investigation process who stated interviews were obtained from staff, residents, and any witnesses; the resident was assessed; and then based on</p>	F 842	<p>medical record was closed in then system, facility is unable to retroactively complete the discharge summary for Resident #252.</p> <p>A review of the medical record for Resident #248 was conducted on the investigation from <b>NU Exec Order 26.4(b)(1)</b>. The Director of Nursing /Designee re-initiated an investigation into the incident including but not limited to receiving statements from all relevant staff.</p> <p>A review of the medical record for Resident #97 with a focus on the medication record was conducted. The resident transferred to another facility.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change The Director of Nurses/Designee will initiate re-education to the licensed nursing staff to complete a thorough investigation for reportable events with statements.</p> <p>An audit will be conducted weekly by 4 weeks and monthly by 3 months by the Director of Nursing/Designee of all reportable events in that month.</p> <p>The Director of Nurses/ Designee will initiate re-education of licensed nursing staff on the importance of completing discharge summaries for all residents.</p> <p>An audit will be conducted weekly by 4 weeks and monthly by 3 months by the Director of Nursing/Designee of discharge summaries of residents discharged in that month.</p> <p>The Director of Nurses/Designee will initiate re-education to the licensed</p>		

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F 842	<p>Continued From page 177</p> <p>the information gathered, the facility determined what happened and put interventions in place to prevent the incident from reoccurring.</p> <p>On 6/20/24 at 1:16 PM, the surveyor requested for the fourth time the investigation for the facility reported event. The [US FOIA (b)] stated regarding the investigation, accident/incident reports, and/or witness statements, "We have them but can't find it."</p> <p>On 6/25/24 at 1:28 PM, the surveyor interviewed the [US FOIA (b)] who confirmed medical records should be easily accessible, complete, and accurate. The [US FOIA (b)] confirmed all medical records that the survey team had requested should be easily accessible, accurate, and maintained.</p> <p>On 6/26/24 at 10:36 AM, the [US FOIA (b)] in the presence of the [US FOIA (b)] and survey team stated the facility was unable to locate the investigation for Resident #248. The [US FOIA (b)] confirmed the investigation should have included an assessment of the resident; interview of possible witnesses and resident; [NJ Exec Order 26.4b1] evaluation if needed; [NJ Exec Order 26.4b1] if needed with a [US FOIA (b)]; summary, conclusion, and interventions put in place so incident would not occur again which was updated in the care plan.</p> <p>2. According to the Resident Face Sheet (an admission summary) Resident #252 was admitted to the facility in [NJ Exec Order 26.4b1] with diagnoses</p>	F 842	<p>nursing staff regarding the protocol for ensuring pain medications are available for all residents as prescribed by their physician.</p> <p>An audit will be conducted weekly by 4 weeks and monthly by 3 months by the Director of Nursing/Designee regarding the accessibility and dispensing of pain medication in that month.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly and monthly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 842	<p>Continued From page 178</p> <p><b>NJ Exec Order 26.4b1</b>. The face sheet did not include the resident's discharge date.</p> <p>A review of the electronic Admissions Record revealed Resident #252 was discharged from the facility in <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/19/24 at 12:09 PM, the surveyor interviewed the Medical Records personnel who stated after a resident was discharged from the facility, the facility maintained the medical records for ten years.</p> <p>On 6/25/24 at 10:33 AM, the surveyor requested for the <b>US FOIA (b)(7)</b> a copy of Resident #252's discharge summary. The <b>US FOIA (b)(7)</b> stated that at the time of the resident's stay in the facility, the facility utilized paper medical charts and needed to locate the record from medical records.</p> <p>On 6/25/24 at 1:28 PM, the surveyor requested again from the <b>US FOIA (b)(7)</b> a copy of Resident #252's discharge summary. At that time, the <b>US FOIA (b)(7)</b> confirmed medical records should be easily accessible, complete, and accurate. The <b>US FOIA (b)(7)</b> confirmed all medical records that the survey team had requested should be easily accessible, accurate, and maintained.</p> <p>On 6/26/24 at 10:14 AM, the <b>US FOIA (b)(7)</b> informed the surveyor that there was no discharge summary for the resident. The <b>US FOIA (b)(7)</b> stated that staff informed her that one was completed, but the facility was unable to locate it. The surveyor asked why and where the resident was discharged to, and the <b>US FOIA (b)(7)</b> was unable to speak to it stating the facility did not have electronic medical records at the time.</p>	F 842			

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F 842	<p>Continued From page 179</p> <p>On 6/26/24 10:35 AM, the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] and survey team stated Resident #252 was transferred to another facility, and the discharge summary should have been completed, but cannot be located.</p> <p>3. On 6/20/24 at 9:23 AM, the surveyor reviewed the closed medical record for Resident #97.</p> <p>A review of the Resident Face Sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included [NJ Exec Order 26.4b1]</p> <p>[REDACTED]</p> <p>A review of the [NJ Exec Order 26.4b1] Medication Administration Record (MAR) revealed a physician's order (PO) dated [NJ Exec Order 26.4b1], for [NJ Exec Order 26.4b1] tablet; give one tablet three times a day for [NJ Exec Order 26.4b1] scheduled at 9:00 AM; 1:00 PM; and 5:00 PM. A review of the corresponding administration times revealed the following:</p> <p>On 6/22/24 at 9:00 AM, an indication for not administered see last section</p> <p>A review of the corresponding last section indicated on [NJ Exec Order 26.4b1] at 9:00 AM, [NJ Exec Order 26.4b1] not administered and comment not applicable [n/a].</p> <p>A review of the corresponding Progress Notes (PN) included a Nursing Note (NN) dated [NJ Exec Order 26.4b1] at 7:53 PM, that the resident was received from</p>	F 842			

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F 842	<p>Continued From page 180</p> <p>the hospital at 4:30 PM, [NJ Exec Order 26.4b1] at this time. The next NN was dated [NJ Exec Order 26.4b1] at 2:42 PM, that included the resident continued on [NJ Exec Order 26.4b1] and was observed [NJ Exec Order 26.4b1]. The note did not include why the resident did not receive their [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] at 9:00 AM.</p> <p>A review of the [NJ Exec Order 26.4b1] MAR revealed a PO dated [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1] tablet; give one tablet by mouth every six hours for [NJ Exec Order 26.4b1] scheduled at 12:00 AM, 6:00 AM, 12:00 PM, and 6:00 PM. A review of the corresponding administration times revealed the following:</p> <p>On 7/21/23 at 12:00 AM, 6:00 AM, and 12:00 PM, [NJ Exec Order 26.4b1] was not administered and to comment (see last section). On [NJ Exec Order 26.4b1] at 6:00 AM, [NJ Exec Order 26.4b1] was not administered.</p> <p>A review of the corresponding last section indicated on [NJ Exec Order 26.4b1] at 12:00 AM and 6:00 AM, awaiting medication from pharmacy, and at 12:00 PM, the resident was not in the facility. There was no documentation for the [NJ Exec Order 26.4b1] at 6:00 AM dose.</p> <p>On 6/20/24 at 9:36 AM, the surveyor interviewed the [US FOIA (b)] [NJ Exec Order 26.4b1] who stated the facility had a backup medication supply, but review of the inventory revealed [NJ Exec Order 26.4b1] was not included. At this time, the surveyor requested the resident's [NJ Exec Order 26.4b1] declining inventory sheets for [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1].</p> <p>On 6/20/24 at 1:24 PM, the surveyor informed the [US FOIA (b)] [NJ Exec Order 26.4b1] about the missing doses of [NJ Exec Order 26.4b1] and requested the resident's [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] declining inventory sheets.</p>	F 842			

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F 842	Continued From page 181  On 6/25/24 at 1:22 PM, the surveyor in the presence of the <b>US FOIA (b)(6)</b> , and survey team requested for the third time a copy of the resident's <b>US FOIA (b)(6)</b> declining inventory sheet.  On 6/26/24 at 8:45 AM, the surveyor received the resident's "Individual Patient <b>US FOIA (b)(6)</b> Administration Record" for dated first dose administered <b>US FOIA (b)(6)</b> 9:00 AM, and the last dose administered <b>US FOIA (b)(6)</b> at 12:00 PM. There were no additional declining inventory sheets.  On 6/26/24 at 10:35 AM, <b>US FOIA (b)(6)</b> and survey team stated they were unable to locate any additional declining inventory sheets for <b>US FOIA (b)(6)</b> .  A review of the facility provided "Medical Record Policy" dated last revised 5/1/24, included Purpose: To ensure that each resident's medical record is maintained in accordance with accepted professional standards and practices...  NJAC 8:39-35.2(k) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)  §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility	F 842			
F 865 SS=F		F 865		8/25/24	

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F 865	<p>Continued From page 182 must:</p> <p>§483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;</p> <p>§483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;</p> <p>§483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and</p> <p>§483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.</p> <p>§483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:</p> <p>§483.75(b)(1) Address all systems of care and management practices;</p>	F 865			

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F 865	<p>Continued From page 183</p> <p>§483.75(b)(2) Include clinical care, quality of life, and resident choice;</p> <p>§483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.</p> <p>§483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.</p> <p>§483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:</p> <p>§483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.</p> <p>§483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;</p> <p>§483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.</p> <p>§483.75(f)(5) Corrective actions address gaps in</p>	F 865			



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 865	<p>Continued From page 184</p> <p>systems, and are evaluated for effectiveness; and</p> <p>§483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.</p> <p>§483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>§483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure that a.) their Quality Assurance and Performance Improvement (QAPI) Program was being implemented to ensure sustainability with previously cited deficiencies and b.) sources of quantitative data was being analyzed to identify quality deficiencies and evaluate program effectiveness. The facility was cited during last standard survey on 10/20/22, and was evidenced by the following:</p> <p>Refer F641, F756, F761, F838, and F881</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor requested from the [REDACTED] a copy of the facility's QAPI program plan and the last three quarterly sign-in</p>	F 865	<p>Element 1 Facility has modified its QAPI program to reflect meeting on a monthly basis.</p> <p>Education will be provided to all staff on the QAPI program, policy, and process.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator/Designee will monitor that audits from all departments are being completed to enhance resident care. The initial focus of facility audits will be from the recent annual department of health survey as noted in the various F-tag, K-tag, E-tag, and S-tags documented throughout the enclosed plan of correction.</p> <p>Element 4 The results of the various weekly and</p>		

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F 865	<p>Continued From page 185 sheets.</p> <p>On 6/18/24 at 11:52 AM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of the facility's QAPI program plan and last three quarterly sign-in sheets.</p> <p>On 6/19/24 at 9:00 AM, the surveyor received a copy of the last three quarterly sign-in sheets for the facility's QAPI program, but no policy was provided.</p> <p>On 6/20/24 at 12:57 PM, the survey team met with the <b>US FOIA (b)(6)</b> to discuss their concerns which included accuracy of the Minimum Data Set (MDS) assessments; medication storage; acting on Consultant Pharmacy (CP) reports; and antibiotic stewardship program.</p> <p>On 6/24/24 at 1:03 PM, the surveyor asked the <b>US FOIA (b)(6)</b> if the facility had any special populations, and the <b>US FOIA (b)(6)</b> confirmed the facility had <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the facility provided "Facility Staffing &amp; Resource Assessment Completion Based" indicated persons completing assessment included the <b>US FOIA (b)(6)</b> updated <b>NJ Exec Order 26.4b1</b> and reviewed with the QAPI committee on <b>NJ Exec Order 26.4b1</b> did not include <b>NJ Exec Order 26.4b1</b> as part of the facility's population.</p> <p>On 6/25/24 at 1:22 PM, the survey team met with the <b>US FOIA (b)(6)</b> to discuss additional concerns which included the facility's assessment did not include <b>NJ Exec Order 26.4b1</b> in their special population.</p>	F 865	<p>monthly audits noted throughout the plan of correction will be submitted to the Quality Assurance and Process Improvement Committee. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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F 865	<p>Continued From page 186</p> <p>A review of the Centers for Medicare &amp; Medicaid Services (CMS) 2567 statement of deficiencies from the facility's last standard survey included the facility was cited for the following concerns: MDS assessments, medication storage, acting on CP reports, antibiotic stewardship program, facility assessment to include <sup>NJ Exec Order 26.4b1</sup> [REDACTED], and the facility's QAPI program.</p> <p>On 6/26/24 at 11:52 AM, the survey team met with the <sup>US FOIA (b)(6)</sup> [REDACTED] to discuss the facility's QAPI program which all three staff members were part of. When asked where the facility obtained their concerns for their QAPI program, the <sup>US FOIA (b)(6)</sup> [REDACTED] stated the facility utilized the CMS 2567 statement of deficiencies from previous surveys. The survey team informed the facility that there were repeated concerns from the last standard survey which included MDS assessments, medication storage, acting on CP reports, antibiotic stewardship program, facility assessment, and QAPI, and asked what the facility implemented to ensure sustainability. The <sup>US FOIA (b)(6)</sup> [REDACTED] acknowledged that even though she started at the facility in <sup>US FOIA (b)(6)</sup> [REDACTED], she was present for the <sup>NJ Exec O</sup> [REDACTED] quarterly QAPI meeting as well as reviewed and signed the facility assessment and reviewed the CMS 2567 from last standard survey. At that time the <sup>US FOIA (b)(6)</sup> [REDACTED] stated she was aware of the facility's previous deficiencies and that facility educated staff and completed reports.</p> <p>No additional information was provided.</p> <p>A review of the facility provided "Administrator"</p>	F 865			

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F 865	Continued From page 187 job descriptions included the Administrator is responsible for planning and is accountable for all activities and departments at [name redacted] subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The Administrator administers, directs, and coordinates all activities of the facility to assure that the highest degree of care is constantly provided to the residents...  A review of the facility provided "Senior Director of Nursing Services" job descriptions included in addition to the standard responsibilities of Director of Nursing, Senior Director of Nursing is responsible for providing leadership, training and expert guidance. Individuals selected for this position and must be knowledgeable in all aspects of long term care nursing and have demonstrated ability in managing a nursing department...Performs Related Duties: 1. in the absence of the Administrator and/or licensed Assistant Administrator, the DON is responsible carrying out the administrative duties of the nursing facility...	F 865			
F 880 SS=E	NJAC 8:39-33.1(a)(e); 33.2 (a)(b)(c)(d) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §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.	F 880		8/25/24	

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F 880	<p>Continued From page 188</p> <p>§483.80(a) Infection prevention and control program.</p> <p>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> <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</p>	F 880			

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F 880	<p>Continued From page 189</p> <p>contact with residents or their food, if direct contact will transmit the disease; and (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: Based on observation, interview, review of pertinent facility documents, it was determined that the facility failed to: a) change [REDACTED] in a manner to prevent the spread of infection for 1 of 1 resident reviewed for [REDACTED] care (Resident #80); b.) ensure that infection control standards were followed during medication pass for 1 of 2 nurses observed during medication administration; and c.) ensure staff maintained appropriate nail length to prevent the spread of infection for 1 of 2 unit managers. This deficient practice was identified on 2 of 2 nursing units, and was evidenced by the following:</p> <p>1. During the initial tour of the [REDACTED] Floor nursing unit on 6/17/24 at 10:52 AM, the surveyor observed Resident #80 lying in bed. Resident #80 was receiving [REDACTED]</p>	F 880	<p>F880 <input type="checkbox"/> Infection Prevention and Control</p> <p>Element 1: Corrective Actions</p> <p>The Director of Nursing/Designees changed the [REDACTED] for resident #80. The Director of Nursing/Designee reviewed all medication carts to ensure all carts had tissues available for use when providing [REDACTED] to residents #5 and all other residents.</p> <p>On 6/25/2024The Director of Nursing/Designee met with [REDACTED] regarding appropriate nail length and facility policy for infection control. After the [REDACTED] immediately left to have nails cut down.</p> <p>Element 2: Identification of at-Risk Areas</p> <p>All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change</p> <p>On July 29, 2024, the Director of</p>		

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F 880	<p>Continued From page 190</p> <p><b>NJ Exec Order 26.4b1</b> ). The surveyor observed the <b>NJ Exec Order 26.4b1</b> with a piece of clear tape attached to the <b>NJ Exec Order 26.4b1</b> dated <b>NJ Exec Order 26.4b1</b>.</p> <p>The surveyor reviewed the medical record for Resident #80.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to facility with diagnoses which included <b>NJ Exec Order 26.4b1</b></p> <p>A review of the most recent Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, revealed the resident had a brief interview for mental status (BIMS) score of <b>NJ Exec Order 26.4b1</b> out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the June 2024 Treatment Administration Record (TAR) included a physician's order (PO) dated <b>NJ Exec Order 26.4b1</b>, to change <b>NJ Exec Order 26.4b1</b> once weekly on Wednesday during the night shift and as needed.</p> <p>On 6/19/24 at 10:18 AM, the surveyor observed Resident #80 lying in bed <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. Resident #80 was receiving <b>NJ Exec Order 26.4b1</b>. The surveyor observed the <b>NJ Exec Order 26.4b1</b> with a piece of clear tape attached to the <b>NJ Exec Order 26.4b1</b>. Resident #80 said that they change my <b>NJ Exec Order 26.4b1</b> when I ask the nurse, and the last time it</p>	F 880	<p>Nursing/Designee will initiate re-education to the licensed nurses on Policy and Procedure for changing the respiratory equipment weekly.</p> <p>On July 29, 2024, the Director of Nursing/Designee will initiate re-education to the licensed nurses on the Policy and Procedure for ensuring that tissues are available on the medication carts and utilized for administering eye drops for all residents.</p> <p>On July 29, 2024, the Director of Nursing/Designee will initiate re-education to all facility staff on the Policy and Procedure for ensuring the staff maintain appropriate nail length to prevent the spread of infection.</p> <p>Element 4: Monitoring/ Quality Assurance Audits regarding changing respiratory equipment for appropriate residents will be completed by the director of nursing/designee weekly by 4 weeks and monthly by 3 months with results submitted to the Quality Assurance and Process Improvement Committee.</p> <p>Audits regarding the availability of tissues on medication carts for residents when administering eye drops, will be completed by the director of nursing/designee weekly by 4 weeks and monthly by 3 months with results submitted to the Quality Assurance and Process Improvement Committee.</p> <p>Audits regarding fingernail length of staff will be completed weekly by 4 weeks and monthly for 3 months with results submitted to QAPI Committee.</p> <p>Based on the results of these audits, a decision will be made regarding the need</p>		

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F 880	<p>Continued From page 191</p> <p>was done was about [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 6/20/24 at 11:48 AM, the surveyor interviewed Licensed Practical Nurse (LPN #1) regarding how often [REDACTED] NJ Exec Order 26.4b1 was changed, and LPN #1 responded it was changed weekly by the overnight nurse. LPN #1 confirmed the resident should not be using [REDACTED] NJ Exec Order 26.4b1 that was more than seven days old.</p> <p>On 6/20/24 at 12:20 PM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) ) who confirmed [REDACTED] NJ Exec Order 26.4b1 was changed weekly on the 11:00 PM to 7:00 AM shift by the nurse. The [REDACTED] US FOIA (b)(6) stated the nurse dated when they changed the tubing. The [REDACTED] US FOIA (b)(6) acknowledged [REDACTED] NJ Ex Order 26.4(b)(1) should not be used past seven days because it was an infection control issue.</p> <p>The facility had no [REDACTED] US FOIA (b)(6) .</p> <p>A review of the facility's "Cleaning Respiratory Equipment" policy dated revised May 2022, included Procedure: 1. Supplies: Replace masks and/or cannula used by an individual resident within seven (7) days and as needed (PRN) when obviously contaminated...</p> <p>2. On 6/18/24 at 8:59 AM, during the morning medication administration pass, the surveyor, observed the [REDACTED] US FOIA (b)(6) ) preparing [REDACTED] NJ Exec Order 26.4b1 medications for Resident #5 which included [REDACTED] NJ Exec Order 26.4b1 . The [REDACTED] US FOIA (b)(6) stated that she did not have any tissues on the medication cart to use when administering the [REDACTED] NJ Exec Order 26.4b1 . The surveyor observed the [REDACTED] US FOIA (b)(6) with gloved</p>	F 880	for continued submission and reporting and submitted to the QAPI committee		



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F 880	<p>Continued From page 192</p> <p>hands, go into the resident's bathroom and removed toilet paper from the roll that was hanging in the bathroom. The [REDACTED] then folded the toilet paper into a small wad, and used the toilet paper to dab the [REDACTED] administering [REDACTED] of the [REDACTED] and then turned the toilet paper wad over and used the other side to dab the [REDACTED] after administering [REDACTED] of [REDACTED] into the [REDACTED]</p> <p>On 6/18/24 at 9:13 AM, the surveyor interviewed the [REDACTED] who stated that she felt the toilet tissue was clean. The [REDACTED] also stated that she was an [REDACTED] nurse, and this was not her usual medication cart and that it was difficult to know what was stocked in the cart.</p> <p>On 6/19/24 at 1:13 PM, the survey team met with the [REDACTED] US FOIA (b)(6). The [REDACTED] confirmed that toilet paper from the bathroom should not have been used while administering [REDACTED] it was not sanitary. The [REDACTED] stated that there were boxes of tissues provided for the medication carts.</p> <p>The facility had no [REDACTED] US FOIA (b) (6)</p> <p>A review of the facility's "Medication Administration" policy dated 12/23/23, included...Prior to preparing and administering medications, follow the facility's infection control policies (for example, handwashing)...</p> <p>3. On 6/17/24 at 9:56 AM, the surveyor observed the [REDACTED] US FOIA (b)(6) at a medication cart. The [REDACTED] US FOIA (b)(6)</p>	F 880			

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F 880	<p>Continued From page 193</p> <p>stated she was administering medication to residents. The surveyor observed her nails to be manicured and long in length.</p> <p>On 6/25/24 at 11:30 AM, the surveyor observed The [US FOIA (b)(6)] at the nurse's station with long manicured acrylic nails that were over an inch in length and curled. The surveyor commented to the [US FOIA (b)(6)] that their nails were long, and the [US FOIA (b)(6)] hid their nails and replied not to look at them. The surveyor asked the [US FOIA (b)(6)] if they provided resident care, and the [US FOIA (b)(6)] replied no.</p> <p>On 6/25/24 at 1:30 PM, the surveyor interviewed the [US FOIA (b)(6)], and the [US FOIA (b)(6)] stated if there was a staffing issue, the [US FOIA (b)(6)] should assist with resident care. The [US FOIA (b)(6)] acknowledged administering residents' medications was considered resident care. When asked if they were aware of the [US FOIA (b)(6)] nail length, both the [US FOIA (b)(6)] and [US FOIA (b)(6)] acknowledged that the [US FOIA (b)(6)] nail length was not appropriate. The [US FOIA (b)(6)] stated they were too long which could result in bacterial growth underneath as well as resident care issues.</p> <p>The facility had no [US FOIA (b)(6)]</p> <p>A review of the facility provided "Dress Code" which required an employee signature and date, included the length of nails should be reasonable so as not to interfere with resident care or time clock...</p> <p>NJAC 8:39-19.4(a)(k)</p>	F 880			
F 881 SS=F	<p>Antibiotic Stewardship Program</p> <p>CFR(s): 483.80(a)(3)</p>	F 881		8/25/24	

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 881	<p>Continued From page 194</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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) implement a facility-wide system to monitor antibiotic use specifically according to the facility's antibiotic stewardship program and b.) monitor antibiotic use and conduct surveillance from January 2024 through June 2024. This deficient practice was cited during the facility's last standard survey on 10/20/22, and was evidenced by the following:</p> <p>Refer F865</p> <p>According to the U.S. CDC Core Elements of Antibiotic Stewardship for Nursing Home, page last reviewed June 11, 2020, included, "Tracking and Reporting Antibiotic Use and Outcomes Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Process measures: Tracking how and why antibiotics are prescribed</p>	F 881	<p>Element 1: Corrective Actions On July 29, 2024, the Director of Nursing/Designee will initiate re-education to the licensed nurses on the policy and procedure on the antibiotic stewardship program, monitoring for use, and conducting surveillance.</p> <p>Element 2: Identification of at-Risk Areas All residents have the potential to be affected by this practice.</p> <p>Element 3: Systemic Change Facility will convene an Antibiotic Stewardship Committee with monthly reports to the QAPI Committee. The Infection Preventionist/Designee will monitor the Antibiotic Stewardship Program. A monthly audit will be conducted on the Antibiotic Stewardship program for 12 months to determine compliance with tracking and documentation of facility antibiotic use.</p> <p>Element 4: Monitoring/ Quality Assurance The results of the mothly audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 12-months. Based on the results of the audits, a decision will be made</p>		

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F 881	<p>Continued From page 195</p> <p>Perform reviews on resident medical records for new antibiotic starts to determine whether the clinical assessment, prescription documentation, and antibiotic selection were in accordance with facility antibiotic use policies and practices. When conducted over time, monitoring process measures can assess whether antibiotic prescribing policies are being followed by staff and clinicians."</p> <p>A review of the facility's "Antibiotic Stewardship" policy dated reviewed January 2022, included the [Infection Preventionist (IP)] or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics...All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking form. The information gathered will include: resident name and medical record number; unit and room number; date and symptoms appeared; name of antibiotic; start date of antibiotic; pathogen identified; site of infection; date of culture; stop date; total days of therapy; outcome; and adverse events.</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the <b>US FOIA (b)(6)</b> who the facility's <b>US FOIA (b)(6)</b> was, and the <b>US FOIA (b)(6)</b> stated the facility's previous <b>US</b> left about <b>NJ Exec Order 26.461</b> and the position was vacant. The <b>U.S. FOIA</b> stated herself, the <b>US FOIA (b)(6)</b> and the two unit managers reviewed immunizations, antibiotic stewardship, and infection control issues. At that time the surveyor requested a copy of the infection control</p>	F 881	regarding the antibiotic use in the facility.		

