

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

PRINTED: 01/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315314	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER ANCHOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730		
(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 Survey Date: 03/17/23 Census:139 Sample: 25 + 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 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to maintain professional standards of clinical practice for 3 of 28 residents reviewed (Resident #78, #135 and #44) by a.) not monitoring meal intake for a resident with NJ EX Order, 264b1 (Resident #78), b.) not completing NJ EX Order, 264b1 assessments before and after administering NJ EX Order, 264b1 medications to assess for effectiveness for a resident (Resident #135) and c.) not following Physician's Orders by not removing an NJ EX Order, 264b1 NJ EX Order, 264b1 once the order was discontinued (Resident #44). This deficient practice was evidenced by the following:	F 658	Criteria I: Immediate Corrective Actions a. Resident #78 <input type="checkbox"/> This resident has no significant NJ EX Order, 264b1 for the last 3 months NJ EX Order, 264b1 NJ EX Order, 264b1 a NJ EX Order, 264b1 consult was ordered for possible reconsideration of NJ EX Order, 264b1 placement. b. Resident #135 <input type="checkbox"/> This resident is no longer with us. c. Resident #44 <input type="checkbox"/> This resident was reassessed for NJ EX Order, 264b1 on NJ EX Order, 264b1 NJ EX Order, 264b1 and reassessed again on NJ EX Order, 264b1 and deemed no longer an NJ EX Order, 264b1 . An NJ EX Order, 264b1 assessment was completed, the care plan and CNA		4/17/23

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

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(X6) DATE

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04/03/2023

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 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>a.) On 03/07/23 at 11:32 AM, the surveyor observed Resident #78 in the day room of the unit. Resident #78 was in a wheelchair waiting for lunch. The surveyor asked the resident about the food and the resident stated, NJ EX Order: 26461. The surveyor asked if there were alternatives, and the resident didn't respond to the question.</p> <p>Review of the admission record indicated that Resident #78 was initially admitted to facility on</p>	F 658	<p>instructions were updated to reflect same.</p> <p>Criteria II: Identification of Others</p> <p>a. An audit was done for all residents with NJ EX Order: 26461 to ensure that meal intake was monitored and documented.</p> <p>b. All residents with an order of NJ EX Order: 26461 medications were reviewed to ensure NJ EX Order: 26461 assessments are in place - a NJ EX Order: 26461 done prior to administering medication to confirm that the resident had NJ EX Order: 26461 and following administration of the medication to assess for effectiveness.</p> <p>c. All residents with NJ EX Order: 26461 were audited to ensure NJ EX Order: 26461 orders are in place and remained appropriate.</p> <p>Criteria III: Systemic Changes</p> <p>a. The policy and procedure entitled NJ EX Order: 26461 was reviewed by Dietician and Administrator and found to be in compliance.</p> <p>I. The Dietician will be reinserviced on importance of monitoring meal intake for residents with NJ EX Order: 26461.</p> <p>II. Nursing staff will be re-educated on monitoring and documenting meal intake for all residents with special attention to those with NJ EX Order: 26461.</p> <p>b. Nursing staff will be reinserviced on assessing NJ EX Order: 26461 prior to and post administration or NJ EX Order: 26461 medication. We reached out to our electronic medical record (EMR) vendor to attach all clinical monitoring for NJ EX Order: 26461 before and after for all NJ EX Order: 26461 orders.</p> <p>c. All nurses will be reinserviced on following doctor's order of removing the</p>		

