

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

PRINTED: 10/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024	
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ154711, NJ155217, NJ155216, NJ166103, NJ166820, NJ173110, NJ172020</p> <p>Survey Dates: 06/10/24 through 06/13/24.</p> <p>Survey Census: 144</p> <p>Sample Size: 29</p> <p>Supplemental Residents: 0</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.</p> <p>A Recertification and Complaint survey was conducted at Avalon Rehabilitation and Healthcare Center by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health from 06/10/24 through 06/13/24 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>The facility failed to protect two residents (Resident # 13 and Resident # 40) from ^{NJ Ex Order 264} [REDACTED] with ^{NJ Ex Order 26.4(b)(1)} [REDACTED]. This failure caused Resident # 40 to sustain a ^{NJ Ex Order 26.4(b)(1)} to the ^{NJ Ex Order 26.4(b)(1)} while transferring the ^{NJ Ex Order 26.4(b)(1)} without ^{NJ Ex Or} and Resident # 13 had the following two incidents: a.) sustained a ^{NJ Ex Order 26.4(b)(1)} to the ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} by entering the nourishment room that was propped open by a piece of cardboard and obtained his/her own ^{NJ Ex Order 26.4(b)(1)} without ^{NJ Ex Or} and b.)</p>	F 000		

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

TITLE

(X6) DATE

Electronically Signed

07/08/2024

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>sustained [REDACTED] to the [REDACTED] and [REDACTED] and [REDACTED] on [REDACTED]. Resident # 13 sustained the [REDACTED] by [REDACTED] in the [REDACTED] when a staff member [REDACTED] Resident #13.</p> <p>Review of the facility policy for "Safe Use of Microwave Ovens" revised 01/08/204, included "Hot beverages like coffee, tea or hot chocolate should be served with a lid to help prevent spills if needed." Review of facility policy for "Safety of Hot Liquids" revised 10/14, included "appropriate precautions will be implemented to maximize choice of beverages while minimizing the potential for injury."</p> <p>On 06/10/24 at 10:33 PM, the [REDACTED] and [REDACTED] were notified of Immediate Jeopardy (IJ) Past Non-Compliance (PNC) in the following area: F 689-J, Accidents and Hazards. The IJ began on 05/10/24, when the survey team identified that the facility failed to prevent Resident #13 and Resident #40 from experiencing [REDACTED] from a [REDACTED]</p> <p>[REDACTED]</p> <p>The facility provided an acceptable plan on 06/11/24 at 6:51 PM. The removal plan included review of documentation, training, and interviews. The survey team verified all elements of the facility's Past Non-Compliance IJ removal plan. The Past Non-Compliance IJ removal plan was confirmed to be in compliance on 06/13/24 at 2:15 PM.</p> <p>The facility failed to identify, investigate, report, and protect Resident # 13 from [REDACTED]. On [REDACTED], Resident # 13 alleged that Certified Nursing Assistant #1 [REDACTED] Resident # 13 causing the resident to [REDACTED] and [REDACTED]</p>	F 000	

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F 000	<p>Continued From page 2</p> <p>causing [REDACTED] to the [REDACTED]. The facility did not investigate the allegation and did not remove CNA #1 pending investigation.</p> <p>Interview with the [REDACTED] confirmed the allegation was not investigated and not reported to the New Jersey Department of Health. Review of the facility's abuse policy included any suspected abuse should be reported ...all investigations are thoroughly investigated.</p> <p>On 06/11/24 at 9:50 PM, the [REDACTED] [REDACTED], [REDACTED], and [REDACTED] were notified of Immediate Jeopardy (IJ) in the following area: F 600-J, Freedom from Abuse, Neglect, and Exploitation. The IJ began on 01/05/24, when the survey team identified the facility failed to ensure that Resident #13 was safe from [REDACTED]</p> <p>An acceptable removal plan was received on 06/12/24 at 8:24 PM, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including but not limited to:</p> <ol style="list-style-type: none"> 1. Removing and suspending CNA #1 pending investigation. 2. Notifying NJDOH of the allegation of abuse. 3. All staff re-education on Abuse and Neglect. <p>The survey team validated the removal plan, and the IJ was removed on 06/13/24 at 6:30 PM.</p>	F 000		
F 582 SS=D	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing</p>	F 582		7/8/24

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F 582	<p>Continued From page 3</p> <p>facility and when the resident becomes eligible for Medicaid of-</p> <p>(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;</p> <p>(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</p> <p>(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.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and 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</p>	F 582		

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F 582	<p>Continued From page 4</p> <p>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, record review, and facility policy review, the facility failed to accurately complete Medicare Part A form Centers for Medicaid and Medicare Services (CMS)-10123 Notice of Medicare Non-Coverage (NOMNC) for one of three residents (Resident (R) 6) and accurately complete CMS Skilled Facility Nursing Advanced Beneficiary (SNFABN) CMS-10055 form for two of three residents (R6 and R79) reviewed for beneficiary notices of 29 sample residents. The forms were used to notify Medicare Part A beneficiaries when their skilled therapy or skilled nursing services were ending.</p> <p>Findings include:</p> <p>1. Review of the "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, revealed the resident was admitted on [REDACTED] [REDACTED]</p> <p>Review of the NOMNC provided by the facility and issued to R6 with a last covered day of [REDACTED] [REDACTED], revealed it did not contain the TTY (teletypewriter phone number) a service for the [REDACTED] [REDACTED] or [REDACTED] to assist them in filing an appeal. The form was also missing the name of the Quality Improvement Organization (QIO.) The</p>	F 582	<p>ID Prefix Tag F582 <input type="checkbox"/> Medicaid/Medicare Coverage/Liability Notice</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (2) residents identified:</p> <p>1. Resident #6 and Resident #79 still reside at the facility.</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected.</p> <p>1. Review of resident who completed a Medicare skilled stay was reviewed for the last 14 days to validate that the NOMNC and/or the SNFABN form was completed and provided per regulatory requirements with no further findings noted.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The U.S. FOIA (b) (6) and U.S. FOIA (b) (6) [REDACTED] were re-educated by the administrator on the need to accurately complete the Notice of Medicare Non-Coverage (NOMNC) and Skilled</p>	

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F 582	<p>Continued From page 5</p> <p>QIO was the group responsible for reviewing the information for an appeal.</p> <p>Review of the SNFABN issued by phone on [REDACTED] and provided by the facility, revealed it did not have the facility telephone number as required. In the box labeled "care" the facility entered "skilled nursing care." The second box identified the reason Medicare may not pay was written "[REDACTED] have been met" and in the last box labeled "cost" the Business Office Manager (BOM) had entered "[REDACTED]." R6 was receiving [REDACTED] services, and [REDACTED] was going to return to [REDACTED] as [REDACTED] primary payment status.</p> <p>2. Review of the "Admission Record" located in the EMR under the "Profile" tab, revealed the resident was admitted on [REDACTED].</p> <p>Review of R79's SNFABN issued by phone on [REDACTED] and provided by the facility, revealed it had been completed in the same manner. The facility phone number was not on the form. The box labeled "care" was completed with "skilled nursing care." The box labeled "Reason Medicare Might Not Pay" was documented as [REDACTED] and "Cost" was completed with [REDACTED].</p> <p>Review of the facility's policy titled, "Medicare Advance Beneficiary and Medicare Non-Coverage Notices," last revised 09/22, revealed there were no instructions on how to complete either form.</p> <p>Review of the 2018 instructions titled, "Form Instructions Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNFABN)</p>	F 582	<p>Facility Nursing Advanced Beneficiary (SNFABN) forms and provide them to the resident per regulatory requirements.</p> <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The Business Office Manager or administrative designee will review 3 residents who completed a Medicare skilled stay will be reviewed to validate that the NOMNC and/or the SNFABN form was completed and provided per regulatory requirements. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained. 	

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F 582	<p>Continued From page 6</p> <p>Form CMS-10055 revealed, " ...The first blank above the title. . .The SNF must include the SNF's name, address, and phone number at a minimum. In section B " ...The description must be written in plain language that the beneficiary can understand ..." In the section titled "Reason May Not Pay", the directions stated, " ...The SNF must give the applicable Medicare coverage guideline(s) ..." In the Cost box the "facility should enter an estimated total cost or a daily, per item, or per services ..." "</p> <p>Review of the undated "Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 revealed, " ...Insert the name and telephone numbers (including TTY) of the applicable QIO in no less than 12-point type."</p>	F 582		
F 600 SS=J	<p>NJAC 8:39-5.1(a)</p> <p>Free from Abuse and Neglect</p> <p>CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation</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> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;</p> <p>This REQUIREMENT is not met as evidenced</p>	F 600	7/8/24	

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F 600	<p>Continued From page 7</p> <p>by:</p> <p>Based on interviews, record review, and review of facility policy, the facility failed to ensure residents were free from [REDACTED] for one (1) of five (5) residents (Resident #13) reviewed for [REDACTED]. In addition, this failure has the potential to affect 143 other residents residing in the facility who were not protected from the alleged [REDACTED].</p> <p>The facility's failure to ensure all residents were free from abuse, by not investigating an allegation of [REDACTED] reported by Resident #13 posed a likelihood of [REDACTED] to Resident #13 and all residents. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>On 06/11/24 at 9:50 PM, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were notified that the failure to identify and protect one resident from alleged [REDACTED] which constituted an Immediate Jeopardy to the health and safety of all residents in the facility at F 600: Free from Abuse and Neglect. The Immediate Jeopardy began on [REDACTED] when Resident #13 reported that Certified Nursing Assistant (CNA #1) [REDACTED] him/her.</p> <p>The facility provided an Immediate Jeopardy Removal Plan that was accepted on 06/12/24 at 8:24 PM. The survey team verified the implementation of the removal plan through staff interviews, and review of facility training. The Immediate Jeopardy was removed on 06/13/24 at 6:30 PM.</p> <p>Findings include:</p> <p>Review of Resident #13's undated Admission Record, provided by the facility, indicated that</p>	F 600	<p>ID Prefix Tag F600 – Free from Abuse, Neglect and Exploitation</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <ol style="list-style-type: none"> Resident #13 was evaluated and interviewed by the licensed nurse with no further complaints, [REDACTED] at the facility, and is [REDACTED] with the outcome of the investigation. On 6/12/24 the DON reported to the Department of Health and thoroughly investigated Resident #13's allegation of [REDACTED]. CNA#1 has been re-in-serviced on the facility abuse policy which includes but is not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. LPN #1, LPN #3, and LPN #4 were re-educated on the facility abuse policy which includes but is not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. <p>Two, identification of other residents who have the potential to be affected:</p> <ul style="list-style-type: none"> The facility recognizes that all residents could have the potential to be affected. <ol style="list-style-type: none"> Current residents were interviewed by unit managers for potential concerns

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F 600	<p>Continued From page 8</p> <p>Resident #13 was re-admitted to the facility on [REDACTED], with diagnoses of [REDACTED] NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) [REDACTED]) and [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>Review of the Progress Notes, provided by the facility and dated 01/05/24, revealed. "At around 9:00 PM, heard [Resident #13] [REDACTED] NJ Ex Order 26.4(b)(1) at a CNA [REDACTED] ...When approached, [Resident #13] stated ... [CNA #1] [REDACTED] [Resident #13] [REDACTED] NJ Ex Order 26.4(b)(1) making the [REDACTED] NJ Ex Order 26.4(b)(1) ...pantry floor was [REDACTED] with [REDACTED] NJ Ex Order 26.4(b)(1) and [Resident #13's] [REDACTED] was a [REDACTED] NJ Ex Order 26.4(b)(1) ...Both [REDACTED] NJ Ex Order 26.4(b)(1) were checked, but are [REDACTED] and NJ Ex Order 26.4(b)(1). [Resident #13] claims that [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) feel [REDACTED] NJ Ex Order 26.4(b)(1) ...Further assessment made. NJ Ex Order 26.4(b)(1)." [REDACTED]</p> <p>Review of the "Full Quality Assurance (QA) Report" provided by the facility and dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed "... [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) area ...according to [Resident #13], [REDACTED] on [REDACTED] NJ Ex Order 26.4(b)(1), [Resident #13's] [REDACTED] was [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] no [REDACTED] no [REDACTED] or [REDACTED] NJ Ex Order 26.4(b)(1) ...preventative/protective [REDACTED] care, [REDACTED] NJ Ex Order 26.4(b)(1) for five minutes ...Conclusion: ... [Resident #13] stated 'the [REDACTED] NJ Ex Order 26.4(b)(1)'! Upon ...interviewing [Resident #13] and the [Certified Nursing Assistant (CNA #1)], [REDACTED] indeed was noted to [REDACTED] on [Resident #13's] [REDACTED] ... [CNA #1] was attempting to get fresh ice water for her residents, while [Resident #13] was [REDACTED] NJ Ex Order 26.4(b)(1) their [REDACTED] [Resident #13] became angry with [CNA #1] for being in the nourishment room at the same time [Resident #13] was in there. As [CNA #1] attempted to leave the nourishment room, [Resident #13] positioned themselves [REDACTED] NJ Ex Order 26.4(b)(1) and</p>	F 600	<p>related to abuse/neglect. Variances were addressed including but not limited to the protection of the resident, reporting completed per requirement, and a thorough investigation completed.</p> <p>2. The DON reviewed facility incident reports for the last 30 days to validate potential concerns related to abuse/neglect were identified, the protection of the resident occurred, reporting was completed per requirement, and a thorough investigation was completed. Variances were addressed and no further findings were noted.</p> <p>Three, system changes and measures that will be made:</p> <ol style="list-style-type: none"> 1. The U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) [REDACTED] were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by regional nurse. 2. The facility staff were re-educated on the facility abuse policy which includes but is not limited to being free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. 3. The facility Director of Nurses reviewed the staff onboarding program with the members of the IDT and confirmed it included training on the facility abuse policy for new hires. 4. A Resident Council meeting was held by IDCP team on 6/28/24 to review the resident's right to be free from abuse and 	