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F 881	<p>Continued From page 196</p> <p>certifications as well as the date the [REDACTED] stopped working.</p> <p>On 6/18/24 at 11:42 AM, the surveyor requested from the [REDACTED] a copy of the infection control certifications and the last date the [REDACTED] worked.</p> <p>On 6/19/24 at 12:55 PM, the surveyor requested from the [REDACTED] a copy of the infection control certifications and the last date the [REDACTED] worked as well as the antibiotic stewardship tracking and surveillance.</p> <p>On 6/19/24 at 1:36 PM, the surveyor interviewed the [REDACTED] who stated she did not have a certification in infection control; but she reviewed infection control with the [REDACTED] who also was not certified. The [REDACTED] stated only the [REDACTED] had an infection control certification. The [REDACTED] stated the unit managers provided the antibiotic stewardship information to the [REDACTED] who reviewed, summarized, and completed the monthly report, and the [REDACTED] in-services staff on infection control.</p> <p>On 6/20/24 at 12:36 PM, the [REDACTED] provided the surveyor with a copy of the facility's Monthly Antibiotic Summary since January 2024. A review of the summary revealed the following:</p> <p>In [REDACTED] NJ Exec Order 26.4b1, four residents received [REDACTED] and three residents had a blank for the diagnostic section [REDACTED] NJ Exec Order 26.4b1</p> <p>In [REDACTED] NJ Exec Order 26.4b1 six residents received [REDACTED] and all six had a blank for the diagnostic section. Resident #40 had no documented symptoms.</p>	F 881			

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F 881	<p>Continued From page 197</p> <p>In [NJ Exec Order 26.4b1], six residents received [NJ Exec Order 26.4b1] and all six had a blank for the diagnostic section. Resident #44 and Resident #98 both were not indicated if they met the criteria for an [NJ Exec Order 26.4b1]</p> <p>For [NJ Exec Order 26.4b1], four residents received [NJ Exec Order 26.4b1] with no residents having documented symptoms; two had diagnostic test documented; none had the origin documented; and no one had documented if the criteria was met.</p> <p>For [NJ Exec Order 26.4b1], eleven residents received [NJ Exec Order 26.4b1] with only two residents had documented symptoms; no one had diagnostic tests documented; none had the origin documented; and no one had documented if the criteria was met.</p> <p>For [NJ Exec Order 26.4b1], eight residents received [NJ Exec Order 26.4b1] with Resident #197 with no documented symptoms; and no one had documented diagnostic testing, origin, or criteria met.</p> <p>On 6/20/24 at 12:36 PM, the surveyor interviewed the [US FOIA (b)(6)] who stated the facility had no [US FOIA (b)(6)] since [NJ Exec Order 26.4b1], "everyone" was pitching in with infection control. When asked why the summaries were not completed, the [US FOIA (b)(6)] stated she had just completed May's antibiotic stewardship review yesterday.</p> <p>On 6/20/24 at 12:57 PM, the surveyor informed the [US FOIA (b)(6)] about the missing documentation for the antibiotic stewardship. The [US FOIA (b)(6)] stated there was a log on the medication cart with the antibiotic that was being tracked.</p>	F 881			

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F 881	Continued From page 198 No additional information was provided.	F 881			
F 882 SS=E	<p>NJAC 8:39-19.1</p> <p>Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)</p> <p>§483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must:</p> <p>§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;</p> <p>§483.80(b)(2) Be qualified by education, training, experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to hire a designated <b>US FOIA (b)(6)</b> who worked at least part-time and had completed specialized training in infection control and prevention. The deficient practice was identified and evidenced by the following:</p> <p>Refer F880; F881; and F883</p>	F 882	<p>Element 1 Facility will submit an infection preventionist to the Department of Health, with appropriate credentials by July 26, 2024.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator Consultant will conduct an in-service with the <b>US FOIA (b)(6)</b> on the</p>	8/25/24	

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F 882	<p>Continued From page 199</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the <b>US FOIA (b)(6)</b> who the facility's <b>US FOIA (b)(6)</b> was, and the <b>US FOIA (b)(6)</b> stated the facility's previous <b>US F</b> left about <b>NJ Exec Order 26.4b1</b> and the position was vacant. The <b>US FOIA (b)(6)</b> stated herself, the <b>US FOIA (b)(6)</b> and the two unit managers reviewed immunizations, antibiotic stewardship, and infection control issues. At that time the surveyor requested a copy of the infection control certifications as well as the date the <b>US F</b> stopped working.</p> <p>On 6/18/24 at 11:42 AM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of the infection control certifications and the last date the <b>US F</b> worked.</p> <p>On 6/19/24 at 12:55 PM, the surveyor requested from the <b>US FOIA (b)(6)</b> a copy of the infection control certifications and the last date the <b>US F</b> worked.</p> <p>On 6/19/24 at 1:36 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated she did not have a certification in infection control; but she reviewed infection control with the <b>US FOIA (b)(6)</b> who also was not certified. The DON stated only the <b>US FOIA (b)(6)</b> had an infection control certification. The <b>US FOIA (b)(6)</b> stated the unit managers provided the antibiotic stewardship information to the <b>US FOIA (b)(6)</b> who reviewed, summarized, and completed the monthly report, and the <b>US FOIA (b)(6)</b> in-serviced staff on infection control.</p> <p>On 6/20/24 at 12:36 PM, the surveyor interviewed the <b>US FOIA (b)(6)</b> who stated the facility had no <b>US F</b> since</p>	F 882	<p>requirements for facility to maintain a full-time infection preventionist with appropriate credentials at all times. Administrator will inform all department heads of this new hire who in turn will inform their department employees. Administrator/Designee will audit monthly for 12 months the infection preventionist credentials to ensure they are compliant and up to date with regulations.</p> <p>Element 4</p> <p>The results of the monthly audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 12 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		



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F 882	<p>Continued From page 200</p> <p>NJ Exec Order 26.4b) "everyone" was pitching in with infection control. The US FOIA (b)(6) stated she had just completed May's antibiotic stewardship review yesterday.</p> <p>On 6/25/24 at 10:58 AM, the surveyor re-interviewed the US FOIA (b)(6) who confirmed she had no infection control certification, and she was responsible for providing staff with infection control training.</p> <p>On 6/25/24 at 1:30 PM, the surveyor informed the US FOIA (b)(6) of the concern with infection control. The US FOIA (b)(6) stated the previous US FOIA (b)(6) last day of work was NJ Exec Order .</p> <p>No additional information was provided.</p> <p>A review of the facility's undated "Infection Prevention and Control Program" policy included the infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist). The qualifications and job responsibilities of the Infection Preventionist are outlined in the Infection Preventionist Job Description...</p>	F 882			
F 883 SS=D	<p>NJAC 8:39-19.1(b)</p> <p>Influenza and Pneumococcal Immunizations</p> <p>CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations</p> <p>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and</p>	F 883		8/25/24	

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F 883	<p>Continued From page 201</p> <p>potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative</p>	F 883			

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F 883	<p>Continued From page 203</p> <p>the resident was offered and [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of Resident #87's [REDACTED] NJ Exec Order 26.4b1 Record revealed [REDACTED] NJ Exec Order 26.4b1 was administered, but the resident was administered [REDACTED] NJ Exec Order 26.4b1</p> <p>A review of Resident #87's Progress Notes did not include documentation that the resident was educated, offered, and [REDACTED] NJ Exec Order 26.4b1 the [REDACTED] NJ Exec Order 26.4b1</p> <p>On 6/20/24, the surveyor requested the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 form from the [REDACTED] US FOIA (b)(6)</p> <p>On 6/24/24, a review of a [REDACTED] NJ Exec Order 26.4b1, revealed that Resident #87 was offered the [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 There was no documentation that the resident was offered or that the resident was offered the [REDACTED] NJ Exec Order 26.4b1 [REDACTED] prior to survey.</p> <p>On 6/24/24 at 10:02 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) ) who stated upon admission, the nurse reviewed the resident's [REDACTED] NJ Exec Order 26.4b1 status. The [REDACTED] US FOIA (b)(6) stated if there was no documented [REDACTED] NJ Exec Order 26.4b1 received, the nurse offered the [REDACTED] NJ Exec Order 26.4b1 and had the resident [REDACTED] NJ Exec Order 26.4b1 or [REDACTED] NJ Exec Order 26.4b1 the [REDACTED] NJ Exec Order 26.4b1 on the same form. The [REDACTED] US FOIA (b)(6) stated the resident was offered the [REDACTED] NJ Exec Order 26.4b1</p> <p>The [REDACTED] US FOIA (b)(6) confirmed the facility did not have the resident's [REDACTED] NJ Exec Order 26.4b1 form from admission.</p> <p>On 6/26/24 at 10:35 AM, the [REDACTED] US FOIA (b)(6) in the presence of the [REDACTED] US FOIA (b)(6)</p>	F 883	<p>declination for the influenza or pneumococcal vaccine.</p> <p>On July 31, 2024, The Director of Nursing/ Designee will initiate an audit of 5 resident charts weekly by 4 weeks to determine compliance.</p> <p>Element 4: Monitoring/ Quality Assurance</p> <p>The results of the weekly will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 883	<p>Continued From page 204</p> <p><b>US FOIA (b)(6)</b>, and survey team stated, the resident was offered on admissions, but the facility could not provide documentation.</p> <p>2. According to the Admission Record, Resident #76 was admitted to the facility with diagnoses include <b>NJ Exec Order 26.4b1</b></p> <p>A review of the most recent MDS dated <b>NJ Exec Order 26.4b1</b> reflected the resident had a BIMS score of <b>NJ E</b> out of 15, which indicated a <b>NJ Exec Order 26.4b1</b>. A review of Section <b>NJ Exec Order 26.4b1</b> indicated Resident #76's <b>NJ Exec Order 26.4b1</b> was not up to date; that the resident was offered and <b>NJ Exec Order 26.4b1</b></p> <p>A review of Resident #76's <b>NJ Exec Order 26.4b1</b> Record, revealed no <b>NJ Exec Order 26.4b1</b> administered, but the resident was <b>NJ Exec Order 26.4b1</b></p> <p>A review of Resident #76's Progress Notes did not include documentation that the resident was educated, offered, and <b>NJ Exec Order 26.4b1</b> the <b>NJ Exec Order 26.4b1</b>.</p> <p>On 6/20/24, the surveyor requested the <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> form from the <b>US FOIA (b)(6)</b></p> <p>On 6/24/24, a review of a <b>NJ Exec Order 26.4b1</b>, revealed that Resident #76 was offered the <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b>, and <b>NJ Exec Order 26.4b1</b> There was no documentation that the resident was educated or</p>	F 883			

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F 883	<p>Continued From page 205</p> <p>that the resident was offered the [REDACTED] prior to surveyor inquiry.</p> <p>On 6/24/24 at 10:02 AM, the surveyor interviewed the [REDACTED] who stated upon admission, the nurse reviewed the resident's [REDACTED] status. The [REDACTED] stated if there was no documented [REDACTED] received, the nurse offered the [REDACTED] and had the resident [REDACTED] or [REDACTED] the [REDACTED] on the same form. The [REDACTED] stated the resident was offered the [REDACTED] on [REDACTED], but [REDACTED]. The [REDACTED] confirmed the facility did not have the resident's [REDACTED] form from admission.</p> <p>On 6/26/24 at 10:35 AM, the [REDACTED] in the presence of the [REDACTED], and survey team stated, the resident was offered on admissions, but the facility could not provide documentation.</p> <p>A review of the facility's undated "Pneumococcal Vaccine" policy included all residents will be offered pneumococcal vaccines to aide in preventing pneumonia/pneumococcal infections. Prior to admissions residents will be assessed for eligibility to receive pneumococcal series, and when indicated, will be offered the vaccine series within thirty days of admission...before receiving the pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the pneumococcal vaccines[...]provisions of such education shall be documented in the resident's medical record...residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of refusal of</p>	F 883			

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F 883	Continued From page 206 the pneumococcal vaccination...	F 883			
F 921 SS=D	<p>NJAC 8:39-19.4(i) Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Complaint NJ #159451; 159539; 159783; 162168</p> <p>Based on observation, interview, and review of other facility documentation it was determined that the facility failed to maintain resident environment, equipment, and living areas in a safe, sanitary, and homelike manner. This deficient practice was identified for 2 of 2 nursing units (First and Second Floor) and was evidenced by the following:</p> <p>On 6/19/24 at 9:09 AM, the surveyor observed in the hallway by Resident Room # [REDACTED] a wheelchair with [REDACTED] that resembled [REDACTED] [REDACTED] across the seat cushion and down the leg of the wheelchair onto the wheels.</p> <p>On 6/20/24 at 10:52 AM, the surveyor observed on the [REDACTED] Floor nursing unit a [REDACTED] [REDACTED] while approaching Resident Room # [REDACTED]. The surveyor entered the room to discover the floor by [REDACTED] was [REDACTED]. In addition, [REDACTED] [REDACTED] was observed on the bed.</p>	F 921	<p>F921 Element 1 On 08/14/24, The Environmental Services Director initiated re-education to housekeeping and laundry staff to ensure compliance with facility policy for maintaining a safe, functional, sanitary, comfortable environment including but not limited to resident wheelchairs and other equipment. On 08/14/24, The Environmental Services Director initiated re-education to housekeeping and laundry staff to ensure compliance with facility policy for maintaining a safe, functional, sanitary, comfortable environment including but not limited to resident room. On 6/29/24 Resident #18 had [REDACTED] wheelchair cleaned by the environmental service staff. On 6/29/24 Resident #18 had [REDACTED] room cleaned by the environmental service staff. Element 2</p>	8/25/24	

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F 921	<p>Continued From page 207</p> <p>On 6/20/24 at 11:41 AM, the surveyor requested that Registered Nurse (RN #1) walk with them to Resident Room # [REDACTED] While approaching the room, RN #1 acknowledged the [REDACTED] NJ Exec Order 26.4b1, and confirmed that they were aware of the room's condition.</p> <p>On 6/20/24 at 11:55 AM, the Unit Manager/Licensed Practical Nurse (UM/LPN #1) confirmed the [REDACTED] NJ Exec Order 26.4b1 and acknowledged that Resident Room # [REDACTED] should not be in that condition.</p> <p>On 6/25/24 at 9:43 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who acknowledged that Resident Room # [REDACTED] should have been cleaned in a timely fashion; that residents should receive quality of care and living environments.</p> <p>On 6/26/24 at 10:35 AM, the [REDACTED] US FOIA (b)(6) [REDACTED], and survey team acknowledged that the wheelchair and resident room, which resulted in the [REDACTED] NJ Exec Order 26.4b1 in the hallway, were not acceptable.</p> <p>A review of the facility's undated "Quality of Life-Homelike Environment" policy included...2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Cleanliness and order...e. Pleasant, neutral scents...</p> <p>A review of the facility's "Cleaning and Disinfecting Wheelchairs, [Reclining Chairs",</p>	F 921	<p>All residents have the potential to be affected by this practice. Element 3</p> <p>On 8/14/2024 The Administrator and Environmental Service Director conducted a review and revised the facility policy and procedure for maintaining a safe, functional, sanitary, comfortable environment.</p> <p>On 8/14/2024 The Environmental Service Director conducted staff in-service education of revised facility policy for maintaining a safe, functional, sanitary, comfortable environment as it relates to wheelchair cleaning and resident rooms. The Environmental Services Director will conduct a weekly audit times 4 weeks of 5 resident wheelchairs to determine compliance with cleanliness. When compliance is determined, the facility will continue to audit 5 rooms monthly for the next six (6) months with results submitted to the QAPI Committee.</p> <p>The Environmental Services Director will conduct a weekly audit times 4 weeks of 5 resident rooms to determine compliance with cleanliness and odor. When compliance is determined, the facility will continue to audit 5 rooms monthly for the next six (6) months with results submitted to the QAPI Committee.</p> <p>Element 4: The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued</p>		



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F 921	Continued From page 208 Bedside Commode, & Privacy Curtains" policy dated last reviewed March 2024, included... 1. Ensure that wheelchairs and [reclining chairs] are kept clean and in good repair [ ...] 4. Designate an area for cleaning wheelchairs, [reclining chairs], and bedside commode. If necessary, use a power spray and clean heavily soiled wheelchairs outside...  NJAC 8:39-4.1 (a), 11	F 921	submission and reporting.		

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**BELLE CARE NURSING AND REHABILITATION CENT** **439 BELLEVUE AVENUE**  
**TRENTON, NJ 08618**

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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: Part A  Based on interview and review of pertinent facility documents, 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 for 44 out of 49 day shifts reviewed.  This 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	S 560	S560 Element 1 In an effort to ensure additional staff is added to facility staffing, the facility is working proactively in hiring staff to be able to be compliant with staffing requirements. Additional staff are being recruited utilizing the following including but not limited to generous sign on bonuses, shift differential pay, additional staffing agency contracts, job postings on multiple job recruiting sites and job fairs. The administrator contacted a State of New Jersey approved LGBTQI+ education certification train the trainer program for facility educator and one direct care staff member to initiate facility wide training.	8/25/24

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

Electronically Signed

TITLE

(X6) DATE

07/24/24

New Jersey Department of Health

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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 at 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.</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>During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) how the facility's staff was, and the LNHA stated that the facility relied heavily on Agency staffing. At that time, the surveyor requested the Nurse Staffing Report to be completed for the following weeks: 2/25/24 to 3/30/24; and 6/2/24 to 6/15/24.</p> <p>The surveyor reviewed the facility completed Nurse Staffing Reports which revealed the following:</p> <p>1. For the 5 weeks of Complaint staffing from 2/25/24 to 3/30/24, the facility was deficient in CNA staffing for residents on 30 of 35 day shifts as follows:</p>	S 560	<p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 On July 25, 2024 the Administrator/Designee will initiate monitoring of the nurse staff schedule on a daily basis for compliance. On July 25, 2024 the Administrator/Designee will initiate in-service education to the staffing coordinator on the requirement for staffing in the nursing home. The Administrator has designated the Assistant Director of Nursing and an Activity aide to be the two lead trainers for the LGBTQI+ staff education. Staff will be trained in the LGBTQI+ program subsequent to the two lead trainers received certification. Staff will be trained on all shifts including weekends. Audit of staff completion of education will be conducted weekly by 4 weeks and monthly by 3 months.</p> <p>Element 4 The results of the weekly and daily nurse staff schedule audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. The administrator and HR director will audit employee completion of the LGBTQI+ education and report monthly to the QAPI committee.</p>	

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S 560	<p>Continued From page 2</p> <p>2/25/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>2/26/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>2/28/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>2/29/24 had 8 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>3/1/24 had 9 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>3/2/24 had 5 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>3/3/24 had 6 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>3/4/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>3/5/24 had 8 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>3/6/24 had 9 CNAs for 82 residents on the day shift, required at least 10 CNAs.</p> <p>3/7/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>3/8/24 had 8 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>3/9/24 had 2 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>3/10/24 had 5 CNAs for 86 residents on the day shift, required at least 11 CNAs.</p> <p>3/11/24 had 8 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>3/12/24 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>3/13/24 had 10 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>3/14/24 had 7 CNAs for 85 residents on the day shift, required at least 11 CNAs.</p> <p>3/15/24 had 8 CNAs for 84 residents on the day</p>	S 560			

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S 560	<p>Continued From page 3</p> <p>shift, required at least 10 CNAs. 3/16/24 had 4 CNAs for 84 residents on the day shift, required at least 10 CNAs.</p> <p>3/17/24 had 8 CNAs for 83 residents on the day shift, required at least 10 CNAs. 3/18/24 had 7 CNAs for 83 residents on the day shift, required at least 10 CNAs. 3/22/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. 3/23/24 had 5 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>3/24/24 had 6 CNAs for 87 residents on the day shift, required at least 11 CNAs. 3/25/24 had 8 CNAs for 87 residents on the day shift, required at least 11 CNAs. 3/26/24 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs. 3/28/24 had 7 CNAs for 89 residents on the day shift, required at least 11 CNAs. 3/29/24 had 7 CNAs for 89 residents on the day shift, required at least 11 CNAs. 3/30/24 had 8 CNAs for 89 residents on the day shift, required at least 11 CNAs.</p> <p>2. For the two weeks of staffing prior to survey from 6/2/24 to 6/15/24, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>6/2/24 had 8 CNAs for 99 residents on the day shift, required at least 12 CNAs. 6/3/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs. 6/4/24 had 11 CNAs for 98 residents on the day shift, required at least 12 CNAs. 6/5/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs. 6/6/24 had 9 CNAs for 98 residents on the day</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>shift, required at least 12 CNAs. 6/7/24 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs. 6/8/24 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs.</p> <p>6/9/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/10/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/11/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/12/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/13/24 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/14/24 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. 6/15/24 had 8 CNAs for 96 residents of the day shift, required at least 12 CNAs.</p> <p>On 6/25/24 at 10:13 AM, the surveyor interviewed the Staffing Coordinator in the presence of the LNHA, who stated she scheduled nursing staff in accordance with State regulation which required one CNA to every eight residents for the morning shift; one CNA for every ten residents for the evening shift; and one CNA to every fourteen residents for the overnight shift. The Staffing Coordinator stated it was very hard to find staff; that the facility did not always meet the required ratios.</p> <p>Part B</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that all general training for the</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>LGBTQI+ (Lesbian, Gay, Bisexual, Transgender, Queer/questioning [one's sexual or gender identity], Intersex [person is born with a combination of male and female biological traits] positive) and HIV+ (Human Immunodeficiency Virus [a virus that attacks cells that help the body fight infection] positive) program for the administrators and staff members employed at a facility as of August 30, 2021, shall complete the general training on or before August 29, 2022. Individuals hired after August 30, 2021, are required to complete the training within one year after the date of hire.</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 04/19/22, "Statutory Amendments Regarding the Rights of LGBTQI+ and HIV+ Residents of Long-Term Care Facilities Pursuant to N.J.S.A. 26:2H-12.101-10 7." The memorandum concerned the rights of LGBTQI+ and HIV+ residents of long-term care facilities; N.J.S.A. 26:2G-12, 101-107 ("LGBTQI+ Law"), and a facility's responsibilities under the LGBTQI+ Law. The LGBTQI+ Law was signed on March 3, 2021 and took effect on August 30, 2021. The requirements of the LGBTQI+ Law will be included in N.J.A.C. 8:39 in future rulemaking. Specifically, the LGBTQI+ Law establishes specific rights and protections for lesbian, gay, bisexual, transgender, undesignated/non-binary, questioning, queer, and intersex ("LGBTQI+") older adults and people living with HIV ("HIV+") in long-term care facilities ("Facilities"). The LGBTQI+ Law ensures that LGBTQI+ and HIV+ residents in facilities have equitable access to health care and provides the same legal protections as everyone else regardless of their sexual orientation or health status.</p> <p>Prohibited Actions</p>	S 560		

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S 560	Continued From page 6  The LGBTQI+ Law prohibits facilities from taking any of the following actions based on a person's sexual orientation, gender identity, gender expression, intersex status, or HIV status: 1. Denying admission to a facility, transferring or refusing to transfer a resident within a facility or to another facility, or discharging, or evicting a resident from a facility; 2. Denying a request by residents to share a room; 3. Where rooms are assigned by gender, assigning or reassigning a room based on gender, subject to the provisions of 42 C.F.R. 483.10(e)(5); 4. Forbidding a resident from, or harassing a resident who seeks to use or does use, a restroom available to other residents of the same gender identity, regardless of whether the resident is making a gender transition, has taken or is taking hormones, has undergone gender affirmation surgery, or presents as gender-nonconforming. For the purposes of this paragraph, harassment includes, but is not limited to, requiring a resident to show identity documents in order to gain entrance to a restroom available to other persons of the same gender identity; 5. Repeatedly failing to use a resident's chosen pronouns or the name the resident chooses to be called, despite being clearly informed of the resident's choice; 6. Denying a resident from wearing preferred clothing, accessories, or cosmetics, or participating in grooming practices; 7. Restricting a resident's right to visit and have conversations with other resident's or with visitors including the right to have consensual sexual relations; 8. Denying, restricting, or providing unequal medical or non-medical care, which is appropriate	S 560			



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S 560	<p>Continued From page 7</p> <p>to the resident's bodily needs and organs, or providing medical or nonmedical care that, to a similarly-situated resident, causes avoidable discomfort or unfairly demeans the resident's dignity; and</p> <p>9. Declining to provide any service, care, or reasonable accommodation requested by the resident, subject to the provisions of 42 C.F.R. 483.10(c)(6).</p> <p><b>Resident Records</b> Additionally, facilities are required to ensure that resident records include the resident's gender identity and the resident's chosen name and pronouns, as indicated by the resident.</p> <p><b>Confidentiality</b> The LGBTQI+ Law also requires facilities to maintain the confidentiality of certain resident information. Unless required by state or federal law, personal identifying information regarding a resident's sexual orientation, whether a resident is transgender or undesignated/non-binary, a resident's gender transition status, a resident's intersex status, or a resident's HIV status shall not be disclosed.</p> <p>Further, facilities are required to take appropriate steps to minimize the likelihood of inadvertent or accidental disclosure of such information to other residents, visitors, or facility staff, except to the minimum extent necessary for facility staff to perform their duties.</p> <p>Unless expressly authorized, facility staff not directly involved in providing direct care to a transgender, undesignated/non-binary, intersex, or gender-nonconforming resident, shall not be present during a physical examination of, or the provision of personal care to, that resident if the</p>	S 560			

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S 560	<p>Continued From page 8</p> <p>resident is partially or fully unclothed. Doors, curtains, screens, or other effective visual barriers to providing bodily privacy, when partially or fully unclothed, shall be used. Informed consent is required in relation to any non-therapeutic examination or observation of, or treatment provided to, a resident of the facility.</p> <p>Facilities shall also provide transgender residents with access to transition-related assessments, therapy, and treatments as having been recommended by the resident's health care provider, including, but not limited to, transgender-related medical care, including hormone therapy and supportive counseling.</p> <p>Violations A facility or an employee of a facility that violates the requirements of the LGBTQI+ Law is subject to civil or administrative action.</p> <p>Training Facilities shall designate two employees, including one employee representing management at the facility and one employee representing direct care staff at the facility, to receive in-person training within six months after the effective date of the LGBTQI+ Law. The required training shall be provided by an entity that has demonstrated expertise in identifying the legal, social, and medical challenges faced by, and in creating safe and affirming environments for LGBTQI+ and HIV+ seniors who reside in long-term care facilities in New Jersey.</p> <p>The required training shall address: 1. Caring for LGBTQI+ seniors and seniors living with HIV; 2. Preventing discrimination based on sexual orientation, gender identity or expression of</p>	S 560		