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F 658	<p>Continued From page 2</p> <p>Medical diagnoses included, but were not limited to NJ EX Order. 264b1.</p> <p>Review of the most recent Quarterly Minimum Data Set (MDS), an assessment tool dated indicated that Resident #78 had a Brief Interview of Mental Status of , meaning the resident had NJ EX Order. 264b1. Review of section , functional status, indicated the resident was a one person set up for dressing, transfer, and a set up for eating.</p> <p>On 03/07/23 at 11:41 AM, the surveyor reviewed Resident #78's weights which showed he/she weighed pounds in NJ EX Order. 264b1 and pounds in NJ EX Order. 264b1, which indicated the resident had a percent within months.</p> <p>On 03/07/23 at 11:50 AM, the surveyor reviewed the physician orders which revealed that Resident # 78 was prescribed the following diet: Diet: NJ EX Order. 264b1</p> <p>On 03/07/23 at 11:54 AM, the surveyor reviewed Resident #78's care plan which included the following focus: NJ EX Order. 264b1</p> <p>On 03/07/23 at 12:40 PM, the surveyor went to observe Resident #78 with lunch, the trays were gone, and the resident had a sandwich wrapped in front of him/her on the table. At the same time, the surveyor interviewed the Certified Nursing Assistant (CNA) in the day room regarding documentation of amount eaten for residents. The CNA told surveyor that, "a percentage gets put in the computer by us, (25 %, 50 % 75% or</p>	F 658	<p>wanderguard at the time the order is discontinued.</p> <p>Criteria IV: Quality Assurance</p> <p>a. The Dietician will audit meal intake documentation of residents with . Findings will be discussed with the Administrator/Director of Nursing. The audits will be conducted monthly x 3 and quarterly x 3 and findings will be reported the Quality Assurance Performance Improvement (QAPI) committee quarterly x 4.</p> <p>b. The Director of Nursing/Designee will audit 10 residents receiving pain medications and check assessment weekly x 4, monthly x 2 and quarterly x 3. The results of all audits will be discussed with the Administrator and findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee quarterly x 4.</p> <p>c. The Director of Nursing/Designee will audit residents with to ensure compliance with the physician's order. Audits will be conducted monthly x 4 and quarterly x 3 and results will be discussed with the Administrator. Findings will be reported to the Quality Assurance Performance Improvement (QAPI) Committee quarterly x 4.</p>		

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E 000	Initial Comments	E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/09/23. The facility was found to be in compliance with 42 CFR 483.73</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/09/23 was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>Anchor Care & Rehabilitation Center is a 3 - story building that was built in the 1970s. It is composed of Type II protected construction. The facility is divided into nine-smoke zones. The generator does approximately 50 % of the building as per the Regional Plant Operations Director. The current occupied beds are 138 of 170.</p>	K 000			