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F 600	<p>Continued From page 9</p> <p>[CNA #1]. [Resident #13] would [REDACTED] on her as [Resident #13] stood up from the wheelchair. In the process of [CNA #1] trying to [REDACTED] [Resident #13] so [Resident #13] would not [REDACTED] [Resident #13] [REDACTED] a [REDACTED] NJ Ex Order 26.4(b)(1) on [REDACTED] [Resident #13] reported that [CNA #1] [REDACTED] [REDACTED] [Resident #13].</p> <p>Review of the QA Investigative Statements: (Typed written statement by [Licensed Practical Nurse (LPN #3)] revealed, ...[Resident #13] was heard in the hall [REDACTED] at a [CNA #1], very [REDACTED] ...[Resident #13] stated that the [CNA #1] [REDACTED] [him/her] out of the way making the [REDACTED] on [Resident #13] and walked away ...immediately inspected the surroundings and noted [REDACTED] on the floor. Checked [Resident #13] and noted [REDACTED] lingers on [Resident #13] and [REDACTED] was a little [REDACTED] ... [REDACTED] was [REDACTED] the floor ...[Resident #13] stated [REDACTED] on both [REDACTED]. Further review of the QA report revealed a typed written statement documented by [Resident #13]) "...that aide [CNA #1] [REDACTED] me and made me [REDACTED]</p> <p>Review of facility provided, undated and untitled handwritten document by CNA #1, revealed "On [REDACTED] at about 4:00 PM, I was entering the nutrition room to get ice for my residents. [Resident #13] was already in there [REDACTED] their [REDACTED] [Resident #13] was sitting near the sink. I asked [him/her] to let me [REDACTED] to [REDACTED]. [Resident #13] replied "why [REDACTED] , you [REDACTED] ..." [Resident #13] continued to [REDACTED] as [he/she] sat back down in the wheelchair. So I left the room to pass ice water. As I returned to get</p>	F 600	<p>the facility abuse policy.</p> <p>5. The Interdisciplinary Team will review incidents Monday through Friday for 3 months during the clinical meeting to confirm that allegations of abuse are reported and thoroughly investigated. Variances will immediately be addressed. The Administrator is responsible for the oversight of this process.</p> <p>Four, monitoring mechanisms to assure compliance:</p> <p>1. The DON or administrative designee will interview 3 residents and audit 3 facility incident reports weekly to validate potential concerns related to abuse/neglect were addressed if indicated, the protection of the resident occurred, timely reporting was completed per requirement, and a thorough investigation was completed. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>	

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F 600	<p>Continued From page 10</p> <p>more ice water, [Resident #13] was still using the microwave. I asked [Resident #13] to excuse me again, [Resident #13] replied, [NJ Ex Order 26.4(b)(1)]</p> <p>[REDACTED] As I was attempting to leave out of the nutrition room [Resident #13]</p> <p>[NJ Ex Order 26.4(b)(1)] with the [REDACTED] container in [Resident #13's] [NJ Ex Order 26.4(b)(1)] [Resident #13] was carrying a [NJ Ex Order 26.4(b)(1)] was in [REDACTED] [NJ Ex Order 26.4(b)(1)]. [Resident #13] said to me, [NJ Ex Order 26.4(b)(1)] ..."</p> <p>I became [NJ Ex Order 26.4(b)(1)] and I [NJ Ex Order 26.4(b)(1)] [Resident #13] to [REDACTED] of [Resident #13's] [NJ Ex Order 26.4(b)(1)]</p> <p>On 06/11/24 at 3:15 PM, the surveyor interviewed CNA #1 who confirmed during the incident on [REDACTED], Resident #13 was in the ice room using the microwave, which was on the counter next to the medication room, when she went in there for a cup of ice for one of her [REDACTED] [NJ Ex Order 26.4(b)(1)] residents. She stated Resident #13 started [NJ Ex Order 26.4(b)(1)], asking her why she was in here and said that she was not to be in here when [Resident #13] was in here. She stated she took the cup of ice and left the room without speaking with Resident #13. She then stated that Resident #13 stood up, and [NJ Ex Order 26.4(b)(1)] if she did not [REDACTED] [NJ Ex Order 26.4(b)(1)] CNA #1 stated [Resident #13] [REDACTED] to [REDACTED] after [NJ Ex Order 26.4(b)(1)]. She stated Resident #13 sat back down in the wheelchair, and this was when she took her ice and left the room. She stated she was only in the nutritional room one time, denied going back for a second time, as her written statement indicated. CNA #1 further stated that she went back to her hall and started doing rounds after exiting the nutrition room. CNA #1 indicated that the nurse [LPN #4] told her that the supervisor [LPN #1], who was not at the facility during this incident, wanted her to write a statement because Resident #13 accused her of [REDACTED] Resident #13. Then CNA #1 stated</p>	F 600	

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F 600	<p>Continued From page 11</p> <p>"because [REDACTED] [REDACTED] [REDACTED] [Resident #13] or something like that." CNA #1 stated after she wrote her written statement, she gave it to LPN #1 and confirmed that she was not asked to leave the facility. She stated she wrote Resident #13 was [REDACTED] in the [REDACTED] and had nothing in their hands while speaking with her. CNA #1 indicated that the next day, she was asked to come to the facility in the morning and spoke with the U.S. FOIA (b) (6) [REDACTED] and LPN #1. She indicated they asked her what happened, and she said that Resident #13 was [REDACTED], while she got ice, and she left the nutritional room, while Resident #13 remained in the room. CNA #1 confirmed that Resident #13 was sitting near the opened door when she passed Resident #13 and went [REDACTED] [REDACTED]</p> <p>On 06/11/24 at 7:10 PM, the surveyor interviewed the [REDACTED] who stated even if the incident happened "today", the facility would have [REDACTED] CNA #1, but allow CNA #1 to return to work because CNA #1 was not in the room with Resident #13 and Resident #13 [REDACTED]. The [REDACTED] confirmed that when the QA report was completed, it was reviewed the next business day during the morning meeting. The [REDACTED] stated after completing the QA report, it triggered an email to management and corporate, which generated follow up emails as to what happened. She stated she was told by LPN #3, LPN #4, and CNA #1, that CNA #1 was not in the nutrition room when Resident #13 [REDACTED] on themselves. After the [REDACTED] reviewed the statements, where Resident #13 reported [REDACTED] by CNA #1, the [REDACTED] confirmed that this should have been reported within two hours of the staff's knowledge, and that CNA #1</p>	F 600	

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F 600	<p>Continued From page 12 should have been suspended.</p> <p>On that same date at 7:37 PM, after re-reading the abuse policy, the [U.S. FOIA] stated she would re-open this investigation and report. She stated CNA #1 would have been [NJ Exec Order 26.4(b)] immediately and confirmed that she "dropped the ball." During a follow up interview at 8:32 PM, she confirmed that CNA #1 had been [NJ Exec Order 26.4(b)] and that the staff currently in the building had been in-serviced on [NJ Exec Order 26.4(b)]. She stated the state agency (SA) and police had been notified.</p> <p>On 06/12/24 at 11:00 AM, the surveyor interviewed Resident #13 who stated the [NJ Ex Order 26.4(b)] incident occurred while [Resident #13] was [NJ Ex Order 26.4(b)(1)] in the [NJ Ex Order 26.4(b)(1)]. Resident #13 confirmed CNA #1 came into the nutritional room, where [Resident #13] was sitting by the ice machine, and CNA #1 [NJ Ex Order 26.4(b)(1)] [Resident #13]. Resident #13 stated that [he/she] told CNA #1, "At least you can [NJ Ex Order 26.4(b)(1)]." Resident #13 confirmed that CNA #1 said something, but [he/she] could not understand her, and CNA #1 left the nutritional room. Resident #13 indicated that [he/she] finished [NJ Ex Order 26.4(b)(1)] their [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. Resident #13 further stated [he/she] had taken the [NJ Ex Order 26.4(b)(1)] out of the [NJ Ex Order 26.4(b)(1)] had it in [his/her] right hand, and was getting ready to go out of the nutritional room, and was near the ice machine. Resident #13 stated CNA #1 entered the nutritional room, [NJ Ex Order 26.4(b)(1)] [him/her] on the right side to go to the sink, causing the [NJ Ex Order 26.4(b)(1)] to [NJ Ex Order 26.4(b)(1)]. Resident #13 stated [he/she] started [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)]. CNA #1 and CNA #1 did not stop and walked out of the nutritional room. Resident #13 stated when CNA #1 went out of the nutritional room, she went straight to the LPN #4 on the [NJ Ex Order 26.4(b)(1)] where</p>	F 600		

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F 600	<p>Continued From page 13</p> <p>Resident #13 heard CNA #1 telling the LPN #4 what happened and [REDACTED] about it. Resident #13 further stated LPN #3 came to find out what was wrong. Resident #13 stated [he/she] told LPN #3 that CNA #1 [REDACTED] [Resident #13] causing the [REDACTED] to [REDACTED] [Resident #13]</p> <p>[REDACTED] Resident #13 stated a day later, LPN #1 came and spoke with [him/her] about the incident. Resident #13 confirmed that [he/she] told LPN #1 that CNA #1 [REDACTED] [Resident #13] causing the [REDACTED] to [REDACTED] [Resident #13]. Resident #13 stated LPN #1 told [him/her] that CNA #1 was not to be around [Resident #13] anymore. Resident #13 stated that the same day [he/she] spoke with LPN #1 and CNA #1.</p> <p>On 06/12/24 at 2:40 PM, the surveyor interviewed LPN #1 who stated she spoke with Resident #13 following the [REDACTED] incident. She confirmed Resident #13 told her that CNA #1 [REDACTED] [Resident #13] and that Resident #13 was able to identify CNA #1 by name. She indicated she would not classify Resident #13's statement to be [REDACTED] and indicated that Resident #13 was both [REDACTED] and [REDACTED] towards CNA #1, making CNA #1 [REDACTED] The LPN #1 stated CNA #1 may have accidentally [REDACTED] Resident #13's wheelchair when exiting the nutritional room.</p> <p>Review of Resident #13's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [REDACTED] revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 which indicated Resident #13 was [REDACTED] and able to make themselves [REDACTED] and [REDACTED] others.</p> <p>Review of facility provided CNA #1's "Regular Monthly Schedule," provided by the facility for</p>	F 600		

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F 600	<p>Continued From page 14</p> <p>January 2024, revealed evidence that CNA #1 worked the following dates: NJ Ex Order 26.4(b)(1)</p> <p>[REDACTED]</p> <p>This schedule showed that CNA #1 worked for NJ Ex Order 26.4(b)(1) days after the allegation of NJ Ex Order 26.4(b)(1) occurred.</p> <p>Review of facility policy titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program," dated 10/22, revealed "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to ...physical abuse. Policy Interpretation and Implementation: The resident abuse, neglect and exploitation program consist of a facility-wide commitment and resource to support the following objectives: 1. Protect residents from abuse, neglect, exploitation, or misappropriation of property by anyone including, but not necessarily limited to: a. facility staff ...9. Identify ...all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property."</p> <p>An acceptable Removal Plan on 06/12/24 at 8:24 PM indicated the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including suspending CNA #1 pending investigation, notifying the New Jersey Department of Health of the allegation of abuse, and educating all staff on the facility abuse policy.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the</p>	F 600		

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F 600	Continued From page 15 on-site survey on 06/13/24. NJAC 8:39-4.1(a)5 NJAC 8:39-9.4(f) NJAC 8:39-13.4(c)2		F 600		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §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:		F 609		7/8/24

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F 609	<p>Continued From page 16</p> <p>Based on record review, interviews and policy review, the facility failed to ensure an incident of alleged [REDACTED] by one of five residents (Resident (R) 13) reviewed for [REDACTED] out of 29 sampled residents was reported to the state agency (SA) within two hours of knowledge of the alleged [REDACTED]. This failure placed R13 at risk for NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>Findings include:</p> <p>Review of R13's undated "Admission Record" provided by the facility, indicated R13 was re-admitted to the facility on [REDACTED] with diagnoses of [REDACTED], [REDACTED], [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED] and NJ Ex Order 26.4(b)(1) [REDACTED]</p> <p>Review of R13's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [REDACTED], revealed a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 15 which indicated the resident was [REDACTED]. [REDACTED] was able to [REDACTED] and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of facility provided " Full Quality Assurance (QA) Report," dated [REDACTED], revealed "...Conclusion: ... [R13] stated [REDACTED] Upon investigation and interviewing of [R13] and Certified Nursing Assistant [CNA1], [REDACTED] indeed was noted to [REDACTED] on [REDACTED] [CNA1] was attempting to get fresh ice water for [REDACTED] residents, while [R13] was [REDACTED] [REDACTED] for being in the nourishment room at the same time [REDACTED] was in there. As [CNA1] attempted</p>	F 609	<p>ID Prefix Tag F609 <input type="checkbox"/> Reporting of Alleged Violations</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <ol style="list-style-type: none"> 1. Resident #13 was evaluated and interviewed by the licensed nurse with no further complaints, [REDACTED] at the facility, and is [REDACTED] with the outcome of the investigation. On 6/12/24 the DON reported to the Department of Health and thoroughly investigated Resident #13's allegation of [REDACTED] 2. CNA#1 has been re-in-serviced on the facility abuse policy which includes but is not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. 3. LPN #3 was re-educated on the facility abuse policy which includes but is not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. 4. The U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) [REDACTED] were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by regional nurse.

