STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315321	A. BUILDING _____ B. WING _____	03/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

(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 This facility is in Substantial compliance with Appendix Z Emergency Preparedness for all provider and supplier types Interpretive Guidance 483.73. Requirements for Long Term Care (LTC) Facilities.	E 000		
F 000	INITIAL COMMENTS Survey Date: 3/6/23 Census:121 Sample: 24+ 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days	F 640		3/31/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/27/2023

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 640	Continued From page 1 after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State. §483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following: (i)Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. §483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to timely transmit a resident's Minimum Data Set (MDS), an assessment tool used to facilitate the management of care in accordance with federal guidelines. This deficient practice was identified	F 640	F- 640 SS= D Element 1: 1. The MDS coordinator was provided with a re-education regarding timely submission of MDS in accordance with the RAI guidelines. Education was given	

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F 640	Continued From page 2 for one (1) of 28 residents, (Resident #87) reviewed for the timely transmission of MDS's and was evidenced by the following: The MDS is a comprehensive federal mandated process for clinical assessment of all residents that has to be completed and submitted to the Quality Measure System. The facility must electronically transmit the MDS up to [NJ EX] days of the assessment being completed. After transmitting of the MDS, it will generate a quality measure to enable a facility to monitor the residents decline and progress. According to the latest version of the Center for Medicare/Medicaid Services (CMS) - Resident Assessment Instrument (RAI) 3.0 Manual (updated October 2019) page 2-33, "05. Quarterly Assessment (A 0310 A = 02).....The MDS completion date (item Z 0500 B) must be no later than 14 days after the ARD (Assessment Reference Date) (ARD + 14 calendar days)." On Page 2-17 indicates, "Transmission Date no later than...MDS completion date +14 calendar days." On 3/1/23 at 10:18 AM, the surveyor reviwed the survey's Facility Assessment Task which includes a review of designated residents' MDS Assessments. Resident#87 was triggered under the survey facility task as "MDS record over [NJ EX Ord] days old." On that same date at 10:20 AM, Resident #87 had a Quarterly MDS with an Assessment Reference Date (ARD) of [NJ EX Order 25], that was completed on [NJ EX Order 2] and was "Accepted" on [NJ EX Order 25(b)]. The MDS should have been transmitted no later than [NJ Ex Order 25(b)]	F 640	on March 7, 2023. Element 2: 1. All residents who have a MDS that are due for electronic submission have the potential to be affected by the cited practice. Element 3: 1. The 3rd party MDS system that is used for transmission review was disabled by the MDS coordinator to ensure that MDS batches will not be delayed during the transmission process. This will ensure timely transmission of MDS in accordance with the RAI guidelines. 2. MDS Coordinator will transmit MDS that are due for electronic submission on a weekly basis. Element 4: 1. The Regional MDS Coordinator will conduct a weekly audit for 5 MDS's for 4 weeks and then monthly for 3 months to ensure that the MDS are electronically transmitted in a timely manner in accordance with the RAI guidelines. Any negative findings will be corrected by the MDS coordinator. 2. The results of the audits will be submitted by the Regional MDS Coordinator to the QAPI committee who meets quarterly, to review and determine the frequency and necessity of future audits.	

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F 640	Continued From page 3 On 3/2/23 at 10:20 AM, the surveyor reviewed the MDS submission report which revealed that the resident's [redacted], MDS assessment was submitted on [redacted]3, and indicated "Record Submitted Late: The submission date was more than [redacted] days after [redacted] On that same day at 12:47 PM, the surveyor spoke to the Registered Nurse (RN)/MDS Coordinator in the presence of the survey team regarding the above finding. She acknowledged that the MDS assessments must be electronically transmitted up to [redacted] days of the assessment completion date. The RN/MDS Coordinator further acknowledged that the assessment was not submitted timely in accordance with the federal regulations, until after the surveyor's inquiry when she ran the MDS transmission reports. On that same day at 3:15 PM, the surveyor discussed the above finding with the Licensed Nursing Home Administrator (LNHA), LNHA in training, and the Director of Nursing (DON) in the presence of the survey team. On 3/6/23 at 1:34 PM, the LNHA, LNHA in training, and the DON met with the survey team. No additional information was provided. NJAC 8:39-11.1	F 640		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered	F 656		3/31/23

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F 656	Continued From page 4	F 656		

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 or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(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).
(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.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(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.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged

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F 656	Continued From page 5 by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of pertinent facility documents, it was determined that the facility failed to develop a comprehensive, person-centered care plan for residents with nutritional concerns, NJ EX Order: 264b1 and NJ EX Order: 264b1 This deficient practice was identified for 2 of 27 residents reviewed for comprehensive care plans (Resident #33 and #264), and was evidenced by the following: 1. On 2/22/23 at 12:13 PM, the surveyor observed Resident #33 in his/her room seated in a wheelchair in front of the lunch tray on an overbed table. The resident stated that he/she had not eaten lunch yet and the plate was covered with a domed lid. The surveyor reviewed the electronic and paper medical record for Resident #33. Review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to NJ EX Order: 264b1 [redacted] NJ EX Order: 264b1 , Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ EX Order: 264b reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order: 264b1 which indicated that the resident had a NJ EX Order: 264b1 [redacted] . It further reflected that the resident was	F 656	F- 656 SS=D Element #1 1. A comprehensive nutritional assessment was completed by the Registered Dietitian for resident #33 on March 23, 2023, to ensure that a comprehensive, person-centered care plan met the current nutritional needs of this resident, including the history of NJ EX Order: 264b1 [redacted] , and food preferences. 2. Resident #264 is no longer a resident in the facility. 3. The RN MDS coordinator was provided with a one-on-one re-education on the Care Assessment (CAA) process with emphasis on collaborating with the Dietitian to ensure that a comprehensive, person-centered care plan is developed. Element #2 1. All residents having nutritional concerns, NJ EX Order: 264b1 and/or diagnoses of NJ EX Order: 264b1 have the potential to be affected by the cited practice. Element #3 1. The facility hired a new Registered Dietitian on March 10, 2023. Orientation for the Registered Dietician included facility processes in completing CAA, completing comprehensive nutritional assessment, development of comprehensive, person- centered care	