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F 658	<p>Continued From page 3</p> <p>100 %)". The surveyor asked the CNA about Resident #78's appetite, and the CNA said the resident NJ EX Order. 264b1 %". The CNA said that Resident # 78 picks with his/her NJ EX Order. 264b1 and would not let the staff assist with eating.</p> <p>On 03/13/23 at 09:46 AM, the surveyor reviewed the dietician notes regarding NJ EX Order. 264b1, and it showed the following:</p> <p>On January 8, 2023: Weight trend: NJ EX Order. 264b1 x 1 month; NJ EX Order. 264b1 lb NJ EX Order. 264b1 x 3 months; NJ EX Order. 264b1 lb. NJ EX Order. 264b1 x 6 months; NJ EX Order. 264b1 and the resident was put on weekly weights.</p> <p>On 03/13/23 at 10:15 AM, the surveyor reviewed the care plan which had a focus of nutrition with interventions that included monitoring intake, providing a health shake twice daily, and a NJ EX Order. 264b1 twice daily. The intervention was put in place on NJ EX Order. 264b1 and remained active. Further review did show the intervention was updated to the following: We will provide you with supplements as ordered: fortified pudding twice daily; @ Breakfast and 7pm, snack NJ EX Order. 264b1</p> <p>On 03/13/23 at 10:18 AM, the surveyor reviewed the resident's meal intake documentation in the Electronic Medical Record (EMR) that was completed by the CNAs. The surveyor reviewed documentation from NJ EX Order. 264b1. There was a total of 272 meals during that time and NJ EX Order. 264b1 of the meals did not have documentation of the amount Resident #78 had eaten, the status on the documentation was "not documented".</p> <p>On 03/13/23 at 10:21 AM, the surveyor</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>interviewed the Director of Nursing (DON) regarding the documentation that was provided to the surveyor on the resident's meal intake. The surveyor asked what it meant when the status was "not documented". The DON said that means the aide did not document that meal or how much the resident consumed.</p> <p>On 03/13/23 at 11:23 AM, the surveyor interviewed the facility dietician regarding Resident #78. The dietician told the surveyor that the resident had NJ EX Order. 264b1 following a NJ EX Order. 26 NJ EX Order. 264b1 with hospitalization. She stated that on return to the facility the resident was on weekly weights because of the NJ EX Order. 264b1. The surveyor asked if food intake for the resident was monitored, and the dietician told the surveyor that the CNA's monitor and document a resident's intake in the EMR, or the nurses will write a progress note.</p> <p>b. On 03/14/23 at 10:22 AM, the surveyor reviewed Resident #135 Electronic Medical Record (EMR) which indicated that Resident #135 was receiving NJ EX Order. 264b1 NJ EX Order. 26 mg (a NJ EX Order. 264b1 medication) one tablet every NJ EX hours for moderate to NJ EX Order. 264b1. The surveyor reviewed the Medication Administration Record (MAR) for the resident which indicated the days that the resident received the NJ EX Order medication. The surveyor was able to see that the nurse who administered the NJ EX Order medication had signed on the bottom of the MAR but the surveyor could not locate a NJ EX Order assessment (a NJ EX Order. 264b1 done prior to administering medication to confirm that the resident had NJ EX Order. 264b1) done by nursing before administering the medication or a NJ EX Order assessment completed following</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>administration of the medication to assess for effectiveness.</p> <p>Review of the admission record indicated that Resident #135 was admitted to the facility on [REDACTED]. Medical diagnoses included, but were not limited to NJ EX Order. 264b1 [REDACTED]. Review of the admission Minimum Data Set (MDS), an assessment tool dated [REDACTED] indicated the resident had a Brief Interview of Mental Status of [REDACTED] meaning the resident was NJ EX Order. 264b1. Under [REDACTED] functional status showed the resident was a [REDACTED] assist for transfers and a one-person assist for personal hygiene and toileting.</p> <p>On 03/14/23 at 11:32 AM, the surveyor interviewed the Assistant Director of Nursing (ADON) regarding pain assessments for Resident #135. The surveyor asked the ADON to show the [REDACTED] assessments that were completed prior to the medication given, and again after the [REDACTED] medication was administered to assess for effectiveness on NJ EX Order. 264b1. The ADON said "they should be under monitoring". The ADON went to the monitoring section and no pain assessments were present. The ADON said they could also be in the progress notes and proceeded to go to the progress notes.</p> <p>There were no pain assessment notes for [REDACTED] or [REDACTED]. The ADON showed the surveyor a note from [REDACTED] which indicated the resident received [REDACTED] medication and it was documented as "effective". The surveyor asked the ADON what NJ EX Order. 264b1 was and</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>the ADON said [REDACTED] The surveyor asked how one would know what the resident's [REDACTED] was before and after the resident received the pain medication on [REDACTED] and the ADON could not answer. The ADON provided progress notes which indicated the resident either had [REDACTED] or did not have [REDACTED], but a [REDACTED] was not utilized to show the level of Resident #135's [REDACTED]</p> <p>On 03/14/23 at 11:46 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who was caring for Resident #135 regarding medicating resident's for [REDACTED] The LPN said that "vital signs are checked prior to giving [REDACTED] medication and [REDACTED] is checked for what number it is before and after administering [REDACTED] medication". The surveyor asked the LPN to show where in the computer it would be documented, and the LPN opened a box in the EMR titled "monitoring". A box opened which had a section where the administering nurse could select the location of the [REDACTED] on a drop-down list and there was a comment box. The LPN pointed to the comment box and said, "that is where you would write the residents [REDACTED] number". The LPN then showed the surveyor Resident #135's MAR for [REDACTED] and [REDACTED] and there was no documentation of [REDACTED] assessments. The surveyor then asked the nurse what moderate to [REDACTED] was on the [REDACTED] and the LPN said moderate "is greater than [REDACTED] and [REDACTED] is [REDACTED]".</p> <p>On 03/14/23 at 12:22 PM, the surveyor reviewed the monitoring section of the EMR which included pain assessments. There were [REDACTED] assessments documented from [REDACTED] to [REDACTED], the day of review and the [REDACTED] assessments were dated [REDACTED]. No further</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>NJ EX Order: 26461 assessments could be located in the EMR.</p> <p>On 03/17/23 at 09:15 AM, the surveyor reviewed the active care plan dated NJ EX Order: 26461. The care plain included a focus of NJ EX Order: 26461. The interventions included to assess for signs and symptoms of NJ EX Order: 26461 and establish baseline NJ EX Order: 26461 through NJ EX Order: 26461 assessment.</p> <p>On 03/17/23 at 09:30 AM, the surveyor reviewed the policy titled, NJ EX Order: 26461", with a reviewed date of NJ EX Order: 26461. The Assessment and Recognition section of the policy indicated that the staff would assess for NJ EX Order: 26461 using a consistent approach and a standardized NJ EX Order: 26461 assessment instrument appropriate to the resident's NJ EX Order: 26461. Under the section titled "monitoring", number NJ EX Order: 26461 stated that the staff will reassess the individual's pain and related consequences at regular intervals; at least each shift for NJ EX Order: 26461 changes in NJ EX Order: 26461.</p> <p>c. On 03/01/23 at 11:01 AM, the surveyor observed Resident #44 wearing an NJ EX Order: 26461 his/her NJ EX Order: 26461.</p> <p>According to the Admission Record, Resident #44 was admitted to the facility with diagnoses including but not limited to NJ EX Order: 26461 and NJ EX Order: 26461.</p> <p>The Admission Minimum Data Set (MDS) an assessment tool dated NJ EX Order: 26461 revealed that Resident # 44 had moderate NJ EX Order: 26461.</p> <p>Review of the Physician Orders (PO) dated</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>_____ revealed an order for the _____ t _____ to be placed on Resident #44's _____.</p> <p>Review of the PO dated _____ revealed an order for the _____ for Resident #44 to be discontinued.</p> <p>Review of the _____ _____ and _____ Treatment Administration Record (TAR) of Resident #44 reflected an order for the _____ from _____ until _____ that was being signed by the nurse.</p> <p>On 03/03/23 at 10:46 AM, on 03/06/23 at 12:08 PM, and on _____ at 10:31 AM, the surveyor observed the _____ on Resident #44's _____. This was after the order was written on _____ for the _____ to be discontinued.</p> <p>During an interview on 03/14/23 at 11:44 AM, the Corporate Nurse stated that once the _____ _____ was discontinued, it should have been removed from Resident #44's _____.</p> <p>During an interview on 03/14/23 at 12:48 PM, the Nurse Manager stated that she discontinued the elopement alarm for Resident #44 on _____ by accident. She confirmed that the _____ alarm remained on Resident #44's _____ until _____. She furthered stated that the _____ remained in place even though the order was discontinued.</p> <p>During an interview on 03/15/23 at 10:45 AM, the Director of Nursing stated that when the _____ was discontinued on _____ the _____ bracelet should have been</p>	F 658			