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S 560	<p>Continued From page 9</p> <p>intersex status, and HIV status;</p> <p>3. The definition of terms commonly associated with sexual orientation, gender identity and expression, intersex status, and HIV;</p> <p>4. Best practices for communicating with or about LGBTQI+ and HIV+ seniors, including the use of a resident's chosen name and pronouns;</p> <p>5. A description of the health and social challenges historically experienced by LGBTQI+ and HIV+ seniors, including discrimination when seeking or receiving care at long-term care facilities, and the demonstrated physical and mental health effects within the LGBTQ community;</p> <p>6. Strategies to create a safe and affirming environment for LGBTQI+ and HIV+ seniors, including suggested changes to facility policies and procedures, forms, signage, communication between residents and their families, activities, and staff training and in-services; and</p> <p>7. An overview of the provisions of LGBTQI+ Law.</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) to provide documentation that all staff were certified and trained in LGBTQ+ by an approved agency.</p> <p>On 6/18/24 at 11:52 AM, the surveyor requested from the LNHA again for documentation of all staff trained and certified in LGBTQ+.</p> <p>On 6/19/24 at 12:55 PM, the surveyor requested from the LNHA for the third time documentation for all staff trained on LGBTQ+.</p> <p>On 6/20/24 at 1:24 PM, the surveyor requested from the LNHA for the fourth time documentation</p>	S 560			

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S 560	Continued From page 10  for all staff trained on LGBTQ+.  On 6/25/24 at 10:58 AM, the Assistant Director of Nursing (ADON) provided the surveyor with a copy of the DON's certification dated <small>201 Exec Order 26</small> , plus fifteen employees' 2024 annual mandatory training which include thirty minute training on "Cultural Diversity/LGBTQI". The ADON stated the course curriculum was from the facility, and the surveyor requested a copy of content. The ADON stated it was her responsibility to ensure all staff were trained and certified in LGBTQ+ training.  On 6/26/24 at 10:35 AM, the LNHA in the presence of the DON, ADON, and survey team acknowledged that the facility had no record of every employee being trained and certified in LGBTQ+ training.	S 560		
S1305	8:39-19.1(b) Mandatory Infection Control and Sanitation  (b) Responsibility for the infection prevention and control program shall be assigned to an employee who is designated as the infection control coordinator, with education, training, completed course work, or experience in infection control or epidemiology; or services shall be provided by contract. If the services are provided by contract, the facility shall designate an on-site employee to implement, coordinate, and ensure compliance with infection control policies and procedures.	S1305		8/25/24

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S1305	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to hire a designated Infection Preventionist (IP) who had completed specialized training in infection control and prevention. The deficient practice was identified and evidenced by the following:</p> <p>During entrance conference on 6/17/24 at 10:00 AM, the surveyor asked the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) who the facility's Infection Preventionist (IP) was, and the DON stated the facility's previous IP left about [REDACTED] NJ Exec Order 26.4b1 and the position was vacant. The DON stated herself, the Assistant Director of Nursing (ADON), and the two unit managers reviewed immunizations, antibiotic stewardship, and infection control issues. At that time the surveyor requested a copy of the infection control certifications as well as the date the IP stopped working.</p> <p>On 6/18/24 at 11:42 AM, the surveyor requested from the LNHA a copy of the infection control certifications and the last date the IP worked.</p> <p>On 6/19/24 at 12:55 PM, the surveyor requested from the LNHA a copy of the infection control certifications and the last date the IP worked.</p> <p>On 6/19/24 at 1:36 PM, the surveyor interviewed the DON who stated she did not have a certification in infection control; but she reviewed infection control with the Assistant Director of</p>	S1305	<p>Element 1 Upon review and approval of the infection preventionists credentials by the Department of Health, the facility hired a full-time infection preventionist on [REDACTED] NJ Exec Order 26.4b1. His start date was [REDACTED] NJ Exec Order 26.4b1.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 As noted in element 1, facility hired a full-time infection preventionist. The Administrator informed all department heads of this new hire on [REDACTED] NJ Exec Order 26.4b1, who in turn will inform their department employees. Administrator and HR Director will audit the infection preventionist credentials and continuing education upon hire and annually to ensure they are compliant and up to date with regulation.</p> <p>Element 4 The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	

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S1305	<p>Continued From page 12</p> <p>Nursing (ADON) who also was not certified. The DON stated only the Unit Manager/Licensed Practical Nurse (UM/LPN) had an infection control certification. The DON stated the unit managers provided the antibiotic stewardship information to the ADON who reviewed, summarized, and completed the monthly report, and the ADON in-serviced staff on infection control.</p> <p>On 6/20/24 at 12:36 PM, the surveyor interviewed the ADON who stated the facility had no IP since <b>NJ Exec Order 26.4b1</b>, "everyone" was pitching in with infection control. The ADON stated she had just completed May's antibiotic stewardship review yesterday.</p> <p>On 6/25/24 at 10:58 AM, the surveyor re-interviewed the ADON who confirmed she had no infection control certification, and she was responsible for providing staff with infection control training.</p> <p>On 6/25/24 at 1:30 PM, the surveyor informed the LNHA and DON of the concern with infection control. The LNHA stated the previous IP's last day of work was <b>NJ Exec Order</b>.</p> <p>No additional information was provided.</p> <p>A review of the facility's undated "Infection Prevention and Control Program" policy included the infection prevention and control program is coordinated and overseen by an infection prevention specialist (infection preventionist). The qualifications and job responsibilities of the Infection Preventionist are outlined in the Infection Preventionist Job Description...</p>	S1305		

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S1405	Continued From page 13	S1405		
S1405	<p>8:39-19.5(a) Mandatory Infection Control and Sanitation</p> <p>a) The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that newly hired employees received a <b>NJ Exec Order 26.4b1</b> by a physician, an advanced practice nurse, or a licensed physician assistant within two weeks prior to the first day of employment or upon employment. This deficient practice was identified for 1 of 10 employees reviewed for new hires (Employee #2), and was evidenced by the following:</p> <p>On 6/24/24 at 1:39 PM, the surveyor reviewed the employee health files of ten randomly selected</p>	S1405		8/25/24
			<p>Element 1 On 7/23/2024 The Assistant Director of Nursing/Educator initiated a review of all employee files to ensure a current history and physical is on file. Employee # 2 is no longer employed with the facility.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 Administrator will in-service the human resource director on the policy and</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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S1405	<p>Continued From page 14</p> <p>newly hired employees since last standard survey provided by the facility which revealed the following:</p> <p>Employee #2, a registered nurse supervisor, employee health file did not include a <b>NJ Exec Order 26.4(b)(1)</b>.</p> <p>On 6/25/24 at 12:57 PM, the surveyor interviewed the Human Resources Manager (HRM) who confirmed that all employees were required to have a <b>NJ Ex Order 26.4(b)(1)</b> completed prior to or upon hire.</p> <p>On 6/26/24 at 10:35 AM, the surveyor interviewed the Assistant Director of Nursing (ADON), in the presence of Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON), who acknowledged that <b>NJ Ex Order 26.4(b)(1)</b> were to be completed prior to hire. The ADON further stated that a Registered Nurse completed an assessment upon hire and the Medical Director had 30 days to do a <b>NJ Exec Order 26.4(b)(1)</b>. The LNHA confirmed that the facility could not provide Employee #2's <b>NJ Ex Order 26.4(b)(1)</b> prior to hire.</p> <p>A review of the facility's Evaluation/Physicals policy dated revised January 2024, included Policy and Procedure: The [facility] personnel will all be checked for baseline health assessment on hire, including immunization status. All new employees will complete a screening health history which will be completed and reviewed by the Medical Director of the facility within 30 days of hire...</p>	S1405	<p>procedure for new hires specifically related to state regulation requirements for history and physical.</p> <p>Administrator will audit all new employee files weekly by 2 months with results to QAPI committee.</p> <p>Administrator will audit all new employee files specifically regarding history and physicals on a monthly basis for the next 6 months and report findings to QAPI Committee.</p> <p>Element 4</p> <p>The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee monthly for 6 months. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.</p>	
S2120	<p>8:39-31.1(c) Mandatory Physical Environment</p> <p>(c) Fire safety maintenance and retrofit of</p>	S2120		8/25/24



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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
S2120	<p>Continued From page 15</p> <p>long-term care facilities shall comply with the Uniform Fire Safety Code (N.J.A.C. 5:18) as adopted by the New Jersey Department of Community Affairs. The New Jersey Uniform Fire Safety Code may be obtained from the Fire Safety Element of the Department of Community Affairs, P.O. Box 809, Trenton, New Jersey 08625-0809.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint NJ #159783</p> <p>Based on interview and record review on 6/18/24, in the presence of the Vice President of Environmental (VPE) it was determined that the facility failed to ensure New Jersey Uniform Fire Safety Code inspections were performed quarterly in accordance with N.J.A.C. 5:70. The deficient practice had the potential to affect all residents and was evidenced by:</p> <p>Record review at 2:00 PM revealed the last NJ Uniform Fire Code quarterly inspection report provided was 8.5 months ago on 9/27/23.</p>	S2120	<p>S2120 Element 1 The Administrator sent out a letter to the local fire official requesting the completion of the quarterly Uniform Fire Code inspection.</p> <p>Element 2 All residents have the potential to be affected by this practice.</p> <p>Element 3 The Administrator will in-service the director of maintenance as to the importance of following up with the local fire code official in a timely manner regarding the uniform fire code quarterly</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTI</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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
S2120	Continued From page 16  In an interview at 2:10 PM the VPE stated that he had difficulty scheduling with the local fire officials.  The Licensed Nursing Home Administrator was informed of the findings at the Life safety Code exit conference.	S2120	inspection. The maintenance director will inform the administrator if the local fire code official has not completed the quarterly uniform fire code inspection. Administrator will audit on a quarterly basis for 1 year to determine if the uniform fire code quarterly inspection has taken place and will report to the QAPI committee. Element 4 The results of the weekly and daily audits will be submitted to the Quality Assurance and Process Improvement Committee Meeting monthly for 1 year. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting.	
S2775	8:39-39.3(a) Mandatory Social Work  (a) The facility shall provide an average of at least 20 minutes of social work services per week for each resident, which requires at least one full-time equivalent social worker for every 120 residents.  This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure that there was a Social Worker with the number of required hours available in comparison to the number of residents residing at the facility during the survey. This deficient practice was evidenced by the following:  According to data provided by the facility during entrance conference on 6/17/24, the number of	S2775	Element 1 The Facility hired a full time Licensed Social Worker effective [REDACTED] NJ Ex Order 26.4(b)(1). Element 2 All residents have the potential to be affected by this practice. Element 3 Administrator and Human Resources Director will audit the social worker credentials upon hire and annually to ensure compliance with regulations.	8/25/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061101</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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
S2775	<p>Continued From page 17</p> <p>residents residing at the facility was 94 and the total capacity was 106. This would require the facility to provide an average of 20 minutes of social work services per week for each resident which calculates to 1,880 minutes or approximately 32 hours for the census provided on 6/17/24.</p> <p>On 6/19/24 at 10:39 AM, the surveyor interviewed the facility's Social Worker (SW) who stated that she had been the SW a while back and in [REDACTED], and [REDACTED] at the facility on [REDACTED]. The SW stated that she was the only SW and had agreed to work during the days of [REDACTED] for a total of [REDACTED] hours a week and that was all she could work.</p> <p>On 6/19/24 at 11:24 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) who stated that she had hired the current SW to work [REDACTED] hours per week and thought she was able to work [REDACTED] [REDACTED]s each day and [REDACTED] hours. The LNHA was unaware of the SW working [REDACTED] hours per week and stated that she would have to speak with the SW regarding her hours.</p> <p>On 6/20/24 at 12:55 PM, the survey team met with the LNHA and Director of Nursing (DON). The LNHA acknowledged that the current SW was unable to fulfill the [REDACTED] hours per week that she thought was agreed upon. The LNHA added that the last full time SW had resigned as of [REDACTED]. The LNHA stated that she thought there had been other SWs that were hired but resigned before she was hired as the LNHA in [REDACTED]. The LNHA stated that the intention was to hire a full time SW. The LNHA stated that the SW</p>	S2775	<p>Element 4</p> <p>Administrator and Human Resources Director will report audit results monthly for 1 year to the QAPI Committee.</p>	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTI</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</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	
S2775	Continued From page 18  responsibilities were being dispersed amongst the administrative staff.	S2775			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315124	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/30/2024
NAME OF FACILITY BELLE CARE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618	

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 E0004	Correction	ID Prefix E0006	Correction	ID Prefix E0007	Correction
Reg. # 483.73(a)	Completed	Reg. # 483.73(a)(1)-(2)	Completed	Reg. # 483.73(a)(3)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix E0009	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.73(a)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/30/2024	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	
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 6/26/2024		<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			

## POST-CERTIFICATION REVISIT REPORT

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0573	Correction	ID Prefix F0580	Correction	ID Prefix F0600	Correction
Reg. # 483.10(g)(2)(i)(ii)(3)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(a)(1)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0610	Correction	ID Prefix F0677	Correction	ID Prefix F0697	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(k)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0725	Correction	ID Prefix F0842	Correction	ID Prefix F0921	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.90(i)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
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	
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 6/26/2024		<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			

POST-CERTIFICATION REVISIT REPORT

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0573	Correction	ID Prefix F0580	Correction	ID Prefix F0582	Correction
Reg. # 483.10(g)(2)(i)(ii)(3)	Completed	Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.10(g)(17)(18)(i)-(v)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0584	Correction	ID Prefix F0600	Correction	ID Prefix F0607	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(a)(1)	Completed	Reg. # 483.12(b)(1)-(5)(ii)(iii)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0610	Correction	ID Prefix F0641	Correction	ID Prefix F0656	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.20(g)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0657	Correction	ID Prefix F0658	Correction	ID Prefix F0677	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0686	Correction	ID Prefix F0693	Correction	ID Prefix F0697	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.25(k)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0725	Correction	ID Prefix F0755	Correction	ID Prefix F0756	Correction
Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(1)(2)(4)(5)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0757	Correction	ID Prefix F0759	Correction	ID Prefix F0761	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0809	Correction	ID Prefix F0812	Correction	ID Prefix F0838	Correction
Reg. # 483.60(f)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.70(e)(1)-(3)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0842	Correction	ID Prefix F0865	Correction	ID Prefix F0880	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
ID Prefix F0881	Correction	ID Prefix F0882	Correction	ID Prefix F0883	Correction
Reg. # 483.80(a)(3)	Completed	Reg. # 483.80(b)(1)-(4)	Completed	Reg. # 483.80(d)(1)(2)	Completed
LSC	08/30/2024	LSC	08/30/2024	LSC	08/30/2024
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	



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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	08/30/2024	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 6/26/2024		<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			

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Correction		ID Prefix S1305 Correction		ID Prefix S1405 Correction	
Reg. # 8:39-5.1(a) Completed		Reg. # 8:39-19.1(b) Completed		Reg. # 8:39-19.5(a) Completed	
LSC 08/30/2024		LSC 08/30/2024		LSC 08/30/2024	
ID Prefix S2120 Correction		ID Prefix S2775 Correction		ID Prefix Correction	
Reg. # 8:39-31.1(c) Completed		Reg. # 8:39-39.3(a) Completed		Reg. # Completed	
LSC 08/30/2024		LSC 08/30/2024		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 6/26/2024		<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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/30/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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{E 000}	Initial Comments	{E 000}			
{F 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for the 6/26/2024 Recertification survey. The facility was found to be in substantial compliance with the implementation of their POC.</p> <p>The facility is not in substantial compliance with requirements of 42 CFR Part 483, for Long Term Care facilities. Deficiencies were cited for this survey.</p> <p>A Revisit Survey was conducted at Belle Care Nursing and Rehabilitation from 8/29/24 through 8/30/24 to determine compliance with 42 CFR Part 483, for Long Term Care facilities.</p> <p>During the survey a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.10 (a) (1)-Resident Rights/Exercise Rights (F 550, F 557, F 561, F 603, and F 604) as the facility failed to provide 1 of 1 <b>NJ Exec Order 26.4b1</b> (Resident #1) the autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, and leave rooms at will and were <b>NJ Exec Order 26.4b1</b>. Also, 42 CFR 483.70-Administration who failed to ensure the facility implemented policies and procedures for Resident Rights and Self Determination as well as policies and procedures to <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b) (6)</b> also failed to ensure Resident #1 signed the facility's Admission Agreement upon admission to the facility.</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to</p>	{F 000}			

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

TITLE

(X6) DATE

Electronically Signed

09/24/2024

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 000}	<p>Continued From page 1</p> <p>Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016, S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>Resident #1, who had diagnoses which included but not limited to; <b>NJ Exec Order 26.4b1</b> [REDACTED]</p> <p>[REDACTED] reported to the surveyor on [REDACTED], that they had been at the facility for [REDACTED] and were [REDACTED] to their room with <b>US FOIA (b)(6)</b> [REDACTED]. Resident #1 stated that they were not permitted to participate in group activities and community dining. Resident #1 stated that they were not allowed to leave their room; have visitors unless scheduled and approved by the <b>US FOIA (b)(6)</b> [REDACTED] could not choose their own clothes having to wear an <b>NJ Ex Order 26.4(b)(1)</b> [REDACTED] that made them feel <b>NJ Ex Order 26.4(b)(1)</b> [REDACTED] participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had <b>NJ Ex</b> [REDACTED] which the resident reported feeling <b>NJ Exec Order</b> [REDACTED] being in a room twenty-four hours a day seven days a week with <b>NJ Exec</b> <b>US FOIA</b> [REDACTED] and a television. Resident #1 stated they wanted to return to the <b>US FOIA</b> [REDACTED] because of it. A review of the resident's Admission Agreement revealed that the resident signed the agreement on <b>NJ Exec Order</b> [REDACTED], <b>NJ Exec</b> [REDACTED] s after their admission to the facility. This posed the <b>NJ Exec Order 26.4b1</b> [REDACTED]</p>	{F 000}			

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{F 000}	Continued From page 2 The <b>US FOIA (b)(6)</b> was informed of F 550, F 557, F 561, F 603, F 604, and F 835 IJs, and was provided with the IJ templates on 8/29/24 at 4:29 PM.  An acceptable removal plan was received on 8/30/24 at 1:44 PM, indicating the action the facility will take to <b>NJ Exec Order 26.4b1</b> from occurring or recurring. The Facility implemented a corrective action plan to remediate the deficient practice including: 1) Resident #1 was discharge from the facility to the <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> ; 2) the facility ended their contract with the <b>NJ Exec Order 26.4b1</b> to accept <b>NJ Exec Order 26.4b1</b> and had no other contracts with additional <b>NJ Exec Order 26.4b1</b> to accept <b>NJ Exec Order 26.4b1</b> ; 3) the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> were inserviced regarding CMS's S & C memo regarding <b>NJ Exec Order 26.4b1</b> ; and 4) the <b>US FOIA (b)(6)</b> was responsible for the implementation of all facility policies and regulations.  The survey team verified the removal plan on-site on 8/30/24, and determined the IJs for F 550; F 557; F 561; F 603; F 604; and F 835 were removed as of 8/30/24 at 1:44 PM.	{F 000}			
{F 550} SS=J	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that	{F 550}		9/18/24	

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{F 550}	<p>Continued From page 3</p> <p>promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that [REDACTED] were afforded the autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, leave rooms at will, and be free from [REDACTED].</p>	{F 550}	<p>1. Resident #1 was immediately discharged from the facility. On August 30th, 2024 the facility discontinued contracts with all [REDACTED] NJ Exec Order 26.4b1 and will no longer accept any [REDACTED] NJ Exec Order 26.4b1.</p> <p>2. All Justice involved Residents have the potential to be affected by this</p>		

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{F 550}	<p>Continued From page 4</p> <p>This deficient practice was identified for 1 of 1 [REDACTED] (Resident #1).</p> <p>Resident #1 was admitted to the facility on [REDACTED], and was [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED] from the [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>Resident #1 was observed being [REDACTED] to their room, [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED], and Resident #1 was not permitted to participate in group activities and community dining. Resident #1 stated that they were not allowed to leave their room; have visitors unless scheduled and approved by the [REDACTED] [REDACTED] could not choose their own clothes having to wear an [REDACTED] NJ Exec Order 26.4b1 [REDACTED] that made them feel [REDACTED] NJ Exec Order 26.4b1 [REDACTED] participate in activities; eat all meals in their room on disposable ware; not allowed to use the telephone; and had [REDACTED] NJ Exec Order 26.4b1 [REDACTED] which the resident reported feeling [REDACTED] "being in a room twenty-four hours a day seven days a week with [REDACTED] US FOIA [REDACTED] and a television. Resident #1 stated they wanted to return to the [REDACTED] NJ Exec [REDACTED] because of it.</p> <p>The facility's failure to ensure all residents, including [REDACTED] NJ Exec Order [REDACTED] had the right to a dignified existence; self-determination; communication with and access to persons and services inside and outside the facility; and allowed the [REDACTED] NJ Exec [REDACTED] to exercise their rights posed a likelihood to cause [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 8/29/24, and the facility Administration was notified of the IJ on 8/29/24 at 4:29 PM. The facility submitted an acceptable Removal Plan (RR) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p>	{F 550}	<p>deficient practice.¿</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of ensuring that residents are afforded the autonomy to participate in group activities, communal dining, served meals in a dignified manner, freely communicate with visitors, leave rooms at will and be free from physical restraints.¿</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure they are being afforded autonomy to participate in group activities, communal dining, served meals in a dignified manner, freely communicate with visitors, leave rooms at will and be free from physical restraints. Audit findings will be shared with the QAPI committee monthly x 4 months.¿</p>		



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{F 550}	<p>Continued From page 5</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 1. prior to or upon admission, the social service designee [...] will inform the resident and/or the resident's representative of the resident's rights and responsibilities...10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or convenience [...] the right to retain and use personal possessions [...] the right to receive services in the facility with reasonable accommodation of resident needs and preferences [...]the right to share a room with a roommate of his/her choice [...] 6. Self-determination: the resident has the right to and the facility must promote and facilitate</p>	{F 550}			

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{F 550}	<p>Continued From page 6</p> <p>resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...10. Grievances: the resident has the right to voice grievances to the facility [...] the facility must make prompt efforts by the facility to resolve grievances the resident may have.</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated Resident #1 had <b>NJ Exec Order 26.4b1</b> [REDACTED] and when staff provided care, they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when the resident was out of the room, and the LPN Supervisor #1 stated that Resident #1 was a <b>NJ Exec Order 26.4b1</b>. The LPN Supervisor #1 further stated that the resident did not participate in activities; ate all their meals in their room on disposable ware; wore an <b>NJ Exec Order 26.4b1</b>; visitors needed to be</p>	{F 550}			

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{F 550}	<p>Continued From page 7</p> <p>scheduled through the [REDACTED] by appointment; and the resident always remained in the [REDACTED] with [REDACTED] US FOIA (b)(6). The LPN Supervisor #1 stated that the nurses and Certified Nursing Aides (CNAs) were permitted in the room to provide resident care.</p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with [REDACTED] US FOIA (b)(6) [REDACTED] who were [REDACTED] at the resident's door [REDACTED] and the resident's window [REDACTED] US FOIA (b)(6). At that time, the surveyor interviewed the Resident #1, who stated they had been at the facility [REDACTED] NJ Exec Order 26.4b1, and they were receiving [REDACTED] and [REDACTED] at the facility. Resident #1 stated that they [REDACTED] to the [REDACTED] they were [REDACTED] " at the facility because they remained in their room twenty-four hours a day, seven days a week with [REDACTED] US FOIA (b)(6) and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1 further stated that they were prohibited visitors unless the [REDACTED] approved the visits, and the [REDACTED] was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the [REDACTED] to complain about it, which they had not received, and the [REDACTED] US FOIA (b)(6) was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the [REDACTED] US FOIA (b)(6) maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their [REDACTED] to request to be [REDACTED] NJ Exec Order 26.4b1 to the [REDACTED] Resident #1 stated they had [REDACTED] NJ Exec Order 26.4b1, anytime they received care the [REDACTED] were in the room, and if they had visitors or made a call, the [REDACTED] were present. Resident #1 stated that when they went</p>	{F 550}			

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{F 550}	<p>Continued From page 8</p> <p>to [NJ Exec Order 26.4b1] they wore an [NJ Exec Order 26.4b1] which [NJ Exec Order 26.4b1] them because it let everyone know they were a [NJ Exec Order 26.4b1]. The surveyor asked if the resident had to [NJ Exec Order 26.4b1] any [NJ Exec Order 26.4b1] in the room or in [NJ Exec Order 26.4b1] and the resident stated, no, they could not [NJ Exec Order 26.4b1]. The surveyor asked if the resident saw the facility's [US FOIA (b)(6)] and the resident stated, "no", but they thought they were supposed to.</p> <p>At the time of the interview, the surveyor asked [US FOIA (b)(6)] if everything the resident reported was accurate, and the [US FOIA (b)(6)] stated "yes", the resident was [NJ Exec Order 26.4b1].</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; [NJ Exec Order 26.4b1]</p> <p>[REDACTED]</p> <p>A review of the Progress Notes included a Nursing Note dated [NJ Exec Order 26.4b1] at 7:37 AM, which included the resident was admitted to the facility or [NJ Exec Order 26.4b1] at 6:55 PM, accompanied by [US FOIA (b)(6)]. The resident was admitted with a [NJ Exec Order 26.4b1]</p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated</p>	{F 550}			

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{F 550}	<p>Continued From page 9</p> <p>NJ Exec Order 26.4b1, reflected the resident had a brief interview for mental status score of 1 out of 15, indicating that the resident had an NJ Exec Order 26.4b1.</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated NJ Exec Order 26.4b1 revealed that the resident was not permitted access to telephones, not landlines or cell phones. In the NJ Exec Order 26.4b1 "when phone use was permitted, the NJ Exec Order 26.4b1 not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless NJ Exec Order 26.4b1 by the NJ Exec Order 26.4b1. The intervention was that the resident would be NJ Exec Order 26.4b1 by the NJ Exec Order 26.4b1.</p> <p>A focus area dated NJ Exec Order 26.4b1, indicated NJ Exec Order 26.4b1 dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included was the resident would NJ Exec Order 26.4b1 and be NJ Exec Order 26.4b1.</p> <p>A focus area dated NJ Exec Order 26.4b1, revealed that the resident had NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1. Interventions included to administer medications as ordered; monitor, document, and report as needed any signs and symptoms of NJ Exec Order 26.4b1 and monitor, record, and report to physician as needed the NJ Exec Order 26.4b1.</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the US FOIA (b)(6), who stated Resident #1 participated in NJ Exec Order 26.4b1 times a week in the NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that the resident was transferred to the NJ Exec Order 26.4b1 by US FOIA (b)(6) who always remained</p>	{F 550}			