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690	
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F 609	<p>Continued From page 17</p> <p>to leave the nourishment room, [R13] [NJ Ex Order 26.4(b)(1)] entranceway [NJ Ex Order 26.4(b)(1)] [CNA1] would [NJ Ex Order 26.4(b)(1)] as [NJ Ex Order 26.4(b)(1)] stood up from [NJ Ex Order 26.4(b)(1)] chair. In the process of [CNA1] trying to [NJ Ex Order 26.4(b)(1)] [R13] so [NJ Ex Order 26.4(b)(1)] [R13] [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)] [R13] reported that [CNA1] [NJ Ex Order 26.4(b)(1)]</p> <p>...Investigative Statements: [Typed written statement by Licensed Practical Nurse (LPN) 3] ...[R13] was heard in the hall [NJ Ex Order 26.4(b)(1)] at a CNA [meaning CNA1]. [NJ Ex Order 26.4(b)(1)] ...[R13] stated that the CNA [meaning CNA1] [NJ Ex Order 26.4(b)(1)] out of [NJ Ex Order 26.4(b)(1)] making the [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)] and walked away ...immediately inspected the surroundings and noted [NJ Ex Order 26.4(b)(1)] on the floor. Checked [R13] and noted [NJ Ex Order 26.4(b)(1)] lingers on [NJ Ex Order 26.4(b)(1)] and was a [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] was wiped off the floor ...[R13] stated [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)] closer to [NJ Ex Order 26.4(b)(1)] During further review revealed " ... [Typed written statement of R13] ...that aide [NJ Ex Order 26.4(b)(1)] and made me [NJ Ex Order 26.4(b)(1)] on me."</p> <p>During an interview on 06/10/24 at 6:45 PM, the U.S. FOIA (b) (6) confirmed that neither the U.S. FOIA (b) (6) and/or U.S. FOIA (b) (6) were notified regarding the [NJ Ex Order 26.4(b)(1)] incident.</p> <p>During an interview on 6/11/24 at 12:10 PM, the U.S. FOIA (b) (6) indicated that this incident was not reported to the [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] stated that if the staff investigating the incident could conclude, the [U.S. FOIA (b) (6)] would not be notified. However, if the staff investigating could not conclude, then the incident would be reported to the [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] confirmed that LPN3 witnessed the incident and felt no need to go any further because CNA1 was not right there when R13 [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)]. At 7:10 PM, after the</p>	F 609	<p>Two, identification of other residents who have the potential to be affected: -The facility recognizes that all residents could have the potential to be affected.</p> <ol style="list-style-type: none"> 1. Current residents were interviewed by unit managers for potential concerns related to abuse/neglect. Variances were addressed including but not limited to the protection of the resident, reporting completed per requirement, and a thorough investigation completed. 2. The DON reviewed facility incident reports for the last 30 days to validate potential concerns related to abuse/neglect were identified, the protection of the resident occurred, reporting was completed per requirement, and a thorough investigation was completed. Variances were addressed and no further findings were noted. <p>Three, system changes and measures that will be made:</p> <ol style="list-style-type: none"> 1. The U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) [U.S. FOIA (b) (6)] were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by regional nurse. 2. The facility staff were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by the DON or administrative designee. 3. The facility's Director of Nursing reviewed the staff onboarding program

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F 609	<p>Continued From page 18</p> <p>surveyor showed her the statements where R13 reported alleged ^{NJ Ex Order 26.4(b)(1)} by CNA1, she indicated that this should have been reported within two hours of staff's knowledge, and that CNA1 should have been suspended pending investigation.</p> <p>During an interview on 06/11/24 at 8:06 PM, the U.S. FOIA (b) (6) indicated this ^{NJ Exec Order 2} ^{NJ Ex Order 2} was not reported to the SA.</p> <p>Review of the facility's policy titled, "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating," revised 09/22, revealed, "All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) ...Policy Interpretation and Implementation: Reporting Allegations to the Administrator and Authorities: 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the Administrator and to other officials according to state law. 2. Upon the Administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/ licensing the facility. 3. "Immediately" is defined as: a. within two hours of an allegation abuse or result in serious bodily injury."</p> <p>NJAC8:39-9.4(f)</p>	F 609	<p>with the members of the IDT and confirmed it included training on the facility abuse policy for new hires.</p> <p>4. A Resident Council meeting was held by IDCP team on 6/28/24 to review the resident's right to be free from abuse and the facility abuse policy.</p> <p>5. The Interdisciplinary Team will review incidents Monday through Friday for 3 months during the clinical meeting to confirm that allegations of abuse are reported and thoroughly investigated. Variances will immediately be addressed. The Administrator is responsible for the oversight of this process.</p> <p>Four, monitoring mechanisms to assure compliance:</p> <p>1. The DON or administrative designee will interview 3 residents and audit 3 facility incident reports weekly to validate potential concerns related to abuse/neglect were addressed if indicated, the protection of the resident occurred, timely reporting was completed per requirement, and a thorough investigation was completed. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>	
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation	F 610		7/8/24

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F 610	<p>Continued From page 19 CFR(s): 483.12(c)(2)-(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interviews and facility policy review, the facility failed to ensure an incident of alleged [NJ Ex Order 26.4(b)(1)] was thoroughly investigated for one of five residents (Resident (R) 13) reviewed for [NJ Ex Order 26.4(b)(1)] of 29 sampled residents.. This failure placed R13 at risk for NJ Ex Order 26.4b1 [REDACTED].</p> <p>Findings include:</p> <p>Review of R13's undated "Admission Record" and provided by the facility, indicated R13 was re-admitted to the facility on [REDACTED] with diagnoses of [REDACTED] and [REDACTED] and NJ Ex Order 26.4(b)(1) [REDACTED] and NJ Ex Order 26.4(b)(1) [REDACTED]</p>	F 610	<p>ID F610 – Investigate/Prevent/Correct Alleged Violation</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <ol style="list-style-type: none"> Resident #13 was evaluated and interviewed by the licensed nurse with no further complaints, [REDACTED] at the facility, and is [REDACTED] with the outcome of the investigation. On 6/12/24 the DON reported to the Department of Health and thoroughly investigated Resident #13's allegation [REDACTED]. CNA#1 has been re-in-serviced on the facility abuse policy which includes but is 	

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F 610	<p>Continued From page 20</p> <p>NJ Ex Order 26.4(b)(1).</p> <p>Review of R13's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [REDACTED] ^{NJ Ex Order 26.4(b)}, revealed a "Brief Interview for Mental Status (BIMS)" score of ^{NJ Ex Order 26.4(b)} out of 15 which indicated the resident was ^{NJ Ex Order 26.4(b)(1)}. He was able to ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}.</p> <p>Review of the " Full Quality Assurance (QA) Report" and provided by the facility, dated ^{NJ Ex Order 26.4(b)}, revealed "...Conclusion: ... [R13] stated "the ^{NJ Ex Order 26.4(b)(1)} on me." Upon investigation and interviewing of [R13] and Certified Nursing Assistant [CNA1], ^{NJ Ex Order 26.4(b)(1)} indeed was noted to ^{NJ Ex Order 26.4(b)(1)} ... [CNA1] was attempting to get fresh ice water for her residents, while [R13] was ^{NJ Ex Order 26.4(b)(1)}. [R13] became ^{NJ Ex Order 26.4(b)(1)} with [CNA1] for being in the nourishment room at the same time ^{NJ Ex Order 26.4(b)(1)} was in there. As [CNA1] attempted to leave the nourishment room, [R13] ^{NJ Ex Order 26.4(b)(1)} entranceway ^{NJ Ex Order 26.4(b)(1)} [CNA1] ^{NJ Ex Order 26.4(b)(1)} would ^{NJ Ex Order 26.4(b)(1)} as he stood up from his chair. In the process of [CNA1] trying to ^{NJ Ex Order 26.4(b)(1)} [R13] so ^{NJ Ex Order 26.4(b)(1)} would not ^{NJ Ex Order 26.4(b)(1)}, [R13] ^{NJ Ex Order 26.4(b)(1)} small amount of ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} [R13] reported that [CNA1] ^{NJ Ex Order 26.4(b)(1)} him ...Investigative Statements: [Typed written statement by Licensed Practical Nurse (LPN) 3] ...[R13] was heard in the hall ^{NJ Ex Order 26.4(b)(1)} at a CNA [meaning CNA1], ^{NJ Ex Order 26.4(b)(1)} ...[R13] stated that the CNA [meaning CNA1] ^{NJ Ex Order 26.4(b)(1)} making the ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} and walked away ...immediately inspected the surroundings and noted ^{NJ Ex Order 26.4(b)(1)} on the floor. Checked [R13] and noted ^{NJ Ex Order 26.4(b)(1)} lingers on ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} was a ^{NJ Ex Order 26.4(b)(1)} ... ^{NJ Ex Order 26.4(b)(1)} was ^{NJ Ex Order 26.4(b)(1)}</p>	F 610	<p>not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee.</p> <p>3. LPN #1, LPN #3, and LPN #4 were re-educated on the facility abuse policy which includes but is not limited to the resident's right to be free from abuse and neglect, safeguarding the resident, timely reporting of alleged violations, and the need to complete a thorough investigation by the DON or administrative designee.</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected.</p> <p>1. Current residents were interviewed by unit managers for potential concerns related to abuse/neglect. Variances were addressed including but not limited to the protection of the resident, reporting completed per requirement, and a thorough investigation completed.</p> <p>2. The DON reviewed facility incident reports for the last 30 days to validate potential concerns related to abuse/neglect were identified, the protection of the resident occurred, reporting was completed per requirement, and a thorough investigation was completed. Variances were addressed and no further findings were noted.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The ^{U.S. FOIA (b) (6)} and the ^{U.S. FOIA (b) (6)}</p>	

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F 610	<p>Continued From page 21</p> <p>off the floor ...[R13] stated [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)]." During further review revealed " ... [Typed written statement of R13] ...that aide [NJ Ex Order 26.4(b)(1)] and made me [NJ Ex Order 26.4(b)(1)] [REDACTED] on me." No evidence of other interviews conducted with this paperwork.</p> <p>Review of facility provided, undated and untitled handwritten document by CNA1 revealed "On [REDACTED] at about 4:00 PM, I was entering the nutrition room to get ice for my residents. [R13] was already in there heating up his meal. [REDACTED] was sitting near the sink. I asked [REDACTED] to let me [REDACTED] to pour out water. [REDACTED] replied "why every time I am in here, you come [NJ Ex Order 26.4(b)(1)] ..." He continued to [NJ Ex Order 26.4(b)(1)] as he sat back down in his wheelchair. So, I left the room to pass ice water. As I returned to get more ice water, he was still using the microwave. I asked him to excuse me again, he replied [NJ Ex Order 26.4(b)(1)] [REDACTED] As I was attempting to leave out of the nutrition room [R13] [NJ Ex Order 26.4(b)(1)] [REDACTED] the doorway with his [REDACTED] container in his hand, his carrying basin was in his lap. He said to me [NJ Ex Order 26.4(b)(1)] ..." I became [REDACTED] and I squeezed past him to [NJ Ex Order 26.4(b)(1)]."</p> <p>During an interview on 06/11/24 at 3:15 PM, CNA1 confirmed during the incident on [REDACTED], R13 was in the ice room using the [REDACTED] which was on the counter next to the medication room, when she went in there for a cup of ice for one of her [REDACTED] residents. She stated that R13 started [REDACTED], asking her why she was [REDACTED] and said that she was not to [REDACTED] when [REDACTED] was in here. She said that [REDACTED] took the cup of ice and left the room without speaking with R13. She then said that R13 stood up, and [REDACTED] if she did not get out of the room.</p>	F 610	<p>[U.S. FOIA (b)(6)] were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by regional nurse.</p> <ol style="list-style-type: none"> 2. The facility staff were re-educated on the facility abuse policy which includes but is not limited to free from abuse and neglect, timely reporting of alleged violations, and the need to complete a thorough investigation by DON or administrative designee. 3. The facility Director of Nurses reviewed the staff onboarding program with the members of the IDT and confirmed it included training on the facility abuse policy for new hires. 4. A Resident Council meeting was held by IDCP on 6/28/24 to review the resident's right to be free from abuse and the facility abuse policy. 5. The Interdisciplinary Team will review incidents Monday through Friday for 3 months during the clinical meeting to confirm that allegations of abuse are reported and thoroughly investigated. Variances will immediately be addressed. The Administrator is responsible for the oversight of this process. <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The DON or administrative designee will interview 3 residents and audit 3 facility incident reports weekly to validate potential concerns related to abuse/neglect were addressed if indicated, the protection of the resident

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F 610	<p>Continued From page 22</p> <p>CNA1 stated [REDACTED] to [REDACTED] after [REDACTED]. She stated that R13 sat back down in [REDACTED] wheelchair, and this was when she took [REDACTED] ice and left the room. She stated she was only in the nutritional room one time, denied going back for a second time, as her written statement indicated. CNA1 stated she went back to her hall and started doing rounds after exiting the nutrition room. CNA1 indicated that the nurse [LPN4] told her that the supervisor [LPN1], who was not at the facility during this incident, wanted her to write a statement because R13 accused her of [REDACTED]. Then CNA1 stated "because [REDACTED], [REDACTED] or something like that." She stated after she wrote her written statement, she gave it to LPN1 and confirmed that she was not asked to leave the facility. CNA1 stated she wrote R13 was [REDACTED] in the [REDACTED] and had nothing in [REDACTED] hands while speaking with her. CNA1 indicated that the next day, she was asked to come to the facility in the morning and spoke with the U.S. FOIA (b) (6) [REDACTED] and LPN1. She indicated they asked her what happened, and she said R13 was [REDACTED] [REDACTED], while she got ice, and she left out of the nutritional room, while R13 remained in the room. CNA1 confirmed R13 was sitting near the opened door when she passed [REDACTED] and [REDACTED]</p> <p>[REDACTED]</p> <p>During an interview on 06/12/24 at 11:00 AM, R13 stated the [REDACTED] incident occurred while [REDACTED] was [REDACTED] in the [REDACTED] [REDACTED] confirmed [CNA1] who wears a [REDACTED] every day, came into the nutritional room, where [REDACTED] was sitting by the ice machine, and the aide [CNA1] pushed past [REDACTED] R13 stated [REDACTED] told the aide, "NJ Exec Order 26.4b1" R13 confirmed that the aide said something, but [REDACTED]</p>	F 610	occurred, timely reporting was completed per requirement, and a thorough investigation was completed. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	

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F 610	<p>Continued From page 23</p> <p>could not [REDACTED] and the aide [CNA1] left the nutritional room. R13 indicated that [REDACTED] finished [REDACTED] and [REDACTED] stated [REDACTED] had taken the [REDACTED] out of the [REDACTED] had it in [REDACTED] right hand, and was getting ready to go out of the nutritional room, putting [REDACTED] near the ice machine, when the aide [CNA1] entered the nutritional room, [REDACTED] on his right side, to go to the sink, causing [REDACTED] to [REDACTED] stated that was when [REDACTED] was [REDACTED] and [REDACTED] aide's [CNA1] [REDACTED] while the aide did not stop and walked right out the nutritional room's door. [REDACTED] stated when the aide [CNA1] went out of the nutritional room, she went straight for the nurse on the [REDACTED], where [REDACTED] heard the aide [CNA1] telling the nurse what happened and [REDACTED] [REDACTED]. At this point, [REDACTED] stated [REDACTED] nurse [LPN3] came to find out what was wrong. After telling LPN3 that the aide [CNA1] [REDACTED] causing [REDACTED] to [REDACTED], R13 stated a day later LPN1 came and spoke with him about the incident. R13 confirmed that [REDACTED] told LPN1 that the aide [CNA1] [REDACTED] causing [REDACTED] to [REDACTED]. [REDACTED] stated LPN1 told [REDACTED] that the aide [CNA1] was not to be around [REDACTED] anymore. R13 stated that the same day [REDACTED] spoke with LPN1, the aide [CNA1] was seen in the facility, and [REDACTED] went into the nutritional room at the same time the resident was in the room, causing R13 to tell the aide [CNA1] that she was not allowed in there while [REDACTED] was in there. R13 stated that the aide [CNA1] said something in a [REDACTED] did [REDACTED], and she left the nutritional room without saying anything to [REDACTED]</p> <p>During an interview on 6/11/24 at 12:10 PM, the U.S. FOIA (b) (6) confirmed that CNA1,</p>	F 610	

