

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

PRINTED: 03/20/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/18/2023	
NAME OF PROVIDER OR SUPPLIER ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00165655 Census: 240 Sample Size: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.			F 000			
F 803 SS=D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and			F 803			8/21/23

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

TITLE

(X6) DATE

Electronically Signed

08/21/2023

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 803	<p>Continued From page 1</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165655</p> <p>Based on observation, interview, record review, and review of other pertinent facility documentation on 7/18/23, it was determined that the facility failed to provide meals consistent with the <u>Ex Order 26. 4B1</u>, the menu, and its policies titled "Meal Service" and '<u>Ex Order 26. 4B1</u> Orders," for 3 of 6 residents (Resident #1, #2, and #3) observed during meal observation.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 07/18/23 at 08:30 AM, the surveyor observed Resident #2 eating breakfast in their room. The surveyor observed a yellow and tan puree on a plate, orange juice, whole milk, and coffee. No other food items were on the resident's tray, overbed table, or in the resident's hands.</p> <p>At this time, the surveyor observed the resident's meal ticket (items the resident's tray was supposed to have), which indicated that the following food items should be on the resident's tray:</p> <p>6 OZ [ounce]- Pureed Super Cereal (high-calorie fortified cereal) 4 OZ - Pureed Spanish Tortilla Espanola 2 SL [slices] - Pureed Bread 4 OZ- Orange Juice</p>	F 803	<p>It is the policy of the facility to provide meals with fortified foods to be consistent with the physician orders, the menu, and therapeutic orders in accordance with national guidelines.</p> <p>1. Residents 1,2 and 3 were reassessed for their <u>NJ Exec. Order 26:4.b.1</u> by the Dietician and care plans were reviewed and updated. There are no negative outcomes due to this practice.</p> <p>2. All residents with fortified food in their therapeutic diets have the potential to be affected by this practice.</p> <p>3.1 A comprehensive audit was performed for all residents with fortified food. The facility didn't identify any additional individuals that didn't receive their appropriate fortified food items.</p> <p>3.2 Daily audits will be completed during each meal to ensure residents with fortified foods are received as per doctors orders, monitoring consumption, and documenting accordingly by the unit managers or designee for 4 weeks and then monthly thereafter for two months.</p> <p>3.3 Policy and Procedure for Meal Service and Therapeutic Diets was updated. Nursing and Dietary staff were in-service on updates.</p> <p>3.4 Nursing and Dietary Staff were in service on fortified foods, and tray</p>		

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F 803	<p>Continued From page 2</p> <p>8 OZ- Whole Milk 6 OZ- Coffee</p> <p>The Admission Record indicated that Resident #2 was admitted to the facility on <u>Ex Order 26. 4B1</u> with medical diagnoses, which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>The quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <u>NJ Exec. Order 26:4.b.1</u>, indicated that the resident was <u>NJ Exec. Order 26:4.b.1</u>, so their mental status was <u>NJ Exec. Order 26:4.b.1</u>. The MDS also indicated that the resident received a <u>Ex Order 26. 4B1</u>.</p> <p>The Order Summary Report (OSR) (physician's orders) indicated that Resident #2 had an active physician's order (PO) dated <u>NJ Exec. Order 26:4.b.1</u> for "No <u>Ex Order 26. 4B1</u> <u>Ex Order 26. 4B1</u> <u>Ex Order 26. 4B1</u>, Regular <u>Ex Order 26. 4B1</u> consistency, for diet." The OSR also indicated an active PO dated <u>NJ Exec. Order 26:4.b.1</u> for <u>NJ Exec. Order 26:4.b.1</u> w/ [with] breakfast one time a day for w/ [with] breakfast."</p> <p>2. On 07/18/23 at 08:44 AM, the surveyor observed Resident #3 in their room in bed with their breakfast tray on their overbed table. The surveyor observed that on the resident's breakfast tray, there was a yellow and a tan puree on a plate and an apple juice on the tray. No other food items were observed on the resident's breakfast tray, overbed table, or in their hands. Resident #3 stated that their breakfast was "good" but did not respond to any additional questions.</p>	F 803	<p>accuracy during meal pass.</p> <p>4.1 Unit Managers or designee will conduct daily observations by each meal, Three audits will be conducted by day to ensure that fortified food is available and distributed according to orders for 4 (four) weeks and them monthly thereafter for two months.</p> <p>4.2 Results of the Quality Assurance and Performance Improvement audits will be reviewed by the facility Quality Assurance and Performance Improvement committee monthly for three months. Recommendations for further action will be reviewed and implemented as indicated.</p>		