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{F 550}	<p>Continued From page 10</p> <p>with them, and there were no other residents present. The [US FOIA (b)] stated the resident did not require [NJ Exec Order 26.4b1] because they were [NJ Exec Order 26.4b1]. The [US FOIA (b)] stated that Resident #1 was working on [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] that their goal was to [NJ Exec Order 26.4b1] and use the [NJ Exec Order 26.4b1]. The [US FOIA (b)] stated that the resident was currently [NJ Exec Order 26.4b1]. The surveyor questioned the [NJ Exec Order 26.4b1] if the resident was [NJ Exec Order 26.4b1] and the [US FOIA (b)] stated the resident was [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] was working with them to [NJ Exec Order 26.4b1].</p> <p>On 8/29/24 at 11:24 AM, the surveyor interviewed the facility's [US FOIA (b)] who stated she had just started at the facility [NJ Exec Order 26.4b1] and had not gotten to speak to all the residents yet. The surveyor asked if the [US FOIA (b)] spoke with Resident #1, and she stated "no", but the resident was on her list.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed the [US FOIA (b)(6)] who stated activities were conducted in groups on both nursing units, and staff did [US FOIA (b)(6)] activities as needed. The [US FOIA (b)] stated that [NJ Exec Order 26.4b1] included providing puzzles and crossword puzzles. The surveyor asked if she provided [NJ Exec Order 26.4b1] for Resident #1, and the [US FOIA (b)] stated that activity staff did not see [Resident #1] that often. The [US FOIA (b)] further stated that there were [US FOIA (b)(6)] in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The [US FOIA (b)] stated the resident requested a pack of playing cards about a [NJ Exec Order 26.4b1] ago, and the facility was not allowed to provide, that the [US FOIA (b)(6)] had to provide.</p> <p>On 8/29/24 at 12:15 PM, the surveyor interviewed</p>	{F 550}			

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{F 550}	<p>Continued From page 11</p> <p>Resident #1's assigned CNA (CNA #1), who stated that [Resident #1] <b>NJ Exec Order 26.4b1</b>; that they <b>NJ Exec Order 26.4b1</b> and go to the <b>NJ Exec Order 26.4b1</b>, and the resident was permitted out of their room to the shower room with the <b>US FOIA (b)(6)</b>, and the CNA provided the washcloth and towel. The CNA #1 stated when [Resident #1] <b>NJ Exec Order 26.4b1</b> it was just the resident in the room with the <b>US FOIA (b)(6)</b>. The CNA #1 further stated that [Resident #1] always ate all their meals in their room on disposable ware with the <b>US FOIA (b)(6)</b> in the room.</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed LPN #1 in the presence of LPN #2, who stated that the resident <b>NJ Exec Order 26.4b1</b> care for a <b>NJ Exec Order 26.4b1</b> that was more of a <b>NJ Exec Order 26.4b1</b>. LPN #1 stated the <b>NJ Exec Order 26.4b1</b> was the <b>NJ Exec Order 26.4b1</b> and the resident saw a <b>NJ Exec Order 26.4b1</b> outside the facility because they <b>NJ Exec Order 26.4b1</b> to see the facility's <b>NJ Exec Order 26.4b1</b>. LPN #1 stated that there were always <b>US FOIA (b)(6)</b> with [Resident #1], and the only time [Resident #1] left their room was for <b>NJ Exec Order 26.4b1</b> and doctor's appointments. The surveyor asked how often [Resident #1] had <b>NJ Exec Order 26.4b1</b> doctor appointments, and LPN #2 stated she was unsure if there was a set schedule, but [Resident #1] had an appointment <b>NJ Exec Order 26.4b1</b>. LPN #2 stated that the <b>NJ Exec Order 26.4b1</b> setup the transportation, and the <b>US FOIA (b)(6)</b> accompanied [Resident #1] to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being transported down the hallway in <b>NJ Exec Order 26.4b1</b>. <b>NJ Exec Order 26.4b1</b> The surveyor asked Resident #1 where they were going, and Resident #1 stated to see</p>	{F 550}			

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{F 550}	<p>Continued From page 12</p> <p>the [REDACTED] doctor, that [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order [REDACTED]. Resident #1 stated their appointment was at the hospital, and that their [REDACTED] NJ Exec Order 26.4b1. The surveyor asked Resident #1 if they ever received the playing card they requested, and Resident #1 stated, "no". The surveyor then observed Resident #1 with [REDACTED] US FOIA (b) (6) and no residents or staff, use the elevator to go downstairs.</p> <p>At that time, the surveyor asked [REDACTED] US FOIA (b) (6) why Resident #1 [REDACTED] NJ Exec Order 26.4b1 [REDACTED], since it was reported earlier that the resident did not need because they could not [REDACTED] US FOIA (b) (6) stated it was [REDACTED] NJ Exec Order 26.4b1 when the [REDACTED] left the building. The surveyor asked how Resident #1 was transferred to the hospital, and the [REDACTED] US FOIA (b) (6) stated on a medical bus from the [REDACTED] NJ Exec Order 26.4b1. On that same date, the surveyor observed Resident #1 being [REDACTED] NJ Exec Order 26.4b1 out of the building by [REDACTED] US FOIA (b) (6).</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed th [REDACTED] US FOIA (b) (6) who stated that she had started at the facility on [REDACTED] NJ Exec Order 26.4b1, and the previous owners of the facility had a contract with the [REDACTED] NJ Exec Order 26.4b1 since [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) (6) stated that the [REDACTED] NJ Exec Order 26.4b1 were only at the facility for medical services, and when their medical treatment was completed, the [REDACTED] NJ Exec Order 26.4b1 returned to the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b) (6) stated that Resident #1 stayed in their room with the [REDACTED] NJ Exec Order 26.4b1 and went to [REDACTED] NJ Exec Order 26.4b1 accompanied by them. The [REDACTED] US FOIA (b) (6) stated that everything was controlled by the [REDACTED] NJ Exec Order 26.4b1 that the facility could not provide playing cards; phone usage; visitors. The [REDACTED] US FOIA (b) (6) stated the [REDACTED] US FOIA (b) (6) came to the facility she thought once a month for the resident to make a phone call, but she did not believe there was a</p>	{F 550}			



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{F 550}	<p>Continued From page 13 set schedule.</p> <p>At that time, the [REDACTED] stated that [Resident #1] informed the facility that the [REDACTED] had to approve all visits, and [Resident #1] could not have a visitor unless the [REDACTED] approved it. The [REDACTED] stated there were no private visits, that there were always [REDACTED] and [Resident #1] could not be without them. The [REDACTED] stated it was the [REDACTED] policies; that [Resident #1] could have no other clothes [REDACTED] NJ Exec Order 26.4b1 that identified them as a [REDACTED] as a [REDACTED] NJ Exec Order 26.4b1." The [REDACTED] stated only [Resident #1] and the [REDACTED] could be in the elevator during transportation, and [Resident #1] saw an [REDACTED] NJ Exec Order 26.4b1 that the appointments were scheduled by the [REDACTED] The [REDACTED] stated [Resident #1] saw the facility's [REDACTED] US FOIA (b)(6) as needed and could have seen the facility's [REDACTED] NJ Exec Order 26.4b1 but [REDACTED] The [REDACTED] stated that [Resident #1] received the same "level of care" as all the other residents in the facility, they just did not have the [REDACTED] NJ Exec Order 26.4b1 The [REDACTED] stated that [Resident #1] had w [REDACTED] NJ Exec Order 26.4b1 that was a [REDACTED] by the [REDACTED] NJ Exec and the facility did not control that. The [REDACTED] US FOIA (b) stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the [REDACTED] NJ Exec. The surveyor requested a copy of the resident's admission agreement and resident rights.</p> <p>On 8/29/24 at 1:30 PM, the surveyor reviewed the facility's policies regarding [REDACTED] NJ Exec Order 26.4b1 which included the following:</p> <p>A review of the "Inmate Resident Dining" policy dated 8/21/23, included it is the policy of the [facility] to provide meals and snacks in a manner that supports establish security protocols.</p>	{F 550}			

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{F 550}	<p>Continued From page 14</p> <p>Procedure: 1. all inmates will receive their meals and snacks and dine in their room; 2. all inmate resident meals will be served on disposable paper goods; 3. all inmate resident meals will be served with plastic utensils; metal utensils are never permitted; 4. prior to delivery of meal tray to the inmate resident the CO in attendance will be offered the opportunity to check the tray...7. there is no food or drinks other than a water pitcher (when clinically approved) be stored at bedside...</p> <p>A review of the "Inmate Phone Use" policy dated 8/21/23, included 1. inmates are not routinely permitted to access telephones, not landlines or cell phones; 2. the landline will be removed from the inmate room prior to admission; 3. the staff is not to facilitate or participate in allowing inmates to use a telephone; 4. in rare circumstances when telephone use is permitted this will be entirely taken care of by the [CF staff], specifically the assigned COs; 5. at no time is [facility] staff to participate in inmate's phone use.</p> <p>A review of the "Concerns with Correctional Officers" policy dated 9/12/23, included that COs should be treated with dignity and respect by all staff...</p> <p>On 8/29/24 at 2:52 PM, the [US FOIA (b)(6)] provided a signed copy that Resident #1 received a copy of their "Resident Rights" on [NJ Exec Order 26.461]. The surveyor asked where the copy was that Resident #1 signed on admission, and why it was just signed, and the [US FOIA (b)(6)] stated that the [US FOIA (b)(6)] at the facility and identified residents who did not sign they received a copy of their "Resident Rights".</p> <p>On 8/29/24 at 2:59 PM, the [US FOIA (b)(6)] provided the</p>	{F 550}			

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{F 550}	<p>Continued From page 15</p> <p>surveyor with a copy of Resident #1's "Admission Agreement" dated [REDACTED] NJ Exec Order 26.4b1, and noted as resident [REDACTED] NJ Exec Order 26.4b1 and discharged [REDACTED] NJ Exec Order 26.4b1. At that time, the surveyor reviewed with the [REDACTED] US FOIA (b)(7) the resident's admission history which revealed that they were admitted to the facility in [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(7) acknowledged that there should have been a signed "Admission Agreement" with each new admission.</p> <p>On 8/29/24 at 3:05 PM, the [REDACTED] US FOIA (b)(7) informed the survey team that she had spoken to the [REDACTED] NJ Exec Order 26.4b1 to have the [REDACTED] NJ Exec Order 26.4b1 inform the facility who was permitted to visit the resident and when.</p> <p>On 8/29/24 at 3:30 PM, the [REDACTED] US FOIA (b)(7) provided the surveyor with a copy of Resident #1's "Admission Agreement" dated [REDACTED] NJ Exec Order 26.4b1, which was [REDACTED] NJ Exec Order 26.4b1 after Resident #1 was admitted to the facility.</p> <p>An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM, indicated the action the facility will take to [REDACTED] NJ Exec Order 26.4b1. The facility implemented a corrective action plan to remediate the deficient practice including the resident was returned to the [REDACTED] NJ Exec Order 26.4b1 on [REDACTED] NJ Exec Order 26.4b1; the facility ended their contract with the [REDACTED] NJ Exec Order 26.4b1 to accept [REDACTED] NJ Exec Order 26.4b1 and has no other contracts with additional [REDACTED] NJ Exec Order 26.4b1 to accept [REDACTED] NJ Exec Order 26.4b1 the [REDACTED] US FOIA (b)(7) and [REDACTED] US FOIA (b)(7) were inserviced regarding CMS's S &amp; C memo regarding [REDACTED] NJ Exec Order 26.4b1 and the [REDACTED] US FOIA (b)(7) was responsible for the implementation of all facility policies and regulations.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p>	{F 550}			

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{F 550}  F 557 SS=J	<p>Continued From page 16</p> <p>NJAC 8:39-4.1(a) (11-25) (27-29)</p> <p>Respect, Dignity/Right to have Prsnl Property</p> <p>CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity.</p> <p>The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that [REDACTED] were treated in a dignified and respectful manner by [REDACTED] resident from participating in group activities, community dining, communicating with visitors, leaving the room at will, and retaining and using of personal possessions. This deficient practice was identified for 1 of 1 [REDACTED] (Resident #1).</p> <p>Resident #1 was admitted to the facility on [REDACTED] and was [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED] from the [REDACTED] NJ Exec Order 26.4b1 [REDACTED]</p> <p>Resident #1 was observed being [REDACTED] to their room, [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED], and they were not permitted to participate in group activities and community dining. Resident #1 stated they were not allowed to leave their room; have visitors unless scheduled and approved by the [REDACTED] could not choose their own clothes having to wear an [REDACTED] NJ Exec Order 26.4b1 [REDACTED] that made them feel</p>	{F 550}  F 557	<p>1. Resident #1 was immediately discharged from the facility. On August 30th, 2024 the facility discontinued contracts with all [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] and will no longer accept any [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED]</p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice.¿</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of ensuring that residents are treated in a dignified¿and respectful manner.¿¿</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure they are treated in a dignified and respectful manner. Audit findings will be shared with the QAPI committee monthly x 4 months.¿</p>	9/18/24	

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F 557	<p>Continued From page 17</p> <p>██████ NJ Exec Order 26.4b1 participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had ████████ NJ Exec Order 26.4b1 which the resident reported feeling ████████ NJ Exec Order 26.4b1 being in a room twenty-four hours a day seven days a week with ████████ NJ Exec Order 26.4b1 and a television. Resident #1 stated they wanted to return to the ████████ NJ Exec Order 26.4b1 because of it.</p> <p>The facility's failure to ensure all residents, including ████████ NJ Exec Order 26.4b1 had the right to a dignified existence posed a ████████ NJ Exec Order 26.4b1. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 8/29/24, and the facility Administration was notified of the IJ on 8/29/24 at 4:29 PM. The facility submitted an acceptable Removal Plan (RR) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 1. prior to or upon admission, the social service designee [...] will</p>	F 557			

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F 557	Continued From page 18 inform the resident and/or the resident's representative of the resident's rights and responsibilities...10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or convenience [...] the right to retain and use personal possessions [...] the right to receive services in the facility with reasonable accommodation of resident needs and preferences [...]the right to share a room with a roommate of his/her choice [...] 6. Self-determination: the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...  On 8/29/24 at 9:45 AM, the surveyor observed a	F 557			

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F 557	<p>Continued From page 19</p> <p>personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated [Resident #1] had a <b>NJ Exec Order 26.4b1</b> [REDACTED] and when staff provided care, they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when the resident was out of the room, and LPN Supervisor #1 stated that Resident #1 was a <b>NJ Exec Order 26.4b1</b> who remained in their room unless to go to the <b>NJ Exec Order 26.4b1</b>. The LPN Supervisor #1 stated that Resident #1 did not participate in activities; ate all their meals in their room on disposable ware; <b>NJ Exec Order 26.4b1</b>; visitors needed to be scheduled through the <b>NJ Exec Order 26.4b1</b> by appointment; and Resident #1 always remained in the <b>NJ Exec Order 26.4b1</b> with <b>US FOIA (b)(6)</b>. The LPN Supervisor #1 stated that the nurses and Certified Nursing Aides (CNAs) were permitted in the room to provide resident care.</p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> who were <b>NJ Exec Order 26.4b1</b> at the resident's door (<b>US FOIA (b)(6)</b>) and the resident's window (<b>US FOIA (b)(6)</b>). At that time, the surveyor interviewed Resident #1, who stated they had been at the facility <b>NJ Exec Order 26.4b1</b>, and they were receiving <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> at the facility. Resident #1 stated that they wanted to return to the <b>NJ Exec Order 26.4b1</b> they were <b>NJ Exec Order 26.4b1</b> at the facility because they remained in their room twenty-four hours a day, seven days a week with <b>US FOIA (b)(6)</b> and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1</p>	F 557			

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F 557	<p>Continued From page 20</p> <p>further stated that they were prohibited visitors unless the [REDACTED] approved the visits, and the [REDACTED] was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the [REDACTED] to complain about it, which they had not received, and the [REDACTED] was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the [REDACTED] maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their [REDACTED] to [REDACTED] to the [REDACTED]. Resident #1 stated they had [REDACTED], anytime they received care the [REDACTED] were in the room, and if they had visitors or made a call, the [REDACTED] were present. Resident #1 stated that when they went to [REDACTED] they [REDACTED] which [REDACTED] them because it let everyone know they were a [REDACTED]. The surveyor asked if the resident had to [REDACTED] in the room or in [REDACTED] and the resident stated, "no", they could [REDACTED]. The surveyor asked if the resident saw the facility's [REDACTED] and the resident stated, "no", but they thought they were supposed to.</p> <p>At the time of the interview, the surveyor asked [REDACTED] if everything the resident reported was accurate, and the [REDACTED] stated "yes", the resident was [REDACTED].</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited [REDACTED].</p>	F 557			



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F 557	<p>Continued From page 21</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the Progress Notes included a Nursing Note dated <b>NJ Exec Order 26.4b1</b> at 7:37 AM, which included the resident was admitted to the facility on <b>NJ Exec Order 26.4b1</b> at 6:55 PM, accompanied by <b>US FOIA (b)(6)</b>. The resident was admitted with a <b>NJ Exec Order 26.4b1</b>.</p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected the resident had a brief interview for mental status score of <b>NJ Exec Order 26.4b1</b> out of 15, indicating that the resident had an <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b>, revealed that the resident was not permitted access to telephones, not landlines or cell phones. In the <b>NJ Exec Order 26.4b1</b> when phone use was permitted, the <b>NJ Exec Order 26.4b1</b> not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless <b>NJ Exec Order 26.4b1</b> by the <b>NJ Exec Order 26.4b1</b>. The intervention was that the resident would be <b>NJ Exec Order 26.4b1</b> by the <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b> indicated <b>NJ Exec Order 26.4b1</b> dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included</p>	F 557			

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F 557	<p>Continued From page 22</p> <p>was the resident [REDACTED] NJ Exec Order 26.4b1 and be [REDACTED] NJ Exec Order 26.4b1.</p> <p>A focus area dated [REDACTED] NJ Exec Order 26.4b1, revealed that the resident had [REDACTED] NJ Exec Order 26.4b1 with [REDACTED] NJ Exec Order 26.4b1. Interventions included to administer medications as ordered; monitor, document, and report as needed any signs and symptoms of [REDACTED] NJ Exec Order 26.4b1 and monitor, record, and report to physician as [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6), who stated Resident #1 participated in [REDACTED] NJ Exec Order 26.4b1 [REDACTED] NJ Exec Order 26.4b1 a week in the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) stated that [Resident #1] was transferred to the [REDACTED] NJ Exec Order 26.4b1 by two [REDACTED] US FOIA (b)(6) who always remained with them, and there were no other residents present. The [REDACTED] US FOIA (b)(6) stated [Resident #1] did not require [REDACTED] NJ Exec Order 26.4b1 because they were [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) stated that Resident #1 was [REDACTED] NJ Exec Order 26.4b1 ) and [REDACTED] NJ Exec Order 26.4b1 and that their [REDACTED] NJ Exec Order 26.4b1 in their room and use the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) stated that [Resident #1] was currently [REDACTED] NJ Exec Order 26.4b1 with supervision. The surveyor questioned the [REDACTED] NJ Exec Order 26.4b1 if the [REDACTED] NJ Exec Order 26.4b1, and the [REDACTED] US FOIA (b)(6) stated the resident was a [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 was working with [REDACTED] NJ Exec Order 26.4b1.</p> <p>On 8/29/24 at 11:24 AM, the surveyor interviewed the facility's [REDACTED] US FOIA (b)(6) who stated she had just started at the facility [REDACTED] NJ Exec Order 26.4b1 had not gotten to speak to all the residents yet. The surveyor asked if the [REDACTED] US FOIA (b)(6) spoke with Resident #1, and she stated "no", but the resident was on her list.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed</p>	F 557			

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F 557	<p>Continued From page 23</p> <p>the <b>US FOIA (b)(6)</b> stated activities were conducted in groups on both nursing units, and staff did <b>NJ Exec Order 26.4b1</b> activities as needed. The <b>US FO</b> stated that <b>NJ Exec Order 26.4b1</b> included providing puzzles and crossword puzzles. The surveyor asked if she provided <b>NJ Exec Order 26.4b1</b> for Resident #1, and the <b>US FO</b> stated that activity staff did not see [Resident #1] that often. The <b>US FO</b> stated that there were <b>US FOIA (b)(6)</b> in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The <b>US FO</b> stated [Resident #1] requested a pack of playing cards about <b>NJ Exec Order 26.4b1</b> ago, and the facility was not allowed to provide, that the <b>US FOIA (b)(6)</b> had to provide.</p> <p>On 8/29/24 at 12:15 PM, the surveyor interviewed Resident #1's assigned CNA (CNA #1), who stated [Resident #1] <b>NJ Exec Order 26.4b1</b>; that they were <b>NJ Exec Order 26.4b1</b> and go to the <b>NJ Exec Order 26.4b1</b>, and the resident was permitted out of their room to the shower room with the <b>US FOIA (b)(6)</b> and the CNA provided the washcloth and towel. CNA #1 stated when [Resident #1] <b>NJ Exec Order 26.4b1</b> it was just the resident in the <b>US FOIA (b)(6)</b>. CNA #1 stated that [Resident #1] always ate all their meals in their room on disposable ware with the <b>US FOIA (b)(6)</b> in the room.</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed LPN #1 in the presence of LPN #2, who stated that [Resident #1] received <b>NJ Exec Order 26.4b1</b> for a <b>NJ Exec Order 26.4b1</b>. LPN #1 stated the <b>NJ Exec Order 26.4b1</b>, and [Resident #1] saw a <b>NJ Exec Order 26.4b1</b> outside the facility because they <b>NJ Exec Order 26.4b1</b> to see the facility's <b>NJ Exec Order 26.4b1</b>. LPN #1 stated that there were</p>	F 557			

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F 557	<p>Continued From page 24</p> <p>always <b>US FOIA (b)(6)</b> with [Resident #1], and the only time [Resident #1] left their room was for <b>NJ Exec Order 26.4b1</b> and doctor's appointments. The surveyor asked how often the resident had <b>NJ Exec Order 26.4b1</b> appointments, and LPN #2 stated she was unsure if there was a set schedule, but [Resident #1] had an appointment <b>NJ Exec Order 26.4b1</b>. LPN #2 stated that the <b>NJ Exec Order 26.4b1</b>, and the <b>US FOIA</b> accompanied [Resident #1] to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being transported down the hallway <b>NJ Exec Order 26.4b1</b> with <b>US FOIA (b)(6)</b>. The surveyor asked Resident #1 where they were going, and Resident #1 stated to see the <b>NJ Exec Order 26.4b1</b> doctor, that <b>NJ Exec Order 26.4b1</b>. Resident #1 stated their appointment was at the hospital, and that their <b>NJ Exec Order 26.4b1</b>. The surveyor asked Resident #1 if they ever received the playing card they requested, and Resident #1 stated "no". The surveyor then observed Resident #1 with <b>US FOIA</b> <b>(US FOIA (b) (6))</b> and no residents or staff, use the elevator to go downstairs.</p> <p>At that time, the surveyor asked <b>US FOIA (b)(6)</b> why [Resident #1] <b>NJ Exec Order 26.4b1</b> since it was reported earlier that the resident did <b>NJ Exec Order 26.4b1</b> <b>US FOIA (b)(6)</b> stated it was <b>NJ Exec Order 26.4b1</b> when the <b>NJ Exec</b> left the building. The surveyor asked how [Resident #1] was transferred to the hospital, and the <b>US FOIA</b> stated on a medical bus from the <b>NJ Exec</b>. On that same date, the surveyor observed Resident #1 being <b>NJ Exec Order 26.4b1</b> of the building by <b>US FOIA (b)(6)</b>.</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed</p>	F 557			

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F 557	<p>Continued From page 25</p> <p>the <b>US FOIA (b)(6)</b> who stated that she had started at the facility on <b>NJ Exec Order 26.4b1</b> and the previous owners of the facility had a contract with the <b>NJ Exec Order 26.4b1</b> since <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that the <b>NJ Exec Order 26.4b1</b> were only at the facility for medical services, and when their medical treatment was completed, the <b>NJ Exec Order 26.4b1</b> returned to the <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that [Resident #1] stayed in their room with the two <b>US FOIA (b)(6)</b> and went to <b>NJ Exec Order 26.4b1</b> accompanied by them. The <b>US FOIA (b)(6)</b> stated that everything was controlled by the <b>NJ Exec Order 26.4b1</b> that the facility could not provide playing cards; phone usage; visitors. The <b>US FOIA (b)(6)</b> stated the <b>US FOIA (b)(6)</b> came to the facility she thought once a month for [Resident #1] to make a phone call, but she did not believe there was a set schedule.</p> <p>At that time, the <b>US FOIA (b)(6)</b> stated that [Resident #1] informed the facility that the <b>NJ Exec Order 26.4b1</b> had to approve all visits, and the resident could not have a visitor unless the <b>NJ Exec Order 26.4b1</b> approved it. The <b>US FOIA (b)(6)</b> stated there were no private visits, that there were always <b>US FOIA (b)(6)</b> and that [Resident #1] could not be without them. The <b>US FOIA (b)(6)</b> stated it was the <b>NJ Exec Order 26.4b1</b> policies; that [Resident #1] could have <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> that identified them as a <b>NJ Exec Order 26.4b1</b> as a <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated only [Resident #1] and the <b>US FOIA (b)(6)</b> could be in the elevator during transportation, and [Resident #1] saw an <b>NJ Exec Order 26.4b1</b> that the appointments were scheduled by the <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated [Resident #1] saw the facility's <b>US FOIA (b)(6)</b> as needed and could have seen the facility's <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that [Resident #1] received the same <b>NJ Exec Order 26.4b1</b> as all the other residents in the facility, they just did not have the <b>NJ Exec Order 26.4b1</b>. The <b>US FOIA (b)(6)</b> stated that [Resident #1] had <b>NJ Exec Order 26.4b1</b></p>	F 557			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/30/2024</b>
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F 557	<p>Continued From page 26</p> <p><b>NJ Exec Order 26.4b1</b>" that was a <b>NJ Exec Order 26.4b1</b> by the <b>NJ Exec Order 26.4b1</b> and the facility did not control that. The <b>USFOIA (b)</b> stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the <b>NJ Exec Order 26.4b1</b></p> <p>On 8/29/24 at 1:30 PM, the surveyor reviewed the facility's policies regarding <b>NJ Exec Order 26.4b1</b> which included the following:</p> <p>A review of the "Inmate Resident Dining" policy dated 8/21/23, included it is the policy of the [facility] to provide meals and snacks in a manner that supports establish security protocols. Procedure: 1. all inmates will receive their meals and snacks and dine in their room; 2. all inmate resident meals will be served on disposable paper goods; 3. all inmate resident meals will be served with plastic utensils; metal utensils are never permitted; 4. prior to delivery of meal tray to the inmate resident the CO in attendance will be offered the opportunity to check the tray...7. there is no food or drinks other than a water pitcher (when clinically approved) be stored at bedside...</p> <p>A review of the "Inmate Phone Use" policy dated 8/21/23, included 1. inmates are not routinely permitted to access telephones, not landlines or cell phones; 2. the landline will be removed from the inmate room prior to admission; 3. the staff is not to facilitate or participate in allowing inmates to use a telephone; 4. in rare circumstances when telephone use is permitted this will be entirely taken care of by the [CF staff], specifically the assigned COs; 5. at no time is [facility] staff to participate in inmate's phone use.</p> <p>A review of the "Concerns with Correctional Officers" policy dated 9/12/23, included that COs</p>	F 557			