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NAME OF PROVIDER OR SUPPLIER ANCHOR CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730		
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F 658	Continued From page 9 removed from Resident #44's NJ EX Order: 264b1 During an interview on 03/16/23 at 11:37 AM, the Assistant Director of Nursing stated there was no policy regarding removing an NJ EX Order: 264b1 11530746-00 once it is discontinued. She stated that it is the facility's protocol.	F 658			
F 755 SS=D	NJAC 8:39-11.2 (b), 27.1 (a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755		4/17/23	

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

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F 755	<p>Continued From page 10</p> <p>receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review it was determined the facility failed to a.) accurately account for and document the administration of controlled medications, b.) maintain clean and sanitary medication storage areas, and c.) ensure the accountability of the narcotic shift count log was completed in accordance with facility policy. This deficient practice was identified in 1 of 3 medication storage rooms and 2 of 4 medication carts reviewed and evidenced by the following:</p> <p>a.) On 03/07/23 at 10:31 AM, the surveyor in the presence of the Licensed Practical Nurse #1 (LPN1) inspected the [REDACTED]-floor [REDACTED] [REDACTED] - medication cart ([REDACTED]). A review of the [REDACTED] located in the secured and locked [REDACTED] box and compared to the declining inventory sheet revealed Unsamped Resident #1's [REDACTED] milligram (mg) capsules, a medication used for attention [REDACTED], did not match. The blister pack contained #17 capsules and the declining inventory sheet indicated there should be #18 capsules remaining. LPN1 then stated she had forgotten to sign the declining inventory sheet for the dose she had given that morning. She further</p>	F 755	<p>Criteria I: Immediate Corrective Actions</p> <p>a. Documentation for resident #1 was updated reflecting nurses' administration of the medication. Licensed Practical Nurse #1 (LPN#1) received counseling and re-education on proper signing off on the narcotic declining sheet at the time of removal of [REDACTED] medication from the blister pack prior to administration. Documentation for resident #2 was updated reflecting nurses' administration of the medication. The nurse identified for resident #2 received counseling and re-education on proper signing off on the narcotic declining sheet at the time of removal of [REDACTED] medication from the blister pack prior to administration.</p> <p>b. The Assistant Director of Nursing (ADON) and maintenance immediately removed and disposed the used small sharp container from the medication room. Additionally, maintenance relocated the specimen refrigerator and lab equipment from the medication room to the soiled utility room. The Assistant Director of Nursing (ADON) immediately removed and disposed the [REDACTED] vaccines that was observed inside specimen refrigerator.</p> <p>c. In-service/education of nurses on the</p>		