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
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F 610	<p>Continued From page 24</p> <p>LPN3, LPN4, and R13 were all there in the hall. She indicated LPN3 witnessed the incident and felt no need to go any further with the investigation because CNA1 was not in the nutritional room when R13 [REDACTED].</p> <p>During a further interview at 7:10 PM, she stated that even if the incident happened today, CNA1 would be suspended, but the facility would have brought her back because R13 tended to [REDACTED]. At 7:37 PM, she confirmed that she dropped the ball and was restarting an investigation into this incident.</p> <p>During an interview on 06/11/24 at 8:06 PM, the U.S. FOIA (b) (6) indicated that [REDACTED] agreed with [REDACTED] acknowledgement about re-opening the incident and following through with the facility process.</p> <p>During an interview on 06/12/24 at 2:40 PM, LPN1 indicated that she spoke with R13 the week after the [REDACTED] incident. She confirmed that R13 told her CNA1 [REDACTED]. She stated R13 was able to identify CNA1 by name. LPN1 confirmed CNA1 called her, and CNA1 was told to write what happened on paper and slide under her office door. She indicated that she did not believe that CNA1 was sent home; however, Registered Nurse (RN) 2 was the evening supervisor and believed she was aware of the incident. She indicated that she would not classify R13's statement as [REDACTED] and indicated that R13 was both [REDACTED] and [REDACTED] to CNA1, making CNA1 [REDACTED]. LPN1 stated CNA1 may have accidentally [REDACTED] R13's wheelchair when exiting the nutritional room. She claimed that CNA1 was out of the nutritional room by the time R13 was [REDACTED] about [REDACTED].</p> <p>During another interview at 4:09 PM, she stated</p>	F 610		

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F 610	<p>Continued From page 25</p> <p>that during investigation of an alleged allegation, [REDACTED] would have taken statements from the resident, staff and/or witnesses involved, along with reviewing any documentation prior to writing a conclusion of the incident. The LPN1 was unable to provide any additional documentation regarding this incident.</p> <p>Review of the facility "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating" policy, revised 09/22, revealed, "All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are ... thoroughly investigated by facility management ... Policy Interpretation and Implementation. Reporting Allegations to the Administrator and Authorities ...Investigating Allegations: 1. All allegations are thoroughly investigated. The Administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating and reporting such allegations ...The Administrator ensures that the resident and the person(s) reporting the suspected violation is protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. 5. The individual conducting the investigation as a minimum: a. reviews the documentation and evidence ...d. interviews the person(s) reporting the incident; e. interviews any witnesses to the incident; f. interviews the resident (as medically appropriate) or the resident's representative ...h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident ...j. interviews other residents to</p>	F 610		

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F 610	Continued From page 26 whom the accused employee provides care or services; k. reviews all events leading up to the alleged incident; and l. documents the investigation completely and thoroughly."	F 610		
F 645 SS=D	NJAC 8:39-9.4(f) PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires	F 645	7/8/24	

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F 645	<p>Continued From page 27</p> <p>specialized services for intellectual disability.</p> <p>§483.20(k)(2) Exceptions. For purposes of this section-</p> <ul style="list-style-type: none"> (i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- <ul style="list-style-type: none"> (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. <p>§483.20(k)(3) Definition. For purposes of this section-</p> <ul style="list-style-type: none"> (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and policy review, the facility failed to ensure the</p> 	F 645	ID Prefix Tag F645 – PASARR Screening for MD & ID	

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F 645	<p>Continued From page 28</p> <p>"Pre-Admission Screen and Resident Review (PASARR)" level one screen was completed correctly prior to admission for one of one resident (Resident (R) 112) reviewed for PASARR of 29 sampled residents. This created a potential failure to identify what specialized or rehabilitative services the resident needed and whether placement in the facility was appropriate prior to admission.</p> <p>Findings include:</p> <p>Review of R112's "Profile" tab of the electronic medical record (EMR) revealed [REDACTED] was admitted to the facility on [REDACTED] with diagnoses of [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R112's admission "Minimum Data Set (MDS)" assessment with an Assessment Reference Date (ARD) of [REDACTED] and located in the "MDS" tab of the EMR, revealed a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 15, indicating [REDACTED] NJ Ex Order 26.4(b)(1). [REDACTED]. R112 was admitted from the hospital.</p> <p>Review of the "Orders" tab of R112's EMR revealed the following [REDACTED] NJ Ex Order 26.4(b)(1) medication order: [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], [REDACTED] NJ Ex Order 26.4(b)(1) daily, which originated on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R112's "Pre-Admission Screening and Resident Review [PASARR] Level I Screen," dated [REDACTED] and located in the EMR under the "Miscellaneous" tab, revealed it was submitted by the hospital [REDACTED] U.S. FOIA (b) (6) to the facility upon R112's admission. The form indicated in "Section Two" [REDACTED] NJ Ex Order 26.4(b)(1) Screen" R112 did not have a diagnose or evidence of a [REDACTED] NJ Ex Order 26.4(b)(1)</p>	F 645	<p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <ol style="list-style-type: none"> 1. Resident #112 no longer resides at the facility. <p>Two, identification of other residents who have the potential to be affected:</p> <ul style="list-style-type: none"> -The facility recognizes that all residents could have the potential to be affected. <ol style="list-style-type: none"> 1. Current Resident PASARR was reviewed to validate accurate completion to include active diagnosis <p>Three, system changes and measures that will be made:</p> <ol style="list-style-type: none"> 1. The [REDACTED] U.S. FOIA (b) (6) was re-educated by the administrator on the need to validate that PASARR is completed correctly which assists in identifying what specialized or rehabilitative services the resident may need and whether placement in the facility is appropriate before admission. <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The Social Worker or administrative designee will review 3 new resident admissions to validate accurate completion of PASARR screen to include active diagnosis. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and 	

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F 645	<p>Continued From page 29</p> <p><small>NJ Ex Order 26.4(b)</small> [REDACTED]</p> <p>During an interview on 06/12/24 at 3:48 PM, the U.S. FOIA (b) (6) [REDACTED] stated the hospital had filled out the PASARR and filled out <small>NJ Exec Order 26.4(b)</small> [REDACTED] incorrectly. <small>NJ Ex Of</small> [REDACTED] stated that that R112 had the diagnosis of <small>NJ Ex Order 26.4(b)(1)</small> [REDACTED] for many years and the correct answer should have been <small>NJ Exec C</small> [REDACTED]. The U.S. FOIA [REDACTED] stated they were responsible for making sure the form was filled out correctly.</p> <p>Review of the facility's policy titled, "Admission Criteria," dated March 2019, revealed "Our facility admits only residents whose medical and nursing care needs can be met ...All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID), or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process."</p>	F 645	recommendation monthly for 3 months or ongoing until compliance is sustained.	
F 656 SS=D	<p>NJAC8:39-5.1(a)</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§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 §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 - (i) The services that are to be furnished to attain</p>	F 656		7/8/24

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F 656	<p>Continued From page 30</p> <p>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> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, the facility failed to ensure that an activity care plan was developed for one of 29 sampled residents (Resident (R) 49) that included the preference for NJ Ex Order 26.4(b)(1). This</p>	F 656	<p>ID Prefix Tag F656 – Develop/Implement Comprehensive Care Plan</p> <p>Plan of Correction Date: July 8, 2024</p>	

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F 656	<p>Continued From page 31</p> <p>failure had the potential to cause the resident to experience NJ Ex Order 26.4(b)(1).</p> <p>Findings include:</p> <p>Review of R49's "Admission Record" located in the resident's electronic medical records (EMR) under the "Profile" tab, revealed the resident was admitted to the facility on NJ Ex Order 26.4(b)(1) with diagnoses that included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R49's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) located in the resident's EMR under the "MDS" tab, revealed the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15 which indicated the resident was NJ Ex Order 26.4(b)(1). The resident was NJ Ex Order 26.4(b)(1) staff for all activities of daily living (ADL); the resident had NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1). The resident was coded to receive NJ Ex Order 26.4(b)(1) daily and NJ Ex Order 26.4(b)(1).</p> <p>Review of R49's "Physician Orders," dated NJ Ex Order 26.4(b)(1), located in the resident's EMR under the "Orders" tab, revealed the resident was to receive NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1). On NJ Ex Order 26.4(b)(1), R49's NJ Ex Order 26.4(b)(1) was increased to NJ Ex Order 26.4(b)(1) at bedtime.</p> <p>Review of R49's "Admission Activities Assessment," dated NJ Ex Order 26.4(b)(1), located in the resident's EMR under the "Evaluations" tab, revealed the resident NJ Ex Order 26.4(b)(1).</p>	F 656	<p>One, actions taken for the (1) resident identified:</p> <p>1. Resident #49 was evaluated by the licensed nurse with NJ Ex Order 26.4(b)(1) post-cited event. Resident #49 Care plan was updated to reflect resident activities preferences to include NJ Ex Order 26.4(b)(1).</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected.</p> <p>1. Current residents were reviewed to validate the care plan reflected activity preferences to include one-to-one activities as indicated. Variances were addressed.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The U.S. FOIA (b) (6) was re-educated by the Administrator on the need to include one-to-one activity preferences in resident care plans</p> <p>Four, monitoring mechanisms to assure compliance:</p> <p>1. The DON or administrative designee will review 3 residents to validate that care plans accurately reflect resident preferences to include one-to-one activities. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and</p>

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F 656	<p>Continued From page 32</p> <p>[REDACTED] and [REDACTED] It was documented in the assessment that the resident did not wish to participate in [REDACTED] but would like to have [REDACTED] with the staff.</p> <p>Review of R49's "Care Plan," initiated [REDACTED], located in the resident's EMR under the "Care Plans" tab, did not reflect the resident's desire for [REDACTED] nor the care plan to address providing [REDACTED] that the resident [REDACTED]</p> <p>During an interview on 06/11/24 at 12:14 PM, Licensed Practical Nurse (LPN) 1 revealed the resident had diagnosis of [REDACTED]. LPN 1 stated the resident was to see the [REDACTED] this day. LPN 1 stated the resident [REDACTED] to participate in [REDACTED] and preferred to stay in his room. LPN 1 was unsure if the resident was on the list for [REDACTED] from [REDACTED]. LPN 1 reviewed R49's and was unable to find an activity care plan. LPN 1 stated the [U.S. FOIA (b) (6)] was responsible for completing the activities care plans for the residents.</p> <p>During an interview on 06/13/24 at 1:10 PM, the [U.S. FOIA (b) (6)] stated she was familiar with R49's diagnosis of [REDACTED] and that sometimes the resident would [REDACTED]. The [U.S. FOIA (b) (6)] stated that she was [REDACTED] and was unsure if the resident had a care plan developed for [REDACTED]</p> <p>During an additional interview on [REDACTED] at 1:45 PM, the [REDACTED] stated she completed the admission activities assessment but did not develop a care plan which reflected the resident's desires to have [REDACTED]</p>	F 656	recommendation monthly for 3 months or ongoing until compliance is sustained.	

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F 656	Continued From page 33 Review of the facility's policy titled, "Care Plans, Comprehensive Person Centered" with revision date of March 2022, revealed the document read in part "...The comprehensive person-centered care plan describes services that are to be furnished to attain or maintain the resident highest practicable physical, mental, and psychosocial well-being..." NJAC8:39-11.2(e) thru (i) NJAC8:39-27.1(a)	F 656		
F 657 SS=D	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. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.	F 657		7/8/24

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F 657	<p>Continued From page 34</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 interview, record review, and facility policy review, the facility failed to ensure that the care plan was revised to reflect a [REDACTED] [REDACTED] for one of two residents (Resident (R) 40) reviewed for accident hazards of 29 sample residents. This failure had the potential to affect resident safety resulting in potential reoccurrence of [REDACTED] [REDACTED].</p> <p>Findings include:</p> <p>Review of R40's "Admission Record" located in the resident electronic medical records (EMR) under the "Profile" tab, revealed the resident was initially admitted on [REDACTED] with diagnoses that included [REDACTED] [REDACTED], [REDACTED] and [REDACTED].</p> <p>Review of the facility's accident/incident log for [REDACTED] and provided by the facility, revealed R40 sustained [REDACTED] while attempting to [REDACTED] from dining room to [REDACTED] sustained [REDACTED] to the [REDACTED].</p> <p>Review of the facility's investigation, dated [REDACTED] and provided by the facility, revealed R40 sustained a [REDACTED] while attempting to [REDACTED] from the dining room to [REDACTED] wheelchair. The facility developed the following interventions to prevent a reoccurrence of this type of incident. completed</p>	F 657	<p>ID Prefix Tag F657 – Care Plan Timing and Revision</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <p>1. Resident #40 was evaluated by the licensed nurse with [REDACTED] post-cited event. Resident #40's Care plan was updated to reflect the resident current active interventions to prevent incidents including but not limited to asking staff for assistance in [REDACTED] [REDACTED]</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected.</p> <p>1. Current residents were reviewed for incidents in the last 30 days to validate the care plan was revised to reflect current interventions to minimize the risk of recurrence.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The licensed nursing staff were re-educated on the need to revise care plans post incidents to reflect implemented interventions to minimize the risk of recurrence.</p>	

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F 657	<p>Continued From page 35</p> <p>NJ Ex Off assessment, frequent NJ Ex Order 26.4(b)(1), and treatments as ordered. Educated the resident to ask for assistance for NJ Ex Order 26.4(b)(1) to NJ Ex room and NJ Ex himself and trying to carry items at the same time. Staff education to make sure NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) before offering it to the residents.</p> <p>Review of R40's "Care Plan" with most revision date of NJ Ex Order 26.4(b)(1) and located in the resident's EMR under the "Care Plan" tab, failed to reveal the resident's care plan was revised/ updated to reflect the incident with the NJ Ex Order 26.4(b)(1); reminding the resident to ask for assistance when carrying NJ Ex Order 26.4(b)(1) to NJ Ex room; and the staff education to let NJ Ex Order 26.4(b)(1) before offering to the resident.</p> <p>During an interview on 06/10/24 at 5:15 PM, Licensed Practical Nurse (LPN) 2 stated that she helped with the investigation of the incident. LPN2 stated to ensure there was not a repeat of the incident, the resident was reminded to ask for assistance when transporting NJ Ex Order 26.4(b)(1) to NJ Ex room and not carry such items in NJ Ex wheelchair. LPN2 stated the staff (including dietary and nursing) were educated to let the NJ Ex Order 26.4(b)(1) before giving it to the resident. She stated residents NJ Ex Order 26.4(b)(1) in their rooms would have a lid over the NJ Ex Order 26.4(b)(1) to prevent NJ Ex Order 26.4(b)(1). LPN2 also stated the resident's care plan should have been revised to reflect the problem and interventions in place. LPN2 reviewed the care plan and acknowledged the care plan was not revised.</p> <p>During an interview on 06/14/24 at 1:30 PM, the U.S. FOIA (b) (6) stated any nurse could revise a resident's care plan to reflect any changes in the condition and new interventions.</p>	F 657	<p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The DON or administrative designee will review 3 residents post incidents to validate that care plans accurately reflect implemented interventions to minimize the risk of recurrence. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained. 	

