

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

PRINTED: 09/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2022
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852		
(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	<p>INITIAL COMMENTS</p> <p>Survey Dates: 11/29/22 through 12/02/22</p> <p>Survey Census: 89</p> <p>Sample Size: 20</p> <p>A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health from 11/29/22 through 12/02/22. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.</p> <p>On 11/29/22 at 10:30 PM, the Administrator in Training (AIT), the Regional Clinical Supervisor, and the Director of Nursing (DON) were notified of immediate jeopardy (IJ) in the following area: F695-J Respiratory Care and EX Order 26.4B1 Care and Suctioning. The immediate jeopardy began on 11/29/22 when the survey team identified that EX Order 26.4B1 supplies were not readily available, and staff were not trained to respond to EX Order 26.4B1 emergencies for one of one resident (Resident (R) 23) with EX Order 26.4B1 in a total sample of EX Order 26.4B1 residents.</p> <p>The facility provided an acceptable removal plan on 12/01/22 at 6:30 PM. The removal plan included placing EX Order 26.4B1 supplies at the bedside in the resident's room, placing extra EX Order 26.4B1 supplies in the nursing supply room (storage room), in-servicing nursing staff on the location of the EX Order 26.4B1 supplies and emergency EX Order 26.4B1 care, care plan revisions, physician order revisions, development</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

12/24/2022

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 000	Continued From page 1 of emergency management of EX Order 26 and emergency supplies at the bedside policies, and re-education of all clinical staff. The survey team interviewed facility staff, observed emergency EX Order 26.4B1 supplies, reviewed revised care plans and physician orders, and reviewed staff training for emergent EX Order 26 care and policies to clear the immediacy. The survey team verified all elements of the facility's IJ Removal Plans and removed the IJ on 12/02/22 at 8:30 PM. During the exit conference, the Associate Regional Director and the Regional Clinical Supervisor were notified the IJ was removed but the deficient practice existed at F695-G (isolated actual harm).	F 000			
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and review of facility policy, the facility failed to ensure one of 20 sampled residents (Resident (R) 23) had a physician's order and was assessed and care planned for the Ex.Order 26.4(b)(1) . This failure increased the risk of incomplete or inaccurate administration of medication for R23. Findings include: Review of the electronic medical record (EMR) revealed R23 was admitted to the facility on	F 554	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident #23 was discharged from the center on Ex.Order 26.4(b)(1) . All licensed nursing staff have been educated on medication administration and Ex.Order 26.4(b)(1) policies. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE		1/3/23

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F 554	<p>Continued From page 2</p> <p>EX Order 26.4B1 with multiple diagnosis to include EX Order 26.4B1</p> <p>Review of R23's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of EX Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of EX Order 26.4B1 out of 15 indicating R23 was EX Order 26.4B1, had a EX Order 26.4B1, and required EX Order 26.4B1 prior to admission but not while a resident at the facility. EX Order 26.4(b)(1) removes EX Order 26.4B1 and EX Order 26.4B1 from the EX Order 26.4B1 and EX Order 26.4B1 that cannot be cleared by EX Order 26.4B1.</p> <p>Review of R23's "Physician's Orders," for EX Order 26.4B1 and under the "Orders" tab in the EMR, revealed no order for Ex.Order 26.4(b)(1).</p> <p>Review of R23's "Medication Administration Record (MAR)," dated 11/22 and located under the "Orders" tab in the EMR, revealed no order for Ex.Order 26.4(b)(1).</p> <p>Review of R23's comprehensive "Care Plan," located in the EMR, revealed no interventions for Ex.Order 26.4(b)(1).</p> <p>Observation on 11/29/22 at 6:39 PM revealed R23 in his room sitting on his bed, with a EX Order 26.4B1 EX Order 26.4B1 over his EX Order 26.4B1 site connected to EX Order 26.4B1 machine (EX Order 26.4B1). R23 had a EX Order 26.4B1 treatment administered via EX Order 26.4B1.</p>	F 554	<p>SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All new licensed nursing staff will be educated on medication administration and Ex.Order 26.4(b)(1) policies. Assisted Director of Nursing will ensure that all licensed staff is educated and completes competency on medication administration.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete random medication administration audits weekly x 4 weeks, then monthly 3 months. Results of the audits will be reported at the monthly QAPI meeting.</p>		