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F 656	Continued From page 6 "holding NJ EX Order. 264b1 or residual food in mouth after meals,"was NJ EX Order. 264b1, weighed NJ EX O pounds, experienced a significant NJ EX Order. 264b1 of "5% or more in the last month or loss of 10% or more in the last 6 months" and "Yes, not on a physician-prescribed NJ EX Order. 264b1 regimen," and was on a "NJ EX Order. 264b1-require change in texture of food or liquid ..." In addition, the Care Area Assessment (CAA) Worksheet which was completed and signed by the Registered Nurse (RN) MDS Coordinator on NJ EX Order. 264b1, included "Will Nutritional Status - Functional Status be addressed in the care plan? NJ EX264" and reflected that the overall objectives included NJ EX Order. 264b1 or minimize decline and maintain current level of functioning in the area of nutritional status. Review of the resident's weights included the following: 9/29/22 139 pounds (lbs.) 11/2/22 125 lbs. Review of the "Nutrition Assessment -V2" dated NJ EX Order. 26, included that the resident experienced a "NJ EX Qu weight loss x NJ EX days" and that the Registered Dietitian (RD) observed that the resident consumed " NJ EX Order" of the lunch meal. It further indicated that the RD initiated a care plan. The RD further documented nutritional interventions which included a NJ EX Order. 264b1 NJ EX Order. twice a day at lunch and dinner to provide NJ EX O calories and NJ grams of protein per four-ounce portion. Review of the comprehensive care plan (CP) did not reflect documented evidence that the	F 656	plans for residents to ensure nutritional concerns, risk for NJ EX Order. 264b1 and NJ EX Order. NJ EX O are addressed. 2. The RN MDS coordinator will coordinate with the Dietitian for a resident that triggered the CAA to assure that a comprehensive, person-centered care plan is developed in accordance with the resident's nutritional needs. 3. The RN MDS coordinator will provide a weekly list of residents to the Director of Nursing (DON) who have areas triggered in the CAA to ensure that a comprehensive, person-centered care plan is developed. Any negative findings will be addressed by the DON. 4. Re-education regarding the CAA process and the development of comprehensive, person-centered care plan was initiated on NJ EX Order. 264b1, and will be on going for all IDCT members. This in-service will be given annually, during orientation and when necessary for newly hired MDS coordinators and IDCT members. Element # 4 1. The DON or designee will complete a weekly audit for 5 residents for 4 weeks and then monthly for 6 months who trigger a nutrition CAA. This is to ensure that a comprehensive, person-centered care plan is developed and/or updated. Any negative findings will be corrected immediately with the appropriate IDCT members through a one-on-one re-education. 2. The Regional Dietitian will complete a weekly audit for 5 residents for 4 weeks	

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F 656	Continued From page 7 resident's nutritional status, NJ EX Order. 264b1 nutritional goals and interventions were included or addressed. 2. On 2/22/23 at 11:55 AM, the surveyor observed Resident #264 in his/her room seated in a wheelchair in front of an overbed table. The resident appeared thin. The resident's lunch tray arrived, and he/she was able to feed themselves and began to consume the lunch meal. The surveyor reviewed the electronic and paper medical record for Resident #264. Review of the Admission Record reflected that the resident was admitted to the facility with diagnoses that included but were not limited to NJ EX Order. 264b1 NJ EX Order. 264b1 happens when you are not consuming NJ EX Order. 264b1 NJ EX Order. 264b1 and NJ EX Order. 264b1 (can occur when an NJ EX Order. 264b1 of NJ EX Order. 264b1 NJ EX Order. 264b1). Review of an Admission MDS dated NJ EX Order. 264b1, reflected that the resident had a BIMS score of NJ EX Order. 264b1 which indicated that the resident had an NJ EX Order. 264b1. It further reflected that the resident had a diagnosis of "NJ EX Order. 264b1 NJ EX Order. 264b1) or at NJ EX Order. 264b1." It also reflected that the resident was NJ EX Order. 264b1 in NJ EX Order. 264b1 or NJ EX Order. 264b1 in NJ EX Order. 264b1 after meals,"NJ EX Order. 264b1, and weighed NJ EX Order. 264b1 In addition, the Care Area Assessment (CAA) Worksheet which was completed and signed by the RN MDS Coordinator on NJ EX Order. 264b1, included "Will Nutritional Status - Functional Status be addressed in the care plan? NJ EX Order. 264b1 and reflected	F 656	and then monthly for 6 months to ensure that residents who have nutritional concerns, weight loss, or risk for malnutrition have a comprehensive, person-centered care plan developed and updated as clinically appropriate. Any negative findings will be corrected immediately through one-on-one re-education. 3. Results of all DON and Regional Dietician audits will be submitted to the QAPI committee quarterly to review and determine frequency and necessity of future audits and actions taken. Completion Date: March 31, 2023	

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F 656	Continued From page 8	F 656		

that the overall objectives included NJ EX Order. 264b1 NJ EX Order. 264b1 and maintain current level of functioning in the area of nutritional status.

Review of the "Mini Nutritional Assessment" dated NJ EX Order. 2 reflected that the resident had a NJ EX Order. 264b1 NJ EX Order. 264b1, experienced a NJ EX Order. 2 NJ EX Order. 264b1 to NJ EX 2 lbs. during the last three months, had a Body Mass Index (BMI) [measure of body fat based on height and weight that applies to adult men and women] of NJ EX 2 to less than NJ EX and was assessed as NJ EX Order. 264b1.

Review of the "Medical Nutrition Therapy Assessment" dated NJ EX Order. 264, reflected to "Proceed with POC [plan of care]."

Review of the CP did not reflect documented evidence that the resident's nutritional status, nutritional goals and interventions were included or addressed.

On 3/02/23 at 12:47 PM, the surveyor conducted a phone interview with the RN MDS Coordinator in the presence of the survey team. She stated that a nutrition care plan should have been initiated for Resident #33 and #264.

On 3/03/23 at 1:20 PM, the surveyor interviewed the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA) and the survey team. The DON stated that she expected the RD to initiate a nutrition care plan on admission and update the care plan periodically for quarterly reviews and significant changes.

On 3/03/23 at 1:44 PM, the surveyor interviewed

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the DON in the presence of the LNHA and the survey team. The DON acknowledged that there was no nutrition care plan for Resident #33 and #264. In addition, the DON stated that the MDS Coordinator and the team were responsible to ensure that the residents comprehensive care plans addressed the CAA's.

On 3/06/23 at 12:53 PM, the surveyor conducted a phone interview with RD #3 who stated that if the CAA's triggered for nutritional status, the RD should have initiated a care plan.

On 3/6/23 at 1:34 PM, the survey team met with the LNHA, LNHA in training, and DON. There was no additional information provided.

Review of the facility policy "Nutritional Management" with a revised date of 10/22/22, included the following:

"The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status ... A comprehensive nutritional assessment will be completed by a dietitian on all admission, annual, and upon significant change in condition ... Care plan implementation: a. The residents' goals and preferences regarding nutrition will be reflected in the resident's plan of care. b) Interventions will be individualized to address the specific needs of the resident ... Monitoring of the resident's condition and care plan interventions will occur on an ongoing basis ... The care plan will be updated as needed, such as when a resident's condition changes ... interventions are determined to be ineffective, or as new causes of nutrition-related problems are identified ... The comprehensive care plan should describe any interventions

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offered but declined by the resident or resident's representative."

Review of the facility policy "Comprehensive Care Plans" with a revised date of 4/1/22, included the following:

"It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident ... The comprehensive care plan will be developed withing 7 days after the completion of the comprehensive MDS assessment. All Care Assessment Areas (CAAs) triggered by the MDS will be considered in developing the plan of care ... The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record ... The comprehensive care plan will describe at a minimum, the following: a.) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being ... The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to: ...A registered nurse with responsibility for the resident ... A member of the food and nutrition services staff ... The RAI [Resident Assessment Instrument] coordinator ..."