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

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F 755	<p>Continued From page 11</p> <p>acknowledged she should have recorded on the declining inventory sheet immediately after she had administered the medication.</p> <p>Upon further inspection of [REDACTED] medication cart, the surveyor observed Unsamp[REDACTED] Resident #2's declining inventory sheet for [REDACTED] NJ EX Order. 264b1 #3 [REDACTED] mg tablet, a medication used for NJ EX Order. 264b1, dose #16 was administered on [REDACTED] at 5:30 AM, but did not have the administering nurse's signature documented. At this point LPN1 stated that it should have a nurse's signature.</p> <p>b.) On 03/07/23 at 10:58 AM, the surveyor in the presence of LPN1 and the Assistant Director of Nursing (ADON) inspected the [REDACTED] medication storage room. The surveyor observed the following:</p> <p>one small sharps container (a container used to dispose of used sharp medical waste) containing used medical waste stored on a shelf next to clean supplies;</p> <p>two laboratory specimen (blood tube) centrifuges (a machine used to spin lab tubes); one lab specimen refrigerator containing a sealed plastic bag containing multiple lab specimens, and two unopened boxes of afluria Quadrivalent NJ EX Order. 264b1 vaccine) each box containing #10 NJ EX Order. 264b1.</p> <p>At this point the ADON acknowledged that the used (dirty) sharps container should not be stored in the medication storage room, because the storage room is considered a clean room. She further stated that the centrifuges are used to spin blood drawn for labs by the laboratory technicians, and only labs should be stored in the lab refrigerator. The ADON acknowledged that the [REDACTED] vaccines should not have been</p>	F 755	<p>following were conducted immediately:</p> <p>" No used sharp containers to be kept in the medication room</p> <p>" New location of specimen refrigerator</p> <p>" Proper storage of [REDACTED] vaccines in the medication refrigerator only</p> <p>d. Narcotic counts were performed by the Assistant Director of Nursing (ADON) and unit nurse on [REDACTED] medication cart and the narcotic declining inventory sheets accurately reflected all doses given and signed for and the narcotic count was correct.</p> <p>Criteria II: Identification of Others</p> <p>a. All nursing units <input type="checkbox"/> declining inventory sheets were reviewed and found to accurately reflect all doses given, with signatures and [REDACTED] count was correct on all units.</p> <p>b. All Medication rooms on each unit were checked for used sharp containers present and no other used sharps containers were found.</p> <p>c. All medication rooms were checked and no other specimen refrigerators were identified.</p> <p>Criteria III: Systemic Changes</p> <p>a. The policy and procedure for Narcotics: Ensuring the Security of Narcotics, was reviewed by the Director of Nursing (DON) and Assistant Director of Nursing (ADON) found to be in compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 755	<p>Continued From page 12</p> <p>stored there, and should have been stored in the designated medication refrigerator, and was unsure why it was placed in the lab refrigerator.</p> <p>On 03/14/23 at 11:01 AM, in the presence of the survey team, the ADON approached the surveyor and stated that due to construction, the medication room was the only available space to place the lab specimen refrigerator and laboratory centrifuges and they should be moved to a secured utility room that does not contain clean supplies and medication, and that she was unsure as to how the [REDACTED] vaccines ended up in the lab specimen refrigerator since there is a big label on the refrigerator door which indicated "lab specimen only."</p> <p>c.) On 03/16/23 at 11:32 AM, the surveyor in the presence of the Licensed Practical Nurse #2 (LPN2) inspected the [REDACTED] floor [REDACTED] NJ EX Order: 26461 [REDACTED] NJ EX Order: 26461 - medication cart [REDACTED] NJ EX Order: 26461. A review of the "Controlled Medication Audit Sheet for the month [REDACTED] NJ EX Order: 26461" revealed the column labeled "Nurse Signature" was blank for the following nursing shifts:</p> <p>03/08 11 - 7 ON, 11 - 7 OFF 03/10 11 - 7 ON, 11 - 7 OFF, 7 - 3 ON, 7 - 3 OFF 03/11 11 - 7 ON, 11 - 7 OFF 03/12 11 - 7 ON, 11 - 7 OFF, 3 - 11 ON, 3 - 11 OFF 03/13 11 - 7 ON, 11 - 7 OFF, 7 - 3 ON, 7 - 3 OFF 03/15 11 - 7 ON, 11 - 7 OFF, 7 - 3 OFF 03/16 11 - 7 ON, 11 - 7 OFF</p> <p>Also, the following signatures were pre-signed: 03/16 7 - 3 OFF, 3 - 11 ON, 3 - 11 OFF</p> <p>At this point the surveyor interviewed LPN2, who stated this audit sheet is for nurses to complete</p>	F 755	<p>b. Unit nurses will be in-serviced on proper sign-off on narcotic declining inventory sheets immediately following removal of narcotic medication from the blister pack prior to administration and will be repeated annually and upon hire.</p> <p>c. Unit nurses will be reinserviced on the following areas and will be repeated annually and upon hire:</p> <p>" No used sharp containers to be kept in the medication room</p> <p>" Proper storage of flu vaccines in the medication refrigerator only</p> <p>Criteria IV: Quality Assurance</p> <p>a. The Director of Nursing/Designee will audit 10 declining inventory sheets in the narcotic books to ensure compliance with medication administration weekly x 4 weeks, monthly x 2 and quarterly x 3. Results of all audits will be discussed with the Administrator and findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee quarterly x 4.</p> <p>b. The Director of Nursing/Designee will audit the medication rooms to ensure compliance in proper storage of medication in the medication refrigerator and keeping only clean items in the medication rooms weekly x 4 weeks, monthly x 2 and quarterly x 3. Results of all audits will be discussed with the Administrator and findings will be reported to the Quality Assurance Performance Improvement (QAPI) committee quarterly x 4.</p>		