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F 557	Continued From page 27 should be treated with dignity and respect by all staff...  An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM indicated the action the facility will take to <b>NJ Exec Order 26.4b1</b> . The facility implemented a corrective action plan to remediate the deficient practice including the resident was returned to the <b>NJ Exec Order 26.4b1</b> on <b>NJ Exec Order 26.4b1</b> ; the facility ended their contract with the <b>NJ Exec Order 26.4b1</b> to accept <b>NJ Exec Order 26.4b1</b> and has no other contracts with additional <b>NJ Exec Order 26.4b1</b> to accept <b>NJ Exec Order 26.4b1</b> the <b>US FOIA (b)(7)(C)</b> and <b>US FOIA (b)(7)(D)</b> were inserviced regarding CMS's S & C memo regarding <b>NJ Exec Order 26.4b1</b> and the <b>US FOIA (b)(7)(C)</b> was responsible for the implementation of all facility policies and regulations.  The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.	F 557			
F 561 SS=J	NJAC 8:39-4.1(a)12 Self-Determination CFR(s): 483.10(f)(1)-(3)(8)  §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.  §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other	F 561			9/18/24

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F 561	<p>Continued From page 28</p> <p>applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to promote and facilitate resident self-determination through support of resident choice including to; participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, leave room at will, be free from [REDACTED] and wear clothing of choice for [REDACTED]. This deficient practice was identified for 1 of 1 [REDACTED] (Resident #1).</p> <p>Resident #1 was admitted to the facility on [REDACTED], and was [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED] from the [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. Resident #1 was observed being [REDACTED] to their room, [REDACTED] by [REDACTED] US FOIA (b)(6) [REDACTED] and they [REDACTED]. Resident #1 was not permitted to participate in group activities and community dining. Resident #1 stated that they were not allowed to leave their room; have visitors unless scheduled and [REDACTED].</p>	F 561	<p>1. Resident #1 was immediately discharged from the facility. On August 30th, 2024 the facility discontinued contracts with all [REDACTED] NJ Exec Order 26.4b1 and will no longer accept any [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice. [REDACTED]</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of ensuring that resident rights are promoted and facilitated regarding self-determination. [REDACTED]</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure residents are being afforded their right of self-determination. Audit findings will be shared with the QAPI committee monthly x 4 months. [REDACTED]</p>		



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F 561	<p>Continued From page 29</p> <p>approved by the [REDACTED] could not choose their own clothes having to wear an [REDACTED] NJ Exec Order 26.4b1 [REDACTED] participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had [REDACTED] which the resident reported feeling "NJ Exec Order 26.4b1" being in a room twenty-four hours a day seven days a week with two [REDACTED] and a television. Resident #1 stated they wanted to return to the [REDACTED] because of it.</p> <p>The facility's failure to promote and facilitate resident self-determination through support of resident choice for all residents, including [REDACTED] to participate in group activities and dining, leave their room at will, communicate with visitors of choice, and wear clothing of choice posed a [REDACTED] NJ Exec Order 26.4b1 [REDACTED] and [REDACTED] NJ Exec Order 26.4b1. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 8/29/24, and the facility Administration was notified of the IJ on 8/29/24 at 4:29 PM. The facility submitted an acceptable Removal Plan (RR) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent</p>	F 561			

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F 561	<p>Continued From page 30</p> <p>practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included...10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...6. Self-determination: the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated [Resident #1] had a <b>NJ Exec Order 26.4b1</b></p>	F 561			

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F 561	<p>Continued From page 31</p> <p><b>NJ Exec Order 26.4b1</b> [REDACTED], they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when [Resident #1] was out of the room, and the LPN Supervisor #1 stated that [Resident #1] was a <b>NJ Exec</b> who remained in their room unless to go to the <b>NJ Exec Order 26.4b1</b>. The LPN Supervisor #1 stated that [Resident #1] did not participate in activities; ate all their meals in their room on disposable ware; <b>NJ Exec Order 26.4b1</b> visitors needed to be scheduled through the <b>NJ Exec</b> by appointment; and that [Resident #1] always remained in the <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec</b>. The LPN Supervisor #1 stated that the nurses and Certified Nursing Aides (CNAs) were permitted in the room to provide resident care.</p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with <b>US FOIA (b)(6)</b> <b>US FOIA</b> who were <b>NJ Exec Order 26.4b1</b> at the resident's door <b>US FOIA (b)(6)</b> and the resident's window <b>US FOIA (b)(6)</b>. At that time, the surveyor interviewed Resident #1, who stated they had been at the facility <b>NJ Exec Order 26.4b1</b> now, and they were receiving <b>NJ Exec Order</b> and <b>NJ Exec Order</b> care at the facility. Resident #1 stated that they wanted to <b>NJ Exec Order 26.4b1</b> they were <b>NJ Exec Order 26.4b1</b> at the facility because they remained in their room twenty-four hours a day, seven days a week with <b>US FOIA (b)(6)</b> and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1 stated that they were prohibited visitors unless the <b>NJ Exec</b> approved the visits, and the <b>NJ Exec</b> was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the <b>NJ Exec</b> to complain</p>	F 561			

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F 561	<p>Continued From page 32</p> <p>about it, which they had not received, and the <b>US FOIA (b)(6)</b> was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the <b>US FOIA (b)(6)</b> maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their <b>NJ Exec Order 26.4b1</b> to request to be <b>NJ Exec Order 26.4b1</b> to the <b>NJ Exec Order 26.4b1</b>. Resident #1 stated they had <b>NJ Exec Order 26.4b1</b>, anytime they received care the <b>US FOIA (b)(6)</b> were in the room, and if they had visitors or made a call, the <b>US FOIA (b)(6)</b> were present. Resident #1 stated that when they went to <b>NJ Exec Order 26.4b1</b> they wore an <b>NJ Exec Order 26.4b1</b> because it let everyone know they were a <b>NJ Exec Order 26.4b1</b>. The surveyor asked if the resident had to <b>NJ Exec Order 26.4b1</b> in the room or in <b>NJ Exec Order 26.4b1</b> and the resident stated, "no", <b>NJ Exec Order 26.4b1</b>. The surveyor asked if the resident saw the facility's <b>US FOIA (b)(6)</b> and the resident stated, "no", but they thought they were supposed to.</p> <p>At the time of the interview, the surveyor asked <b>US FOIA (b)(6)</b> if everything the resident reported was accurate, and the <b>US FOIA (b)(6)</b> stated "yes", the resident was <b>NJ Exec Order 26.4b1</b>.</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; <b>NJ Exec Order 26.4b1</b></p> <p>A review of the Progress Notes included a Nursing Note dated <b>NJ Exec Order 26.4b1</b> at 7:37 AM, which</p>	F 561			

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F 561	<p>Continued From page 33</p> <p>included the resident was admitted to the facility on [REDACTED] at 6:55 PM, accompanied by [REDACTED]. The resident was admitted with a [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED] reflected the resident had a brief interview for mental status score of [REDACTED] out of 15, indicating that the resident had an [REDACTED].</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated [REDACTED] revealed that the resident was [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. In the [REDACTED] when phone use was permitted, the [REDACTED] not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless [REDACTED] US FOIA (b)(6) [REDACTED] NJ Exec Order 26.4b1 by the [REDACTED]. The intervention was that the resident would be [REDACTED] NJ Exec Order 26.4b1 by the [REDACTED].</p> <p>A focus area dated [REDACTED], indicated [REDACTED] dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included was the resident [REDACTED] NJ Exec Order 26.4b1 and be [REDACTED] NJ Exec Order 26.4b1.</p> <p>A focus area dated [REDACTED], revealed that the resident had [REDACTED] with regards to [REDACTED]. Interventions included to administer</p>	F 561			

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 561	<p>Continued From page 34</p> <p>medications as ordered; monitor, document, and report as needed any signs and symptoms of [REDACTED] and monitor, record, and report to physician as [REDACTED] NJ Exec Order 26.4b1 .</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) ), who stated Resident #1 participated in [REDACTED] NJ Exec Order 26.4b1 ) times a week in the [REDACTED] NJ Exec Order 26.4b1 . The [REDACTED] US FOIA (b)(6) stated that [Resident #1] was transferred to the [REDACTED] NJ Exec Order 26.4b1 by [REDACTED] US FOIA (b)(6) who always remained with them, and there were no other residents present. The [REDACTED] US FOIA (b)(6) stated [Resident #1] did not require [REDACTED] NJ Exec Order 26.4b1 . The [REDACTED] US FOIA (b)(6) stated that Resident #1 was [REDACTED] NJ Exec Order 26.4b1 ) and [REDACTED] NJ Exec Order 26.4b1 that their [REDACTED] NJ Exec Order 26.4b1 and use the [REDACTED] NJ Exec Order 26.4b1 . The [REDACTED] US FOIA (b)(6) stated that [Resident #1] was currently [REDACTED] NJ Exec Order 26.4b1 . The surveyor questioned the [REDACTED] NJ Exec Order 26.4b1 if the resident [REDACTED] NJ Exec Order 26.4b1 and the [REDACTED] US FOIA (b)(6) stated that [Resident #1] was a [REDACTED] NJ Exec Order 26.4b1 and [REDACTED] NJ Exec Order 26.4b1 .</p> <p>On 8/29/24 at 11:24 AM, the surveyor interviewed the facility's [REDACTED] US FOIA (b)(6) who stated she had just started at the facility [REDACTED] NJ Exec Order 26.4b1 and had not gotten to speak to all the residents yet. The surveyor asked if the [REDACTED] US FOIA (b)(6) spoke with Resident #1, and she stated "no", but the resident was on her list.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated activities were conducted in groups on both nursing units, and staff did [REDACTED] NJ Exec Order 26.4b1 as needed. The [REDACTED] US FOIA (b)(6) stated that [REDACTED] NJ Exec Order 26.4b1 included providing puzzles and crossword puzzles. The surveyor asked if she provided [REDACTED] NJ Exec Order 26.4b1 for [REDACTED] NJ Exec Order 26.4b1 .</p>	F 561			

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F 561	<p>Continued From page 35</p> <p>Resident #1, and the [REDACTED] stated that activity staff did not see [Resident #1] that often. The [REDACTED] stated that there were [REDACTED] in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The [REDACTED] stated that Resident #1 requested a pack of playing cards about a [REDACTED] ago, and the facility was not allowed to provide, that the [REDACTED] had to provide.</p> <p>On 8/29/24 at 12:15 PM, the surveyor interviewed Resident #1's assigned CNA (CNA #1), who stated the [REDACTED] NJ Exec Order 26.4b1; that they [REDACTED] NJ Exec Order 26.4b1 and go to the [REDACTED] NJ Exec Order 26.4b1, and Resident #1 was permitted out of their room to the shower room with the [REDACTED] US FOIA (b)(6), and the CNA provided the washcloth and towel. CNA #1 stated when [Resident #1] [REDACTED] NJ Exec Order 26.4b1 it was just the resident in the room with the [REDACTED] US FOIA (b)(6). CNA #1 stated that [Resident #1] always ate all their meals in their room on disposable ware with the [REDACTED] US FOIA (b)(6) the room.</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed LPN #1 in the presence of LPN #2, who stated that [Resident #1] [REDACTED] NJ Exec Order 26.4b1 for a [REDACTED] NJ Exec Order 26.4b1. The LPN #1 stated the [REDACTED] NJ Exec Order 26.4b1, and that [Resident 31] saw a [REDACTED] NJ Exec Order 26.4b1 outside the facility because [REDACTED] NJ Exec Order 26.4b1. The LPN #1 stated that there were always [REDACTED] US FOIA (b)(6) with [Resident #1], and the only time [Resident #1] left their room was for [REDACTED] NJ Exec Order 26.4b1 and doctor's appointments. The surveyor asked how often the resident had [REDACTED] NJ Exec Order 26.4b1, and the LPN #2 stated she was unsure if there was a set</p>	F 561			

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F 561	<p>Continued From page 36</p> <p>schedule, but that [Resident #1] had an appointment [REDACTED] The LPN #2 stated that the [REDACTED] setup the transportation, and the [REDACTED] accompanied Resident #1 to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being transported down the hallway [REDACTED] NJ Exec Order 26.4b1</p> <p>[REDACTED] The surveyor asked Resident #1 where they were going, and Resident #1 stated to see the [REDACTED] NJ Exec Order 26.4b1, that they [REDACTED] NJ Exec Order 26.4b1. Resident #1 stated their appointment was at the hospital, and that their [REDACTED] NJ Exec Order 26.4b1 The surveyor asked Resident #1 if they ever received the playing card they requested, and Resident #1 stated "no". The surveyor then observed Resident #1 with [REDACTED] NJ Exec Order 26.4b1 (US FOIA (b) (6)) and no residents or staff, use the elevator to go downstairs.</p> <p>At that time, the surveyor asked [REDACTED] US FOIA (b) (6) why [Resident #1] needed to [REDACTED] NJ Exec Order 26.4b1 [REDACTED] since it was reported earlier that the resident did not need because they could not [REDACTED] NJ Exec Order 26.4b1 (US FOIA (b) (6)) stated it was [REDACTED] NJ Exec Order 26.4b1 when the [REDACTED] NJ Exec Order 26.4b1 left the building. The surveyor asked how [Resident #1] was transferred to the hospital, and the [REDACTED] US FOIA (b) (6) stated on a medical bus from the [REDACTED] NJ Exec Order 26.4b1 On that same date, the surveyor observed Resident #1 being [REDACTED] NJ Exec Order 26.4b1 out of the building by [REDACTED] US FOIA (b) (6).</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed the [REDACTED] US FOIA (b) (6) [REDACTED] who stated that she had started at the facility on [REDACTED] NJ Exec Order 26.4b1 and the previous owners of the facility had a contract with the [REDACTED] NJ Exec Order 26.4b1 The [REDACTED] US FOIA (b) (6) stated that the</p>	F 561			



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F 561	<p>Continued From page 37</p> <p>[REDACTED] were only at the facility for medical services, and when their medical treatment was completed, the [REDACTED] returned to the [REDACTED]. The [REDACTED] stated that Resident #1 stayed in their room with the [REDACTED] and went to [REDACTED] accompanied by them. The [REDACTED] stated that everything was controlled by the [REDACTED] that the facility could not provide playing cards; phone usage; visitors. The [REDACTED] stated the [REDACTED] to the facility she thought once a month for [Resident #1] to make a phone call, but she did not believe there was a set schedule.</p> <p>At that time, the [REDACTED] stated that the resident informed the facility that the [REDACTED] had to approve all visits, and the resident could not have a visitor unless the [REDACTED] approved it. The [REDACTED] stated there were no private visits, that there were always [REDACTED] and [Resident #1] could not be without them. The [REDACTED] stated it was the [REDACTED] policies; that [Resident #1] could have no other clothes [REDACTED] NJ Exec Order 26.4b1 that identified them as a [REDACTED] as a [REDACTED] NJ Exec Order 26.4b1." The [REDACTED] stated only [Resident #1] and the [REDACTED] could be in the elevator during transportation, and that [Resident #1] saw an [REDACTED] NJ Exec Order 26.4b1 that the appointments were scheduled by the [REDACTED]. The [REDACTED] stated that [Resident #1] saw the facility's [REDACTED] as needed and could have seen the facility's [REDACTED] NJ Exec Order 26.4b1 but [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] stated that [Resident #1] received the same [REDACTED] as all the other residents in the facility, they just did not have the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] stated that [Resident #1] [REDACTED] NJ Exec Order 26.4b1 that was a [REDACTED] NJ Exec Order 26.4b1 by the [REDACTED] and the facility did not control that. The [REDACTED] stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the [REDACTED] NJ Exec Order 26.4b1. The</p>	F 561			

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F 561	<p>Continued From page 38</p> <p>surveyor requested a copy of the resident's admission agreement and resident rights.</p> <p>On 8/29/24 at 1:30 PM, the surveyor reviewed the facility's policies regarding <b>NU EXERC</b> which included the following:</p> <p>A review of the "Inmate Resident Dining" policy dated 8/21/23, included it is the policy of the [facility] to provide meals and snacks in a manner that supports establish security protocols. Procedure: 1. all inmates will receive their meals and snacks and dine in their room; 2. all inmate resident meals will be served on disposable paper goods; 3. all inmate resident meals will be served with plastic utensils; metal utensils are never permitted; 4. prior to delivery of meal tray to the inmate resident the CO in attendance will be offered the opportunity to check the tray...7. there is no food or drinks other than a water pitcher (when clinically approved) be stored at bedside...</p> <p>A review of the "Inmate Phone Use" policy dated 8/21/23, included 1. inmates are not routinely permitted to access telephones, not landlines or cell phones; 2. the landline will be removed from the inmate room prior to admission; 3. the staff is not to facilitate or participate in allowing inmates to use a telephone; 4. in rare circumstances when telephone use is permitted this will be entirely taken care of by the [CF staff], specifically the assigned COs; 5. at no time is [facility] staff to participate in inmate's phone use.</p> <p>A review of the "Concerns with Correctional Officers" policy dated 9/12/23, included that COs should be treated with dignity and respect by all staff...</p>	F 561			

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F 561	<p>Continued From page 39</p> <p>On 8/29/24 at 3:05 PM, the [US FOIA (b)] informed the survey team that she had spoken to the [NJ Exe] to have the [NJ Exe] inform the facility who was permitted to visit the resident and when.</p> <p>An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM indicated the action the facility will take to <b>NJ Exec Order 26.4b1</b> [REDACTED]. The facility implemented a corrective action plan to remediate the deficient practice including the resident was returned to the [NJ Exe] on [NJ Exec Order 26.4b1]; the facility ended their contract with the [NJ Exe] to accept [NJ Exe] and has no other contracts with additional [NJ Exe] to accept [NJ Exe] the [US FOIA (b)] and [US FOIA (b)] were inserviced regarding CMS's S &amp; C memo regarding [NJ Exe] and the [US FOIA (b)] was responsible for the implementation of all facility policies and regulations.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p>	F 561			
F 603 SS=J	<p>NJAC 8:39-4.1(a)</p> <p>Free from Involuntary Seclusion</p> <p>CFR(s): 483.12(a)(1)</p> <p>§483.12</p> <p>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> <p>§483.12(a) The facility must-</p>	F 603			9/18/24

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F 603	<p>Continued From page 40</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: Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure all residents were NJ Exec Order 26.4b1 including the NJ Exec Order 26.4b1 and use of NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1 This deficient practice was identified for 1 of 1 NJ Exec (Resident #1).</p> <p>Resident #1 was admitted to the facility on NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 by NJ Exec Order 26.4b1</p> <p>Resident #1 was observed being NJ Exec Order 26.4b1 to their room, NJ Exec Order 26.4b1; Resident #1 was not permitted to participate in group activities and community dining. Resident #1 stated they were not allowed to leave their room; have visitors unless scheduled and approved by the NJ Exec could not choose their own clothes having to NJ Exec Order 26.4b1"; participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had NJ Exec Order 26.4b1 which the resident reported feeling NJ Exec Order 26.4b1 being in a room twenty-four hours a day seven days a week with NJ Exec Order 26.4b1 and a television. Resident reported they wanted to NJ Exec Order 26.4b1 to the NJ Exec because of it.</p> <p>The facility's failure to ensure all residents, including NJ Exec Order 26.4b1 were free from NJ Exec Order 26.4b1 including NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1</p>	F 603	<p>1. Resident #1 was immediately discharged from the facility. On August 30th, 2024 the facility discontinued contracts with all NJ Ex Order 26.4(b)(1) and will no longer accept any NJ Ex Order 26.4(b)(1)</p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice.¿</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of ensuring that residents are free from involuntary seclusion.¿</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure they are free from involuntary seclusion. Audit findings will be shared with the QAPI committee monthly x 4 months.¿</p>		

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F 603	<p>Continued From page 41</p> <p><b>NJ Exec Order 26.4b1</b>. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 8/29/24, and the facility Administration was notified of the IJ on 8/29/24 at 4:29 PM. The facility submitted an acceptable Removal Plan (RR) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or</p>	F 603			

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F 603	<p>Continued From page 42</p> <p>convenience [...] the right to retain and use personal possessions [...] the right to receive services in the facility with reasonable accommodation of resident needs and preferences [...]the right to share a room with a roommate of his/her choice [...] 6. Self-determination: the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...</p> <p>A review of the facility's "Abuse Prevention" policy dated revised June 2024, included it is the policy of [facility] to not tolerate any form of resident abuse, neglect, or exploitation by staff members, volunteers, visitors or family members, or by another resident. The facility will have an abuse prevention program that protects residents from physical and mental abuse [...] in compliance with State and Federal regulations...Involuntary seclusion: the separation of a resident from other residents or from his/her room, or confinement to his/her room against resident's will or against the will of the responsible party...Resident Bill of Rights: as a nursing home resident in the State of New Jersey, you have the following rights:[...]</p>	F 603			

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F 603	<p>Continued From page 43</p> <p>Freedom from Abuse and Restraints: free from physical and mental abuse; freedom from chemical and physical restraints, unless they are authorized by a physician for a limited period of time to protect you or others from physical injury...</p> <p>A review of the facility provided "Clinical Programs Manual Topic: Restraint Management" dated effective October 2021, included restraints will be used only when necessary to treat medical symptoms and not used for staff convenience. The least restrictive restraint for the shortest duration of time will be applied to assist the resident in reaching their highest level of physical and psychosocial well-being...restraints include, but are not limited to the following: arm restraints [...] leg restraints...Guidelines: 1. evaluate care plan to ensure that restraint alternative interventions have been tried prior to consideration of the restraint...4. obtain a physician's order for restraint [...] 5. provide the Physical Restraint Information Sheet to the resident or responsible party [...] 6. review and revise the following: the care plan...</p> <p>A review of the facility's "Visitation" policy dated revised May 2024, included the facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility to maintain contact with the community in which he/she lived or is familiar. Procedure: 1. the resident's family may visit the resident at any time subject to the protection of the rights and safety of other residents and any restrictions imposed by the resident...5. residents may visit with members of the clergy at any time subject to the protection of the rights of others during communicable disease</p>	F 603			

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F 603	<p>Continued From page 44 outbreaks...</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated Resident #1 had a <b>NJ Exec Order 26.4b1</b> [REDACTED] and when staff provided care, they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when Resident #1 was out of the room, and the LPN Supervisor #1 stated that [Resident #1] was a <b>NJ Exec Order 26.4b1</b> who remained in their room unless to go to the <b>NJ Exec Order 26.4b1</b>. The LPN Supervisor #1 stated that [Resident #1] did not participate in activities; ate all their meals in their room on disposable ware; <b>NJ Exec Order 26.4b1</b> visitors needed to be scheduled through the <b>NJ Exec Order 26.4b1</b> by appointment; and [Resident #1] always remained in the <b>NJ Exec Order 26.4b1</b> with <b>US FOIA (b)(6)</b>. The LPN Supervisor #1 stated that the nurses and Certified Nursing Aides (CNAs) were permitted in the room to provide resident care.</p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> who were <b>NJ Exec Order 26.4b1</b> at the resident's door (<b>US FOIA (b)(6)</b>) and the resident's window (<b>US FOIA (b)(6)</b>). At that time, the surveyor interviewed the resident, who stated they had been at the facility for <b>NJ Exec Order 26.4b1</b> they were <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> care at the facility. Resident #1 stated that they wanted to return to the <b>NJ Exec Order 26.4b1</b> they were <b>NJ Exec Order 26.4b1</b> at the facility because they remained in their room twenty-four hours a day, seven days</p>	F 603			



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F 603	<p>Continued From page 45</p> <p>a week with two <sup>US FOIA</sup> and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1 stated that they were prohibited visitors unless the <sup>NU EX</sup> approved the visits, and the <sup>NU EX</sup> was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the <sup>NU EX</sup> to complain about it, which they had not received, and the <sup>US FOIA (b)(6)</sup> was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the <sup>US FOIA (b)</sup> maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their <sup>NU Exec Order 26</sup> to request to be <sup>NJ Exec Order 26.4b1</sup>. Resident #1 stated they had <sup>NU Exec Order 26.4b1</sup>, anytime they received care the <sup>US FOIA (b)</sup> were in the room, and if they had visitors or made a call, the <sup>US FOIA</sup> were present. Resident #1 stated that when they went to <sup>NU Exec Order</sup> they wore an <sup>NJ Exec Order 26.4b1</sup> "them because it let everyone know they were a <sup>NU Exec O</sup>. The surveyor asked if the resident <sup>NU Exec Order 26.4b1</sup> in the room or in <sup>NU Exec Order</sup> and the resident stated, "no", they <sup>NJ Exec Order 26.4b1</sup>.</p> <p>At the time of the interview, the surveyor asked <sup>US FOIA (b) (6)</sup> if everything the resident reported was accurate, and the <sup>US FOIA</sup> stated "yes", the resident was <sup>NJ Exec Order 26.4b1</sup>.</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; <sup>NJ Exec Order 26.4b1</sup>;</p>	F 603			