Review of the facility policy "Resident Assessment - RAI" with a revised date of 10/22/22, included that "The current version of the RAI (MDS 3.0) will be utilized when conducting a comprehensive assessment of each resident in accordance with the instructions found in the RAI Manual."

NJAC 8:39-11.2(d), (e)(2), (i), 27.1(a)

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F 692 SS=G	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) identify and address a NJ EX Order. 264b1s of [redacted] pounds (lbs.) and [redacted] in one week from [redacted] through [redacted] and obtain a reweight for 1 of 4 residents, (Resident #97), b.) ensure that a resident identified as at NJ EX Order. 264b1 or [redacted] was comprehensively evaluated and assessed for 2 of 4 residents, (Resident #38 and #97), and c.) provide the recommended supplements to residents that experienced [redacted] for 3 of 4 residents, (Resident #33, #38 and #97) reviewed for nutrition.	F 692	F-692 SS- G Element #1 1. Resident # 38 is no longer at the facility. 2. A comprehensive Nutritional assessment was completed by the Registered Dietitian for residents #97 and resident # 33 on NJ EX Order. 264b1. This is to ensure that residents experiencing weight loss are evaluated and assessed, and appropriate interventions are implemented based on the resident's needs, and care plans are initiated or updated as appropriate.	3/31/23

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F 692	Continued From page 12 The evidence was as follows: 1. On 3/2/23 at 11:25 AM, the surveyor observed Resident # 97 awake and seated in a wheelchair in front of the NJ EX Order nursing unit. At that time, the resident stated that he/she was aware of his/her NJ EX Order. 264b1 The surveyor reviewed the electronic and paper medical record for Resident # 97. Review of the Admission Record (an admission summary), included that the resident was admitted to the facility with diagnoses that included but were not limited to; NJ EX Order. 264b1 [redacted]). Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 1 NJ EX Order. 26, included a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264, which indicated that the resident had an NJ EX Order. 264b1. Review of the NJ EX Order. 264b1 Order Summary Report (OSR) indicated a physician order (PO) dated NJ EX Order. 26, for a NJ EX Order. 264b1 NJ EX Order. 264b1." Review of the NJ EX Order. 264b1 through NJ EX Order. 264b1, electronic Medication Administration Record (eMAR) reflected the above corresponding PO. Review of the resident's NJ EX Order. 26 included the following:	F 692	3. Resident #97 was NJ EX Order. 264b1 on NJ EX Order. 264b1 and was re-evaluated by the Registered Dietitian (RD) on NJ EX Order. 264b1 NJ EX Order. A nutritional supplement was no longer needed, and Resident #33 confirmed with the Dietitian on NJ EX Order. 264b1 NJ EXEX O, that they do not like milk shakes. 4. The involved nursing staff were given a re-education on the facility's policy on NJ EX Order. 264b1. This education was completed on NJ EX Order. 264b1 5. Weights of Resident #97 and Resident #33 were completed per orders and reviewed by the RD on NJ EX Order. 264b1 NJ EX Orde, and appropriate actions were completed. Element#2 1. All residents experiencing NJ EX Order. 2 s have the potential to be affected by this cited practice. Element #3 1. The facility hired a new Registered Dietitian on NJ EX Order. 264b1. Orientation for the Registered Dietician included review of the facility's policies including completion of a comprehensive nutritional assessment to identify residents who are at NJ EX Order. 264b1, the process of reviewing weights, addressing residents with NJ EX Order. 264b1, and implementation of appropriate person-centered interventions in the residents' plan of care. Education included documentation requirements including evaluation of the effectiveness of the interventions. 2. Facility's Policy and Procedures for	

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F 692	Continued From page 13 9/15/22 [redacted] 9/22/22 [redacted] Review of "Nutrition Assessment -V2" dated [redacted] indicated that the Registered Dietitian (RD) #1 observed the resident consume " [redacted] of the breakfast meal. It further indicated that the resident's food preferences, diet, and weight history were obtained. It also included nutritional interventions for a NJ EX Order. 264b1 [redacted] at breakfast and a [redacted] ounce (oz) [redacted] for breakfast, lunch, and dinner to provide [redacted] calories and [redacted] grams of protein per [redacted] oz portion. There was no documented evidence in the resident's hybrid (electronic and paper) medical records that the above RD's recommended nutritional supplements were given, accepted, or consumed by the resident. Review of the resident's progress notes from the hybrid medical records from [redacted] through [redacted] reflected no documented evidence that the resident's NJ EX Order. 264b1 was identified and addressed by the RD, Nursing, Attending Physician (AP) or the Nurse Practitioner (NP). Review of the Mini Nutritional Assessment dated [redacted] which was completed by RD #2, indicated that the resident was identified as NJ EX Order. 264b1 " had a NJ EX Order. 264b1 in food intake, and had a NJ EX Order. 264b1 lbs. There was no documented evidence that RD #2 reassessed the resident and recommended nutritional interventions.	F 692	the monthly weight NJ EX Order. 264b1 [redacted] NJ EX Order. 264b1 Revisions were made to include the review of weekly [redacted] addition to monthly weight reviews during the meeting. This will ensure that residents who are identified as NJ EX Order. 264b1 are reviewed, re-weighed, interventions are in-place, care plans updated, and follow up documentation is completed. Any [redacted] discrepancy from these meetings will be corrected. 3. The facility's policy and procedures for Dietitian recommendations for nutritional supplements is revised using the "Diet Requirement Form". This form will be utilized to communicate to the dietary department for residents who will be needing nutritional supplements following the dietitian recommendations. Nutritional supplements will have the amount consumed documented in the resident medical record as appropriate. 4. A new process of communication using a secure communication method thru the electronic medical record from nurse to Dietitian will be utilized. This communication will be used between nurses and the Dietitian for residents with severe weight loss. The nurse unit manager and/or the DON will review the secure communication method thru the electronic medical record during clinical meeting to ensure that residents who have severe weigh loss are being addressed and is reflected in the resident medical record. Any negative findings will be corrected either by the nurse unit manager and/or the DON by directly	