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F 554	<p>Continued From page 3</p> <p>without clinical staff present, indicating R23 was Ex.Order 26.4(b)(1).</p> <p>During an interview on 11/29/22 at 6:43 PM, Licensed Practical Nurse (LPN) 1 confirmed she did not remain with R23 for EX Order 26.4B1) of R23's EX Order 26.4B1 administration. LPN1 confirmed she instilled the EX Order 26.4B1 medication into the EX Order 26.4B1 reservoir and connected it to EX Order 26.4B1 and turned the EX Order 26.4B1 on and left R23's room. LPN1 confirmed R23 was not assessed by the facility for Ex.Order 26.4(b)(1). LPN1 confirmed the facility expected the nursing staff to administer R23's medications. LPN stated she planned to return to R23's room and remove his EX Order 26.4B1 treatment after 15 minutes.</p> <p>During an interview and second observation on 11/29/22 at 6:47 PM, LPN1 removed the EX Order 26.4B1 from R23's EX Order 26.4B1 and turned off the machine. LPN1 confirmed R23's EX Order 26.4B1 reservoir was filled with EX Order 26.4B1. LPN1 confirmed that the EX Order 26.4B1 reservoir should not contain EX Order 26.4B1 as the EX Order 26.4B1 could block the EX Order 26.4B1 into the EX Order 26.4B1.</p> <p>Review of facility provided policy, dated 10/01/18, titled "Self-Administration of Medication," revealed "...The decision for self-administration is made after the completion of a comprehensive assessment. The decision for self-administration is recommended to be completed and care planned within seven (7) days...Orders for self-administration must list specific medications the customer may self-administer..."</p>	F 554			

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F 554	Continued From page 4 Review of facility provided policy, dated 10/22, titled "...Nebulizer..." revealed "...To deliver specific medication/agents...to a patient via inspiration and targeted to the respiratory system...Observe the patient for any signs of hyperventilation or adverse reactions to medications. Treatment time is generally 10 minutes. Stay with patient the duration of the therapy . . . Suction, if necessary . . . "	F 554			
F 656 SS=D	NJAC 8:39-29.2(c)1,6 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 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	F 656			1/3/23

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F 656	<p>Continued From page 5</p> <p>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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, staff interviews, and policy review, the facility failed to ensure care plan interventions for emergency EX Order 26.4B1 EX Order 26.4B1 care were developed for one of one resident (Resident (R 23) reviewed for EX Order 26.4B1 EX Order 26.4B1 care out of a total sample of 20 residents. This failure increased R23's risk for EX Order 26.4B1 EX Order 26.4B1.</p> <p>Findings include:</p>	F 656	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: The care plan for Resident #23 was updated on 11/30 to include the size, style and type of EX Order 26.4B1 care and Ex Order 26.4(b)(1). The emergency management was also added. All licensed nursing staff have been educated on comprehensive care planning.</p> <p>2. HOW THE FACILITY WILL IDENTIFY</p>		