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F 803	<p>Continued From page 3</p> <p>The surveyor observed the resident's meal ticket on the resident's breakfast tray. The meal ticket indicated that the resident's tray should contain the following food items:</p> <p>6 OZ - <u>NJ Exec. Order 26:4.b.1</u> 4 OZ- Pureed Spanish Tortilla Espanola 2 SL- Pureed bread 4 OZ- Orange juice 6 OZ- Coffee</p> <p>The surveyor reviewed Resident #3's medical record:</p> <p>According to the Admission Record, Resident #3 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses that included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>The quarterly MDS dated <u>NJ Exec. Order 26:4.b.1</u> indicated that the resident had a Brief Interview for Mental Status (BIMS) score of <u>8</u> out of a possible 15, which indicated the resident had <u>Ex Order 26. 4B1</u>. The MDS also indicated that the resident received a <u>Ex Order 26. 4B1</u>.</p> <p>The OSR indicated that Resident #3 had an active PO dated <u>NJ Exec. Order 26:4.b.1</u> for <u>Ex Order 26. 4B1</u> <u>Ex Order 26. 4B1</u>, Regular <u>Ex Order 26. 4B1</u> consistency, for diet."</p> <p>The OSR also revealed an active PO dated <u>NJ Exec. Order 26:4.b.1</u> for <u>NJ Exec. Order 26:4.b.1</u> w/ [with] breakfast one time a day for to <u>NJ Exec. Order 26:4.b.1</u>/ PO [by mouth] intake."</p>	F 803			

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F 803	<p>Continued From page 4</p> <p>3. On 07/18/23 at 09:03 AM, the surveyor observed Resident #1 in their room in bed being served their breakfast tray by Certified Nursing Assistant (CNA) #1. The surveyor observed a yellow and tan puree on the resident's plate, a cup of tan puree, milk, coffee, and orange juice. No other food items were observed on the resident's breakfast tray, overbed table, or in the resident's or CNA's hands.</p> <p>The surveyor observed Resident #1's meal ticket at this time. The meal ticket indicated that Resident #1 should have the following food items on their tray:</p> <p>6 OZ- Pureed NJ Exec. Order 26:4.b.1 6 OZ- Pureed spiced oatmeal 8 OZ- Pureed Spanish tortilla double portions 2 SL- Pureed bread 4 OZ - Orange juice 8 OZ -Whole milk 6 OZ -Coffee</p> <p>The surveyor interviewed CNA #1 at this time. CNA #1 stated that the NJ Exec. Order 26:4.b.1 was in the bowl. The surveyor asked where the resident's oatmeal was. CNA #1 stated that this was all the resident was given on the tray and that they did not have oatmeal. CNA #1 stated that because the meal ticket says the resident should have oatmeal, it should be on the resident's tray. CNA #1 stated that she checked the tray items against the meal ticket, and she asked where the oatmeal was and was told by the person serving the food that there was no more oatmeal.</p> <p>The surveyor reviewed Resident #1's medical record:</p>	F 803			