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F 657	Continued From page 36 Review of the facility policy titled, "Care Plans, Comprehensive Person Centered," revised March 2022, read in part "...Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition changes..."	F 657		
F 684 SS=D	NJAC 8:39-11.2(e),(f),(h) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to provide quality care in accordance with physician orders for one of one resident (Resident (R) 78) of 29 sample residents. Specifically, the facility failed to [REDACTED] R78 as ordered. This placed R78 at risk for an unmonitored [REDACTED]. Findings include: Review of the undated "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, indicated R78 was admitted to the facility on [REDACTED] with diagnoses which included [REDACTED], [REDACTED]	F 684	<p>ID Prefix Tag F684 – Quality of Care</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <p>1. Resident #78 was [REDACTED] in the presence of the licensed nurse with findings reported to the [REDACTED] and primary care provider with no new orders. The care plan was revised per the resident's current needs.</p> <p>Two, identification of other residents who have the potential to be affected:</p>	7/8/24

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F 684	<p>Continued From page 37</p> <p>NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R78's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) and located in the "MDS" tab of the EMR, revealed R78 had a NJ Ex Order 26.4(b)(1) which provided NJ Ex Order 26.4(b)(1) or more of NJ Ex Order 26.4(b)(1). R78's NJ Ex Order 26.4(b)(1) was documented as NJ Ex Order 26.4(b)(1) upon admission.</p> <p>Review of the care plan located in the EMR under the "Care Plan" tab, revealed a focus area, dated NJ Ex Order 26.4(b)(1), of NJ Ex Order 26.4(b)(1) related to recent hospitalization. The documented goal was a NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1). Interventions included notifying the physician and the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) if NJ Ex Order 26.4(b)(1) persisted and to obtain NJ Ex Order 26.4(b)(1) as ordered.</p> <p>Review of R78's "Order Summary Report" located in the EMR under the "Order" tab, revealed an order, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) for four weeks then NJ Ex Order 26.4(b)(1) once a week. The order indicated the start date was NJ Ex Order 26.4(b)(1).</p> <p>Review of the "Nutrition and Vitals Summary," dated NJ Ex Order 26.4(b)(1) and located in the EMR under the "Nutrition and Vitals" tab, revealed R78 NJ Ex Order 26.4(b)(1) indicating a NJ Ex Order 26.4(b)(1) in six days.</p> <p>Review of the "Progress Notes" dated NJ Ex Order 26.4(b)(1) and located in the EMR under the "Progress Notes" tab, revealed R78 had an NJ Ex Order 26.4(b)(1) since admission. The NJ Ex Order 26.4(b)(1) note indicated R78's NJ Ex Order 26.4(b)(1) was adjusted to NJ Ex Order 26.4(b)(1).</p> <p>Review of the "Medication" notes, dated NJ Ex Order 26.4(b)(1)</p>	F 684	<p>-The facility recognizes that all residents could have the potential to be affected.</p> <ol style="list-style-type: none"> 1. Current residents on weekly weights were reviewed to validate that weights were obtained as ordered and documented. The RD and Clinical provider were made aware of the findings and variances were addressed. <p>Three, system changes and measures that will be made:</p> <ol style="list-style-type: none"> 1. Licensed Nurses were re-educated on the facility weight assessment and intervention policy to include validating that weights are obtained as ordered and maintained in the medical record for RD and clinical provider review. <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The Dietician or dietitian designee will review 3 residents on weekly weights to validate that the weights were obtained as ordered and documented for RD and clinical provider review. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.

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F 684	<p>Continued From page 38</p> <p>and located in the EMR under the "Progress Notes" tab, revealed R78's [REDACTED] was [REDACTED] indicating a [REDACTED] in 14 days.</p> <p>Review of the [REDACTED] notes, dated [REDACTED] and located in the EMR under the "Progress Notes" tab, revealed R78's [REDACTED] was consistent with the [REDACTED] documented on [REDACTED] [REDACTED]. There were no new recommendations.</p> <p>Review of the "NJ Exec Order 26.4b" Summary" located in the EMR under the "Vitals" tab, revealed a [REDACTED] or [REDACTED] of [REDACTED] and [REDACTED] of [REDACTED] which had been struck out by the [REDACTED] as a disputed value. There were no other documented [REDACTED] for the month of [REDACTED]. There were no [REDACTED] documented in the EMR for [REDACTED], [REDACTED], and [REDACTED]. The [REDACTED] documented on [REDACTED] and [REDACTED] were struck out as a disputed value with no [REDACTED] documented.</p> <p>Review of the Medication Administration Record (MAR), dated [REDACTED] and located in the EMR under the "Orders" tab, revealed [REDACTED] were taken on [REDACTED], [REDACTED], and [REDACTED], however, there were no [REDACTED] documented in the EMR for [REDACTED], [REDACTED], and [REDACTED].</p> <p>Review of the MAR, dated [REDACTED] and located in the EMR under the "Orders" tab, revealed [REDACTED] were taken on [REDACTED] and [REDACTED], however there was no [REDACTED] documented in the EMR.</p> <p>During an interview on 06/12/24 at 11:53 AM, the [REDACTED] stated that [REDACTED] were auto populated in the</p>	F 684	

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F 684	<p>Continued From page 39</p> <p>daily nursing assessment from the last documented [REDACTED] The [REDACTED] stated that [REDACTED] needed to be documented when they were taken, and she was not sure why they were not documented. The [REDACTED] stated that there were no concerns reported to her about R78's [REDACTED] or [REDACTED]. The [REDACTED] stated she was not notified of any [REDACTED] changes because the [REDACTED] had not been entered into the system.</p> <p>The current [REDACTED] was requested by the surveyor on 06/12/24. A [REDACTED] of [REDACTED] was documented under the [REDACTED] and Vitals" tab of the EMR, which represented a [REDACTED] since the last documented [REDACTED] on [REDACTED] [REDACTED] days.</p> <p>During an interview on 06/13/24 at 9:58 AM, the [REDACTED] stated she had not been notified of any [REDACTED] issues with R78 because no [REDACTED] had been documented. The [REDACTED] stated that the [REDACTED] for the [REDACTED] was on leave and had left abruptly leaving work undone which was why there were no current documented [REDACTED] for R78.</p> <p>During an interview on 06/13/24 at 10:35 AM, Licensed Practical Nurse (LPN) 2, [REDACTED] (b) (6) stated she had just been assigned to the [REDACTED] in the last [REDACTED]. She stated that weekly [REDACTED] were taken on Wednesday by the [REDACTED] and recorded in the medical record by the [REDACTED]. She stated that any [REDACTED] differences of [REDACTED] or more should have been reported to the [REDACTED]</p> <p>Review of the undated facility's policy titled, "Weight Assessment and Intervention" indicated "Weights will be recorded in the individual's</p>	F 684	

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F 684 F 689 SS=J	<p>Continued From page 40 medical record."</p> <p>NJAC 8:39-27.1</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to ensure that two (2) of two (2) residents (Resident #13 and Resident #40) reviewed for accident hazards were given adequate supervision while NJ Ex Order 26.4(b)(1). This failure caused Resident #13 to have a NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) Both NJ Ex Order 26.4(b)(1) resulted from Resident #13 NJ Ex Order 26.4(b)(1) in the unit NJ Ex Order 26.4(b)(1) which was located in the unlocked nutritional room on the unit. On NJ Ex Order 26.4(b)(1), Resident #40 suffered a NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) from the dining room.</p> <p>On 06/10/24, a Past-Non-Compliance (PNC) Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure residents were safe from accident hazards. The IJ was determined to exist on</p>	F 684 F 689	Past noncompliance: no plan of correction required.	

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F 689	<p>Continued From page 41</p> <p>[REDACTED] when a [REDACTED] [NJ Ex Order 26.4(b)(1)] occurred to Resident #13. The IJ was removed on 05/13/24, when the [REDACTED] [NJ Ex Order 26.4(b)(1)] were removed from the unit nutritional rooms.</p> <p>The [U.S. FOIA (b) (6)] was informed on 06/10/24 at 10:33 PM, that the PNC Immediate Jeopardy situation existed which also constituted Substandard Quality of Care (SQC) for 42 CFR 483.25-Free of Accident Hazards/Supervision/Devices (F 689). The facility provided an Immediate Jeopardy Removal Plan that was accepted on 06/11/24 at 6:51 PM. The survey team verified the implementation of the Removal Plan through interviews and review of training records on 06/13/24 at 2:15 PM. Based on the facility's implementation of corrective actions, the IJ and SQC were determined to be PNC and the IJ was removed, with substantial compliance achieved on 05/13/24.</p> <p>The deficient practice was determined to be PNC related to the facility identifying the IJ and implementing interventions to prevent reoccurrence of the situation, completed on 05/13/24. The facility's actions included the following:</p> <ul style="list-style-type: none"> -Resident education and care plans updated as indicated. -On 05/13/24, the interdisciplinary care (IDC) team met to discuss hot beverages policy, microwave use, and reviewed trends surrounding hot beverage spills. -On 05/13/24, microwaves were removed from the common area by Maintenance staff/designee. -On 05/13/24, the resident council president and residents were made aware by unit managers/interdisciplinary team (IDT) that microwaves were removed from common areas 	F 689		

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F 689	<p>Continued From page 42</p> <p>by maintenance staff/designee and that requests should be made to staff for reheating of food and beverages.</p> <p>-On 05/13/24, the resident council/food committee was held. Residents were educated on hot beverage safety and the removal of microwaves from common areas. The residents were educated that dietary staff would reheat meals and beverages upon request to minimize the risk of injury and validate appropriate beverage temps before resident consumption and/or transporting of hot beverages.</p> <p>-On 05/13/24, staff education was initiated and remained ongoing.</p> <p>-Education on monitoring during meals and during resident transport of hot beverages to assist in minimizing the risk of potential injury and following plan of care.</p> <p>-On 05/13/24, staff were educated to request reheating of meals and beverages from dietary staff. Education to dietary staff regarding reheating food and beverages per policy and facility-initiated process.</p> <p>-On 05/13/24, a review was completed of resident incidents with identified residents reviewed. Care plans were in place, and no further variances were noted.</p> <p>-Kitchen audits related to test trays remain ongoing. Variances addressed as indicated.</p> <p>Findings include:</p> <p>1. Review of Resident #13's Admission Record, provided by the facility, indicated Resident #13 was re-admitted to the facility on ^{NJ Ex Order 26.4(b)} [REDACTED], with diagnoses of ^{NJ Ex Order 26.4(b)(1)} [REDACTED], ^{NJ Ex Order 26.4(b)(1)} [REDACTED], and ^{NJ Ex Order 26.4(b)(1)} [REDACTED], and ^{NJ Ex Order 26.4(b)(1)} [REDACTED]</p>	F 689		

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F 689	<p>Continued From page 43</p> <p>During an observation and interview on 06/10/24 at 10:20 AM, Resident #13 stated they had a [REDACTED] to the [REDACTED] and [REDACTED] Resident #13 stated that approximately one and half weeks ago during the evening shift around 6:00 PM, they were [REDACTED] in the [REDACTED] that was located in the nutritional room. Resident #13 stated the [REDACTED] on them and that they were [REDACTED] Resident #13 stated no staff were around to [REDACTED] the [REDACTED] and that was the reason Resident #13 [REDACTED] themselves. Resident #13 stated that he/she [REDACTED] for [REDACTED] minutes. Resident #13 denied any further incidents. During the interview, Resident #13 was observed to have a [REDACTED] to the [REDACTED] In addition, Resident #13 showed the surveyor their [REDACTED], which had a [REDACTED]</p> <p>During another interview on 06/10/24 at 4:28 PM, Resident #13 stated for the [REDACTED] incident, they were [REDACTED] in two plastic 16-ounce (oz) cups, which were doubled. Resident #13 stated I was wheeling out of the open door of the nutritional room that had cardboard holding the door open and the cardboard came loose causing the door to [REDACTED] into [REDACTED]. Resident #13 stated when the door hit my [REDACTED] it caused me to [REDACTED] Resident #13 stated the [REDACTED] on their [REDACTED] first and then on the [REDACTED] [REDACTED]. Regarding the incident on [REDACTED], Resident #13 stated, "I was in the nutritional room, the door was held open by a piece of cardboard and I got into an [REDACTED] with another resident." Resident #13 stated they went into the nutritional room first and was [REDACTED] [REDACTED]. Resident #13 stated that the other</p>	F 689		