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F 692	Continued From page 14 Review of the resident's comprehensive care plan (CP), a nutrition CP initiated on [redacted] included interventions for " ...supplements as rx'd [prescribed]; monitor NJ EX Order. 264b1, [redacted]; honor food preferences; meds as rx'd." There was no documented evidence of a revised CP that addressed the [redacted] Review of the resident's meal tickets (documentation of what was provided on a meal tray for breakfast, lunch, and dinner) provided to the surveyor by the Food Service Director (FSD), in the presence of the Regional FSD on 3/2/23 at 10:08AM, did not reflect the RDs recommended nutritional supplements. Review of the Nursing Quality Assurance Performance Improvement Plan Monthly Review (NQAPIPMR) forms dated [redacted], [redacted] and [redacted], included a [redacted] Variance Report" that addressed residents who experienced [redacted]. Resident #97 was not included. On 3/2/23 at 11:36 AM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN). She stated that the DON, RD, and UMs conducted monthly [redacted] meetings and discussed those residents who experienced [redacted]. She stated that the DON retained the [redacted] meeting documentation records. She acknowledged that she was aware of the resident's [redacted] and recently discussed this with the RD. The UM/LPN stated that the RD told her that "maybe" the original [redacted] documentation was incorrect, but she was not sure if this was documented in the resident's medical record.	F 692	calling the Dietitian to ensure that nutritional concerns are being addressed. 5. The communication process between clinical staff and the Attending Physician (AP) and Nurse Practitioner (NP), was re-evaluated and a new process was established using secure a communication method thru the electronic medical record for residents having [redacted]. The secure communication method thru the electronic medical record will be used by the licensed nurse/nurse unit manager to communicate about a resident having [redacted] on their respective unit's. The nurse and or the DON will review secure communication method thru the electronic medical record during clinical meeting to assure that the AP and/or NP is addressing the resident [redacted] and is reflected in the resident medical records. 6. The Food Service Director or designee will run a weekly nutritional supplement report to cross reference accuracy between the departments for supplements. Any discrepancy will be corrected immediately by the FSD. 7. Education regarding the new communication thru secure communication method thru the electronic medical record, nutritional supplements, and documentation, will be provided during new employee orientation, annually and when deemed necessary for licensed nurses, nurse unit managers and registered dietitian. Element #4	

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F 692	Continued From page 15 On 3/2/23 at 11:52 AM, the surveyor interviewed the Certified Nursing Aide (CNA) #1 who was familiar with the resident. She stated that residents were weighed by CNAs monthly or "sometimes twice weekly." She was not aware of the Resident #97's NJ EX Order. 264b1. The CNA could not speak to whether the resident received nutritional supplements on his/her meal trays. On 3/2/23 at 12:20 PM, the surveyor interviewed the DON who stated that she, the RD, and UMs conducted monthly meetings to discuss residents who experienced NJ EX Order. 264b1. She further stated that the content of the meetings were documented on the NQAPIPMR forms. The DON provided copies to the surveyor. On 3/2/23 at 1:04 PM, the surveyor reviewed the NQAPIPMR forms which indicated a list of residents and their calculated NJ EX Order. 264b1. The report indicated whether the weight loss was desired, undesired, planned or unplanned. It further included nutritional interventions and the date the CPs were revised. Resident #97 was not included. On 3/2/23 at 1:24 PM, the surveyor interviewed the DON in the presence of the survey team. She stated that RD #1 worked from NJ EX Order. 264b1 through NJ EX Order. 264b1, RD #2 was employed from NJ EX Order. 264b1 through NJ EX Order. 264b1 NJ EX Order. 264b1, and RD #3 would be working as an interim from NJ EX Order. 264b1, to present. On 3/2/23 at 2:04 PM, the surveyor interviewed RD #3 in the presence of the survey team. RD #3 confirmed the above statement from the DON regarding her employment timeline in the facility.	F 692	1. The Regional Registered Dietitian and/or Director of Nursing will complete a weekly audit for 8 weeks and then monthly for 6 months for residents who are NJ EX Order. 264b1. This is to assure that residents are evaluated and assessed to address nutritional needs, interventions are updated in the resident plan of care, and follow up documentation is completed as clinically appropriate. The results of all audits will be submitted to the QAPI committee by the Regional Dietitian for review and will determine the frequency and necessity for further audits and actions to be taken. 2. The FSD will conduct a weekly tray/supplement audit for 10 residents for 4 weeks and then monthly for 6 months to assure that residents with an order for dietary supplements are delivered as appropriate. Any negative findings will be corrected immediately by the FSD through one-on-one staff re-education. The results of all audits will be presented to the QAPI committee by the FSD who meets quarterly for review and will determine the frequency and necessity for further audits and actions taken.	

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She stated that she documented comprehensive nutritional assessments for new admissions and then initiated a comprehensive nutrition care plan and provided dietary recommendations. Furthermore, RD #3 also stated that she revised care plans quarterly, annually and on an as needed basis. She stated that "we always update the care plans." RD #3 further stated that if she recommended nutritional supplements, she would complete a "Dietitian Recommendations" communication form. She stated that she then presented the form to the nurse who signed it and relayed the information to the physician. She stated that a copy went to the FSD, and a copy remained in the chart. She stated that the form was utilized to communicate initiation or discontinuation of nutritional supplements. She acknowledged that the RD and AP should have been notified of a resident's NJ EX Order. 264b1 in one week and that weekly weight monitoring should have been conducted.

During the interview, RD #3 stated that the RDs reviewed residents' weekly or monthly NJ EX Order. 264 "depending on the status." She further stated that after she reviewed the NJ EX Order. 264b she conducts a nutritional assessment which would be documented in the medical record. She acknowledged that if a resident had a significant weight loss, she would request a re-weight to confirm the NJ EX Order. 264b1. She stated that if a significant NJ EX Order. 264b1 was confirmed, she would conduct a root cause analysis to determine whether the NJ EX Order. 264b1 was intentional or unintentional, make nutritional recommendations, and revise the care plan, all of which would be documented in the resident's medical record.

On 3/3/23 at 10:25 AM, the surveyor had a follow

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up interview with Resident #97. The resident stated that he/she had not received mighty shake supplements. The resident further stated that he/she was "just recently" offered a [NJ EX Order. 264b1] [NJ EX Order], but he/she refused it and stated it was "too sweet." Resident #97 informed the surveyor that he/she "never" liked any kind of cereal, and the staff were aware of his/her food preferences. The resident also stated that the staff did not offer him/her other alternatives to choose from.

On 3/3/23 at 10:33 AM, the surveyor conducted a follow up interview with the UM/LPN in the presence of a second surveyor. The UM/LPN informed the surveyor that the residents were weighed monthly by the CNAs. She stated that she would review the [NJ EX Order. 264b1] for discrepancies to confirm significant [NJ EX Order. 264b1]. She further stated that if a significant [NJ EX Order. 264b1] was confirmed, she or the nurse would document "this" in the resident's electronic medical records, and she would notify the RD. She stated that the RD would document a nutritional assessment and then communicate recommendations with the "Dietician Recommendations" form. The UM/LPN stated that she would sign the recommendation form in acknowledgement, then the RD would alert the kitchen of the nutritional supplements that needed to be provided to the resident. She further stated that the RD also notified her for any discontinuation of nutritional supplements and that the RD would "directly" speak to the kitchen staff to communicate the discontinued recommendations.

During the interview, the UM/LPN stated that she would notify the AP and that the AP "usually" agreed to the RD recommendations. The UM/LPN stated that she only documented in the

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resident's medical records when the AP disagreed with the recommendations. The UM/LPN acknowledged that the resident received NJ EX Order: 264b1 and NJ EX Order: 264b1 on his/her meal trays in the past. She further acknowledged that the resident did not prefer the nutritional supplements and that the RD was notified of this. However, the UM/LPN could not speak to whether the RD reassessed the resident, updated his/her preferences and made new recommendations. The UM/LPN stated that she relied on the RD for NJ EX Order: 26 calculation to determine weight loss. She further stated that she expected the RD to identify and address NJ EX Order: 264b1 and provide nutritional interventions.