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F 755	<p>Continued From page 13</p> <p>together to verify control medication and that these medications are accounted for and "nothing is missing." She further stated that the audit sheet is supposed to be signed on the exchange of shift and "it is protocol to always verify the narc box." She acknowledged the pre-signed shifts on 03/16, "I pre-signed for today because I'm working all day."</p> <p>On 03/16/23 at 11:59 AM, in the presence of the survey team the surveyor interviewed the ADON who stated, "the nurses should not be pre-signing the sheet and should be signing every shift changes together to make sure controlled drugs are accounted for." She also acknowledged that declining inventory and controlled medication logs "should not be blank like this."</p> <p>A review of the facility provided policy "Medication Storage, Labeling and Expiration" with a revised date of December 2012 included, "3. Medications will be stored in an orderly, organized manner in a clean area ... 7. Expired, discontinued and/or contaminated medication will be removed from the medication storage areas and disposed of in accordance with facility policy."</p> <p>A review of the facility provided policy "Nurses Ensuring the Security of Medication" dated [REDACTED] and reviewed [REDACTED] included, "All nurses must ensure that the [REDACTED] count is accurate at the time they receive the keys and at the time they are handing over the keys to the oncoming shift. At no time should any nurse be performing [REDACTED] count alone. Each nurse is responsible for ensuring that the count is correct by standing side by side during the [REDACTED] count ... As a narcotic is used, it should be signed for immediately in the [REDACTED] log/book and count</p>	F 755			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 755	Continued From page 14 reconciled."	F 755			
F 812 SS=F	<p>NJAC 8:39- 29.2(d) NJAC 8:39- 29.7</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility documentation, it was determined that the facility failed to a.) properly handle and store potentially hazardous foods in a manner that is intended to prevent the spread of food borne illnesses, b. properly wash hands and c.) maintain equipment and kitchen areas in a manner to prevent microbial growth and cross contamination.</p>	F 812	<p>1. All unlabeled items were labeled/dated immediately. Areas that were identified to be dirty were cleaned, That includes prep-area. Wet and watery substance was wiped up. Soap suds from the hand washing sinks was rinsed away and surrounding areas were cleaned. Faucets were turned off on 3/16/23. Clogged sink was fixed on 3/16/23 and</p>	4/6/23	