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F 803	<p>Continued From page 5</p> <p>The Admission Record indicated that Resident #1 was admitted to the facility on <u>Ex Order 26. 4B1</u> with medical diagnoses, which included but were not limited to <u>Ex Order 26. 4B1</u>.</p> <p>The quarterly MDS dated <u>NJ Exec. Order 26:4.b.1</u> indicated that the resident had a BIMS score of <u>Ex 4</u> out of a possible 15, which indicated the resident had <u>Ex Order 26. 4B1</u>.</p> <p>The MDS also indicated that the resident received a <u>Ex Order 26. 4B1</u>, had a weight <u>NJ Exec. Order 26:4.b.1</u> or more in a month or <u>NJ Exec. Order 26:4.b.1</u> in 6 months, and required <u>NJ Exec. Order 26:4.b.1</u> staff member with eating.</p> <p>The OSR revealed that Resident #1 had an active PO dated <u>NJ Exec. Order 26:4.b.1</u> for <u>Ex Order 26. 4B1</u>, Regular (<u>Ex Order 26. 4B1</u>) consistency, Double portions."</p> <p>The OSR also revealed an active PO dated <u>NJ Exec. Order 26:4.b.1</u> for <u>NJ Exec. Order 26:4.b.1</u> w/ [with] breakfast one time a day for <u>NJ Exec. Order 26:4.b.1</u> provides <u>NJ Exec. Order 26:4.b.1</u> w/ [with] breakfast daily."</p> <p>During an interview with the surveyor on 07/18/23 at 09:18 AM, CNA #2 stated that she was Resident #3's usual CNA. The surveyor described Resident #3's breakfast tray that morning and that it did not have all of the items indicated on the meal ticket. CNA #2 stated that it was not right and that they needed to fix that tray before serving it to the resident because the resident would not get to eat or drink the missing food items.</p> <p>During an interview with the surveyor on 07/18/23</p>	F 803			

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F 803	<p>Continued From page 6</p> <p>at 09:31 AM, the Licensed Practical Nurse/ Unit Manager (LPN/UM) stated that the [REDACTED] was not brought up to the nursing unit, so no residents, including Resident #1, received it today. The LPN/UM stated that since there was no [REDACTED] today, they gave the residents exactly what was on their meal tickets except for the items they could not give. The LPN/UM continued that it was "iffy" if the kitchen sent the [REDACTED] up and that they might not receive it once or twice a week. The LPN/UM stated that if a resident who was supposed to receive [REDACTED] asked for something else upon the resident's request, they would give them double portions of something else. The LPN/UM stated that the purpose of giving [REDACTED] was because it had additional nutritional value, so it was given to a resident if they started to [REDACTED]. The LPN/UM stated that Resident #3's tray should have included coffee and the right kind of juice.</p> <p>During an interview with the surveyor on 07/18/23 at 10:58 AM, the Registered Dietitian (RD) stated that the kitchen should always have [REDACTED] and that the nurse should have called the kitchen to have it sent up. The RD continued that it was "not acceptable" that the [REDACTED] was not served to the residents who had it ordered because it contained additional calories and nutrition.</p> <p>During an interview with the surveyor on 07/18/23 at 12:44 PM, the Cook stated that the [REDACTED] did not get delivered to the [REDACTED]-floor nursing unit today and that it was his fault because he was supposed to deliver it. The Cook stated that the nurses usually call for the [REDACTED] if he forgets to deliver it, but they did not</p>	F 803			