On 3/3/23 at 12:55 PM, the LNHA and DON met with the survey team. The DON acknowledged that the CNAs obtained weights. She stated if there was a NJ EX Order: 26 discrepancy, a NJ EX Order: 264b1 should be obtained to confirm significant NJ EX Order: 2 NJ EX Order She further stated that she expected the nurse to notify the RD of the confirmed NJ EX Order: 2 NJ EX Order and that the RD should have addressed the weight loss with a nutritional assessment, revised CP, and provided nutritional interventions which may include supplements. Furthermore, the DON stated that nutritional supplements were provided with the resident's meal and acknowledged that there was no documented evidence to account for the administration and recorded consumption of the NJ EX Order: 264b1 and NJ EX Order: 264b1.

On 3/6/23 at 9:41 AM, the surveyor attempted to call the resident's AP in the presence of the survey team, but the AP was not available at that time. The AP's office manager (OM) informed the surveyor that the AP would be in the office at 3:00

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F 692	Continued From page 19 PM. On 3/6/23 at 10:33 AM, the surveyor interviewed the DON in the presence of the survey team. She stated that she reviewed Resident #97's paper medical records and acknowledged that there was no documented evidence from the AP and RD that addressed the residents NJ EX Order. 264b1 NJ EX Or, and she stated, "I did not see any." On 3/6/23 at 12:20 PM, the LNHA, LNHA in training, and DON met with the survey team. The DON acknowledged that the resident's AP was aware of the resident's significant weight loss but did not address it. She further acknowledged that the RD was also aware of the resident significant NJ EX Order. 264b1, but the RD "failed" to document this in the resident's medical records. The DON stated that the resident had NJ EX Order. 264b1 which could have contributed to the resident's NJ EX Order. 264b1, and then acknowledged that there was no documented evidence related to when that occurred. The DON acknowledged that she was unable to correlate the NJ EX Order. 264b1 and the NJ EX Order. 264b1. During the interview the DON stated that the "Mini Nutritional Assessment" form was utilized to assess whether a resident was NJ EX Order. 264b1 or at risk NJ EX Order. 264b1. The DON stated that she expected the RD to "act upon" when a resident was identified as NJ EX Order. 264b1 or at risk with a documented comprehensive nutritional assessment and a revised CP to include "dietary interventions." The DON informed the survey team that the "Mini Nutritional Assessment" was "new" to them, and she had "never seen that form prior" to surveyor inquiry.	F 692		

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F 692	Continued From page 20 On that same date at 3:36 PM, the surveyor reattempted to conduct a telephone interview with the AP, but the OM stated that the AP was unavailable to speak to the surveyor. 2. On 2/22/23 at 10:15 AM, the surveyor observed Resident #38 seated in a wheelchair and listening to the radio. The resident appeared NJEA0 and did not respond to surveyor inquiries. On 2/27/23 at 12:15 PM, the surveyor observed the resident eating lunch independently. The resident meal consisted of a sweet potato, roasted pork and Brussel Sprouts. There was also a dessert and a low-fat milk on the tray. The resident stated that he/she consumed most of the roasted pork and sweet potatoes, and few of the Brussel sprouts. On 2/27/23 at 12:39 PM, the surveyor observed both the CNA #2 and an LPN in the resident's room encouraging the resident to consume more food. The surveyor observed that the resident consumed 0% of the lemon meringue pie dessert. In addition, there was no mighty shake or magic cup (supplements) observed on the resident's lunch tray or on the overbed table. The surveyor reviewed the electronic and paper medical record for Resident #38. Review of the Admission Record reflected that the resident was admitted to the facility with diagnoses which included but not limited to; NJ EX Order. 264b1	F 692		

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NJ EX Order. 264b1).

Review of the quarterly MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX NJ EX Order. 264b1, which indicated that the resident had an NJ EX Order. 264b1.

Review of the NJ EX Order. 264b1 OSR POs indicated a PO for a NJ EX Order. 264b1 NJ EX and NJ EX O consistency with a start date of NJ EX Order. . It also included a PO dated NJ EX Order. for NJ EX Order. 264b1 milligrams (mg) NJ EX Ord tablet by mouth at bedtime as an NJ EX Order. 264b1

Review of the NJ EX Order. 264b1 through NJ EX Order. NJ EX Order eMAR, reflected the above corresponding PO.

Review of the resident's weights included the following:

8/11/22 NJ EX lbs.

9/5/22 NJ EX lbs.

10/3/22 NJ EX lbs.

11/10/22 NJ EX lbs.

12/9/22 NJ EX lbs.

1/6/23 NJ EX lbs.

2/1/23 NJ EX lbs.

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Review of the resident's progress notes from the hybrid medical record from [redacted] through [redacted], included the following documentation related to the resident's nutritional status:

Review of the nutritional progress note dated [redacted], indicated that the resident experienced a [redacted] over the last [redacted]. It also indicated that the resident had a [redacted]) level of [redacted] dated [redacted]. RD #1 documented that she observed the resident consume less than [redacted] of breakfast that day and added the following supplements: a four oz [redacted] at lunch and dinner, which provided an additional [redacted] calories and [redacted] grams of [redacted] per [redacted] oz portion, and a four oz [redacted] at lunch and dinner, which provided an additional [redacted] calories and [redacted] grams of protein per four oz portion.

There was no documented evidence in the resident's hybrid medical records that the above RD's recommended nutritional supplements were given, accepted, or consumed by the resident.

Review of the "Mini Nutritional Assessment" completed by RD #2 and dated [redacted], identified Resident #38 as being at [redacted]. There was no further documented evidence of a comprehensive nutrition assessment or revised nutritional interventions to address the risk for malnutrition, prior to surveyor inquiry.

Review of the nursing progress notes from [redacted] until [redacted] did not include documented evidence that the resident received or refused the [redacted] and [redacted] at lunch and dinner.

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PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

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Review of the resident's paper chart did not include "Dietitian Recommendations" (the communication form utilized by the RD to inform the nursing staff, the physician and the Food Service Department for the recommended nutritional supplements) forms.

Review of the CP date initiated [redacted], included the following interventions, "Diet, supplements, snacks, NJ EX Order. 264b1 as rx'd [prescribed]; honor food preferences; meds as rx'd; NJ EX Order. 264b1 hydration status, diet counseling/education as needed." The CP did not include that the resident was at risk for malnutrition and there was no evidence of revisions, or additional interventions related to the identification of NJ EX Order. 264b1 dated on or after [redacted], until to surveyor inquiry.

Review of the resident's meal tickets provided to the surveyor by the FSD, in the presence of the Regional FSD on 2/27/23 at 10:00AM, did not include a NJ EX Order. 264b1 or [redacted] for lunch or dinner.