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F 812	<p>Continued From page 15</p> <p>This deficient practice was evidenced by the following:</p> <p>On 03/01/2023 at 9:40 AM, the surveyor toured the kitchen, in the presence of the Regional Food Service Director (RFSD) and the Food Service Director (FSD) and observed the following:</p> <p>On the overhead shelf, there was an unlabeled bag of rice and a bag of beans wrapped in clear plastic along with a cup of chicken broth that was unlabeled. The RFSD confirmed there should have been a label on the plastic wrapping of the bag of rice, beans, and a label should have been placed on the cup containing the chicken broth.</p> <p>In the cleaned food preparation area, there were crumbs on the top counter as well as on the bottom counter, and several areas throughout the kitchen counter, the surveyor observed a wet, watery substance on the base of the counters, which the surveyor touched, and it was determined to be wet to the touch. The two handwashing sinks were visibly dirty with suds, area surrounding the sink was dirty, and both sinks were not turned completely off. One had a slow drip and the other had a constant flow, which left the floors of both areas below the sinks wet. The RFSD confirmed the sinks should be clean and the water at the sinks should be turned completely off, when not in use.</p> <p>On 03/16/2023 at 10:17 AM, during the second tour of the kitchen, the surveyor advised the RFSD and the FSD that the handwashing sink at the entrance of the kitchen was clogged and would overflow before the proper handwashing time could be achieved. The FSD confirmed the clogged sink and stated they would contact</p>	F 812	<p>proper handwashing time could be achieved. Employee re-washed hands before returning to work.</p> <p>2. All other items were check and confirmed to be labeled appropriately. All other areas in the kitchen prep room, storage room and dish room were checked and confirmed they were clean. All residents have the potential to be affected by this practice.</p> <p>3. Dietary staff were In-serviced 3/20/23, on proper labeling and dating. Cleaning schedule has been updated to specify all the necessary items to ensure that all items will be addressed. Staff was in-serviced on 3/20/23. In-service was conducted by the Infection Preventionist on 4/6/2023 and will be again on 5/2/23 on proper hand hygiene procedure and that proper receptacles for garbage are being used.</p> <p>4. FSD or designee will audit on a daily basis X 2 weeks all items that need to be labeled/dated, to ensure items are properly labeled/dated. Weekly Audits thereafter, X 3 months. Findings will be reported to the quarterly QA meetings x 2. FSD or designee will monitor the cleaning assignments X 4 weeks. This will be followed by monthly audits x 3 months to ensure cleaning assignments are being completed appropriately. Findings will be reported to the quarterly QA meeting x 2. Staff will be observed for compliance with hand hygiene at times throughout the</p>		

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F 812	<p>Continued From page 16</p> <p>maintenance. While standing in the same area and speaking with the RFSD and the FSD, surveyor observed the dietary aide (DA) go to the clogged sink and washed their hands for 11 seconds and used their clean hands to pull the garbage can from under the counter to discard wet paper towels. The DA then proceeded to the food preparation area. The dietary aide was interviewed and confirmed they should not have touched the garbage can with their clean hands as this would cause contamination. The FSD further confirmed that the DA should not have touched the garbage can with clean hands, should have used the foot propelled garbage can and the FSD confirmed that the DA should have been redirected from using the clogged sink since proper handwashing could not be achieved.</p> <p>Review of the facility's "CCS Dating and Labeling" policy with a review date of January 2023 revealed "the kitchen will assure food safety by maintaining proper dates and labels for all ready to eat products, and all food items will be labeled with a received date upon acceptance of delivery".</p> <p>Review of the facility's handwashing policy with a review date of January 2023, policy interpretation and implementation revealed the following: employees must wash their hands for at least twenty (20) seconds using antimicrobial or non-antimicrobial soap and water.</p> <p>NJAC 8:39-17.2</p>	F 812	<p>week by FSD or designee weekly x 4, monthly x 3 and quarterly x 2.</p> <p>Deficient practice will be corrected immediately, findings to be reported to Administrator at the QA committee quarterly x 2.</p>		

New Jersey Department of Health

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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: F0560 Based on interview, review of other facility documents, and interview, 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 was evident for fourteen (6) of 14 day shifts as follows: Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	I. Immediate Action: 1. The Administrator and Director of Nursing met with the Staffing Coordinator to determine current staffing vacancies in the nursing department to ensure accuracy of facility needs. 2. The facility has reviewed current salaries in comparison to other facilities in the immediate area to ensure salary competitiveness within the community. 3. The facility contacted the current agencies utilized by the facility to emphasize the facility's immediate needs. 4. The facility partnered with a new agency to assist in meeting the facility's	4/14/23