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F 656	<p>Continued From page 6</p> <p>Review of R23's undated "ADMISSION RECORD," located in the electronic medical record (EMR), revealed he was admitted to the facility on EX Order 26.4B1 with multiple diagnosis to include EX Order 26.4B1.</p> <p>Review of R23's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of EX Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of EX Order 26.4B1 out of 15 indicating R23 was EX Order 26.4B1, had a EX Order 26.4B1, and required EX Order 26.4B1 prior to admission but not while a resident at the facility. EX Order 26.4B1 removes EX Order 26.4B1 and EX Order 26.4B1 from the EX Order 26.4B1 and EX Order 26.4B1 that cannot be EX Order 26.4B1. EX Order 26.4B1 therapy was provided EX Order 26.4(b)(1) days during the assessment period.</p> <p>Review of R23's comprehensive "Care Plan," under the "Care Plan" tab in his EMR with a revision date of EX Order 26.4B1, revealed "... has a EX Order 26.4B1 r/t [related to] EX Order 26.4B1 mechanics..." that included no information for emergency EX Order 26.4B1 management, no EX Order 26.4B1 information EX Order 26.4(b)(1), and no intervention related to EX Order 26.4B1 care including EX Order 26.4B1, or EX Order 26.4B1.</p> <p>During an interview on 12/01/22 at 12:01 PM, the Unit Manager (UM) 2 confirmed R23's care plan interventions for emergency EX Order 26.4B1 management should have been included on his care plan for directions for nursing to follow for</p>	F 656	<p>OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All new admission with a EX Order 26.4B1 will be reviewed by the clinical team at the next clinical meeting which occurs daily, Monday through Friday. Care plans will be reviewed and updated during the meetings.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will audit 5 new EX Order 26.4B1 admission charts weekly x 4 weeks, then monthly 3 months. Results of the audits will be reported at the monthly QAPI meeting</p>		

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F 656	<p>Continued From page 7 his care.</p> <p>During an interview on 12/01/22 at 12:53 PM, the MDS Coordinator (MDSC) confirmed the nursing staff generated R23's baseline care plans. The MDSC confirmed the residents' care plans should reflect the resident's physician's orders. The MDSC verified R23 had a physician's order for an ^{EX Order 26.4B1} EX Order 26.4B1 to remain at his bedside. The MDSC confirmed R23's care plan should include specific orders for an ^{EX Order 26.4} EX Order 26.4 at his bedside and emergency ^{EX Order 26.4} management.</p> <p>Review of facility-provided policy titled "Care Plan, Comprehensive Person-Centered," revised 10/21, revealed "... Resident population is long term and sub acute [sic] therefore care plans need to be updated, for sub acute [sic] on admission, after significant clinical changes, and as needed...A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical...is developed and implemented for each resident...Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical...well-being...Incorporate identified problem areas...Reflect treatment goals...Aid in preventing or reducing decline in the resident's functional status...Reflect currently recognized standards of practice for problem areas and conditions... ". Cross Reference: F695-L Respiratory/Tracheostomy Care and Suctioning.</p> <p>NJAC 8:39-11.2(e)1</p>	F 656			

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F 656	Continued From page 8	F 656			
F 660	NJAC 8:39-27.1(a)				
SS=D	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix)	F 660		1/3/23	
	<p>§483.21(c)(1) Discharge Planning Process</p> <p>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-</p> <p>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.</p> <p>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.</p> <p>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.</p> <p>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.</p> <p>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information</p>				

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F 660	Continued From page 9 regarding returning to the community. (A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose. (B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities. (C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why. (viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.	F 660			

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F 660	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review, and policy review, the facility failed to provide a discharge assessment and discharge plan, for one of three residents (Resident (R) 39) reviewed for discharge out of a total sample of 20 residents. This failure increased the risk of delayed and/or incomplete discharge planning for residents wanting to be discharged from the facility.</p> <p>Findings include:</p> <p>Review of R39's undated "ADMISSION RECORD," under the "Profile" tab in the electronic medical record (EMR), revealed R39 was admitted to the facility on ^{EX Order 26.4B1} with multiple diagnosis to include EX Order 26.4B1 [REDACTED]</p> <p>Review of R39's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of ^{EX Order 26.4B1} and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of ^{EX Order 26.4B1} out of 15 indicating R39 was EX Order 26.4B1.</p> <p>Review of R39's documents under the "Miscellaneous" tab located in the EMR revealed no information and/or documentation for an alternative decision maker for R39.</p> <p>Review of R39's "Social Services Assessment," under the "Assessments" tab in the EMR and dated ^{EX Order 26.4B1} revealed "...Ex. Order 26.4(b)(1) [REDACTED] ... Was referral made to Local State agency. ^{EX Order 26.4B1} -referral</p>	F 660	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident #39 care plan updated to reflect current discharge goals and plans.</p> <p>2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All Residents have the potential to be affected by this practice.</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Social Worker or designee will conduct discharge assessments on all new admissions and during quarterly care plan assessments.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The Administrator or designee will audit three new admission assessments weekly for 4 weeks, then monthly, for 3 months to ensure compliance. The findings will be reviewed at the facility's monthly QAPI meeting.</p>		