On 3/6/23 at 12:30 PM, the surveyor interviewed the DON, in the presence of the LNHA and the survey team. She acknowledged that the [redacted] Mini Nutritional Assessment identified the resident at risk for NJ EX Order. 264b1 She further stated that the RD should have documented a follow up comprehensive nutritional assessment and revised the care plan.

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F 692	Continued From page 24 3. On 2/22/23 at 12:13 PM, the surveyor observed Resident #33 in his/her room seated in a wheelchair in front of the lunch tray on an overbed table. The resident stated that he/she had not eaten lunch yet and the plate was covered with a domed lid. There was no [redacted] observed on the tray. On 2/24/23 at 12:53 PM and on 3/2/23 at 1:15 PM, the surveyor observed the resident in his/her room seated in a wheelchair in front of the lunch tray on an overbed table. There was no [redacted] observed on the tray. The surveyor reviewed the electronic and paper medical record for Resident #33. Review of the Admission Record reflected that the resident was admitted to the facility with diagnoses which included but not limited to; NJ EX Order. 264b1 Review of the Admission MDS dated [redacted] reflected that the resident had a BIMS score of [redacted] which indicated that the resident had a NJ EX Order. 264b1. It further reflected that the resident was NJ EX Order. 264b1 " was [redacted], weighed [redacted] lbs., experienced a significant weight loss of "[redacted] in the last month or loss of [redacted] in the last [redacted] months" and [redacted] not on a physician-prescribed [redacted] regimen," and was on a NJ EX Order. 264b1-require change in texture of food or liquid ..." Review of the [redacted] OSR indicated a PO dated [redacted], for a "NJ EX Order. 264b1	F 692		

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meats texture".

Review of the NJ EX Order. 264b1 through NJ EX Order. NJ EX Order eMAR, reflected the above corresponding PO.

Review of the resident's weights included the following:

9/29/22 NJ EX lbs.

11/2/22 NJ EX lbs.

Review of the "Nutrition Assessment -V2" dated NJ EX Order. included that the resident experienced a "NJ EX Order. 264b1 x NJ EX days" and that RD #1 observed the resident consumed " > NJ EX Order of the lunch meal. It further indicated that the RD initiated a care plan. The RD further documented nutritional interventions which included a four oz NJ EX Order. 264b1 a day at lunch and dinner to provide NJ EX calories and NJ EX grams of protein per four oz portion.

There was no documented evidence in the resident's hybrid medical records that the above RD's recommended nutritional supplements were given, accepted, or consumed by the resident.

Review of the CP did not reflect documented evidence of a nutritional status CP that included the resident's NJ EX Order. 264b1 nutritional goals or interventions.

Review of the resident's paper chart did not include "Dietitian Recommendations" forms.

Review of the resident's meal tickets provided to the surveyor by the FSD, in the presence of the

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Regional FSD on 3/2/23 at 10:08AM, did not include a NJ EX Order: 264b1 for lunch or dinner.

On 3/03/23 at 10:18 AM, the surveyor interviewed Resident #33, who stated that he/she had never received a NJ EX Order: 264b1 on the lunch or dinner tray. The resident stated that "they came yesterday to ask about it."

On 3/03/23 at 11:02 AM, the surveyor interviewed the residents regularly assigned CNA #3 who stated that she had not observed a NJ EX Order: 264b1 on the resident's lunch tray.

On 3/03/23 at 1:20 PM, the surveyor interviewed the DON in the presence of the LNHA and the survey team. She stated that when the RD assessed a resident and made recommendations, she "assumed" the RD would follow up.

On 3/03/23 at 1:44 PM, the surveyor interviewed the DON in the presence of the LNHA and the survey team. The DON acknowledged that there was no documented evidence that NJ EX Order: 264b1 were provided to the resident. She further stated that if the RD discontinued the NJ EX Order: 264b1 there should have been follow up documentation with a rationale.

On 3/06/23 at 12:00 PM, the surveyor interviewed the LNHA in the presence of the DON, the LNHA in training and the survey team. The LNHA stated that RD #1 worked consistently throughout the entire year of NJ EX Order

On 3/06/23 at 12:53 PM, the surveyor conducted a phone interview with RD #3. She stated that the "Mini Nutritional Assessment" form was a

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screening tool used to identify a resident as malnourished or at NJ EX Order. 264b1. She stated that this tool was not considered a comprehensive nutrition assessment. She further stated that the RD should have completed a comprehensive follow up evaluation and assessment, and even if supplementation was not indicated, there should have been supporting documentation. RD #3 also stated that if the RD discontinued nutritional supplements, there should have been supporting documentation as well.

On 3/6/23 at 1:34 PM, the survey team met with the LNHA, LNHA in training, and DON. There was no additional information provided.

Review of the facility policy NJ EX Order. 264b Taking and Recording" with a revised date of 5/2022, reflected that the policy was to " ... strive to prevent, monitor, and intervene for undesirable NJ EX Order. 264b1 for our residents." In addition, it included to " ... to monitor NJ EX Order. 2 changes." It also included the following: "The dietitian will review the NJ EX Order. 2b and will make recommendations as necessary ... Any NJ EX Order. 2b change of NJ lbs. +/- or more since the last NJ EX Order. 2 assessment will be taken for confirmation with the license nurse. If the NJ EX Order. 2 is verified the dietitian will be notified ... The Unit Manager and the Dietitian will review the completed monthly NJ EX Order. 264b ... The threshold for significant unplanned and undesired NJ EX Order. 264b1 will be based on the following criteria ... 1 month - NJ EX Order. 264b1 is significant; greater that NJ EX is severe ... The dietitian will review the NJ EX Order. 2bf NJ EX Order. 2b and will make necessary recommendations as necessary."

Review of the facility policy "Nutritional

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Management" with a revised date of 10/22/22, included the following: "The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status ... Acceptable parameters of nutritional status refer to factors that reflect that an individual's nutritional status is adequate ... such as weight, food/fluid intake, and pertinent laboratory values ... A systematic approach is used to optimize each resident's nutritional status: a. Identifying and assessing each resident's nutritional status and risk factors, b. Evaluating/analyzing the assessment information, c. Developing and consistently implementing pertinent approaches, d. Monitor the effectiveness of interventions and revising them as necessary ... A comprehensive nutritional assessment will be completed by a dietitian on all admission, annual, and upon significant change in condition ... The assessment shall clarify the resident's current nutritional status and individual risk factors ... The dietitian shall use data gathered from the nutritional assessment to estimate the resident's calorie, nutrient and fluid needs and whether intake is adequate to meet those needs ... Care plan implementation: a. The residents' goals and preferences regarding nutrition will be reflected in the resident's plan of care. b) Interventions will be individualized to address the specific needs of the resident ... Monitoring of the resident's condition and care plan interventions will occur on an ongoing basis ... The care plan will be updated as needed, such as when a resident's condition changes ... interventions are determined to be ineffective, or as new causes of nutrition-related problems are identified ... The physician will be notified of significant changes in weight, intake, or nutritional status ... The comprehensive care plan should