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

Electronically Signed

TITLE

(X6) DATE

04/03/23

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the weeks of 02/12/2023 through 02/18/2023 and 02/19/2023 through 02/25/2023, the staffing-to-resident ratio that did not meet the minimum requirement of one CNA to eight residents for the day shift is documented below:</p> <p>The facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows:</p> <p>-02/12/23 had 14 CNAs for 146 residents on the day shift, required 18 CNAs.</p> <p>-02/13/23 had 16 CNAs for 146 residents on the day shift, required 18 CNAs.</p> <p>-02/14/23 had 17 CNAs for 145 residents on the day shift, required 18 CNAs.</p>	S 560	<p>staffing needs.</p> <p>5. The facility maintains daily contact with these agencies to assist in meeting the needs of the facility.</p> <p>6. Nursing Administration is available for interviews, hiring and training as needed to ensure all potential candidates are interviewed, evaluated and offered positions if appropriate.</p> <p>7. The facility continues to offer incentives including referral bonuses and other incentives.</p> <p>8. The facility advertises on various platforms such as social media, posted flyers in various community establishments, colleges and schools. We have partnered with C.N.A. schools, hung banners across facility property to enhance our recruitment efforts. We have encouraged word of mouth referrals to employees and the community.</p> <p>9. The facility works with a full-time recruiter whose sole responsibility is to recruit nurses and C.N.A.s.</p> <p>II. Identification of Others: The facility respectfully submits that all residents may be affected by this practice.</p> <p>III. Systemic Changes</p> <p>1. The Administrator, Director of Nursing, Human Resource Director have reviewed the state staffing ratios with the Staffing Coordinator to ensure meeting the state required ratios is the primary focus for staffing the facility.</p> <p>2. The Staffing Coordinator was instructed to notify the Director of Nursing and/or the Administrator when staffing ratios are not being met so they can lend</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER ANCHOR CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730		
(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	<p>Continued From page 2</p> <p>-02/17/23 had 17 CNAs for 145 residents on the day shift, required 18 CNAs.</p> <p>-02/20/23 had 17 CNAs for 144 residents on the day shift, required 18 CNAs.</p> <p>-02/21/23 had 16 CNAs for 144 residents on the day shift, required 18 CNAs.</p> <p>On 03/01/2023 at 10:48 AM, the Team Coordinator (TC) conducted the entrance conference with the Director of Nursing (DON) and the License Nursing Home Administrator (LNHA). During the entrance conference, the DON and the LNHA concluded they felt the facility had adequate staffing to provide care to the residents.</p> <p>NJAC 8:39-5.1(a)</p>	S 560	<p>assistance in fulfilling those ratios.</p> <p>3. Human Resource Director will complete exit interviews for all nursing employees who have vacated their positions in an attempt to address any issues which could be affecting retention of employees.</p> <p>4. Orientation frequency will be increased to ensure that all potential candidates for employment will have opportunities to complete the orientation as soon after accepting a facility offer.</p> <p>IV. Quality Assurance Administrator/designee will have weekly meetings x 4 and monthly x 2, with the staffing coordinator to review staffing schedules, needs, and the efficacy of the systems in place to fill needs. The findings of the audits will be presented at the Quarterly QA meeting x 4 .</p>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061303	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/2/2023
NAME OF FACILITY ANCHOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730	

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	04/17/2023	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 3/17/2023

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315314	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/2/2023
NAME OF FACILITY ANCHOR CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730	

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 F0658	Correction	ID Prefix F0755	Correction	ID Prefix F0812	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	04/17/2023	LSC	04/17/2023	LSC	04/17/2023
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 3/17/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

PRINTED: 01/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315314		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2023	
NAME OF PROVIDER OR SUPPLIER ANCHOR CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3325 HIGHWAY 35 HAZLET, NJ 07730			
(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			E 000			
K 000	<p>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 03/09/23. The facility was found to be in compliance with 42 CFR 483.73</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 03/09/23 was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy</p> <p>Anchor Care & Rehabilitation Center is a 3 - story building that was built in the 1970s. It is composed of Type II protected construction. The facility is divided into nine-smoke zones. The generator does approximately 50 % of the building as per the Regional Plant Operations Director. The current occupied beds are 138 of 170.</p>			K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/28/2023

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.