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F 660	<p>Continued From page 12</p> <p>said...'It has been Ex.Order 26.4(b)(1)...Care Plans are updated to reflect discussed goals and adjustment interventions...A Ex.Order 26.4(b)(1) was placed for needs...' signed by the Regional Social Services Director (RSSD).</p> <p>Review of the EMR "Care Plan" tab revealed the following "Care Plan," initiated Ex Order 26.4B1: "[R39's name] has EX Order 26.4B1 related to EX Order 26.4B1 ... [R39] will maintain the ability to Ex.Order 26.4(b)(1)</p> <p>[REDACTED]</p> <p>Further review of R39's comprehensive "Care Plan," under the "Care Plan" tab located in the EMR, revealed Ex.Order 26.4(b)(1) plan, goals, or interventions.</p> <p>During an interview on 11/30/22 at 12:35 PM, R39 stated she wanted to be discharged from the facility. R39 stated the facility did not provide her with assistance with discharge plans from the facility. R39 stated she wanted to be discharged to an assisted living facility.</p>	F 660			

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F 660	<p>Continued From page 13</p> <p>During an interview on 12/02/22 at 9:05 AM, the Social Services Director (SSD) confirmed that she routinely started discharge planning with residents at the facility on the day of their admission. The SSD stated the discharge planning was not included on R39's care plan and should be. The SSD confirmed she had not assisted R39 with any discharge care planning. The SSD confirmed R39 Ex.Order 26.4(b)(1). The SSD confirmed R39 had her own apartment prior to being admitted to the facility. The SSD stated R39 was Ex.Order 26.4(b)(1) and care decisions should be discussed with R39 and not with R39's daughter.</p> <p>During an interview on 12/02/22 at 9:36 AM, the RSSD confirmed she had a conversation with R39 and developed a new adjustment care plan for R39 on 12/01/22 regarding adjusting to life at the facility. The RSSD confirmed R39's discharge plan should begin on admission and was not. The RSSD verified R39 did Ex.Order 26.4(b)(1).</p> <p>The RSSD stated the facility's social services department was responsible for assisting residents with the discharge process, setting up home care, ordering equipment, financial assistance, and assessing the possibility of returning to the community. The RSSD verified R39's social services assessment note included R39's plan was to be Ex.Order 26.4(b)(1) and the only Ex.Order 26.4(b)(1) on 09/22.</p> <p>Review of the facility-provided policy titled, "Discharge Summary and Plan," updated 01/19, revealed "....When a resident's discharge is anticipated...post-discharge plan will be</p>	F 660			

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F 660	Continued From page 14 developed...Every resident will be evaluated for his or her discharge needs and will have an individualized post-discharge plan...The post-discharge plan will be developed by the Care Planning/Interdisciplinary with the assistance of the resident...Where the individual plans to reside...Arrangements that have been made for follow-up care and services...A description of the resident's stated discharge goals...The degree of caregiver/support person availability...How those factors will be address... Team ...Residents will be asked about their interest in returning to the community. If the resident indicates an interest in returning to the community, he or she will be referred to local agencies and support services that can assist in accommodating the resident's post-discharge...If it is determined that returning to the community is not feasible, it will be documented why this is the case and who made the determination..."	F 660			
F 688 SS=D	NJAC 8:39-35.2(d)15 Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.	F 688			1/3/23