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F 692	Continued From page 29 describe any interventions offered but declined by the resident or resident's representative." NJAC 8:39-11.2(e)(2) (i), 17.1(c), 17.4(a)(3), 27.1(a)	F 692		
F 710 SS=E	Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2) §483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs. §483.30(a) Physician Supervision. The facility must ensure that- §483.30(a)(1) The medical care of each resident is supervised by a physician; §483.30(a)(2) Another physician supervises the medical care of residents when their attending physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure the physician addressed NJ EX Order 264b1 for 1 of 4 residents (Resident #97) reviewed for nutrition. The evidence was as follows: On 3/2/23 at 11:25 AM, the surveyor observed Resident # 97 awake and seated in a wheelchair	F 710	Element #1 1. The Nurse Practitioner (NP) evaluated Resident # 97 on NJ EX Order 264b1 and was aware of the resident NJ EX Order 264b1. 2. The NP for Resident #97 was provided with one-on-one re-education on NJ EX Order 264b1 regarding the importance of addressing residents having NJ EX Order 2 and the importance of documenting in the residents' medical record.	3/31/23

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F 710	Continued From page 30 in front of the [redacted] nursing unit. At that time, the resident stated that he/she was aware of his/her [redacted] The surveyor reviewed the electronic and paper medical record for Resident #97. Review of the Admission Record (an admission summary) included that the resident was admitted to the facility with diagnoses that included but were not limited to [redacted] Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [redacted] included a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated that the resident had an [redacted]. Review of the resident's weights included the following: 9/15/22 [redacted] lbs. (pounds) 9/22/22 [redacted] lbs. Review of the Mini Nutritional Assessment dated [redacted], indicated that the resident was identified as [redacted]" had a [redacted] decrease in food intake, and had a [redacted] greater than [redacted] Review of the resident's progress notes from the hybrid medical records from [redacted] through [redacted] reflected no documented evidence that	F 710	Element #2 1. All residents who have [redacted] have the potential to be affected by the cited practice. Element #3 1. The communication process between clinical staff and Attending Physician (AP) and Nurse Practitioner (NP), was re-evaluated and a new process is established using secure communication method thru the electronic medical record for any residents having [redacted]. The secure communication method thru the electronic medical record" will be used by the license nurse/nurse unit manager to communicate residents having [redacted] on their respective unit's. The nurse and/or the DON will review the secure communication method thru the electronic medical record daily to assure that AP and or the NP is addressing the resident [redacted] and its reflecting in the resident medical records. 2. Attending Physicians (AP) and Nurse Practitioners education was initiated on [redacted] and ongoing regarding the new communication process thru the secure communication method thru the electronic medical record, and the importance of addressing [redacted] and documenting in the medical records. This inservice will be provided annually and whenever a new AP or NP will be credentialed to work in the facility and as deemed necessary.	

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F 710	Continued From page 31 the resident's NJ EX Order. 264b1 was identified and addressed by the Attending Physician (AP) or the Nurse Practitioner (NP) prior to surveyor inquiry. On 3/6/23 at 9:41 AM, the surveyor attempted to call the resident's AP in the presence of the survey team, but the AP was not available at that time. The AP's office manager (OM) informed the surveyor that the AP would be in the office at 3:00 PM. On 3/6/23 at 10:33 AM, the surveyor interviewed the DON in the presence of the survey team. She stated that she reviewed Resident #97's paper medical records and acknowledged that there was no documented evidence from the AP that addressed the residents NJ EX Or(NJ EX Order. 264b1 and she stated, "I did not see any." On 3/6/23 at 12:20 PM, the LNHA, LNHA in training, and DON met with the survey team. The DON acknowledged that the resident's AP was aware of the resident's significant NJ EX Order. 264b2 but did not address it in the resident's hybrid medical records. On 3/6/23 at 1:34 PM, the survey team met with the LNHA, LNHA in training, and DON. There was no additional information provided. On 3/6/23 at 3:36 PM, the surveyor reattempted to conduct a telephone interview with the AP, but the OM stated that the AP was unavailable to speak to the surveyor. NJAC 8:39-23.2 (b)	F 710	Element # 4 1. The DON will conduct a weekly audit for 5 residents covering all units for 4 weeks and then monthly for 60 days to ensure that residents with severe weight loss are addressed by AP and/or NP and documented in the resident's medical record. Any negative outcome will be corrected by the DON through the communication thru the electronic medical record to the AP or NP. 2. The results of the audits will be submitted by the DON to the QAPI committee who meets quarterly, for review and determine the frequency and necessity for further audits and actions taken.	
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp	F 804		3/31/23

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F 804	Continued From page 32 CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of pertinent facility documents, it was determined that the facility failed to ensure the safe and appetizing temperatures of food and drink served to the residents. This deficient practice was identified by 4 of 5 residents, who during the 2/27/23, Resident Council group meeting stated that hot foods were received cold, and confirmed during the lunch time meal service on 3/3/23, on 1 of 3 nursing units (South) tested for food temperatures by two surveyors, and was evidenced by the following: On 2/22/23 at 9:54 AM, the surveyor conducted an initial tour of the kitchen with the Food Service Director (FSD). During the tour, the surveyor observed that the department had a functioning plate warmer and a method to heat the plate liners to assist in maintaining hot food temperatures during tray delivery to the residents. Towards the end of the tour, the FSD stated that he conducted test tray audits (a tool that evaluates how long it takes to deliver resident trays, meal appearance, taste, portion sizes, tray accuracy and acceptable food temperatures) and resident meal satisfaction surveys. He presented	F 804	Element 1: 1. When the tray used for the test was pulled, the surveyor requested a replacement tray for that resident. A subsequent replacement tray was made, and the items were reviewed to ensure proper hot and cold temperatures before serving. 2. As per policy, all foods were held at appropriate temperatures greater than 135F for hot holding and less than 41F for cold holding. 3. All Food service equipment including the steam table, plate warmer(s), thermal chargers, and all refrigeration equipment were inspected on March 7, 2023 to ensure compliance with all policy guidelines. Element 2: 1. All residents have the potential to be affected by this practice. Element 3: 1. Dietary staff were re-educated on March 7, 2023. The inservice reviewed	