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F 689	<p>Continued From page 44</p> <p>resident [REDACTED] NJ Ex Order 26.4(b)(1), while Resident #13 was by the ice machine and attempting to exit the door. Resident #13 stated this was when the [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of "Full Quality Assurance (QA) Report," provided by the facility and dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed "... [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) ...according to [R #13] [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [Resident #13's] [REDACTED] NJ Ex Order 26.4(b)(1) was [REDACTED] NJ Ex Order 26.4(b)(1), normal to [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) no [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) ...preventative/protective [REDACTED] NJ Ex Order 26.4(b)(1) cold compress for five minutes</p> <p>...Conclusion: ... [Resident #13] stated "the [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) ... Upon investigation and interviewing of [Resident #13] and staff [Certified Nursing Assistant (CNA #1)], [REDACTED] NJ Ex Order 26.4(b)(1) indeed was noted to [REDACTED] NJ Ex Order 26.4(b)(1) [Resident #13's] [REDACTED] NJ Ex Order 26.4(b)(1) [CNA #1] was attempting to get fresh ice water for her residents, while [Resident #13] was [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [Resident #13] became [REDACTED] NJ Ex Order 26.4(b)(1) with [CNA #1] for being in the nourishment room at the same time [Resident #13] was in there ...In the process of [CNA #1] trying to [REDACTED] NJ Ex Order 26.4(b)(1) [Resident #13] so the resident would not [REDACTED] NJ Ex Order 26.4(b)(1) [Resident #13] [REDACTED] NJ Ex Order 26.4(b)(1) small amount of [REDACTED] NJ Ex Order 26.4(b)(1) on [him/herself] ...[Resident #13] was assessed by floor nurse and no changes to [REDACTED] NJ Ex Order 26.4(b)(1) were noted [REDACTED] U.S. FOIA (b) (6) [REDACTED] NJ Ex Order 26.4(b)(1) notified of [REDACTED] NJ Ex Order 26.4(b)(1) to [REDACTED] NJ Ex Order 26.4(b)(1); however, no changes were visible at the time and new orders to apply [REDACTED] NJ Ex Order 26.4(b)(1) were initiated ... Root Cause: No, [R #13] is [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) when offered by staff."</p> <p>Review of the [REDACTED] NJ Ex Order 26.4(b)(1) Treatment Encounter Note(s), provided by the facility and dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed "...During evaluation process patient demonstrated fair safety</p>	F 689	

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F 689	<p>Continued From page 45</p> <p>awareness with use of [REDACTED] associated transfers and management of [REDACTED]. [Resident #13] did endorse "having [his/her] own way to do it." Reviewed safety techniques with patient and patient reporting understanding."</p> <p>During another interview on 06/12/24 at 11:00 AM, Resident #13 indicated that the [REDACTED], incident occurred when the Certified Nursing Assistant (CNA #1) came into the nutritional room at the same time Resident #13 was in there. Resident #13 stated [REDACTED] in my right hand, that I just finished [REDACTED]. Resident #13 stated I was getting ready to go out of the nutritional room, when [CNA #1] [REDACTED] on the right side, causing the [REDACTED] on me. Resident #13 stated the nurse, [Licensed Practical Nurse (LPN #3)], assessed me and the physician came and saw me. Resident #13 stated that the physician said it was a [REDACTED]</p> <p>During an interview on 06/12/24 at 11:25 AM, the U.S. FOIA (b) (6) [REDACTED] confirmed that he completed a [REDACTED] screen on Resident #13 back in [REDACTED], that indicated Resident #13 was fairly okay with [REDACTED]. He stated Resident #13 was aware to ask staff for any help. He stated upon Resident #13's hospital return in [REDACTED], he did not complete a formal evaluation, but did speak with Resident #13. He stated Resident #13 said he/she was not going to [REDACTED] anymore.</p> <p>Review of the "Full QA Report," provided by the facility and dated [REDACTED] revealed "... [REDACTED] to [REDACTED] initially then started [REDACTED] within half an hour and [REDACTED] initially then started [REDACTED]</p>	F 689	

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F 689	<p>Continued From page 46</p> <p><u>NJ Ex Order 26.4(b)(1)</u> in half an hour ... <u>NJ Ex Order 26.4b1</u> wrapped in towel ...transferred to [name of hospital] ...Conclusion: ... On <u>NJ Ex Order 26.4(b)</u> at 5:45 PM, [Resident #13] was utilizing a different cup to <u>NJ Ex Order 26.4(b)(1)</u> in the <u>NJ Ex Order 26.4(b)(1)</u> as [Resident #13] removed the cup, [he/she] <u>NJ Ex Order 2</u> [REDACTED] on themselves. A full nursing assessment was completed by the nurse, and [REDACTED] immediately rendered. [Resident #13] was noted with a <u>NJ Ex Order 26.4(b)(1)</u> to <u>NJ Ex Order 26</u> [REDACTED] and <u>NJ Ex Order 26.4b</u>, [REDACTED] was <u>NJ Exec Order 2</u> by [Resident #13], and the resident was transferred to the emergency report (ER) ... [Resident #13] returned to the facility on <u>NJ Ex Order 26.4(b)</u>, the resident was informed that the facility policy was changed and that no residents would be allowed to use <u>NJ Ex Order 26.4(b)(1)</u> ...Root Cause: most likely [Resident #13] has episodes of <u>NJ Ex Order 26.4(b)(1)</u> and <u>NJ Exec Order 26.4b1</u> <u>NJ Ex Order 26.4(b)(1)</u></p> <p>Review of the undated "Summary of the Incident," provided by the facility and signed by the <u>U.S. FOIA (b)</u> revealed "[Resident #13] is a <u>NJ Ex Order 26.4(b)(1)</u> ...resident that has been residing at [name of facility] since <u>NJ Ex Order 26.4(b)</u>, with medical diagnoses of <u>NJ Ex Order 26.4(b)</u> <u>NJ Ex Order 26.4(b)(1)</u> <u>NJ Ex Order 26.4(b)</u> <u>NJ Ex Order 26.4(b)(1)</u> . Resident #13's BIMS score was <u>NJ Ex Order 26</u> ...On <u>NJ Ex Order 26.4(b)</u> at 5:45 PM, [Resident #13] was utilizing a different cup to <u>NJ Ex Order 26.4(b)(1)</u> in the <u>NJ Ex Order 26.4(b)(1)</u> as the resident removed the cup, the <u>NJ Ex Order 26.4(b)(1)</u> onto the resident. A full nursing assessment was completed by the nurse, and first aid was immediately rendered. Resident #13 was noted with a <u>NJ Ex Order 26.4(b)(1)</u> to the <u>NJ Ex Order 26</u> [REDACTED] and <u>NJ Ex Order 26.4(b)</u>, [REDACTED] was refused by [Resident #13], and was transferred to <u>NJ Ex Order 26.4(b)(1)</u></p>	F 689		

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F 689	<p>Continued From page 47</p> <p>the emergency department (ED) ...[Resident #13] was informed that the facility policy was changed and that no residents would be allowed to use NJ Ex Order 26.4(b)(1). The staff will take any item of food or liquids to the kitchen, where the kitchen staff will NJ Ex Order 26.4(b)(1). All NJ Ex Order 26.4(b)(1) have been removed from the units and staff in-serviced on the new policy."</p> <p>During an interview on 06/10/24 at 2:13 PM, the U.S. FOIA (b) (6) stated Resident #13's incident on NJ Ex Order 26.4(b)(1), was not reported to the state agency (SA). She stated the U.S. FOIA (b) (6) came out and investigated at which the case was closed.</p> <p>Review of LPN #3's "Employee's Statement of Incident," dated NJ Ex Order 26.4(b)(1), revealed, "At around 5:45 PM, while I was feeding a resident. I heard someone NJ Ex Order 26.4(b)(1) in the distance. When I walked out of the room to investigate, I saw [CNA #2] pulling [Resident #13] out of the pantry. [Resident #13] stating that the NJ Ex Order 26.4(b)(1) on him/her and the resident was NJ Ex Order 26.4(b)(1) I told [CNA #2] to get ice and called out for [CNA #3] to help. I immediately took [Resident #13] to their room and [CNA #3] followed me there to take Resident #13's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) Noted NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1). Ice compression wrapped in towel placed but [Resident #13] NJ Ex Order 26.4(b)(1) it. Resident #13 then applied NJ Ex Order 26.4(b)(1) to themselves. [Resident #13] requested to be sent to emergency room (ER). Transport unavailable until 11:30 PM. NJ Ex Order 26.4(b)(1) called instead ...Right before NJ Ex Order 26.4(b)(1) on last check with [Resident #13], NJ Ex Order 26.4(b)(1) noted on NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)."</p>	F 689		

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F 689	<p>Continued From page 48</p> <p>Review of CNA #2's "Employee's Statement of Incident," dated [REDACTED], revealed "I was in [room number] ...I heard someone [REDACTED] ...So I went to see who it was and looked in the pantry, it was [Resident #13]. Resident #13 said they had [REDACTED] with [REDACTED], so I got the nurse."</p> <p>Review of CNA #3's undated "Employee's Statement of Incident," revealed "I was with another resident when I was called by the nurse. The resident [Resident #13] had [REDACTED] themselves with [REDACTED] at that time. The nurse and I went in and took care of the resident, and [Resident #13] was sent to the hospital."</p> <p>During an interview on 06/10/24 at 12:40 PM, the LPN #1 confirmed Resident #13 had an incident during the evening shift on [REDACTED]. She stated Resident #13 [REDACTED] the [REDACTED] in the [REDACTED] for [REDACTED] which was in a plastic cup and caused [REDACTED] to the Resident #13's [REDACTED] [REDACTED], and [REDACTED]. The LPN #1 confirmed that the facility [REDACTED] physician called the [REDACTED]. The LPN #1 stated that Monday after the incident, all [REDACTED] were removed from the nutritional units in the facility. The LPN #1 stated if residents needed their [REDACTED] and/or [REDACTED], the staff took them to the dietary department, who [REDACTED] them for the resident. The LPN #1 stated staff and residents were given education, through word of mouth, about these new guidelines. Also, the LPN #1 stated that the incident was reported to the [REDACTED] U.S. FOIA (b) (6)</p> <p>During an observation and interview on 06/10/24 at 4:35 PM, LPN #1 stated Resident #13 could</p>	F 689		

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F 689	<p>Continued From page 49</p> <p>transfer themselves into their wheelchair, and that was their mode of transportation. The LPN #1 stated Resident #13 [NJ Ex Order 26.4(b)(1)]. LPN #1 confirmed that Resident #13 was [NJ Ex Order 26.4(b)(1)] in their activity of daily living (ADL) and had a history of [NJ Ex Order 26.4(b)(1)] at times. LPN #1 stated Resident #13 tended to [NJ Ex Order 26.4(b)(1)] in their wheelchair. In addition, during the interview, the nutritional door was observed propped open by a piece of cardboard which was wedged between bottom of door and floor. The LPN #1 stated the nutritional room was usually propped open at the change of shift due to the aides passing ice water. LPN #1 stated that it was made for easy access. LPN #1 could not answer when asked if the door was allowed to be propped open. LPN #1 confirmed the nutritional door was always unlocked. LPN #1 indicated that residents, visitors, and/or staff were allowed to heat up things in the microwave, and staff would always ask residents if they needed any help when staff observed residents using the microwave. When asked if residents had a screen for self-use of the microwave, she stated that after the first incident for Resident #13, he/she was screened by [NJ Ex Order 26.4(b)(1)] and found safe to use the microwave. She indicated that for the incident on [NJ Ex Order 26.4(b)(1)] Resident #13 [NJ Ex Order 26.4(b)(1)] on themselves during a verbal communication with a staff member. The LPN #1 stated Resident #13 became [NJ Ex Order 26.4(b)(1)] when the staff member came into the nutritional room, and as the resident was [NJ Ex Order 26.4(b)(1)], they [NJ Ex Order 26.4(b)(1)] on themselves.</p> <p>Review of "Hospital History and [NJ Ex Order 26.4(b)(1)] provided by the facility and dated [NJ Ex Order 26.4(b)(1)], revealed " ...[Resident #13] was having dinner ...when he/she [NJ Ex Order 26.4(b)(1)] to their [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] [Resident #13] has what appears to be</p>	F 689		

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F 689	<p>Continued From page 50</p> <p>NJ Ex Order 26.4(b)(1) on the [REDACTED] with [REDACTED] to his/her [REDACTED] Total [REDACTED]</p> <p>NJ Exec Order 26.4b1 [REDACTED] and [REDACTED]</p> <p>Review of the "Quality Assurance Performance Improvement-Action Plan," provided by the facility and dated [REDACTED], revealed "Goal: To ensure resident [REDACTED] with [REDACTED] ...Resident Communication: Residents have been informed via resident council of the removal of microwave ovens from facility nourishment rooms; to prevent [REDACTED] when independently [REDACTED] and [REDACTED] ...target date: [REDACTED]. Resident Assessment: Newly admitted/readmitted residents, and those with changes in condition affecting activity of daily living (ADL) functionality/decline will be evaluated by [REDACTED] (NJ Ex Order 26.4(b)(1)) to determine [REDACTED] assistance needs ...target date: Ongoing. Staff education: Education to facility staff on safety of [REDACTED] of foods by dietary staff, [REDACTED] unit removal ...target date: 05/18/24. Monitoring: Resident requiring [REDACTED] including those who receive [REDACTED] of choice will continue to be monitored by facility staff during dining room, and when [REDACTED] in rooms to ensure assistance is provided to ensure safety. Residents who request beverages/foods to be [REDACTED] will have this facilitated by facility staff. Dietary staff will continue to monitor [REDACTED] including [REDACTED] prior to service to residents. [REDACTED] will not be served greater than (>) [REDACTED].</p> <p>Review of Resident #13's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [REDACTED], revealed a Brief Interview for Mental Status (BIMS) score of [REDACTED]</p>	F 689	

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F 689	<p>Continued From page 51</p> <p>out of 15 which indicated the resident was NJ Ex Order 26.4(b)(1) and able to make themselves NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>2. Review of the facility's accident/incident log for NJ Ex Order 26.4(b)(1) and provided by the facility, revealed Resident #40 sustained NJ Ex Order 26.4(b)(1) while attempting to NJ Ex Order 26.4(b)(1) from the dining room to their room. Resident #40 sustained a NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1)</p> <p>Review of the facility's investigation of the incident, dated NJ Ex Order 26.4(b)(1), and provided by the facility, revealed Resident #40 had gone to the dining room for NJ Ex Order 26.4(b)(1). A dietary staff member placed the NJ Ex Order 26.4(b)(1) on the dining room table. The report documented the resident deciding to take the NJ Ex Order 26.4(b)(1) to their room. Resident #40 placed the NJ Ex Order 26.4(b)(1) inside the right side of their wheelchair next to their NJ Ex Order 26.4(b)(1). Review of an undated witness statement provided by the U.S. FOIA (b) (6) revealed the employee was coming out of his office when he observed the resident trying to get out of the wheelchair after the resident NJ Ex Order 26.4(b)(1) on themselves. The U.S. FOIA (b) (6) assisted the resident to another chair and notified the nurse of the accident. Interventions put in place after included complete NJ Ex Order 26.4(b)(1) assessment, frequent NJ Ex Order 26.4(b)(1), and treatments as ordered. Educated the resident to ask for assistance for NJ Ex Order 26.4(b)(1) to his/her room, not to attempt wheeling themselves, and trying to carry items at the same time. Staff education to make sure NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) before offering it to the residents.</p> <p>Review of Resident #40's "Nursing notes," dated NJ Ex Order 26.4(b)(1) at 7:43 PM, located in the resident's EMR under the "Progress Notes" tab, revealed</p>	F 689	