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F 603	<p>Continued From page 46</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>A review of the Progress Notes included a Nursing Note dated <b>NJ Exec Order 26.4b1</b> at 7:37 AM, which included the resident was admitted to the facility on <b>NJ Exec Order 26.4b1</b> at 6:55 PM, accompanied by <b>US FOIA (b)(6)</b>. The resident was admitted with a <b>NJ Exec Order 26.4b1</b></p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected the resident had a brief interview for mental status score of <b>NJ Exec Order 26.4b1</b> out of 15, indicating that the resident had an <b>NJ Exec Order 26.4b1</b>. A further review reflected the resident had <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b> revealed the resident was not permitted access to telephones, not landlines or cell phones. In the <b>NJ Exec Order 26.4b1</b> when phone use was permitted, the <b>NJ Exec Order 26.4b1</b> not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless <b>NJ Exec Order 26.4b1</b> by the <b>NJ Exec Order 26.4b1</b>. The intervention was that the resident would be <b>NJ Exec Order 26.4b1</b> by the <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b> indicated <b>NJ Exec Order 26.4b1</b> dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included</p>	F 603			

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F 603	<p>Continued From page 47</p> <p>was the resident would <b>NJ Exec Order 26.4b1</b> and be <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b>, revealed the resident used <b>NJ Exec Order 26.4b1</b>. Interventions were to educate resident/family/caregivers about risks, benefits, and <b>NJ Exec Order 26.4b1</b>; give <b>NJ Exec Order 26.4b1</b> medications as ordered by physician; monitor and record occurrence of target behavior and symptoms; and <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b>, revealed the resident used <b>NJ Exec Order 26.4b1</b> medication with regards to <b>NJ Exec Order 26.4b1</b>. Interventions included to educate the resident/family/caregivers about risks, benefits, and <b>NJ Exec Order 26.4b1</b>; give <b>NJ Exec Order 26.4b1</b> medications as ordered by physician; monitor, document, and report to physician as needed any ongoing signs and symptoms of <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated <b>NJ Exec Order 26.4b1</b>, revealed the resident had <b>NJ Exec Order 26.4b1</b> with <b>NJ Exec Order 26.4b1</b>. Interventions included to administer medications as ordered; monitor, document, and report as needed any signs and symptoms of <b>NJ Exec Order 26.4b1</b> and monitor, record, and report to physician as <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the <b>NJ Exec Order 26.4b1</b> Follow Up Note dated <b>NJ Exec Order 26.4b1</b> included resident had a <b>NJ Exec Order 26.4b1</b>. The resident reported <b>NJ Exec Order 26.4b1</b> and felt <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> at times. The resident reported <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b>.</p>	F 603			

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F 603	<p>Continued From page 48</p> <p>A review of the <b>NJ Exec Order 26.4b1</b> ) visit dated <b>NJ Exec Order 26.4b1</b> , included that the resident was seen <b>NJ Exec Order 26.4b1</b> for a follow-up visit. The resident reported " <b>NJ Exec Order 26.4b1</b> " <b>NJ Exec Order 26.4b1</b> . The resident reported feeling <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> at times with <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order 26.4b1</b> was <b>NJ Exec Order 26.4b1</b> .</p> <p>A review of the Order Listing Report included the following physician's orders (PO):</p> <p>A PO dated <b>NJ Exec Order 26.4b1</b> that the resident <b>NJ Exec Order 26.4b1</b> unless <b>NJ Exec Order 26.4b1</b> by <b>US FOIA (b)(6)</b> and Emergency Medical Services (EMS). A PO dated <b>NJ Exec Order 26.4b1</b> , for <b>NJ Exec Order 26.4b1</b> tablet; give one tablet orally at bedtime for <b>NJ Exec Order 26.4b1</b> . A PO dated <b>NJ Exec Order 26.4b1</b> , for <b>NJ Exec Order 26.4b1</b> tablet; give one tablet by mouth in the evening for <b>NJ Exec Order 26.4b1</b> .</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the <b>US FOIA (b)(6)</b> , who stated Resident #1 participated in <b>NJ Exec Order 26.4b1</b> ) <b>NJ Exec Order 26.4b1</b> times a week in the <b>NJ Exec Order 26.4b1</b> . The <b>US FOIA (b)(6)</b> stated that [Resident #1] was transferred to the <b>NJ Exec Order 26.4b1</b> by two <b>US FOIA (b)(6)</b> who always remained with them, and there were no other residents present. The <b>US FOIA (b)(6)</b> stated that [Resident #1] did not <b>NJ Exec Order 26.4b1</b> . The <b>US FOIA (b)(6)</b> stated that Resident #1 was <b>NJ Exec Order 26.4b1</b> that their <b>NJ Exec Order 26.4b1</b> and use the <b>NJ Exec Order 26.4b1</b> . The <b>US FOIA (b)(6)</b> stated that [Resident #1] was currently <b>NJ Exec Order 26.4b1</b> . The surveyor questioned the diagnosis of <b>NJ Exec Order 26.4b1</b> and the <b>NJ Exec Order 26.4b1</b> the <b>US FOIA (b)(6)</b> stated [Resident #1] was a</p>	F 603			

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F 603	<p>Continued From page 49</p> <p>US FOIA (b)(6) and NJ Exec Order 26.4b1 was working with NJ Exec Order 26.4b1. The US FOIA (b)(6) also stated that the NJ Exec Order 26.4b1 was the decision of the NJ Exec Order 26.4b1 that the facility could not NJ Exec Order 26.4b1.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed the US FOIA (b)(6) who stated activities were conducted in groups on both nursing units, and staff did NJ Exec Order 26.4b1 activities as needed. The US FOIA (b)(6) stated that NJ Exec Order 26.4b1 activities included providing puzzles and crossword puzzles. The surveyor asked if she provided NJ Exec Order 26.4b1 activities for Resident #1, and the US FOIA (b)(6) stated that activity staff did not see [Resident #1] that often. The US FOIA (b)(6) continued that there were US FOIA (b)(6) in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The US FOIA (b)(6) stated [Resident #1] requested a pack of playing cards about a NJ Exec Order 26.4b1 ago, and the facility was not allowed to provide, that the US FOIA (b)(6) had to provide.</p> <p>On 8/29/24 at 12:15 PM, the surveyor interviewed [Resident #1's] assigned CNA (CNA #1), who stated [Resident #1] always stayed in their room with US FOIA (b)(6). CNA #1 stated that [Resident #1] was permitted out of their room to the shower room with the US FOIA (b)(6), and the CNA provided the washcloth and towel. CNA #1 stated when [Resident #1] NJ Exec Order 26.4b1 it was just the resident in the room with the US FOIA (b)(6). CNA #1 stated that [Resident #1] always ate all their meals in their room on disposable ware with the US FOIA (b)(6) in the room.</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed the LPN #1 in the presence of LPN #2, who stated that [Resident #1] received NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1</p>	F 603			

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F 603	<p>Continued From page 50</p> <p><b>NJ Exec Order 26.4b1</b> The LPN #1 stated the wound was the <b>NJ Exec Order 26.4b1</b>, and [Resident #1] saw a <b>NJ Exec Order 26.4b1</b> outside the facility because they refused to see the facility's <b>NJ Exec Order 26.4b1</b>. LPN #1 stated that there were always <b>US FOIA (b)(6)</b> with [Resident #1], and the only time [Resident #1] left their room was for <b>NJ Exec Order 26.4b1</b> and doctor's appointments. The surveyor asked how often [Resident #1] had <b>NJ Exec Order 26.4b1</b> appointments, and LPN #2 stated she was unsure if there was a set schedule, but [Resident #1] had an appointment <b>NJ Exec Order 26.4b1</b>. LPN #2 stated that the <b>NJ Exec Order 26.4b1</b> setup the transportation, and the <b>US FOIA (b)(6)</b> accompanied [Resident #1] to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being <b>NJ Exec Order 26.4b1</b>. <b>NJ Exec Order 26.4b1</b> he surveyor asked Resident #1 where they were going, and Resident #1 stated to see the <b>NJ Exec Order 26.4b1</b>, that they <b>NJ Exec Order 26.4b1</b>. Resident #1 stated their appointment was at the hospital, and that their <b>NJ Exec Order 26.4b1</b>. The surveyor asked the resident if they ever received the playing card they requested, and Resident #1 stated "no". The surveyor then observed Resident #1 with <b>US FOIA (b)(6)</b> and no residents or staff, use the elevator to go downstairs.</p> <p>At that time, the surveyor asked <b>US FOIA (b)(6)</b> why [Resident #1] needed to <b>NJ Exec Order 26.4b1</b> since it was reported earlier that the resident <b>NJ Exec Order 26.4b1</b>. <b>US FOIA (b)(6)</b> stated it was <b>NJ Exec Order 26.4b1</b> when the <b>NJ Exec Order 26.4b1</b> left the building. The surveyor asked how [Resident #1] was transferred to the hospital, and</p>	F 603			

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F 603	<p>Continued From page 51</p> <p>the [REDACTED] stated on a medical bus from the [REDACTED]. The surveyor observed Resident #1 being [REDACTED] out of the building by four [REDACTED].</p> <p>On 8/29/24 at 12:45 PM, the surveyor continued to review the medical record.</p> <p>A review of the Order Listing Report did not include a PO for the use of [REDACTED].</p> <p>A review of the ICCP did include a focus area for the use of [REDACTED].</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed the [REDACTED] who stated that she had started at the facility on [REDACTED], and the previous owners of the facility had a contract with the [REDACTED]. The [REDACTED] stated that the [REDACTED] were only at the facility for medical services, and when their medical treatment was completed, the [REDACTED] returned to the [REDACTED]. The [REDACTED] continued that Resident #1 stayed in their room with the two [REDACTED] and went to [REDACTED] accompanied by them. The [REDACTED] stated that everything was controlled by the [REDACTED] that the facility could not provide playing cards; phone usage; visitors. The [REDACTED] stated the [REDACTED] came to the facility she thought once a month for [Resident #1] to make a phone call, but she did not believe there was a set schedule.</p> <p>At that time, the [REDACTED] stated that [Resident #1] informed the facility that the [REDACTED] had to approve all visits, and [Resident #1] could not have a visitor unless the [REDACTED] approved it. The [REDACTED] stated there were no private visits, that there were always [REDACTED] and [Resident #1] could not be without</p>	F 603			

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F 603	<p>Continued From page 52</p> <p>them. The [redacted] stated it was the [redacted] policies; and [Resident #1] could have [redacted] NJ Exec Order 26.4b1 [redacted] " The [redacted] stated only [Resident #1] and the [redacted] could be in the elevator during transportation, and that [Resident #1] saw an [redacted] NJ Exec Order 26.4b1 that the appointments were scheduled by the [redacted] The [redacted] stated [Resident #1] saw the facility's [redacted] US FOIA (b)(6) as needed and could have seen the facility's [redacted] NJ Exec Order 26.4b1 but [redacted] The [redacted] stated that Resident #1 received the same [redacted] " as all the other residents in the facility, they just did not have the [redacted] NJ Exec Order 26.4b1 The [redacted] stated that [Resident #1] NJ Exec Order 26.4b1 [redacted] " that was a [redacted] I by the [redacted] and the facility did not control that. The [redacted] stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the [redacted] The surveyor requested a copy of the resident's admission agreement and resident rights.</p> <p>On 8/29/24 at 1:30 PM, the surveyor reviewed the facility's policies regarding [redacted] NJ Exec Order 26.4b1 which included the following:</p> <p>A review of the "Inmate Resident Dining" policy dated 8/21/23, included it is the policy of the [redacted] to provide meals and snacks in a manner that supports establish security protocols. Procedure: 1. all inmates will receive their meals and snacks and dine in their room; 2. all inmate resident meals will be served on disposable paper goods; 3. all inmate resident meals will be served with plastic utensils; metal utensils are never permitted; 4. prior to delivery of meal tray to the inmate resident the CO in attendance will be offered the opportunity to check the tray...7. there</p>	F 603			



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F 603	<p>Continued From page 53</p> <p>is no food or drinks other than a water pitcher (when clinically approved) be stored at bedside...</p> <p>A review of the "Inmate Phone Use" policy dated 8/21/23, included 1. inmates are not routinely permitted to access telephones, not landlines or cell phones; 2. the landline will be removed from the inmate room prior to admission; 3. the staff is not to facilitate or participate in allowing inmates to use a telephone; 4. in rare circumstances when telephone use is permitted this will be entirely taken care of by the [CF staff], specifically the assigned COs; 5. at no time is [facility] staff to participate in inmate's phone use.</p> <p>On 8/29/24 at 3:05 PM, the [US FOIA (b)(7)] informed the survey team that she had spoken to the [NJ Exec Order 26.4b1] to have the [NJ Exec Order 26.4b1] inform the facility who was permitted to visit the resident and when.</p> <p>An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM indicated the action the facility will take to [NJ Exec Order 26.4b1]. The facility implemented a corrective action plan to remediate the deficient practice including the resident was [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]; the facility ended their contract with the [NJ Exec Order 26.4b1] to accept [NJ Exec Order 26.4b1] and has no other contracts with additional [NJ Exec Order 26.4b1] to accept [NJ Exec Order 26.4b1] the [US FOIA (b)(7)] and [US FOIA (b)(7)] were inserviced regarding CMS's S &amp; C memo regarding [NJ Exec Order 26.4b1] and the [US FOIA (b)(7)] was responsible for the implementation of all facility policies and regulations.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p>	F 603			

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F 603	Continued From page 54	F 603			
F 604 SS=J	<p>NJAC 8:39-4.1(a)(5)(6)</p> <p>Right to be Free from Physical Restraints</p> <p>CFR(s): 483.10(e)(1), 483.12(a)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).</p> <p>§483.12 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> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined</p>	F 604	<p>1. Resident #1 was immediately discharged from the facility. On August</p>	9/18/24	

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F 604	<p>Continued From page 55</p> <p>that the facility failed to ensure all residents were <b>NJ Exec Order 26.4b1</b> imposed for the purposes of or <b>NJ Exec Order 26.4b1</b> for a <b>NJ Exec Order 26.4b1</b> This deficient practice was identified for 1 of 1 <b>NJ Exec</b> (Resident #1).</p> <p>Resident #1 was admitted to the facility, and was <b>NJ Exec Order 26.4b1</b> Resident #1 was observed being <b>NJ Exec Order 26.4b1</b> to their room, <b>NJ Exec Order 26.4b1</b> by <b>US FOIA (b)(6)</b>, and Resident #1 was not permitted to participate in group activities and community dining. Resident #1 stated that they were not allowed to leave their room; have visitors unless scheduled and approved by the <b>NJ Exec</b> participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had <b>NJ Exec Order 26.4b1</b> which the resident reported feeling <b>NJ Exec Order 26.4b1</b> being in a room twenty-four hours a day seven days a week with two <b>NJ Exec</b> and a television. Resident #1 stated they wanted to return to the <b>NJ Exec</b> because of it. On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 being transported in a wheelchair to the elevator with <b>US FOIA (b)(6)</b>, and the resident was being <b>NJ Exec Order 26.4b1</b> <b>NJ Exec</b>.</p> <p>The facility's failure to ensure all residents, including the <b>NJ Exec</b> were free from <b>NJ Exec Order 26.4b1</b> including the use of <b>NJ Exec Order 26.4b1</b> posed a likelihood to cause <b>NJ Exec Order 26.4b1</b>. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 8/29/24, when Resident #1 was observed in the <b>NJ Exec Order 26.4b1</b>. The facility Administration was notified of the IJ on 8/29/24 at 4:29 PM. The facility submitted an</p>	F 604	<p>30th, 2024 the facility discontinued contracts with all <b>NJ Ex Order 26.4(b)(1)</b> and will no longer accept any <b>NJ Ex Order 26.4(b)(1)</b> <b>NJ Exec</b></p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice.¿</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of ensuring that residents are free from physical restraints.¿</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure they are free from physical restraints. Audit findings will be shared with the QAPI committee monthly x 4 months.¿</p>		

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F 604	<p>Continued From page 56</p> <p>acceptable Removal Plan (RR) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights:...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or convenience...</p> <p>A review of the facility's "Abuse Prevention" policy dated revised June 2024, included it is the policy of [facility] to not tolerate any form of resident abuse, neglect, or exploitation by staff members, volunteers, visitors or family members, or by another resident. The facility will have an abuse prevention program that protects residents from physical and mental abuse [...] in compliance with State and Federal regulations...Involuntary</p>	F 604			

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F 604	<p>Continued From page 57</p> <p>seclusion: the separation of a resident from other residents or from his/her room, or confinement to his/her room against resident's will or against the will of the responsible party...Resident Bill of Rights: as a nursing home resident in the State of New Jersey, you have the following rights:[...]</p> <p>Freedom from Abuse and Restraints: free from physical and mental abuse; freedom from chemical and physical restraints, unless they are authorized by a physician for a limited period of time to protect you or others from physical injury...</p> <p>A review of the facility provided "Clinical Programs Manual Topic: Restraint Management" dated effective October 2021, included restraints will be used only when necessary to treat medical symptoms and not used for staff convenience. The least restrictive restraint for the shortest duration of time will be applied to assist the resident in reaching their highest level of physical and psychosocial well-being...restraints include, but are not limited to the following: arm restraints [...] leg restraints...Guidelines: 1. evaluate care plan to ensure that restraint alternative interventions have been tried prior to consideration of the restraint...4. obtain a physician's order for restraint [...] 5. provide the Physical Restraint Information Sheet to the resident or responsible party [...] 6. review and revise the following: the care plan...</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated [Resident #1] had <b>NJ Exec Order 26.4b1</b></p>	F 604			

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F 604	<p>Continued From page 58</p> <p><b>NJ Exec Order 26.4b1</b> and when staff provided care, they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when the resident was out of the room, and the LPN Supervisor #1 stated that [Resident #1] was a [redacted] who remained in their [redacted] with [redacted] unless to go to the [redacted] <b>NJ Exec Order 26.4b1</b></p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with [redacted] who [redacted] at the resident's door [redacted] and the resident's window [redacted] At that time, the surveyor interviewed Resident #1, who stated they had been at the facility for [redacted] and they were [redacted] and [redacted] at the facility. Resident #1 stated that they wanted to return to the [redacted] they were "NJ Exec Order 26.4b1" at the facility because they remained in their room twenty-four hours a day, seven days a week with [redacted] and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1 stated that they were prohibited visitors unless the [redacted] approved the visits, and the [redacted] was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the [redacted] to complain about it, which they had not received, and the [redacted] was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the [redacted] came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their [redacted] to request to be [redacted] to the [redacted] Resident #1 stated they had [redacted] anytime they received care the [redacted] were in the</p>	F 604			

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F 604	<p>Continued From page 59</p> <p>room, and if they had visitors or made a call, the [REDACTED] were present. Resident #1 stated that when they went to [REDACTED] they wore an [REDACTED] they wore an [REDACTED] them because it let everyone know they were a [REDACTED]. The surveyor asked if [Resident #1] had to [REDACTED] in the room or in [REDACTED] and the resident stated, "no", they [REDACTED].</p> <p>At the time of the interview, the surveyor asked [REDACTED] if everything the resident reported was accurate, and the [REDACTED] stated "yes", the resident was [REDACTED].</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; [REDACTED]</p> <p>A review of the Progress Notes included a Nursing Note dated [REDACTED] at 7:37 AM, which included the resident was admitted to the facility on [REDACTED] at 6:55 PM, accompanied by [REDACTED]. The resident was admitted with a [REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected the resident had a brief</p>	F 604			

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F 604	<p>Continued From page 60</p> <p>interview for mental status score of [REDACTED] out of 15, indicating that the resident had an [REDACTED]. A further review reflected the resident had <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated [REDACTED] revealed the resident was not permitted access to telephones, not landlines or cell phones. In the [REDACTED] "when phone use was permitted, the [REDACTED] not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless <b>NJ Exec Order 26.4b1</b> by the [REDACTED]. The intervention was that the resident would be <b>NJ Exec Order 26.4b1</b> by the [REDACTED].</p> <p>A focus area dated [REDACTED], indicated "NJ Exec Order 26.4b1" dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included was the resident <b>NJ Exec Order 26.4b1</b> and be <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated [REDACTED] revealed the resident had [REDACTED] with <b>NJ Exec Order 26.4b1</b>. Interventions included to administer medications as ordered; monitor, document, and report as needed any signs and symptoms of [REDACTED] and monitor, record, and report to physician as needed the <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the [REDACTED] (NJ Exec Order 26.4b1) Follow Up Note dated [REDACTED] included resident had a history of <b>NJ Exec Order 26.4b1</b>. The resident reported [REDACTED] and felt [REDACTED] and [REDACTED] at times. The resident reported <b>NJ Exec Order 26.4b1</b> and [REDACTED] was [REDACTED].</p>	F 604			



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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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F 604	<p>Continued From page 61</p> <p>NJ Exec Order 26.4b1</p> <p>A review of the NJ Exec Order 26.4b1 visit dated NJ Exec Order 26.4b1, included that the resident was seen today for a follow-up visit. The resident reported</p> <p>The resident reported feeling and at times with</p> <p>A review of the Order Listing Report included the following physician's orders (PO):</p> <p>A PO dated NJ Exec Order 26.4b1, that the resident NJ Exec Order 26.4b1 unless NJ Exec Order 26.4b1 by US FOIA (b)(6) and Emergency Medical Services (EMS).</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the US FOIA (b)(6), who stated Resident #1 participated in NJ Exec Order 26.4b1 times a week in the NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that [Resident #1] was transferred to the NJ Exec Order 26.4b1 by US FOIA (b)(6) who always remained with them, and there were no other residents present. The US FOIA (b)(6) stated that [Resident #1] did not NJ Exec Order 26.4b1 because they were NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that Resident #1 was NJ Exec Order 26.4b1 ) and NJ Exec Order 26.4b1 that their NJ Exec Order 26.4b1 and use the NJ Exec Order 26.4b1. The US FOIA (b)(6) stated that [Resident #1] was currently NJ Exec Order 26.4b1. The US FOIA (b)(6) also stated that the NJ Exec Order 26.4b1 the decision of the NJ Exec Order 26.4b1 that the facility could NJ Exec Order 26.4b1</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed the LPN #1 in the presence of LPN #2, who stated that [Resident #1] received NJ Exec Order 26.4b1 for</p>	F 604			

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F 604	<p>Continued From page 62</p> <p>a <b>NJ Exec Order 26.4b1</b></p> <p><b>NJ Exec Order 26.4b1</b> LPN #1 stated the <b>NJ Exec Order 26.4b1</b> was the <b>NJ Exec Order 26.4b1</b>, and [Resident #1] saw a <b>NJ Exec Order 26.4b1</b> outside the facility because they <b>NJ Exec Order 26.4b1</b> to see the facility's <b>NJ Exec Order 26.4b1</b>. The LPN #1 stated that there were always <b>US FOIA (b)(6)</b> with [Resident #1], and the only time [Resident #1] left their room was for <b>NJ Exec Order 26.4b1</b> and doctor's appointments. The surveyor asked how often the resident had <b>NJ Exec Order 26.4b1</b> doctor appointments, and the LPN #2 stated she was unsure if there was a set schedule, but that [Resident #1] had an appointment <b>NJ Exec Order 26.4b1</b>. The LPN #2 stated that the <b>NJ Exec Order 26.4b1</b> setup the transportation, and the <b>US FOIA (b)(6)</b> accompanied [Resident #1] to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being <b>NJ Exec Order 26.4b1</b>.</p> <p><b>NJ Exec Order 26.4b1</b> he surveyor asked Resident #1 where they were going, and Resident #1 stated to see the <b>NJ Exec Order 26.4b1</b>, that <b>NJ Exec Order 26.4b1</b>.</p> <p>Resident #1 stated their appointment was at the hospital, and that their <b>NJ Exec Order 26.4b1</b>. The surveyor then observed Resident #1 with <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> and no residents or staff, use the elevator to go downstairs.</p> <p>At that time, the surveyor asked <b>US FOIA (b)(6)</b> why [Resident #1] needed to <b>NJ Exec Order 26.4b1</b>, since it was reported earlier that the resident did not need because <b>NJ Exec Order 26.4b1</b>.</p> <p><b>US FOIA (b)(6)</b> stated it was <b>NJ Exec Order 26.4b1</b> when the <b>NJ Exec Order 26.4b1</b> left the building. The surveyor asked how [Resident #1] was transferred to the hospital, and the <b>US FOIA (b)(6)</b> stated on a medical bus from the <b>NJ Exec Order 26.4b1</b>. The</p>	F 604			

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F 604	<p>Continued From page 63</p> <p>surveyor observed Resident #1 being out of the building by [REDACTED] NJ Exec Order 26.4b1</p> <p>On 8/29/24 at 12:45 PM, the surveyor continued to review the medical record.</p> <p>A review of the Order Listing Report did not include a PO for the NJ Exec Order 26.4b1 [REDACTED]</p> <p>A review of the ICCP did include a focus area for the use of [REDACTED] NJ Exec Order 26.4b1</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) [REDACTED] who stated that she had started at the [REDACTED] NJ Exec Order 26.4b1, and the previous owners of the facility had a contract with the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) [REDACTED] stated that the [REDACTED] NJ Exec Order 26.4b1 were only at the facility for medical services, and when their medical treatment was completed, the [REDACTED] NJ Exec Order 26.4b1 returned to the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) [REDACTED] stated that [Resident #1] stayed in their room with the [REDACTED] NJ Exec Order 26.4b1 and went to [REDACTED] NJ Exec Order 26.4b1 accompanied by them. The [REDACTED] US FOIA (b)(6) [REDACTED] stated that everything was controlled by the [REDACTED] NJ Exec Order 26.4b1</p> <p>At that time, the [REDACTED] US FOIA (b)(6) [REDACTED] stated that [Resident #1] had [REDACTED] NJ Exec Order 26.4b1 as [REDACTED] NJ Exec Order 26.4b1 that was a [REDACTED] NJ Exec Order 26.4b1 by the [REDACTED] NJ Exec Order 26.4b1 and the facility did not control that. The [REDACTED] US FOIA (b)(6) [REDACTED] stated it was the [REDACTED] US FOIA (b)(6) [REDACTED] and not facility staff using the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) [REDACTED] stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the [REDACTED] NJ Exec Order 26.4b1. The [REDACTED] US FOIA (b)(6) [REDACTED] stated that [Resident #1] received the same [REDACTED] NJ Exec Order 26.4b1 as all the other residents in the facility, they just did not have the [REDACTED] NJ Exec Order 26.4b1</p>	F 604			