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F 804	Continued From page 33 the binders for the completed forms to the surveyor and further stated that there were no concerns regarding food temperatures or meal satisfaction. On 2/27/23 at 11:27 AM, the surveyor met with the five residents for the Resident council meeting. Four out of five residents stated that they were displeased with food temperatures and that hot foods were received cold. On 3/03/23 at 11:50 AM, the surveyor observed the second South unit enclosed food truck delivered to the unit. On 3/03/23 at 11:54 AM, the surveyor calibrated (calibration ensures that the thermometer is accurate and precise for the measurement of food temperatures) a state issued digital thermometer to 31.7 degrees Fahrenheit (F) via the ice bath method in the presence of a second surveyor and a Licensed Practical Nurse (LPN). On 3/03/23 at 12:05 PM, the last tray was delivered to the residents. At that time, the surveyor obtained food and fluid temperatures in the presence of a second surveyor and the Registered Nurse (RN)/Unit Manager (UM) who acknowledged each of the temperature readings. The temperatures were as follows: Seafood oriental (chopped w/ sauce): 117 degrees F Rice (was scooped in a tight ball): 119.3 degrees F Broccoli (chopped): 124 degrees F Four-ounce cardboard container of skim milk: 53 degrees F Coffee: 141.5 degrees F	F 804	the process of monitoring food temperatures before and during meal service to ensure compliance on hot and cold holding. In addition, review of the food temperature standards was included in the inservice for when the meals/trays are delivered. 2. This inserivce will be ongoing and will be given to all newly hired dietary employees during orientation, annually and as deemed necessary. Any negative findings will be corrected by the FSD. 3. Daily monitoring of food temperatures at the point of service will continue to ensure compliance. 4. Weekly testing of trays on the units will be conducted for each meal. Minimally 3 trays per week covering all units and meals. Element 4: 1. The FSD, Registered Dietician & Regional FSD will complete test trays at the point of service 3 times a week for 3 weeks and then weekly for 3 months. 2. Findings will be reported at the quarterly QAPI meetings who meets quarterly, for review and determine the frequency and necessity for further audits and actions taken. Negative findings will be corrected by the FSD or designee.	

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F 804	Continued From page 34	F 804		

On 3/03/23 at 12:25 PM, the surveyor interviewed the Regional FSD who stated that both methods for maintaining hot food temperatures during tray transport to the residents were working properly. He also stated that the department placed cold beverages in the freezer a half hour before meal service to help maintain cold temperatures during tray transport to the residents. He also acknowledged that he delivered the second South unit lunch food truck at 11:50 AM.

On 3/6/23 at 9:00 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with copies of "Test Tray" forms which indicated that the "Acceptable Temp" for "Serving" included the following criteria; hot foods should be served above 135 degrees F, cold foods should be served below 45 degrees F, hot beverages should be served above 135 degrees F, and cold beverages should be served below 45 degrees F.

On 3/06/23 at 11:00 AM, the surveyor interviewed the FSD in the presence of the Regional FSD, who acknowledged and confirmed that the "Serving Temp" referred to the temperatures taken after the last tray was served on the nursing unit.

On 3/6/23 at 1:34 PM, the survey team met with the LNHA, LNHA in training, and the Director of Nursing (DON). There was no additional information provided.

Review of the facility policy "Food Temperatures" with a revised date of April 2022, included that "All hot food items must be cooked to appropriate internal temperatures, held, and served at a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315321	A. BUILDING _____ B. WING _____	03/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

(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 804	Continued From page 35 temperature of at least 135 degrees Fahrenheit... All cold food items must be stored and served at a temperature of 41 degrees or below." Review of the facility policy "Meal Distribution" with a revised date of May 2022, included that "Meals are transported to the dining locations in a manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely and accurate manner." NJAC 8:39-17.4 (a) 2, (e)	F 804		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061220	A. BUILDING: _____ B. WING _____	03/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

(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 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. This deficient practice was identified for CNA staffing for residents on 13 of 14 days shifts. The findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 1/28/2021, "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	S 560	Element 1: 1. The Facility Administrator together with the Director of Human Resources reviewed the facility's hiring and staff retention program. Facility CNA rates and incentives were reviewed. Reviewed contracts and rates with staffing Agencies. The facility reviewed the onboarding process as well as the use of other technologies to expedite the hiring process. All completed by March 10, 2023 Element 2: 1. All residents have the potential to be affected by the New Jersey staffing ratios requirement.	3/10/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061220	A. BUILDING: _____ B. WING _____	03/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

(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 1 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer 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 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. A review of the "Nursing Staffing Report" completed by the facility for the weeks of 2/05/23 through 2/11/23 and 2/12/23 through 2/18/23, revealed the staffing to resident ratios did not meet the minimum requirement for one CNA to eight residents for the day shift as documented below: -2/05/23 had 12 CNAs for 124 residents on the day shift, required 15 CNAs. -2/06/23 had 12 CNAs for 124 residents on the day shift, required 15 CNAs. -2/07/23 had 9 CNAs for 124 residents on the day shift, required 15 CNAs. -2/08/23 had 13 CNAs for 124 residents on the day shift, required 15 CNAs. -2/09/23 had 12 CNAs for 128 residents on the day shift, required 16 CNAs. -2/10/23 had 13 CNAs for 127 residents on the day shift, required 16 CNAs. -2/11/23 had 13 CNAs for 126 residents on the	S 560	Element 3: 1. The Staffing Coordinator was re-in serviced on the required staffing ratios on March 7, 2023. 2. Licensed nurses and CNA's were re-in-service and ongoing regarding the facility's call out policy. 3. All staff were re-in-services about the incentives to refer employees. Element 4: 1. Director of Human Resources will audit the CNA ratios for the 7am – 3pm shift weekly for 1 month, and monthly for 3 months. Results of the audit will be reviewed at the quarterly quality assurance meeting. If the audit is not within regulation, then the audit will be conducted for another 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061220	A. BUILDING: _____ B. WING _____	03/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

(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 16 CNAs. -2/12/23 had 12 CNAs for 126 residents on the day shift, required 16 CNAs. -2/13/23 had 13 CNAs for 126 residents on the day shift, required 16 CNAs. -2/14/23 had 15 CNAs for 126 residents on the day shift, required 16 CNAs. -2/15/23 had 15 CNAs for 126 residents on the day shift, required 16 CNAs. -2/16/23 had 15 CNAs for 125 residents on the day shift, required 16 CNAs. -2/18/23 had 12 CNAs for 124 residents on the day shift, required 15 CNAs. On 3/6/23 at 10:17 AM, the surveyor interviewed the Staff Coordinator who acknowledged the new minimum staffing ratio requirements for nursing homes for each shift. He stated that the facility is "trying most of the time" to meet to the minimum staffing ratios. On 3/6/23 at 12:20 PM, the survey team met with the Licensed Nursing Home Administrator and the Director of Nursing and discussed the above findings. There was no additional information provided.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061220 Y1	A. Building B. Wing Y2	5/1/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

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	03/10/2023	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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/6/2023	☐ YES ☐ NO

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315321 Y1	A. Building B. Wing Y2	5/1/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED CARE AT OLD BRIDGE, LLC	6989 RT18 OLD BRIDGE, NJ 08857

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 F0640	Correction	ID Prefix F0656	Correction	ID Prefix F0692	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	03/31/2023	LSC	03/31/2023	LSC	03/31/2023
ID Prefix F0710	Correction	ID Prefix F0804	Correction	ID Prefix	Correction
Reg. # 483.30(a)(1)(2)	Completed	Reg. # 483.60(d)(1)(2)	Completed	Reg. #	Completed
LSC	03/31/2023	LSC	03/31/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/6/2023	☐ YES ☐ NO