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F 689	<p>Continued From page 52</p> <p>the nurse was called to resident's room after the resident [REDACTED] on themselves. The nurse documented the resident was found [REDACTED]. The resident stated that they had placed a [REDACTED] by their side in the wheelchair as he/she was trying to propel themselves to their room when the [REDACTED] and [REDACTED] them. The physician was notified and ordered [REDACTED] to the burn area every shift. The resident's responsible party was notified. At the time of the incident, the resident was noted to have [REDACTED] on their [REDACTED] and [REDACTED]. It was determined that this was a [REDACTED].</p> <p>Additional review of Resident #40's nurses notes, dated [REDACTED] at 7:36 PM, it was noted the resident had developed a [REDACTED] on the [REDACTED]. The U.S. FOIA (b) (6) was notified and ordered the [REDACTED] to be cleaned and with [REDACTED]. The [REDACTED] was now classified as a [REDACTED].</p> <p>During an interview on 06/10/24 at 5:15 PM, the [REDACTED] LPN #5 revealed Resident #40 had gone to the dining room and requested a [REDACTED]. LPN #5 stated the dietary staff placed the cup on the table and instructed the resident to stay in the dining room with the [REDACTED]. LPN #5 stated the resident was [REDACTED] and liked to [REDACTED]. LPN #5 stated the resident decided to take the [REDACTED] to their room. She stated the resident placed the [REDACTED] in the wheelchair next to their [REDACTED] and left the dining room without asking for assistance. LPN #5 stated the U.S. FOIA (b) (6) staff member was passing by and observed the resident had [REDACTED]. She stated the U.S. FOIA (b) (6) staff member notified the nurse and</p>	F 689		

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F 689	<p>Continued From page 53</p> <p>assisted the resident to transfer to another chair. LPN #5 stated the resident was given a complete ^{NJ Ex Order 26.4(b)} assessment; at that time, and it was noted the resident had ^{NJ Ex Order 26.4(b)} on the ^{NJ Ex Order 26.4(b)} and NJ Ex Order 26.4(b)(1). She stated the facility physician was notified, and orders were obtained to apply ^{NJ Ex Order 26.4(b)(1)} to the affected area three times a day. LPN #5 stated on ^{NJ Ex Order 26.4(b)}, the resident's ^{NJ Ex Order} changed to a ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 2}. LPN #5 stated both the resident and staff were educated. She stated the resident was educated on asking for help to ^{NJ Ex Order 26.4(b)(1)} to their room and not attempt wheeling themselves and trying to carry items themselves. She stated staff were educated in making sure that ^{NJ Ex Order 26} and ^{NJ Ex Order 2} were ^{NJ Ex Order 26} prior to being given to residents upon request.</p> <p>During an observation on 06/12/24 at 5:15 PM, Resident #40 received their ^{NJ Ex Order 26.4(b)(1)} in their ^{NJ Ex Order}. The resident was served ^{NJ Ex Order} with a lid covering the cup to prevent ^{NJ Ex Order 26.4(b)}.</p> <p>Review of Resident #40's Admission Record located in the electronic medical records (EMR) under the "Profile" tab, revealed the resident was initially admitted on ^{NJ Ex Order 26.4(b)}, with diagnoses that included ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)}, and ^{NJ Ex Order 26.4(b)(1)}.</p> <p>Review of Resident #40's five day "MDS" with an ARD of ^{NJ Ex Order 26.4(b)}, located in the resident's EMR under the "MDS" tab, revealed the resident had a BIMS score ^{NJ Ex Order} out of 15 which indicated the resident had ^{NJ Ex Order 26.4(b)(1)}. The resident required ^{NJ Ex Order 26.4(b)(1)} with their activities of daily living (ADLs). Resident #40 utilized a ^{NJ Ex Order 2} and wheelchair for ^{NJ Ex Order 26.4(b)}.</p>	F 689		

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F 689	<p>Continued From page 54</p> <p>Review of Resident #40's quarterly "MDS" with an ARD of [REDACTED], located in the resident's EMR under the "MDS" tab, revealed the resident had a BIMS score [REDACTED] out of 15 which indicated the resident had [REDACTED] and the resident required [REDACTED] with their ADLs.</p> <p>Review of the facility policy titled, "Safe Use of Microwave Ovens," revised 01/08/24, revealed "...Patient Safety: ...2. Hot beverages like coffee, tea or hot chocolate should be served with a lid to help prevent spills if needed."</p> <p>Review of facility policy titled, "Safety of Hot Liquids," revised 10/14, revealed "...Appropriate precautions will be implemented to maximize choice of beverages while minimizing the potential for injury."</p>	F 689		
F 761 SS=E	<p>NJAC 8:39-27.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted 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</p>	F 761		7/8/24

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F 761	<p>Continued From page 55</p> <p>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 facility policy review, the facility failed to ensure one of seven medication carts was secured and failed to remove expired supplements and blood equipment from one of two medication storage rooms. This failure has the potential to expose residents to hazards of unsecure medications and expired equipment.</p> <p>Findings include:</p> <p>1. One of three medication carts located at the nurses' station between 800 hall and 700 hall was observed to be unlocked on 06/12/24 at 11:33 AM. Two staff members were in the office at the nurse station with their backs to the window and the unlocked medication was not in their line of sight. Registered Nurse (RN) 4 was engaged in conversation with another staff member. During this time, several staff members passed by the unlocked cart. One U.S. FOIA (b) (6) went to the cart for a straw and left. Two unidentified residents were observed walking by the cart. At 11:59 AM, RN4 returned to the unlocked cart.</p>	F 761	<p>ID Prefix F761 – Label/Store Drugs and Biologicals</p> <p>Plan of Correction Date: July 8, 2024</p> <p>One, actions taken for the (1) resident identified:</p> <ol style="list-style-type: none"> 1. No specific residents were identified. 2. RN #4 was provided with re-education by 6/12/24 on keeping the medication cart closed and locked when not in use and in line of sight. 3. The four ^{NJ EX} Instyle Auto guards identified as expired were discarded by the licensed nurse on 6/12/24 4. The nine intravenous catheters identified as expired were discarded by the licensed nurse on 6/12/24 5. The bottle of ^{NJ EX Order} identified as expired was discarded by the licensed nurse on 6/12/24 6. The two sampling collectors identified as expired were discarded by the licensed nurse on 6/12/24 7. The non-vented viral access spike 	

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F 761	<p>Continued From page 56</p> <p>During an interview on 06/12/24 at 11:59 AM RN 4 revealed that she was not aware the cart unlocked. RN4 stated that she never forgot to lock the cart. RN4 immediately reported the incident of the unlocked med cart to [U.S. FOIA]. [REDACTED] Licensed Practical Nurse (LPN) 6.</p> <p>During an interview on 06/12/24 at 12:05 PM [U.S. FOIA] [REDACTED], LPN6 revealed the nurses were trained to ensure the medication carts were always secured. LPN6 stated when the nurse was in the office, the medication carts should have been turned towards the office window so that carts were in the nurses' line of sight.</p> <p>2. Inspection of the medication storage room located between the 700 hall and 800 Halls on 06/12/24 at 3:18 PM revealed the following expired items:</p> <ul style="list-style-type: none"> -Four of nine [REDACTED] Instye Auto guard (intravenous catheter), dated as expired on 07/31/22, 11/30/23, 01/31/23 and 12/31/22 -Nine 14 24 gauge by .75-inch intravenous catheters, dated as expired on 01/31/23 and 01/31/24 -Eight-ounce bottle of [REDACTED] 1.2 Cal (therapeutic nutritional supplement), dated as expired February 2024. -Two of two Sampling Collector (instrument used for collecting specimens), dated as expired on 08/19/23 and 11/19/23 -One non-vented viral access spike (used for withdrawing fluids from vials), dated as expired on 03/31/24. <p>During an interview on 06/12/24 at 3:30 PM with [U.S. FOIA (b) (6)] LPN6 revealed after observing the expired items, that she usually checked the</p>	F 761	<p>identified as expired was discarded by the licensed nurse on 6/12/24</p> <p>Two, identification of other residents who have the potential to be affected: -The facility recognizes that all residents could have the potential to be affected. 1. Current residents have the potential to be affected by this practice. Walking rounds were completed by the Unit Manager on each nursing unit at different times of the day to validate that the medication cart was closed and locked when out of sight of the medication nurse. No further variances were noted. Medication storage rooms were checked for expired items by the Unit Manager on 6/12/14, with no further expired items noted.</p> <p>Three, system changes and measures that will be made: 1. Licensed Nursing staff members were re-educated on keeping the medication cart closed and locked when not in use and out of sight of the medication nurse by the staff development coordinator. In addition, licensed nurses were educated on the need to validate expiration dates on items stored in the medication room, and to discard expired items and reorder items as indicated</p> <p>Four, monitoring mechanisms to assure compliance: 1. An audit to include 3 rounds will be conducted by the DON or administrative designee on nursing units at different times of the day to validate that the</p>	

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F 761	<p>Continued From page 57</p> <p>medication storage room every Monday and Friday. LPN6 stated that she just checked the medication room yesterday and thought that she had removed all the expired items. LPN6 stated the nurses, and the pharmacy consultant were responsible for checking the medication carts and the medication room for expired drugs. LPN6 also stated she did not realize the blood collection items had expiration dates.</p> <p>Review of the facility's policy titled, "Medication Storage and Labeling" with a revision date of February 2023, read in part " If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items</p> <p>Compartments (including but not limited to, drawers, cabinets, rooms, refrigerator, carts, and boxes) containing medications and biologicals are locked when not in use, and carts used to transport such items are not left unattended if open or otherwise potentially available to others ..."</p> <p>NJAC 8:39-29.4</p> <p>Infection Prevention & Control</p> <p>CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control</p> <p>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.</p>	F 761	<p>medication carts are closed and locked when not in use and out of the sight of the medication nurse will be completed. In addition, Medication storage rooms will be checked for expired items. Variance will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>	
F 880 SS=D		F 880		7/8/24

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F 880	<p>Continued From page 58</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> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct 	F 880		

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F 880	<p>Continued From page 60</p> <p>Review of R49's "Weekly ^{NJ Ex Order 26.4(b)} Progress Notes," dated ^{NJ Ex Order 26.4(b)} and located in the resident's EMR under the "Evaluation" tab, documented the resident had an ^{NJ Ex Order 26.4(b)(1)} on the ^{NJ Ex Order 26.4(b)(1)}.</p> <p>During an observation on 06/13/24 at 10:45 AM, a sign posted outside R49's room indicated that the resident was on ^{NJ Ex Order 26.4(b)(1)}. The signage directed staff to perform hand hygiene before and after entering the room. Staff were to don (put on) gloves and gowns while providing direct care to the resident. The ^{NJ Ex Order 26.4(b)} cart outside the room contained face masks, yellow ^{NJ Ex Order 26.4(b)} gowns, and gloves. An unidentified ^{U.S. FOIA (b) (6)} was observed in the room without a gown giving R49 a bed bath. The ^{U.S. FOIA} asked the nurse to come to the room to give R49 ^{NJ Ex Order 26.4(b)} medication. Licensed Practical Nurse (LPN) 7 entered the room to administer the resident's ^{NJ Ex Order 26.4(b)} medication. LPN7 donned gloves to help the ^{U.S. FOIA} complete the resident's ^{NJ Ex Order 26.4(b)}. However, LPN7 did not don a gown as directed on the signage.</p> <p>During an interview on 06/13/24 at 11:00 AM, LPN1 revealed that she observed LPN7 and the ^{U.S. FOIA} not wearing the correct PPE. LPN1 stated R49 was on '^{NJ Ex Order 26.4(b)(1)}' due to the ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)}.</p> <p>During an Interview on 06/13/24 at 1:20 PM, LPN7 stated that he was trying to ensure the resident received ^{NJ Ex Order 26.4(b)} medication timely and forgot to don a gown before assisting with resident care.</p> <p>During an interview on 06/13/24 at 6:00 PM, the</p>	F 880	<p>-The facility recognizes that all residents could have the potential to be affected. 1. Rounds were made on 6/12/24 and 6/13/24 by the IP to validate that Enhanced Barrier precautions were followed per facility policy as indicated during care with no further findings noted.</p> <p>Three, system changes and measures that will be made:</p> <ol style="list-style-type: none"> Facility Nursing staff were re-educated on the facility's Enhanced Barrier Precaution policy to include but not limited to following isolation signage and the need to DON a gown when providing care such as a bed baths as indicated per ordered precautions. <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> The Unit Manager or unit manager's designee will conduct 3 rounds to validate that the facility's Enhanced Barrier Precaution policy to include but is not limited to following isolation signage and the need to DON a gown when providing care such as bed baths as indicated per ordered precautions. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.

