

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

PRINTED: 09/27/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2024
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NAME OF PROVIDER OR SUPPLIER SPRING CREEK HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1 LINDBERGH AVENUE PERTH AMBOY, NJ 08861
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>Survey Date: 08/02/2024</p> <p>Census: 112</p> <p>A survey was conducted for the renovation project for the first floor 100 Unit resident wing with shower room and nursing station, room 200 on the second floor, and room 300 on the third floor.</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 PROJECT SURVEY.</p> <p>The above noted areas may not be occupied until formal notification is received from the Certificate of Need and Licensing Division.</p>	F 000		
F 583 SS=D	<p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken),</p>	F 583		8/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/13/2024
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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 583	<p>Continued From page 1</p> <p>written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 08/02/2024 in the presence of the facility's US FOIA (b)(6) US FOIA (b)(6), and Corporate staff, it was determined that the facility failed to provide full visual privacy to residents through gaps in cubicle curtains in shared resident rooms and in shower rooms. This deficient practice was observed for 14 resident rooms and 1 common shower room with the potential to affect any admitted resident to the renovated unit as evidenced by the following:</p> <p>Observations from 09:40 AM to 10:30 AM on the 1st floor 100-Unit, revealed that the 14 shared resident rooms were provided with cubicle curtains around the beds for privacy. However, the ceiling tracks for the curtains did not meet between the resident beds, leaving a 5-inch gap for privacy.</p>	F 583	<ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> a) Curtain tracks will be extended to the existing tracks to close the 5-inch gap and ensure residents' privacy. b) Privacy curtains will be added to each shower stall to ensure residents' privacy. 2. Residents admitting or transferring to the renovated 1st floor 100-Unit have the potential to be affected by the deficient practice. 3. The US FOIA (b)(6) and US FOIA (b)(6) will be educated on the privacy curtain installation requirements by corporate staff to ensure that privacy curtains are properly installed should the need arise in the future. 		

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F 583	<p>Continued From page 2</p> <p>In an interview at the time, the facility's US FOIA (b)(6) confirmed the privacy gaps between beds.</p> <p>An observation at 10:30 AM, revealed there were 3 open shower stalls in the newly renovated 100-Unit shower room. These stalls were provided with privacy curtain tracking on the ceilings but there were no curtains provided.</p> <p>In an interview at the time, the facility's US FOIA (b)(6) stated they would be able to shower multiple residents at once with curtains by policy.</p> <p>The facility's US FOIA (b)(6) was informed of the deficient practice during the Exit Conference at 11:15 AM.</p> <p>NJAC 8:39-4.1(a)16</p>	F 583	<p>4. The facility will conduct a one time audit of the 14 rooms identified after readjustment of privacy curtain track is competed as well as three shower stalls for presence of privacy curtains. The findings will be reported to Administrator, Project Manager, and QAPI Committee who will determine if further actions are needed.</p> <p>5. Date of compliance: 8/23/2024</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315305	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/6/2024	Y3
NAME OF FACILITY SPRING CREEK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1 LINDBERGH AVENUE PERTH AMBOY, NJ 08861		

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 F0583	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/23/2024	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <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 8/2/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO