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 _____	C 07/13/2022

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 000	INITIAL COMMENTS Complaint #: NJ155684, NJ154866, NJ154728, NJ151844, NJ150848, NJ150530, NJ150304, NJ149182, and NJ148439. Census: 102 Sample Size: 15 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. Survey date: 07/11/2022-07/13/2022	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		9/2/22

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

Electronically Signed | 08/31/2022

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 609	Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interviews, and facility document and policy review, the facility failed to report the results of all alleged violation investigations, to the New Jersey Department of Health (NJDOH) Health Facility Survey and Field Operations (HFSFO) and, within prescribed timeframes. Findings included: On 07/13/2022 at 1:35 AM, the Administrator stated the facility received a letter dated 05/25/2022 from the NJDOH through the United States Postal Service (USPS) on 05/30/2022. Per the Administrator, the facility was made aware the NJDOH received a letter from an anonymous facility staff member alleging Housekeeper (HSK) #1's used racial verbiage against people of color and in front of residents at the facility, which allegedly occurred approximately two months prior to the survey. Review of the letter by the surveyor revealed that it was dated 5/25/2022. However, the letter was signed by the "NJ Department of Health and Senior Services' Coordinator Complaint Program" not by the NJ DOH/HFSFO. The NJ DOH/HFSFO is the state survey agency where nursing facilities report incidents, including, but not limited to; injuries of unknown	F 609	1. PLAN OF CORRECTION FOR THE AFFECTED RESIDENTS Resident [redacted] was a [redacted] who [redacted] at the facility. At the time of the incident, there was not any suspicion of abuse, and as a result of investigation it was not of unknown origin. These reasons are why it was not called into the NJDOH as a reportable. 2. IDENTIFY OTHER RESIDENTS AT RISK The DON reviewed resident incidents reports for any injuries for the past 3 months (June, July & August) and did not note any other incidents that involve abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of residents requiring being reported to the Department of Health and/or Long Term Care Ombudsman□s office. Routine audits (as in step 4 below) will be performed to ensure compliance. 3. SYSTEMIC CHANGES Re-education, by the ADON or designee was initiated on 7/12/22 and ongoing to	

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F 609	Continued From page 2 origin/allegations of abuse. The Administrator stated she did not make any observation of such interactions involving HSK #1 or any other staff in the facility. The Administrator added that she formed a surveillance panel with members of top management staff at the facility who monitored HSK #1's interactions with staff and residents across the facility with no evidence corroborating the allegation uncovered during their surveillance. The Administrator added that she interviewed all staff and raised the allegation during the June 2022 Resident Council meeting, and each one of the employees and Resident Council members denied the occurrence of the allegation. Per the Administrator, regardless of the facility's investigative findings, she made HSK #1 write a statement acknowledging that the facility had zero tolerance for such interactions and that HSK #1 understood that if she were observed to conduct herself in such a manner, her actions would be met with severe consequences. The Administrator added that the facility conducted a facility wide in-service on the subject matter. During a follow-up interview with the Administrator on 07/27/2022 at 9:51 AM, she stated she did not report the allegation to the NJDOH/HFSFO. The Administrator clarified that lack or failure to report the allegation to the NJDOH/HFSFO was due to the facility receiving the complaint allegation from the NJDOH itself. 2. A review of Resident [redacted] admission "Minimum Data Set," dated [redacted] revealed the facility assessed Resident [redacted] using a Brief Interview for Mental Status (BIMS) assessment, for which the resident scored [redacted] out of [redacted] indicating the resident was [redacted] The facility also identified the resident needed extensive	F 609	all staff regarding the facility□s policy on Incidents, Accident and Abuse Prohibition and Reporting policy. The same in-service will be given to newly hired employees during orientation, annually, and as deemed necessary by the staff educator and/or staff designee. 4. MONITORING The DON and/or designee will conduct an audit of five incident reports per week, for four weeks then monthly for three months to assure compliance with State and federal regulation for reporting alleged violations, involving abuse, neglect, exploitation mistreatment including injuries of unknown origins. Any incident identified as a reportable event will be corrected and reported immediately as required. The results of the audit will be reported during the Quality Assurance meeting, who meets quarterly to review and determine the necessity of future audits and actions taken.	

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F 609	Continued From page 3	F 609		

assistance for most activities of daily living (ADL) and was totally dependent on staff for Executive Order 26, 4.b.

A review of Resident Executive "Care Plan," dated Executive Order 26, 4.b. revealed that, on Executive Order 26, 4.b. Resident Execu had Executive Order 26, 4.b. with a Executive Order 26, 4.b.

A review of an "Investigational Summary," dated Executive Order 26, 4.b. indicated Resident Execu was found with Executive Order 26, 4.b. and a Executive Order 26,Executive Order 26, 4.b. Executive Order 2 at breakfast time. The facility concluded Resident Executi sustained a Executive Order 26, 4.b. to the area below Executive Order 26, 4.b.

An interview with the Administrator was conducted on 07/27/2022 at 3:12 PM. The Administrator stated the facility investigated the findings for Resident Executi and found no evidence to support that the origin of Resident Executive injuries were unknown. The Administrator reported that he believed the incident did not need to be reported to the NJDOH.

A review of a facility policy titled "Reporting Reasonable Suspicion of a Crime in Long Term Care," last documented as reviewed in January of 2021, was conducted. The document revealed in part: "In accordance with federal guidelines, it is our duty to report any suspicion of any crime against a resident who resides in our facilities. This includes mistreatment, neglect, verbal, mental, sexual, and physical abuse, injuries of unknown source and misappropriation or exploitation of resident property. As an employee, you may report any reasonable suspicion of crime without retaliation from our facility or your

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F 609	Continued From page 4 supervisors. If you do experience retaliation for reporting a crime, you may file a complaint with the state survey agency. Under the title "Abuse, Prevention and Prohibition Program," the document noted, "All allegations of abusive conduct will be fully investigated and reported to the Administrator, State Agency, law enforcement and other agencies as required within timeframes specified." New Jersey Administrative Code § 8:39-9.4(f)	F 609		

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	9/9/2022 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 F0609	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/02/2022	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?
7/13/2022	☐ YES ☐ NO