

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

PRINTED: 05/29/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315153</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>689 WEST MAIN ST</b> <b>FREEHOLD, NJ 07728</b>		
(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  A Recertification and Complaint Survey was conducted on behalf of the New Jersey Department of Health.  Complaint #: NJ162875.  Survey Dates: 12/19/23 to 12/21/23  Survey Census: 66 Sample Size: 19 Supplemental Residents: 6  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000			
F 678 SS=D	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)  §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on record review, and staff interviews, the facility failed to ensure Code Status was correct for one (Resident (R) R51) out of two residents reviewed for Advance Directives/Code Status. There was no documentation in the record to indicate the resident's Code Status (whether to initiate Cardiopulmonary Resuscitation (CPR) or not in the event the resident was found not breathing and/or without a pulse.	F 678	<ul style="list-style-type: none"> <li>On December 20th it was determined that resident #51 did not have a code status in the medical record. Nursing staff was immediately notified, RN#1 checked the medical record and verified no code status was found. RN#1 immediately communicated with resident #51 and received direction for code status. The Physician was informed of resident's code</li> </ul>		1/9/24

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

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(X6) DATE

Electronically Signed

01/09/2024

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 678	<p>Continued From page 1</p> <p>Findings include:</p> <p>The facility's policies related to Code Status were requested from the facility on 12/20/23 at 4:30 PM. The facility provided a policy specifically related to "Do Not Resuscitate (DNR) Status." However, the survey team was not provided with a policy related to the designation of Code Status prior to the survey exit on 12/21/23.</p> <p>R51's "Admission Record," found in the Electronic Medical Record (EMR) under the "Profile" Tab, revealed the resident was admitted to the facility on [REDACTED] with diagnoses including <b>NJ Exec Order 26.4b1</b> [REDACTED]</p> <p>R51's admission "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of [REDACTED], indicated a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 [REDACTED]. The assessment indicated the resident was receiving <b>NJ Exec Order 26.4b1</b>.</p> <p>R51's "Medication Review Report", (MRR) dated [REDACTED] and found in the EMR under the "Orders" Tab, indicated no orders related to the resident's designated wishes related to his Code Status.</p> <p>R51's undated comprehensive "Care Plan", (CP) found in the EMR under the "Care Plan" tab was reviewed and indicated no documentation of the resident's wishes related to his Code Status.</p> <p>A review of R51's entire EMR indicated no documentation related to the resident's Code Status had been obtained by the facility since his</p>	F 678	<p>status wishes and an order was placed, the code status was updated and documented on [REDACTED]</p> <ul style="list-style-type: none"> <li>An audit of all resident's code status was completed for all resident records, it was found that no other residents were affected by this deficient practice. A root cause analysis revealed there was a gap in system process between Social Work and Nursing. The policy was updated to close that gap and staff trained and educated on the new process.</li> <li>The Director of Nursing or designee trained current staff on the updated policy on 1/8/24 who are involved in the deficient practice and will train and educate new staff members involved in the deficient practice upon hire to prevent similar incidents from occurring in the future.</li> <li>The Director of Nursing or designee will audit resident code status weekly to ensure all resident wishes are documented in the medical record. The Director of Nursing or designee will also audit new admissions weekly to ensure the new process is being followed and working. The results of the audits will be brought to the Quality Assurance Performance Improvement committee to be monitored on a monthly basis.</li> </ul>		

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F 678	<p>Continued From page 2 admission date.</p> <p>During an interview on 12/20/23 at 11:24 AM, Registered Nurse (RN)1, confirmed there was no information related to R51's Code Status in his record and stated she would ask the resident what his wishes related to his Code Status were. She stated the expectation for every resident's Code Status was to be entered into his or her record upon admission to the facility. She stated the default Code Status was Full Code (perform CPR).</p> <p>During a follow-up interview on 12/20/23 at 11:28 AM, RN1 stated she had spoken with the resident and his wishes were to be <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span>. She stated she would update the resident's record to reflect his wishes and would call the doctor to obtain an order for <span style="background-color: black; color: black;">NJ Exec Order 26.4b1</span>.</p> <p>During an interview on 12/20/23 at 11:40 AM, the Director of Nursing (DON) stated his expectation was that every resident should have documentation related to their Code Status in their record upon admission to the facility or shortly thereafter.</p> <p>NJAC 8:39-9.6(a) NJAC 8:39-35.2(d)3</p>	F 678			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/21/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANOR, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>689 WEST MAIN ST FREEHOLD, NJ 07728</b>		
(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 review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.  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 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	S 560	<ul style="list-style-type: none"> <li>The administrative CNA (ACNA) pool is used if there are shortages in CNA staffing. The pool includes the administrator, activities director, activities specialist, housekeeper, staffing coordinator and the health unit coordinator, all certified nursing assistants.</li> <li>All residents have the potential to be affected by staffing shortages. The ACNA pool is used when gaps exist in CNA staffing due to unforeseen circumstances and call outs.</li> <li>The Minimum Nursing Staff Ratio Policy and Procedure was updated to</li> </ul>	1/9/24

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S 560	<p>Continued From page 1</p> <p>effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the 2 weeks of Complaint staffing from 03/19/2023 to 03/25/2023, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:</p> <p>-03/25/23 had 8 CNAs for 81 residents on the day shift, required at least 10 CNAs. -04/01/23 had 9 CNAs for 77 residents on the day shift, required at least 10 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from 12/03/2023 to 12/16/2023, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows:</p> <p>-12/14/23 had 7 CNAs for 68 residents on the day shift, required at least 8 CNAs.</p>	S 560	<p>include the staffing coordinator documenting on the staffing sheets when the ACNA pool is utilized, moving forward. The staffing coordinator was educated on the policy changes on 1/8/24.</p> <ul style="list-style-type: none"> <li>Staffing is checked daily by the Director of Nursing, Unit Manager, Staffing Coordinator and Administrator or designee. Any staff gaps that are filled by the ACNA team will be documented on the staffing sheets by the staffing coordinator or designee. The staffing is audited by the Administrator or designee monthly and sent to the Quality Assurance Performance Improvement (QAPI) committee for monitoring.</li> </ul>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315153	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/16/2024
NAME OF FACILITY MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 689 WEST MAIN ST FREEHOLD, NJ 07728	

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 F0678	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.24(a)(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/09/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/21/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061307	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/16/2024
NAME OF FACILITY MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 689 WEST MAIN ST FREEHOLD, NJ 07728	

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	01/09/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/21/2023		<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			

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E 000	Initial Comments  An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 12/20/23. The facility was found to be in compliance with 42 CFR 483.73.	E 000			
K 000	INITIAL COMMENTS  A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/20/23 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.  The Manor is a one-story building with a partial basement that was built in the 1970's. It is composed of Type II protected construction. The facility is divided into eight - smoke zones. The generator does approximately 100 % of the building as per the Maintenance Director. The current occupied beds are 68 of 86.	K 000			

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