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F 604	Continued From page 64 An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM indicated the action the facility will take to <b>NJ Exec Order 26.4b1</b> . The facility implemented a corrective action plan to remediate the deficient practice including the resident was <b>NJ Exec Order 26.4b1</b> to the <b>NJ Ex</b> on <b>NJ Exec Order 26.4b1</b> the facility ended their contract with the <b>NJ Ex</b> to accept <b>NJ Ex</b> and has no other contracts with additional <b>NJ Exec</b> to accept <b>NJ Exec</b> the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> were inserviced regarding CMS's S & C memo regarding <b>NJ Exec</b> and the <b>US FOIA (b)(6)</b> was responsible for the implementation of all facility policies and regulations.  The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.	F 604			
F 679 SS=E	NJAC 8:39-4.1(a)(5)(6) Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)  §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documents, it was determined	F 679	1. Resident #1 was immediately discharged from the facility. On August	9/18/24	

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F 679	<p>Continued From page 65</p> <p>that the facility failed to ensure a [REDACTED] NJ Exec Order 26.4b1 was provided since admission activities of their choice designed to meet the interests of and support the [REDACTED] NJ Exec Order 26.4b1 of each resident, encouraging both independence and interaction in the community. This deficient practice was identified for 1 of 1 [REDACTED] NJ Exec (Resident #1) reviewed.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or convenience [...] the right to retain and use personal possessions [...] the right to receive services in the facility with reasonable</p>	F 679	<p>30th, 2024 the facility discontinued contracts with all [REDACTED] NJ Ex Order 26.4(b)(1) and will no longer accept any [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice.</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance of providing residents with a meaningful group and individualized activity program that reflects their preferences.</p> <p>4. The Administrator/designee will audit 5 residents a month x 4 months to ensure that residents are provided with a meaningful group and individualized activity program that reflects their preferences. Audit findings will be shared with the QAPI committee monthly x 4 months.</p>		

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F 679	<p>Continued From page 66</p> <p>accommodation of resident needs and preferences [...]the right to share a room with a roommate of his/her choice [...] 6.</p> <p>Self-determination: the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...</p> <p>A review of the facility's "Activities" policy dated reviewed 5/1/24, included the facility's activity programs are designed to meet the needs of each resident and are available on a daily basis...the facility's activity programs are designed to encourage participation and are individualized to meet each resident's needs...</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated Resident #1 had <b>NJ Exec Order 26.4b1</b></p> <div style="background-color: black; width: 200px; height: 30px; margin-top: 5px;"></div>	F 679			

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F 679	<p>Continued From page 67</p> <p>needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when the resident was out of the room, and LPN Supervisor #1 stated that Resident #1 was a <b>NJ Exec Order 26.4b1</b> who remained in their room unless to go to the <b>NJ Exec Order 26.4b1</b> LPN Supervisor #1 continued that the resident did not participate in activities; ate all their meals in their room on disposable ware; <b>NJ Exec Order 26.4b1</b>; visitors needed to be scheduled through the <b>NJ Ex</b> by appointment; and the resident always remained in the <b>NJ Exec Order 26.4b1</b> with <b>US FOIA (b)(6)</b></p> <p>On 8/29/24 at 9:55 AM, the surveyor observed Resident #1 lying in bed with <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> who were on their cell phones <b>NJ Exec Order 26.4b1</b> at the resident's door <b>US FOIA (b)(6)</b> and the resident's window <b>US FOIA (b)(6)</b> At that time, the surveyor interviewed the resident, who stated they had been at the facility <b>NJ Exec Order 26.4b1</b> and they were receiving <b>NJ Exec Order 26.4b1</b> and <b>NJ Ex Order 26.4b1</b> care at the facility. Resident #1 stated that they wanted to return to the <b>NJ Exec Order 26.4b1</b> they were <b>US FOIA (b)(6)</b> " at the facility because they remained in their room twenty-four hours a day, seven days a week with <b>US FOIA (b)(6)</b> and a television. The resident stated they ate in their room on disposable ware and there were no activities. Resident #1 stated that they were prohibited visitors unless the <b>NJ Ex</b> approved the visits, and the <b>NJ Ex</b> was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the <b>NJ Ex</b> to complain about it, which they had not received, and the <b>US FOIA (b)(6)</b> was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1</p>	F 679			

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F 679	<p>Continued From page 68</p> <p>stated the [US FOIA (b)(6)] maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their [NJ Exec Order 26.4b1] to request to be [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1]. Resident #1 stated they had [NJ Exec Order 26.4b1], anytime they received care the [US FOIA (b)(6)] were in the room, and if they had visitors or made a call, the [US FOIA (b)(6)] were present. Resident #1 stated that when they went to [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b1] them because it let everyone know they were a [NJ Exec Order 26.4b1]. The surveyor asked if the resident had to [NJ Exec Order 26.4b1] in the room or in [NJ Exec Order 26.4b1] and the resident stated, no, [NJ Exec Order 26.4b1]. The surveyor asked if the resident saw the facility's [US FOIA (b)(6)] and the resident stated, no, but they thought they were supposed to.</p> <p>At the time of the interview, the surveyor asked [US FOIA (b)(6)] if everything the resident reported was accurate, and the [US FOIA (b)(6)] confirmed yes, the resident was [NJ Exec Order 26.4b1].</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; [NJ Exec Order 26.4b1]</p> <p>[REDACTED]</p> <p>A review of the Progress Notes included a Nursing Note dated [NJ Exec Order 26.4b1] at 7:37 AM, which included the resident was admitted to the facility on [NJ Exec Order 26.4b1] at 6:55 PM, accompanied by [US FOIA (b)(6)]. The resident was admitted with a [NJ Exec Order 26.4b1].</p>	F 679			



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F 679	<p>Continued From page 69</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected the resident had a brief interview for mental status score of [REDACTED] out of 15, which indicated a [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated [REDACTED] that the resident was not permitted access to telephones, not landlines or cell phones. In the <b>NJ Exec Order 26.4b1</b> "when phone use was permitted, the [REDACTED] not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless <b>NJ Exec Order 26.4b1</b> by the [REDACTED]. The intervention was that the resident would be <b>NJ Exec Order 26.4b1</b> by the [REDACTED].</p> <p>A focus area <b>NJ Exec Order 26.4b1</b> <b>NJ Exec Order 26.4b1</b> dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included was the resident would <b>NJ Exec Order 26.4b1</b> and be <b>NJ Exec Order 26.4b1</b> [REDACTED].</p> <p>The ICCP did not include a focus area for activities.</p> <p>On 8/29/24 at 11:24 AM, the surveyor interviewed the facility's [REDACTED] <sup>US FOIA</sup> who stated she had just started at the facility <b>NJ Exec Order 26.4b1</b> and had not gotten to</p>	F 679			

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F 679	<p>Continued From page 70</p> <p>speak to all the residents yet. The surveyor asked if the [REDACTED] spoke with Resident #1, and she stated no, but the resident was on her list.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed the [REDACTED] (US FOIA (b)(6)) who stated activities were conducted in groups on both nursing units, and staff did [REDACTED] (NJ Exec Order 26.4b1) as needed. The [REDACTED] (US FOIA (b)(6)) stated that [REDACTED] (NJ Exec Order 26.4b1) included providing puzzles and crossword puzzles. The surveyor asked if she provided [REDACTED] (NJ Exec Order 26.4b1) for Resident #1, and the [REDACTED] (US FOIA (b)(6)) stated that activity staff did not see them that often. The [REDACTED] (US FOIA (b)(6)) continued that there were [REDACTED] (US FOIA (b)(6)) in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The [REDACTED] (US FOIA (b)(6)) stated the resident requested a pack of playing cards about a [REDACTED] (NJ Exec Order 26.4b1) ago, and the facility was not allowed to provide, that the [REDACTED] (US FOIA (b)(6)) had to provide.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being transported down the hallway in [REDACTED] (NJ Exec Order 26.4b1) in an [REDACTED] (NJ Exec Order 26.4b1) with [REDACTED] (NJ Exec Order 26.4b1). The surveyor asked Resident #1 where they were going, and the resident stated to see the [REDACTED] (NJ Exec Order 26.4b1) doctor, that [REDACTED] (NJ Exec Order 26.4b1). The resident reported their appointment was at the hospital, and that their [REDACTED] (NJ Exec Order 26.4b1). The surveyor asked the resident if they ever received the playing card they requested, and the resident confirmed no.</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed the [REDACTED] (US FOIA (b)(6)) in the presence of the [REDACTED] (US FOIA (b)(6)) who stated that she had started at the [REDACTED] (NJ Exec Order 26.4b1), and the previous owners of the facility had a contract with the [REDACTED] (NJ Exec Order 26.4b1). The [REDACTED] (US FOIA (b)(6)) stated that the</p>	F 679			

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F 679	<p>Continued From page 71</p> <p>█ were only at the facility for medical services, and when their medical treatment was completed, the █ returned to the █. The █ continued that Resident #1 stayed in their room with the █ and went to █ accompanied by them. The █ stated that everything was controlled by the █ that the facility could not provide playing cards; phone usage; visitors. The █ came to the facility she thought once a month for the resident to make a phone call, but she did not believe there was a set schedule.</p> <p>At that time, the █ stated that the resident informed the facility that the █ had to approve all visits, and the resident could not have a visitor unless the █ approved it. The █ stated there were no private visits, that there were always █ the resident could not be without them. The █ stated it was the █ policies; the resident could have █ <b>NJ Exec Order 26.4b1</b> █ that identified them as a █ as a █. The █ stated only the resident and the █ could be in the elevator during transportation, and the resident saw an outside █ that the appointments were scheduled by the █. The █ stated that Resident #1 received the same █ " as all the other residents in the facility, they just did not have the █. The █ stated that the facility was in control of the resident's nursing care, and everything else was controlled by the █. The surveyor requested a copy of the resident's activity assessments.</p> <p>On 8/29/24 at 3:05 PM, the █ informed the survey team that she had spoken to the █ to have the █ inform the facility who was permitted to visit the resident and when.</p>	F 679			

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F 679	Continued From page 72	F 679			
{F 835} SS=J	<p>No additional information was provided.</p> <p>NJAC 8:39-7.3(a) Administration CFR(s): 483.70</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility <b>US FOIA (b)(6)</b> failed to a.) ensure the facility implemented policies and procedures for Resident Rights and Self Determination as well as policies and procedures to prevent <b>NJ Exec Order 26.4b1</b> b.) ensure residents signed an Admission Agreements upon admission to the facility; c.) were afforded the autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, and to leave rooms at will; and d.) ensure facility policies for <b>NJ Exec Order 26.4b1</b> were in compliance with State and Federal regulations. This deficient practice was identified for 1 of 1 <b>NJ Exec</b> reviewed (Resident #1).</p> <p>Refer to F550; F557; F561; F603; F604; and F679.</p> <p>Resident #1, who had diagnoses which included</p>	{F 835}	<p>1. Resident #1 was immediately discharged from the facility. On August 30th, 2024 the facility discontinued contracts with all <b>NJ Ex Order 26.4(b)(1)</b> and will no longer accept any <b>NJ Ex Order 26.4(b)(1)</b></p> <p>2. All Justice involved Residents have the potential to be affected by this deficient practice.¿</p> <p>3. On 8/30/2024 the Clinical VP of Operations conducted in-service education with all administrative staff on the importance ensuring that policies and procedures are being followed for resident rights and self-determination, prevent physical restraints and seclusion, admission agreements are being signed upon admission, residents are afforded autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, and to leave room at will.¿</p> <p>4. Administrator/designee will audit 5</p>	9/18/24	

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{F 835}	<p>Continued From page 73</p> <p>but not limited to; <b>NJ Exec Order 26.4b1</b></p> <p><b>[REDACTED]</b></p> <p><b>[REDACTED]</b> reported to the surveyor on <b>[REDACTED]</b></p> <p><b>[REDACTED]</b>, that they had been at the facility <b>[REDACTED]</b></p> <p><b>[REDACTED]</b> were <b>[REDACTED]</b> to their room with <b>[REDACTED]</b></p> <p><b>US FOIA (b)(6)</b>). Resident #1 stated that they were not permitted to participate in group activities and community dining. Resident #1 stated that they were not allowed to leave their room; have visitors unless scheduled and approved by the <b>[REDACTED]</b></p> <p><b>[REDACTED]</b> could not choose their <b>[REDACTED]</b></p> <p><b>[REDACTED]</b>; participate in activities; eat all meals in their room on disposable ware; not allowed use the telephone; and had <b>[REDACTED]</b></p> <p><b>[REDACTED]</b> which the <b>NJ Exec Order 26.4b1</b></p> <p><b>[REDACTED]</b> being in a room twenty-four hours a day seven days a week with <b>[REDACTED]</b> and a television. Resident #1 stated they wanted to <b>[REDACTED]</b> to the <b>[REDACTED]</b> because of it. This posed the <b>NJ Exec Order 26.4b1</b> and resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The facility's failure to ensure all staff, including the <b>[REDACTED]</b> provided care and services to enhance all residents quality of life by implementing facility policies and procedures for "Resident Rights", <b>[REDACTED]</b> Prevention", <b>[REDACTED]</b> Management", "Activities", and "Visitation" to ensure resident safety and well-being and to ensure the <b>[REDACTED]</b> received and reviewed the facility's admission agreement at the time of admission, posed a serious and immediate threat for resident rights and <b>[REDACTED]</b> that can cause <b>NJ Exec Order 26.4b1</b></p> <p><b>[REDACTED]</b> resulted in five IJ</p>	{F 835}	<p>residents monthly x 4 months to ensure that policies and procedures are being followed for resident rights and self-determination, prevent physical restraints and seclusion, admission agreements are being signed upon admission, residents are afforded autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, and to leave room at will. VP of Operations will complete a performance evaluation at the end of 90 days (about 3 months) to evaluate the performance of the Administrator and will determine if additional training is required. The results of these audits will be reported to the QAPI committee monthly for 4 months.</p>		

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{F 835}	<p>Continued From page 74</p> <p>situations which the facility became aware of on 8/29/24 at 1:44 PM.</p> <p>This resulted in four IJ situations that began on [REDACTED] after Resident #1 was admitted to the facility and [REDACTED] US FOIA (b)(6) [REDACTED], and a fifth IJ situation was identified on [REDACTED] at 12:30 PM, when Resident #1 was [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The facility Administration was notified of the IJs on [REDACTED] 4 at 4:29 PM. The facility submitted an acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM. The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016, S &amp; C 16-21-ALL documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>A review of the facility's "Resident Rights" dated revised 1/3/24, included 1. prior to or upon admission, the social service designee [...] will inform the resident and/or the resident's representative of the resident's rights and responsibilities...10. all residents will be treated equally regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or</p>	{F 835}			

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{F 835}	<p>Continued From page 75</p> <p>gender identity or expression...Resident Rights: 1. the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility...5. the resident has the right to be treated with respect and dignity including: the right to be free from physical or chemical restraints imposed for the purpose of discipline or convenience [...] the right to retain and use personal possessions [...] the right to receive services in the facility with reasonable accommodation of resident needs and preferences [...]the right to share a room with a roommate of his/her choice [...] 6. Self-determination: the resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice including but not limited to; [...] choose activities, schedules [...] consistent with their interests; the right to make choices about aspects of his or her life that are significant to the resident; interact with members of the community; receive visitors of their choosing at the time of their choosing...participate in other activities including social, religious, and community activities...8. Privacy and confidentiality: the resident has the right to personal privacy and confidentiality of their personal and medical records...9. Safe environment: the resident has the right to a safe, clean, comfortable and homelike environment...10. Grievances: the resident has the right to voice grievances to the facility [...] the facility must make prompt efforts by the facility to resolve grievances the resident may have.</p> <p>A review of the facility's "Abuse Prevention" policy dated revised June 2024, included it is the policy of [facility] to not tolerate any form of resident</p>	{F 835}			

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{F 835}	<p>Continued From page 76</p> <p>abuse, neglect, or exploitation by staff members, volunteers, visitors or family members, or by another resident. The facility will have an abuse prevention program that protects residents from physical and mental abuse [...] in compliance with State and Federal regulations...Involuntary seclusion: the separation of a resident from other residents or from his/her room, or confinement to his/her room against resident's will or against the will of the responsible party...Resident Bill of Rights: as a nursing home resident in the State of New Jersey, you have the following rights:[...]</p> <p>Freedom from Abuse and Restraints: free from physical and mental abuse; freedom from chemical and physical restraints, unless they are authorized by a physician for a limited period of time to protect you or others from physical injury...</p> <p>A review of the facility provided "Clinical Programs Manual Topic: Restraint Management" dated effective October 2021, included restraints will be used only when necessary to treat medical symptoms and not used for staff convenience. The least restrictive restraint for the shortest duration of time will be applied to assist the resident in reaching their highest level of physical and psychosocial well-being...restraints include but are not limited to the following: arm restraints [...] leg restraints...Guidelines: 1. evaluate care plan to ensure that restraint alternative interventions have been tried prior to consideration of the restraint...4. obtain a physician's order for restraint [...] 5. provide the Physical Restraint Information Sheet to the resident or responsible party [...] 6. review and revise the following: the care plan...</p> <p>A review of the facility's "Visitation" policy dated</p>	{F 835}			



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{F 835}	<p>Continued From page 77</p> <p>revised May 2024, included the facility permits residents to receive visitors subject to the resident's wishes and the protection of the rights of other residents in the facility to maintain contact with the community in which he/she lived or is familiar. Procedure: 1. the resident's family may visit the resident at any time subject to the protection of the rights and safety of other residents and any restrictions imposed by the resident...5. residents may visit with members of the clergy at any time subject to the protection of the rights of others during communicable disease outbreaks...</p> <p>A review of the facility's "Activities" policy dated reviewed 5/1/24, included the facility's activity programs are designed to meet the needs of each resident and are available on a daily basis...the facility's activity programs are designed to encourage participation and are individualized to meet each resident's needs...</p> <p>A review of the Administrator's job description provided by the facility revealed the following:</p> <p>Administrator is responsible for planning and is accountable for all activities and departments at [name redacted] subject to rules and regulations promulgated by government agencies to ensure proper health care services to residents. The Administrator administers, directs, and coordinates all activities of the facility to assure that the highest degree of care is constantly provided to the residents...</p> <p>Responsibilities/Accountabilities included but not limited to: implements [name redacted] objectives as determined and directed by the governing body; interprets practices within guidelines and</p>	{F 835}			

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{F 835}	<p>Continued From page 78</p> <p>recommends changes as necessary; superintends physical operations of the facility; concerns his/herself with the safety of all nursing facility residents in order to minimize the potential for fire and accidents; oversees and guides department managers in the development and use of departmental policies and procedures; and ensure that residents and families receive the highest level of service in a caring and compassionate atmosphere which recognizes the individuals needs and rights...</p> <p>On 8/29/24 at 9:45 AM, the surveyor observed a personal protective equipment (PPE) bin outside of Resident #1's room. At that time, the surveyor interviewed the Licensed Practical Nurse Supervisor (LPN Supervisor #1), who stated [Resident #1] had a <b>NJ Exec Order 26.4b1</b> [REDACTED] [REDACTED] and when staff provided care, they needed to don (wear) additional PPE. The surveyor asked if staff had to wear PPE when the resident was out of the room, and the LPN Supervisor #1 stated that [Resident #1] was a <b>NJ Exec</b> who remained in their room unless to go to the <b>NJ Exec Order 26.4b1</b> ) <b>NJ Exec O</b> The LPN Supervisor #1 stated that [Resident #1] did not participate in activities; ate all their meals in their room on disposable ware; <b>NJ Exec Order 26.4b1</b> [REDACTED] visitors needed to be scheduled through the <b>NJ Exec</b> by appointment; and that [Resident #1] always remained in the <b>NJ Exec Order 26.4b1</b> with <b>US FOIA (b)(6)</b>. The LPN Supervisor #1 stated that the nurses and Certified Nursing Aides (CNAs) were permitted in the room to provide resident care.</p> <p>On 8/29/24 at 9:55 AM, the surveyor observed</p>	{F 835}			

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{F 835}	Continued From page 79 Resident #1 lying in bed with <b>US FOIA (b)(6)</b> <b>US FOIA</b> <b>US FOIA (b)(6)</b> who were <b>NJ Exec Order 26.4b1</b> at the resident's door <b>US FOIA (b)(6)</b> and the resident's window <b>US FOIA (b)(6)</b> At that time, the surveyor interviewed Resident #1, who stated they had been at the facility <b>NJ Exec Order 26.4b1</b> , and they were <b>NJ Exec Order 26.4b1</b> and <b>NJ Exec Order</b> care at the facility. Resident #1 stated that they wanted to return to the <b>NJ Exec</b> they were <b>NJ Exec Order 26.4b1</b> <b>US FOIA (b)(6)</b> at the facility because they remained in their room twenty-four hours a day, seven days a week with <b>US FOIA (b)(6)</b> and a television. Resident #1 stated they ate in their room on disposable ware and there were no activities. Resident #1 stated that they were prohibited visitors unless the <b>NJ Exec</b> approved the visits, and the <b>NJ Exec</b> was not responding to their visitors for appointments. Resident #1 stated they were waiting for grievance paperwork from the <b>NJ Exec</b> to complain about it, which they had not received, and the <b>US FOIA (b)(6)</b> was supposed to come to the facility weekly so they could have their weekly phone call. Resident #1 stated the <b>US FOIA (b)(6)</b> <b>US FOIA (b)(6)</b> maybe came to the facility twice a month, so they missed their allowed phone calls, and the resident wanted to call their <b>NJ Exec Order 26.4b1</b> to request to be <b>NJ Exec Order 26.4b1</b> Resident #1 stated they had <b>NJ Exec Order 26.4b1</b> anytime they received care the <b>US FOIA (b)(6)</b> were in the room, and if they had visitors or made a call, the <b>US FOIA (b)(6)</b> were present. Resident #1 stated that when they went to <b>NJ Exec Order</b> they wore an <b>NJ Exec Order 26.4b1</b> because it let everyone know they were a <b>NJ Exec Order</b> The surveyor asked if Resident #1 had to <b>NJ Exec Order</b> <b>US FOIA (b)(6)</b> in the room or in <b>NJ Exec Order</b> and Resident #1 stated, "no", they <b>NJ Exec Order 26.4b1</b> The surveyor asked if the resident saw the facility's <b>US FOIA (b)(6)</b> and Resident #1 stated, "no", but they thought they were supposed to.	{F 835}			

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{F 835}	<p>Continued From page 80</p> <p>At the time of the interview, the surveyor asked [REDACTED] if everything the resident reported was accurate, and the [REDACTED] stated "yes", the resident was [REDACTED].</p> <p>On 8/29/24 at 10:41 AM, the surveyor reviewed the medical record for Resident #1.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the Progress Notes included a Nursing Note dated [REDACTED] at 7:37 AM, which included the resident was admitted to the facility on [REDACTED] at 6:55 PM, accompanied by [REDACTED]. The resident was admitted with a [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated [REDACTED], reflected the resident had a brief interview for mental status score of [REDACTED] out of 15, indicating that the resident had an [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the individual comprehensive care plan (ICCP) included the following focus areas:</p> <p>A focus area dated [REDACTED] revealed the resident</p>	{F 835}			

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{F 835}	<p>Continued From page 81</p> <p>was not permitted access to telephones, not landlines or cell phones. In the [REDACTED] " when phone use was permitted, the [REDACTED] not the staff take care of it. The resident was not permitted to go out on pass or out of the facility unless [REDACTED] <b>NJ Exec Order 26.4b1</b> by the [REDACTED]. The intervention was that the resident would be [REDACTED] <b>NJ Exec Order 26.4b1</b> by the [REDACTED].</p> <p>A focus area dated [REDACTED], indicated [REDACTED] dining: there was to be no food or drinks other than water pitcher (when clinically approved) to be stored at bedside. The intervention included was the resident [REDACTED] <b>NJ Exec Order 26.4b1</b> and be [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p> <p>A focus area dated 8/11/24, revealed the resident had [REDACTED] with [REDACTED] <b>NJ Exec Order 26.4b1</b>. Interventions included to administer medications as ordered; monitor, document, and report as needed any signs and symptoms of [REDACTED] <b>NJ Exec Order 26.4b1</b> and monitor, record, and report to physician as [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p> <p>On 8/29/24 at 11:01 AM, the surveyor interviewed the [REDACTED] <b>US FOIA (b)(6)</b>, who stated Resident #1 participated in [REDACTED] <b>NJ Exec Order 26.4b1</b> <b>US FOIA (b)(6)</b> times a week in the [REDACTED] <b>NJ Ex Order 26.4(b)(1)</b>. The [REDACTED] <b>US FOIA (b)(6)</b> stated that [Resident #1] was transferred to the [REDACTED] <b>NJ Exec Order 26.4b1</b> by two [REDACTED] <b>US FOIA (b)(6)</b> who always remained with them, and there were no other residents present. The [REDACTED] <b>US FOIA (b)(6)</b> stated that [Resident #1] did [REDACTED] <b>NJ Exec Order 26.4b1</b>. The [REDACTED] <b>US FOIA (b)(6)</b> stated that Resident #1 was working on [REDACTED] <b>NJ Exec Order 26.4b1</b> and [REDACTED] <b>NJ Exec Order 26.4b1</b> that their [REDACTED] <b>NJ Exec Order 26.4b1</b> and use the [REDACTED] <b>NJ Exec Order 26.4b1</b>. The [REDACTED] <b>US FOIA (b)(6)</b> stated that [Resident #1] was currently [REDACTED] <b>NJ Exec Order 26.4b1</b>. The [REDACTED] <b>NJ Exec Order 26.4b1</b>.</p>	{F 835}			