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

PRINTED: 10/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
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F 880	Continued From page 61 U.S. FOIA (b) (6) revealed she was made aware of the incident and conducted a staff in-service on NJ Ex Order 26.4(b)(1) . NJAC 8:39-19.4	F 880		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
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S 000	<p>Initial Comments</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, 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.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were</p>	S 560	<p>Prefix ID S560 – Mandatory Access to Care</p> <p>One, actions taken for the (1) resident identified:</p> <p>1. No residents have been identified as having been affected.</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected.</p> <p>1. All residents have the potential to be affected.</p> <p>Three, system changes and measures that will be made:</p>	7/8/24

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

TITLE

(X6) DATE

Electronically Signed

07/08/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
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S 560	<p>Continued From page 1</p> <p>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>1. For the 4 weeks of Complaint staffing from 05/08/2022 to 06/04/2022, the facility was deficient in CNA staffing for residents on 26 of 28 day shifts as follows:</p> <ul style="list-style-type: none"> -05/08/22 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs. -05/09/22 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -05/10/22 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -05/11/22 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -05/12/22 had 13 CNAs for 126 residents on the day shift, required at least 16 CNAs. -05/13/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs. -05/14/22 had 13 CNAs for 127 residents on the day shift, required at least 16 CNAs. -05/15/22 had 13 CNAs for 127 residents on the day shift, required at least 16 CNAs. -05/16/22 had 14 CNAs for 126 residents on the day shift, required at least 16 CNAs. 	S 560	<p>1. The Director of Nursing, Staffing Coordinator and Administrator or administrative designee will meet daily during the week to review daily and weekly staffing, recruitment efforts and trends. Trends identified will be presented at the facility's monthly QAPI meeting.</p> <p>The facility has implemented a multifaceted strategy to attract and retain employees, focusing on several key initiatives:</p> <ul style="list-style-type: none"> 1. Recruitment Initiatives: <ul style="list-style-type: none"> o Job Fairs: Organizing job fairs to actively seek new talent. o Flexible Scheduling: Offering flexible scheduling options to accommodate varying needs. o PRN and Per Diem Workers: Utilizing PRN and per diem workers to ensure staffing flexibility. 2. Technological Enhancements: <ul style="list-style-type: none"> o Staffing Management Software: Adopting sophisticated software to improve scheduling and staffing efficiency. 3. Marketing and Outreach: <ul style="list-style-type: none"> o Multimedia Advertising: Actively promoting job openings through various media channels. o Collaboration with Schools: Partnering with local schools to recruit potential new hires. 4. Financial Incentives: <ul style="list-style-type: none"> o Sign-on Bonuses: Offering sign-on bonuses for new employees. o Referral Bonuses: Providing bonuses to existing staff for referring new hires. o Shift Differentials: Offering additional pay for those willing to take on extra shifts. 5. Retention Strategies: 	

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S 560	<p>Continued From page 2</p> <p>-05/17/22 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-05/20/22 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-05/21/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-05/22/22 had 14 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-05/23/22 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-05/24/22 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-05/25/22 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-05/26/22 had 14 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-05/27/22 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-05/28/22 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-05/29/22 had 13 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-05/30/22 had 13 CNAs for 127 residents on the day shift, required at least 16 CNAs.</p> <p>-05/31/22 had 13 CNAs for 127 residents on the day shift, required at least 16 CNAs.</p> <p>-06/01/22 had 14 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-06/02/22 had 13 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>-06/03/22 had 12 CNAs for 122 residents on the day shift, required at least 15 CNAs.</p> <p>-06/04/22 had 14 CNAs for 121 residents on the day shift, required at least 15 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 08/20/2023 to 09/02/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p>	S 560	<ul style="list-style-type: none"> o Rehiring Former Employees: Encouraging former employees to return. o Competitive Pay and Benefits: Adjusting pay rates and benefits to remain competitive. 6. Communication and Engagement: <ul style="list-style-type: none"> o Text Message Campaigns: Maintaining communication with potential hires through text messages. o Culture Committee: Organizing events to enrich the workplace environment and boost staff retention. o Recognition Programs: Establishing programs like "Employee of the Month" to recognize outstanding performance. 7. Support and Mentorship Programs: <ul style="list-style-type: none"> o Care Champion Program: Pairing new hires with seasoned staff as mentors, with bonuses for mentors if new employees stay for a defined period. 8. Continuous Improvement: <ul style="list-style-type: none"> o Consultant Calls: Participating in regular calls with consultants to refine recruitment strategies and address vacancies. o Exit Interviews: Conducting exit interviews to gather feedback and improve the employee experience. <p>Overall, these initiatives collectively aim to create a positive and engaging work environment that attracts, retains, and values employees. The facility's comprehensive approach underscores its commitment to fostering a supportive workplace culture and ensuring staffing needs are met efficiently.</p> <p>Four, monitoring mechanisms to assure compliance:</p> <ol style="list-style-type: none"> 1. The Administrator or the administrative 	

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S 560	<p>Continued From page 3</p> <p>-08/20/23 had 12 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-08/21/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-08/22/23 had 13 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-08/23/23 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-08/24/23 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-08/25/23 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-08/26/23 had 12 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-08/27/23 had 10 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-08/28/23 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-08/29/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-08/30/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-08/31/23 had 11 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-09/01/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-09/02/23 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from 11/19/2023 to 12/02/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-11/19/23 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-11/20/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-11/21/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p>	S 560	<p>designee will review the minutes from the daily staffing meeting staffing meetings to assess whether staffing levels meet the facility's requirements. This will be conducted daily for four weeks initially, totaling one month. Following the daily reviews, interviews will be conducted with five residents biweekly (every two weeks) for two months (totaling four interviews). This is to directly assess whether staffing levels are meeting the needs of the residents. The results of the staffing and resident needs audits will be reported to the facility's Quality Assessment and Performance Improvement (QAPI) Committee. This reporting will continue for one quarter (three months) to evaluate compliance and effectiveness of the initiatives implemented. Based on the audit results and feedback from the QAPI Committee, a decision will be made regarding the need to continue the audit process. This ensures ongoing assessment and adjustment of staffing practices to maintain optimal resident care. The goal of these audits is to ensure that staffing levels are adequate to meet the needs of residents consistently over time. By involving the QAPI Committee, the facility aims to use data-driven insights to make informed decisions about staffing and resident care improvements. Continuous auditing helps in identifying trends, issues, and areas for enhancement in staffing practices, contributing to overall quality improvement efforts. This structured approach reflects a commitment to monitoring and enhancing staffing practices to ensure high-quality care for residents, aligning</p>	

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S 560	<p>Continued From page 4</p> <p>-11/22/23 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-11/23/23 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-11/24/23 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-11/25/23 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-11/26/23 had 13 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-11/27/23 had 13 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-11/28/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-11/29/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-11/30/23 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-12/01/23 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-12/02/23 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs.</p> <p>4. For the 2 weeks of Complaint staffing from 03/03/2024 to 03/16/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-03/03/24 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-03/04/24 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-03/05/24 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-03/06/24 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-03/07/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-03/08/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p>	S 560	with regulatory standards and organizational goals.	

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S 560	<p>Continued From page 5</p> <p>-03/09/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-03/10/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-03/11/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-03/12/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-03/13/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-03/14/24 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-03/15/24 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-03/16/24 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 04/14/2024 to 04/27/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-04/14/24 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/15/24 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/16/24 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/17/24 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/18/24 had 15 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-04/19/24 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>-04/20/24 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-04/21/24 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-04/22/24 had 16 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p>	S 560		

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S 560	<p>Continued From page 6</p> <p>-04/23/24 had 16 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-04/24/24 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-04/25/24 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-04/26/24 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-04/27/24 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs.</p> <p>6. For the 2 weeks of staffing prior to survey from 05/26/2024 to 06/08/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-05/26/24 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-05/27/24 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-05/28/24 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-05/29/24 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-05/30/24 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-05/31/24 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-06/01/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-06/02/24 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-06/03/24 had 15 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-06/04/24 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-06/05/24 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-06/06/24 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061111	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2024
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 7 -06/07/24 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs. -06/08/24 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315223	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 8/6/2024
NAME OF FACILITY AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690

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 F0582 Reg. # 483.10(g)(17)(18)(i)-(v) LSC	Correction Completed 07/08/2024	ID Prefix F0600 Reg. # 483.12(a)(1) LSC	Correction Completed 07/08/2024	ID Prefix F0609 Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) LSC	Correction Completed 07/08/2024
ID Prefix F0610 Reg. # 483.12(c)(2)-(4) LSC	Correction Completed 07/08/2024	ID Prefix F0645 Reg. # 483.20(k)(1)-(3) LSC	Correction Completed 07/08/2024	ID Prefix F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 07/08/2024
ID Prefix F0657 Reg. # 483.21(b)(2)(i)-(iii) LSC	Correction Completed 07/08/2024	ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 07/08/2024	ID Prefix F0761 Reg. # 483.45(g)(h)(1)(2) LSC	Correction Completed 07/08/2024
ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 07/08/2024	ID Prefix Reg. # LSC	Correction Completed 07/08/2024	ID Prefix Reg. # LSC	Correction Completed 07/08/2024
ID Prefix Reg. # LSC	Correction Completed 07/08/2024	ID Prefix Reg. # LSC	Correction Completed 07/08/2024	ID Prefix Reg. # LSC	Correction Completed 07/08/2024

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
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2024		<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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061111	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 8/6/2024
NAME OF FACILITY AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 07/08/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed 07/08/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed 07/08/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed 07/08/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed 07/08/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed LSC _____

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2024		<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

PRINTED: 10/17/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690	
(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 06/13/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 06/13/24 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 National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Avalon Rehabilitation and Healthcare Center is a one-story building that was built in 1985 and is composed of Type II protected construction. The facility is divided into ten - smoke zones. The generator does approximately 50 % of the building per the U.S. FOIA (b) (6) . The current occupied beds are 146 of 175.	K 000		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure emergency lighting was provided	K 291	The Plan of Correction represents the facility's credible allegation of compliance	7/9/24

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

TITLE

(X6) DATE

Electronically Signed

07/08/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690	
(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 291	<p>Continued From page 1</p> <p>at the emergency generator transfer switch in accordance with NFPA 110, Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3. This deficient practice had the potential to affect all 146 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 06/13/24 at 11:27 AM revealed emergency lighting was not present at the emergency generator transfer switch located in the main electrical room.</p> <p>During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed the emergency lighting was not present.</p> <p>NJAC 8:39-31.2(e) NFPA 99, 110</p>	K 291	<p>as of July 09, 2024</p> <p>ID Prefix K291 - Emergency Lighting - Emergency Lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 12.2.9.1, 19.2.9.1.</p> <p>One, actions taken for the situation identified:</p> <p>1. The facility's Maintenance Director immediately contacted the facility's electrician to schedule the installation of emergency lighting at the emergency generator transfer switch in accordance with NFPA 110, Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3.</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected from an emergency lighting perspective. Please refer to sections One, Three and Four.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The facility's Maintenance Director immediately contacted the facility's electrician to schedule to schedule the installation of emergency lighting at the emergency generator transfer switch in accordance with NFPA 110, Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3.</p> <p>Four, monitoring mechanisms to assure compliance:</p>	

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

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
(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 291	Continued From page 2	K 291	1. Via weekly physical plant rounds, the facility's Maintenance Director or designee will monitor the presence of Emergency Lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 12.2.9.1, 19.2.9.1. and in accordance with NFPA 110, Standard for Emergency and Standby Power Systems (2010 Edition) Section 7.3. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted to the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	
K 293 SS=F	<p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the exit door from the main electrical room had an exit sign above the door in accordance with NFPA 101 Life Safety Code (2012 edition) 7.10.1.2.2. This deficient practice had the potential to affect 146 residents who resided at the facility.</p>	K 293	<p>ID Prefix Tag K293 <input type="checkbox"/> Exit Signage: Existing Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>Plan of Correction Date: July 09, 2024</p>	7/9/24

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690	
(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 293	<p>Continued From page 3</p> <p>Findings include:</p> <p>An observation on 06/13/24 at 11:35 AM revealed the exit door from the main electrical room was not equipped with an illuminated exit sign.</p> <p>During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed there was no exit sign at the exit door from the main electrical room.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 293	<p>One, actions taken for the situation identified:</p> <p>1. The facility's Maintenance Director immediately contacted the facility's electrician to schedule the installation of an exit sign above the door in the main electrical room in accordance with NFPA 101 Life Safety Code (2012 edition) 7.10.1.2.2.</p> <p>Two, identification of other residents who have the potential to be affected:</p> <p>-The facility recognizes that all residents could have the potential to be affected from an exit directional perspective.</p> <p>Please refer to sections One, Three and Four.</p> <p>Three, system changes and measures that will be made:</p> <p>1. The facility's Maintenance Director immediately contacted the facility's electrician to schedule the installation of the installation of an exit sign above the door in the main electrical room in accordance with NFPA 101 Life Safety Code (2012 edition) 7.10.1.2.2.</p> <p>Four, monitoring mechanisms to assure compliance:</p> <p>1. Via weekly physical plant rounds, the facility's Maintenance Director or designee will monitor the installation and presence of exit signs throughout the building in accordance with NFPA 101 Life Safety Code (2012 edition) 7.10.1.2.2. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then</p>	

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
(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 293	Continued From page 4	K 293	monthly x 2 months. The findings of the audits will be submitted to the Administrator or administrative designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	
K 511 SS=F	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure that Nonmetallic Sheathed Cable (Brand Name <small>NJ Ex Order 26.4</small>) was concealed within walls, floors, or ceilings that provided a thermal barrier of material that has at least a 15-minute finish rating as identified in listings of fire-rated assemblies in accordance with NFPA 70 National Electrical Code (2011 Edition) Article 334.10 (3) (5). This deficient practice had the potential to affect all 146 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 06/13/24 at 11:24 AM revealed Nonmetallic Sheathed Cable was exposed in the</p>	K 511	<p>ID Prefix Tag K511 <input type="checkbox"/> Utilities <input type="checkbox"/> Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p> <p>Plan of Correction Date: July 09, 2024</p> <p>One, actions taken for the situation identified:</p> <p>1. The facility's Maintenance Director immediately contacted the facility's</p>	7/9/24

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690	
(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 511	<p>Continued From page 5</p> <p>mechanical room coming out of the electrical panel and not protected by a 15-minute fire rating.</p> <p>An observation on 06/13/24 at 11:41 AM revealed Nonmetallic Sheathed Cable was exposed in the laundry room closet as was not protected by a 15-minute fire rating.</p> <p>During an interview at the time of the observations, the U.S. FOIA (b) (6) verified the Nonmetallic Sheathed Cables were not protected by a 15-minute fire rating.</p> <p>NJAC 8:39-31.2(e) NFPA 70</p>	K 511	<p>electrician to schedule the installation of metallic sheathed cable that has at least a 15-minute finish rating as identified in listings of fire-rated assemblies in accordance with NFPA 70 National Electric Code (2011 Edition) Article 334.10 (3) (5).</p> <p>Two, identification of other residents who have the potential to be affected: -The facility recognizes that all residents could have the potential to be affected from a fire safety perspective. Please refer to sections One, Three and Four.</p> <p>Three, system changes and measures that will be made: 1. The facility's Maintenance Director immediately contacted the facility's electrician to schedule the installation of metallic sheathed cable that has at least a 15-minute finish rating as identified in listings of fire-rated assemblies in accordance with NFPA 70 National Electric Code (2011 Edition) Article 334.10 (3) (5).</p> <p>Four, monitoring mechanisms to assure compliance: 1. Via weekly physical plant rounds, the facility's Maintenance Director or designee will monitor the installation of any cable that is required to be covered in a metallic sheath. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted to the Administrator or administrative designee</p>	

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NAME OF PROVIDER OR SUPPLIER AVALON REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690		
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K 511	Continued From page 6		K 511	to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315223	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT Y2 8/6/2024
NAME OF FACILITY AVALON REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 EDINBURG ROAD HAMILTON, NJ 08690

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	NFPA 101	Reg. # _____	NFPA 101
LSC _____	Completed 07/09/2024	LSC _____	Completed 07/09/2024
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____	

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	
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2024		<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			