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F 803	<p>Continued From page 7 call today.</p> <p>During an interview with the surveyor on 07/18/23 at 12:50 PM, the Food Service Director stated that the Cook might have forgotten to deliver the <u>NJ Exec. Order 26:4.b.1</u> but that if the nurses called, then they could have gotten the <u>NJ Exec. Order 26:4.b.1</u> delivered.</p> <p>During an interview with the surveyor on 07/18/23 at 2:07 PM, the Director of Nursing (DON) stated that the breakfast trays should not have been served if they were missing items. The DON stated that the nurses were supposed to call the kitchen and ask for items if they did not have them delivered. The DON stated that Resident #3's tray should have had the coffee and the orange juice because they were always available. The DON continued that it was not acceptable not to serve <u>NJ Exec. Order 26:4.b.1</u> during breakfast because it was used for residents who <u>NJ Exec. Order 26:4.b.1</u> to their nutrition and because it was a doctor's order.</p> <p>The facility policy, "Meal Service," with a reviewed date of 02/01/23, indicated under the "Procedure" section, "Remove one tray at a time from the food cart; check tray card for the resident's name and room number; type of diet, consistency, food preferences; check for utensils and appropriate condiments."</p> <p>The facility policy, "Therapeutic Diet Orders," with a reviewed date of 05/22 indicated under the "Policy Explanation and Compliance Guidelines," "Therapeutic diets will be provided to residents in the appropriate form and/or the appropriate nutritive content as prescribed by the physician and/or assessed by the interdisciplinary team to support the treatment and plan of care."</p>	F 803			

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F 803	Continued From page 8 NJAC 8:39-17.2(a). NJAC 8:39-17.4(a)(1).	F 803			

New Jersey Department of Health

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S 000	Initial Comments Complaint #: NJ00165655 Census: 240 Sample: 3 The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documentation on 07/18/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 6 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include:	S 560	It is the policy of the facility to ensure that staffing ratios are met and maintain the required minimum staff-to -resident ratios as mandated by the State of New Jersey 1. There was not specific residents affected by this practice. 2. All residents have the potential to be affected by this practice.	8/21/23

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

TITLE

(X6) DATE

Electronically Signed

08/21/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</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 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 two weeks of staffing from 07/02/2023 to 07/15/23, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-07/02/23 had 19 CNAs for 230 residents on the day shift, required 29 CNAs. -07/03/23 had 28 CNAs for 230 residents on the day shift, required 29 CNAs. -07/06/23 had 24 CNAs for 230 residents on the day shift, required 29 CNAs. -07/09/23 had 23 CNAs for 235 residents on the day shift, required 29 CNAs. -07/10/23 had 25 CNAs for 238 residents on the</p>	S 560	<p>3.1 A comprehensive audit was performed for all Certified Nursing Assistant schedules to ensure that appropriate actions to be taken.</p> <p>3.2 Daily audits will be completed to ensure that call outs and cancelations are replaced to meet staffing ratios.</p> <p>3.3 An agreement with Certified Nursing Assistant School was signed before this citation, facility has recruited people in the community interested in becoming Certified Nursing Assistants and they are being trained.</p> <p>3.4 Staffing coordinator was in-service to ensuring that staffing ratios are met.</p> <p>4.1 The Director of Nursing or designee will conduct Daily Reviews to ensure that staffing ratios are met for 4 weeks and monthly thereafter for two months.</p> <p>4.2 Results of the Quality Assurance and Performance Improvement audits will be reviewed by the facility Quality Assurance and Performance Improvement Committee monthly for three months. Recommendations for further action will be reviewed and implemented as indicated.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/18/2023
NAME OF PROVIDER OR SUPPLIER ALAMEDA CENTER FOR REHABILITATION AND			STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861		
(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 2 day shift, required 30 CNAs. -07/11/23 had 28 CNAs for 237 residents on the day shift, required 30 CNAs. On 07/18/23 at 3:00 PM, the surveyor interviewed the Director of Nursing (DON), Licensed Nursing Home Administrator, and Clinical Vice President. The DON stated that they were aware of the staffing regulations and that facility partnered with a CNA school to hire newly trained CNAs and offered bonuses for staff to work additional shifts.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315180	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/28/2023
NAME OF FACILITY ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET 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 F0803	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(c)(1)-(7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/21/2023	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 7/18/2023		<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 061209	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/28/2023
NAME OF FACILITY ALAMEDA CENTER FOR REHABILITATION AND HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 303 ELM STREET PERTH AMBOY, NJ 08861	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/21/2023	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	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 7/18/2023		<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			