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{F 835}	<p>Continued From page 82</p> <p>US FOIA (b)(6) also stated that the NJ Exec Order 26.4b1; that the facility could not NJ Exec Order 26.4b1</p> <p>On 8/29/24 at 11:24 AM, the surveyor interviewed the facility's US FOIA (b)(6) who stated she had just started at the facility NJ Exec Order 26.4b1 and had not gotten to speak to all the residents yet. The surveyor asked if the US FOIA (b)(6) spoke with Resident #1, and she stated "no", but the resident was on her list.</p> <p>On 8/29/24 at 11:55 AM, the surveyor interviewed the US FOIA (b)(6) who stated activities were conducted in groups on both nursing units, and staff did NJ Exec Order 26.4b1 as needed. The US FOIA (b)(6) stated that NJ Exec Order 26.4b1 activities included providing puzzles and crossword puzzles. The surveyor asked if she provided NJ Exec Order 26.4b1 activities for Resident #1, and the US FOIA (b)(6) stated that activity staff did not see [Resident #1] that often. The US FOIA (b)(6) stated that there were US FOIA (b)(6) in there and staff were not really supposed to be in there; that she could not provide any activities, crossword puzzles, or games. The US FOIA (b)(6) stated that [Resident #1] requested a pack of playing cards about a NJ Exec Order 26.4b1 ago, and the facility was not allowed to provide, that the US FOIA (b)(6) had to provide.</p> <p>On 8/29/24 at 12:15 PM, the surveyor interviewed Resident #1's assigned CNA (CNA #1), who stated that [Resident #1] NJ Exec Order 26.4b1 care; that they were able to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1, and the resident was permitted out of their room to the shower room with the US FOIA (b)(6) and the CNA provided the washcloth and towel. CNA #1 stated when [Resident #1] NJ Exec Order 26.4b1 it was just the resident in the room with the US FOIA (b)(6). CNA #1 stated that [Resident #1] always ate all their meals in their</p>	{F 835}			

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{F 835}	<p>Continued From page 83</p> <p>room on disposable ware with the [US FOIA (b)(6)] in the room.</p> <p>On 8/29/24 at 12:20 PM, the surveyor interviewed the LPN #1 in the presence of LPN #2, who stated that [Resident #1] received [NJ Exec Order 26.4b1].</p> <p>The LPN #1 stated the [NJ Exec Order 26.4b1], and the resident saw a [NJ Exec Order 26.4b1] outside the facility because [NJ Exec Order 26.4b1] to see the facility's [NJ Exec Order 26.4b1]. The LPN #1 stated that there were always [US FOIA (b)(6)] with the resident, and the only time [Resident #1] left their room was for [NJ Exec Order 26.4b1] and doctor's appointments. The surveyor asked how often [Resident #1] had [NJ Exec Order 26.4b1] appointments, and the LPN #2 stated she was unsure if there was a set schedule, but that [Resident #1] had an appointment [NJ Exec Order 26.4b1]. The LPN #2 stated that the [NJ Exec Order 26.4b1] setup the transportation, and the [US FOIA (b)(6)] accompanied [Resident #1] to and from the appointment.</p> <p>On 8/29/24 at 12:30 PM, the surveyor observed Resident #1 sitting in a wheelchair being transported down the [NJ Exec Order 26.4b1].</p> <p>he surveyor asked Resident #1 where they were going, and Resident #1 stated to see the [NJ Exec Order 26.4b1], that [NJ Exec Order 26.4b1]. Resident #1 stated their appointment was at the hospital, and that their [NJ Exec Order 26.4b1]. The surveyor asked Resident #1 if they ever received the playing card they requested, and Resident #1 stated "no". The surveyor then observed Resident #1 with [US FOIA (b)(6)] and no residents or staff, use the elevator to go downstairs.</p>	{F 835}			

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{F 835}	<p>Continued From page 84</p> <p>At that time, the surveyor asked [US FOIA (b)(6)] why [Resident #1] [NJ Exec Order 26.4b1] since it was reported earlier that [Resident #1] did not need because [NJ Exec Order 26.4b1] [US FOIA (b)(6)] stated it was [NJ Exec Order 26.4b1] when the [US FOIA (b)(6)] left the building. The surveyor asked how [Resident #1] was transferred to the hospital, and the [US FOIA (b)(6)] stated on a medical bus from the [US FOIA (b)(6)]. The surveyor observed Resident #1 being [NJ Exec Order 26.4b1] out of the building by [US FOIA (b)(6)].</p> <p>On 8/29/24 at 12:56 PM, the surveyor interviewed the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] who stated that she had started at the facility on [US FOIA (b)(6)], and the previous owners of the facility had a contract with the [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] stated that the [US FOIA (b)(6)] were only at the facility for medical services, and when their medical treatment was completed, the [US FOIA (b)(6)] returned to the [US FOIA (b)(6)]. The [US FOIA (b)(6)] stated that Resident #1 stayed in their room with the two [US FOIA (b)(6)] and went to [US FOIA (b)(6)] accompanied by them. The [US FOIA (b)(6)] stated that everything was controlled by the [US FOIA (b)(6)] that the facility could not provide playing cards; phone usage; visitors. The [US FOIA (b)(6)] stated the [US FOIA (b)(6)] came to the facility she thought once a month for the resident to make a phone call, but she did not believe there was a set schedule.</p> <p>At that time, the [US FOIA (b)(6)] stated that [Resident #1] informed the facility that the [US FOIA (b)(6)] had to approve all visits, and [Resident #1] could not have a visitor unless the [US FOIA (b)(6)] approved it. The [US FOIA (b)(6)] stated there were no private visits, that there were always [US FOIA (b)(6)] and [Resident #1] could not be without them. The [US FOIA (b)(6)] stated it was the [US FOIA (b)(6)] policies; and Resident #1 could have [NJ Exec Order 26.4b1] except their [NJ Exec Order 26.4b1] [US FOIA (b)(6)] "The [US FOIA (b)(6)]</p>	{F 835}			



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{F 835}	<p>Continued From page 85</p> <p>stated only [Resident #1] and the [REDACTED] could be in the elevator during transportation, and that [Resident #1] saw an [REDACTED] NJ Exec Order 26.4b1 that the appointments were scheduled by the [REDACTED] The [REDACTED] stated that [Resident #1] saw the facility's [REDACTED] US FOIA (b)(6) as needed and could have seen the facility's [REDACTED] NJ Exec Order 26.4b1 but [REDACTED] The [REDACTED] stated that Resident #1 received the same [REDACTED] as all the other residents in the facility, they just did not have the [REDACTED] The [REDACTED] stated that [Resident #1] NJ Exec Order 26.4b1 [REDACTED] that was a [REDACTED] [REDACTED] I by the [REDACTED] and the facility did not control that. The [REDACTED] stated that the facility was in control of [Resident #1's] nursing care, and everything else was controlled by the [REDACTED] The surveyor requested a copy of the resident's admission agreement and resident rights.</p> <p>On 8/29/24 at 1:30 PM, the surveyor reviewed the facility's policies regarding [REDACTED] NJ Exec Order 26.4b1 which included the following:</p> <p>A review of the "Inmate Resident Dining" policy dated 8/21/23, included it is the policy of the [facility] to provide meals and snacks in a manner that supports establish security protocols. Procedure: 1. all inmates will receive their meals and snacks and dine in their room; 2. all inmate resident meals will be served on disposable paper goods; 3. all inmate resident meals will be served with plastic utensils; metal utensils are never permitted; 4. prior to delivery of meal tray to the inmate resident the CO in attendance will be offered the opportunity to check the tray...7. there is no food or drinks other than a water pitcher (when clinically approved) be stored at bedside...</p> <p>A review of the "Inmate Phone Use" policy dated</p>	{F 835}			

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{F 835}	<p>Continued From page 86</p> <p>8/21/23, included 1. inmates are not routinely permitted to access telephones, not landlines or cell phones; 2. the landline will be removed from the inmate room prior to admission; 3. the staff is not to facilitate or participate in allowing inmates to use a telephone; 4. in rare circumstances when telephone use is permitted this will be entirely taken care of by the [CF staff], specifically the assigned COs; 5. at no time is [facility] staff to participate in inmate's phone use.</p> <p>A review of the "Concerns with Correctional Officers" policy dated 9/12/23, included that COs should be treated with dignity and respect by all staff...</p> <p>On 8/29/24 at 2:52 PM, the [US FOIA (b)(6)] provided a signed copy that Resident #1 received a copy of their "Resident Rights" or [NJ Exec Order 26.4b]. The surveyor asked where the copy was the resident signed on admission, and why it was just signed, and the [US FOIA (b)(6)] stated that the [US FOIA (b)(6)] just started at the facility and identified residents did not sign they received a copy of their "Resident Rights".</p> <p>On 8/29/24 at 2:59 PM, the [US FOIA (b)(6)] provided the surveyor with a copy of Resident #1's "Admission Agreement" dated [NJ Exec Order 26.4b], and noted as resident [NJ Exec Order 26.4b1] "and discharged [NJ Exec Order 26.4b]. At that time, the surveyor reviewed with the [US FOIA (b)(6)] the resident's admission history which revealed that they were admitted to the facility in [NJ Exec Order 26.4b1]. The [US FOIA (b)(6)] acknowledged that there should be a signed "Admission Agreement" with each new admission.</p> <p>On 8/29/24 at 3:05 PM, the [US FOIA (b)(6)] informed the survey team that she had spoken to the [NJ Exec Order 26.4b1] to have the [NJ Exec Order 26.4b1] inform the facility who was permitted</p>	{F 835}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/30/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE</b> <b>TRENTON, NJ 08618</b>		
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{F 835}	<p>Continued From page 87 to visit the resident and when.</p> <p>On 8/29/24 at 3:30 PM, the [US FOIA (b)(6)] provided the surveyor with a copy of Resident #1's "Admission Agreement" dated [NJ Exec Order 26.4b], which was [NJ Exec Order 26.4b] after the resident was admitted to the facility.</p> <p>On 8/30/24 at 9:24 AM, the surveyor interviewed the [US FOIA (b)(6)] in the presence of the [US FOIA (b)(6)] and survey team, who stated their role as the facility's [US FOIA (b)(6)] to ensure the safety of residents and staff, as well as uphold facility policies and procedures. The surveyor asked the [US FOIA (b)(6)] if they reviewed CMS's S &amp; C memos to ensure the facility was up to date on all CMS guidelines, and the [US FOIA (b)(6)] confirmed yes.</p> <p>An acceptable Removal Plan (RP) on 8/30/24 at 1:44 PM indicated the action the facility will take to [NJ Exec Order 26.4b1]. The facility implemented a corrective action plan to remediate the deficient practice including the resident was returned to the [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]; the facility ended their contract with the [NJ Exec Order 26.4b1] to accept [NJ Exec Order 26.4b1] and has no other contracts with additional [NJ Exec Order 26.4b1] to accept [NJ Exec Order 26.4b1] the [US FOIA (b)(6)] and [US FOIA (b)(6)] were inserviced regarding CMS's S &amp; C memo regarding [NJ Exec Order 26.4b1] and the [US FOIA (b)(6)] was responsible for the implementation of all facility policies and regulations.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 8/30/24.</p> <p>NJAC 8:39-4.1(a) NJAC 8:39-7.3(a)</p>	{F 835}			

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{F 835}	Continued From page 88 NJAC 8:39-9.2(a) NJAC 8:39-27.1(a)	{F 835}			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315124	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/25/2024
NAME OF FACILITY BELLE CARE NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618	

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 F0550	Correction	ID Prefix F0557	Correction	ID Prefix F0561	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(e)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed
LSC	09/18/2024	LSC	09/18/2024	LSC	09/18/2024
ID Prefix F0603	Correction	ID Prefix F0604	Correction	ID Prefix F0679	Correction
Reg. # 483.12(a)(1)	Completed	Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.24(c)(1)	Completed
LSC	09/18/2024	LSC	09/18/2024	LSC	09/18/2024
ID Prefix F0835	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.70	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/18/2024	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 6/26/2024		<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			

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE TRENTON, NJ 08618</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 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 6/18/24 and 6/19/24, Belle Care Nursing And Rehabilitation Center 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 Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.  Belle Care Nursing And Rehabilitation Center is a three-story, Type II construction building that was built in 1977. The facility is divided into 8 smoke zones. The building has a partial basement that houses: laundry, maintenance shop, elevator room and boiler room. The remaining sub-building spaces are sprinklered parking areas open to the outside. The building has a penthouse that allows roof access.  The facility has an interior 85 KW natural gas powered generator, that does common space lights, red outlets and 1 elevator, as per the Maintenance Director. The generator annunciator panel is at 1st floor Nurses station.  The facility has 106 certified beds and is currently occupying 94 residents.	K 000			
K 281 SS=F	Illumination of Means of Egress CFR(s): NFPA 101  Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or	K 281		8/25/24	

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

TITLE

(X6) DATE

Electronically Signed

07/24/2024

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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K 281	<p>Continued From page 1</p> <p>capable of automatic operation without manual intervention. 18.2.8, 19.2.8</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 6/19/24, in the presence of the <b>US FOIA (b)(6)</b> it was determined that the facility failed to ensure illumination of means of egress to 2 of 5 exits in accordance with NFPA 101 2012 Edition, Section 19.2.8 and 7.8. This deficient practice had the potential to affect all 94 residents and was evidenced by:</p> <p>An observation at 11:54 AM revealed the low side stairwell exit landing, entering from the corridor, had 2 ceiling mounted light fixtures and both were not operational. Continuing exit discharge down several stair steps, entering optional access to the parking area or outside there were 2 ceiling mounted light fixtures and both were not operational.</p> <p>In an interview at the time, the <b>US FOIA (b)(6)</b> confirmed the observations.</p> <p>An observation at 12:25 PM revealed the high side stairwell exit bottom landing had 2 ceiling mounted light fixtures and both were not operational. Leaving the exit into an approximately 4 ft. by 4 ft. space open to outside drive way, presented a ceiling mounted light fixture that was not operational. Outside of the 4 ft. opening entering the driveway there was no means of illumination servicing the exit discharge.</p> <p>In an interview at the time, the <b>US FOIA (b)(6)</b> confirmed the observations.</p>	K 281	<p>1. Two new ceiling mounted lights were immediately installed on the low side stairwell exit ending and in the area of optional access to the parking area. ( see attached document labeled K281)</p> <p>2. All residents are at risk to be affected this practice.</p> <p>3. <b>U.S. FOIA (b) (6)</b> will be in-serviced on ensuring all light fixtures in the facility are operational and in working order.</p> <p>4. Maintenance director / Designee will audit all exit stairwells weekly for 4 weeks then Monthly for 3 Months. Findings will be submitted to the monthly QAPI committee for 3 months who will determine further interventions as needed. Maintenance director / Designee will audit all facility lights including but not limited to exit stairwells, exterior lighting, resident rooms, and day dining rooms, monthly for 4 months. Based on the result of these audit a decision will be made regarding the need for continued submission and reporting. All findings will be submitted to the monthly QAPI committee.</p>		

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K 281	Continued From page 2	K 281			
K 321 SS=E	<p>The <b>U.S. FOIA (b) (6)</b> was informed of the findings at the Life safety Code exit conference on 6/19/24.</p> <p>N.J.A.C. 8:39-31.2 (e)</p> <p>Hazardous Areas - Enclosure</p> <p>CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure</p> <p>Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area                                      Automatic Sprinkler</p> <p>Separation    N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced</p>	K 321		8/25/24	



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K 321	<p>Continued From page 3</p> <p>by: Based on observations and interviews on 6/18/24 and 06/19/2024, in the presence of the <b>US FOIA (b)(6)</b> it was determined that the facility failed to ensure that 2 of 5 hazardous area doors located in the basement were self closing or automatic closing in accordance with NFPA 101 2012 Edition, Sections 19.3.2, 19.3.2.1.3 and 19.3.2.1.5. This deficient practice had the potential to affect all 94 residents and was evidenced by:</p> <p>An observation 06/18/2024 at 2:55 PM, revealed the basement fire panel room door did not have a self closer or automatic closer. The room is used for storage of combustible material and is greater than 50 sqft.</p> <p>In an interview at the time, the <b>US FOIA (b)(6)</b> confirmed the observation.</p> <p>An observation on 06/18/2024 at 3:05 PM, revealed the maintenance shop door did not have a self closer or automatic closer.</p> <p>In an interview at the time, the <b>US FOIA (b)(6)</b> confirmed the observation.</p> <p>The <b>U.S. FOIA (b) (6)</b> was informed of the findings at the Life Safety Code exit conference on 6/19/24.</p>	K 321	<p>1. The facility immediately installed self-door closers on 2 hazardous area doors located in the basement. ( see attached document labeled K321)</p> <p>2. All residents have the potential to be affected this practice.</p> <p>3. The Director of Maintenance will conduct an audit of all doors in the facility that need a self-close mechanism to determine compliance.</p> <p>4. The Director of Maintenance will conduct weekly audits for 5 weeks and then monthly thereafter for 3 months of all doors in the facility to ensure that all doors which need a self-close mechanism do indeed have one. The QA committee will meet quarterly, and all findings will be brought up to the QA committee for 2 quarters.</p>		
K 345 SS=F	<p>N.J.A.C. 8:39-31.2 (e)</p> <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</p>	K 345		8/25/24	

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K 345	<p>Continued From page 4</p> <p>accordance with an approved program complying 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 and interview on 6/19/24, in the presence of the <b>US FOIA (b)(6)</b> it was determined that the facility failed to ensure the inspection and testing of 46 of 46 single station battery operated smoke alarms in the residents rooms in accordance with NFPA 72 2010 Edition. The deficient practice had the potential to affect all residents and is evidenced by:</p> <p>An observation tour of the first and second floor residents rooms between 10:15 AM and 12:00 PM revealed single station battery operated smoke alarms mounted on the walls of all the residents rooms.</p> <p>In an interview at 10:45 AM the surveyor asked the <b>US FOIA (b)(6)</b> if there were documents of the manufacturers requirements for testing and a record of the tests. The <b>US FOIA (b)(6)</b> stated that the smoke alarms were not tested. The <b>US FOIA (b)(6)</b> stated that the smoke alarms were not tested and there were no documents or records kept.</p> <p>The <b>US FOIA (b)(6)</b> was informed of the findings at the Life Safety Code exit conference on 6/19/24.</p> <p>N.J.A.C 8:39-31.2 (e)</p>	K 345	<p>1. The Maintenance Director initiated an inspection of all 46 single station battery operated smoke alarms in the resident's rooms. ( see attached document labeled K345_</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>3. The maintenance department will be educated on the regulation of ensuring all single station battery operated smoke alarms are inspected in accordance with NFPA 72.</p> <p>4. Audit will be done by the maintenance director/designee weekly for 4 weeks and then monthly for 3 months to ensure the facility is up to date with the required smoke alarm inspections. Audit findings will be shared quarterly with the QAPI committee for 2 quarters.</p>		

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K 531 K 531 SS=F	Continued From page 5 Elevators CFR(s): NFPA 101  Elevators 2012 EXISTING Elevators comply with the provision of 9.4. Elevators are inspected and tested as specified in ASME A17.1, Safety Code for Elevators and Escalators. Firefighter's Service is operated monthly with a written record. Existing elevators conform to ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. All existing elevators, having a travel distance of 25 feet or more above or below the level that best serves the needs of emergency personnel for firefighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3. (Includes firefighter's service Phase I key recall and smoke detector automatic recall, firefighter's service Phase II emergency in-car key operation, machine room smoke detectors, and elevator lobby smoke detectors.) 19.5.3, 9.4.2, 9.4.3 This REQUIREMENT is not met as evidenced by: Based on observations and interview on 6/19/24, in the presence of the <b>US FOIA (b)(6)</b> <b>[REDACTED]</b> it was determined that the facility failed to ensure operational elevator emergency phone connections were provided and firefighters emergency operation tests were performed for 2 of 2 elevators in accordance with NFPA 101, 2012 Edition, Sections 19.5.3, 9.4, 9.4.2, 9.4.3 and 9.4.6. These deficient practices had the potential to affect all 94 residents and was evidenced by:  In an interview at 10:15 AM the <b>US FOIA (b)(6)</b> <b>[REDACTED]</b> stated that the facility did not perform the firefighters service	K 531 K 531	1. The facility immediately contacted their elevator vendor to ensure operational elevator emergency phone connections are provided and firefighters emergency operation tests are performed on 2 of 2 elevators. ( see attached document labeled K531) 2. All residents have the potential to be affected by this practice. 3. All elevators were audited and were in proper working condition at the time. Maintenance dept. was in-serviced on ensuring all inspections are conducted in a timely fashion.	8/25/24	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315124</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/26/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE TRENTON, NJ 08618</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 531	<p>Continued From page 6</p> <p>monthly operation and firefighters Phase 1 and 2 key recall tests with written record because they lost the key. The [US FOIA] confirmed the tests were not performed and there was no record kept at the time of interview. Elevator #2 serves 4 levels and #1 serves 5 levels, both greater than 25 feet.</p> <p>An observation at 10:18 AM of elevator #2 revealed the emergency alarm button missing and not operational. A test of the elevator #2 emergency phone revealed it did not connect to a monitor to render assistance. The test was performed again with the same results.</p> <p>In an interview at the time the [US FOIA] stated the phone connection is supposed to go through to the front desk receptionist, but he checked and it did not go through. The receptionist confirmed to the surveyor that the call did not show on her phone.</p> <p>In an interview, at the time, the [US FOIA (b)(6)] confirmed the observation and results.</p> <p>An observation at 10:28 AM of elevator #1 revealed when the emergency phone button was pressed a busy signal followed and the phone did not connect to a monitor to render assistance. The phone test was repeated 2 more times with the same results.</p> <p>In an interview at the time, the [US FOIA (b)(6)] confirmed the observation and results.</p> <p>The [US FOIA (b)(6)] was informed of the findings at the Life Safety Code exit conference on 6/19/24.</p> <p>This deficient practice was cited at the previous standard survey on 10/20/22 for elevator #1</p>	K 531	<p>4. Weekly audits of elevator inspections will be completed by Maintenance Director or Designee for four weeks, and monthly thereafter for 3 months to ensure that all elevators are up to date on inspections and are complying. Findings will be brought to the QAPI committee monthly for 3 months.</p>		

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

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NAME OF PROVIDER OR SUPPLIER  <b>BELLE CARE NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>439 BELLEVUE AVENUE TRENTON, NJ 08618</b>		
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K 531	Continued From page 7 emergency communication failure.	K 531			
K 911 SS=F	<p>N.J.A.C. 8:39-31.2 (e) Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation on 6/19/24, in the presence of the <b>US FOIA (b)(6)</b>, it was determined that the facility failed to ensure the guarding of live parts of electrical equipment and controls within an unlocked electrical panel in a resident accessible area for 1 of 3 electrical panels observed, in accordance with NFPA 101, 2012 Edition, Section 19.5.1.1, 9.1.2, NFPA 99 2012 Edition, Section 6.3.2.1, 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26, 110.27 and 110.16. This deficient practice had the potential to affect 94 residents and was evidenced by the following:</p> <p>At 10:53 AM, the surveyor <b>US FOIA (b)(6)</b>, observed an unlocked electrical wall panels on the resident occupied 2nd floor in the exit/egress corridor by room #26.</p> <p>The <b>US FOIA (b)(6)</b> confirmed the finding at the time of observation.</p>	K 911	<p>1. The electrical wall panel on the resident occupied 2nd floor was immediately secured and locked. ( see attached document labeled K911)</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>3. The maintenance director will do weekly environmental rounds by 4 weeks and monthly for 3 months to ensure all electrical panels are locked and secured.</p> <p>4 Audit findings will be reported to the Quality Assurance committee monthly for the next 4 months. Based on the results of these audit a decision will be made regarding the need for continued submission and reporting .</p>	8/25/24	

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K 911	Continued From page 8	K 911			
K 918 SS=F	<p>The <b>US FOIA (b)(6)</b> was informed of the findings at the Life Safety Code exit conference on 6/19/24.</p> <p>NJAC 8:39-31.2 (e) Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing</p>	K 918		8/25/24	

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K 918	<p>Continued From page 9</p> <p>the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review on 6/18/24, in the presence of the <b>US FOIA (b)(6)</b> it was determined that the facility failed to demonstrate reliability regarding fuel supply from the Natural Gas Supply Company in accordance with NFPA 99, 2012 Edition Chapter 6 and NFPA 110, 2010 Edition Section 5.1. This deficient practice had the potential affect all residents and is evidenced by:</p> <p>A record review at 9:00 AM revealed the facility had a natural gas powered generator.</p> <p>In an interview at approximately 2:00 PM, the <b>US FOIA (b)(6)</b> stated that he did not have a documented reliability letter from the natural gas provider.</p> <p>The <b>US FOIA (b)(6)</b> was informed of the findings at the Life safety Code exit conference on 6/19/24.</p> <p>N.J.A.C. 8:39-31.2 (e), 31.2(g) NFPA 99, 110</p>	K 918	<p>1. The facilities Natural gas supplier was immediately contacted to provide a documented reliability letter. ( see attached document labeled K918)</p> <p>2. All residents have the potential to be affected by this practice.</p> <p>3. The maintenance department will be educated on the regulation of ensuring a reliability letter is on file from the facility's natural gas supplier.</p> <p>4. Audit will be done by the maintenance director/designee annually to ensure the facility is up to date with the required reliability letter. Audit findings will be shared with the QAPI committee annually.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315124	MULTIPLE CONSTRUCTION A. Building 01 - CAPITAL NURSING CENTER B. Wing	DATE OF REVISIT 8/30/2024
NAME OF FACILITY BELLE CARE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 439 BELLEVUE AVENUE TRENTON, NJ 08618

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	08/25/2024	LSC	08/25/2024	LSC	08/25/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/25/2024	LSC	08/25/2024	LSC	08/25/2024
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	
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 6/26/2024		<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			