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F 688	<p>Continued From page 15</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review, and policy review, the facility failed to ensure two of two residents (Resident (R) 54 and R69) reviewed for Ex.Order 26.4(b)(1) out of a total sample of 20 residents was provided treatment to Ex.Order 26.4(b)(1). This failure increased the Ex.Order 26.4(b)(1) for residents that Ex.Order 26.4(b)(1).</p> <p>Findings include:</p> <p>1. Review of R54's undated "ADMISSION RECORD," under the "Profile" tab located in the electronic medical record (EMR) revealed she was admitted to the facility on Ex Order 26.4B1 with multiple diagnoses to include Ex Order 26.4B1.</p> <p>Review of R54's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of Ex Order 26.4B1 out of 15 indicating R54 was Ex Order 26.4B1, had EX Order 26.4B1.</p>	F 688	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE:</p> <p>Resident # 54 was evaluated by Ex.Order 26.4(b)(1) and is being treated 2 to 3 times per week. Ex.Order 26.4(b)(1) will be established upon discharge from Ex.Order 26.4(b)(1) and nursing staff will be educated on providing Ex.Order 26.4(b)(1) with AM and PM care. Resident # 69 was evaluated by Ex.Order 26.4(b)(1) 12/5/22 and is being Ex.Order 26.4(b)(1) will be established upon discharge from Ex.Order 26.4(b)(1) and nursing staff will be educated on providing Ex.Order 26.4(b)(1) AM and PM care.</p> <p>2.HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE</p>		

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F 688	<p>Continued From page 16</p> <p>and was provided Ex Order 26.4B1 Ex Order 26.4(b)(1) out of Ex days and Ex Order 26.4B1 therapy out of Ex days of the assessment period.</p> <p>Review of R54's "Physician's Orders," for Ex Order 26.4 under "Orders" tab located on her EMR, revealed the following:</p> <p>EX Order 26.4B1 Ex Order 26.4 -Evaluation & treatment as recommended..." dated Ex Order 26.4B1</p> <p>EX Order 26.4B1 Evaluation & treatment as recommended. No directions specified for order..." dated Ex Order 26.4B1.</p> <p>Further review of the physician's orders revealed no orders for treatment to Ex Order 26.4(b)(1) of R54's Ex Order 26.4B1.</p> <p>Review of R54's comprehensive "Care Plan," under the "Care Plan" tab located in the EMR and dated Ex Order 26.4B1, revealed "... has Ex Order 26.4B1... Monitor/document any s/sx EX Order 26.4B1 of Ex Order 26.4B1. EX Order 26.4B1 forming.... Provide supportive care..."</p> <p>Further review of the "Care Plan" revealed no person-centered problems list and/or interventions to direct the staff to provide Ex Order 26.4(b)(1) R54's Ex Order 26.4(b)(1)</p> <p>Observation and interview on 11/30/22 at 12:07 PM revealed R54 lying on her bed, in her room. R54 stated she had a diagnosis of Ex Order 26.4B1 [a condition in which Ex Order 26.4(b)(1) the Ex Order 26.4B1</p>	F 688	<p>THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All therapy staff is in-serviced on Ex Order 26.4(b)(1) Upon completion of Ex Order 26.4(b)(1) programming, all residents will be assessed for the need for Ex Order 26.4(b)(1) program will be established if appropriate.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Rehab Manager or designee will audit 2 long term rehab discharge charts weekly x 4 weeks, then monthly 3 months. Results of the audits will be reported at the monthly QAPI meeting</p>		

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F 688	<p>Continued From page 17</p> <p>EX Order 26.4B1 . R54 stated the facility had not provided her with EX Order 26.4B1 or Ex.Order 26.4(b)(1) for her EX Order 26.4B1 EX Order 26.4B1 .</p> <p>During an interview on 12/01/22 at 11:29 AM, Rehabilitation Director (RD) confirmed the rehab department was responsible for providing residents with services for Ex.Order 26.4(b)(1) such as Ex.Order 26.4(b)(1)</p> <p>The RD stated the department provided EX Order 26.4B1 avoid further EX Order 26.4B1 EX Order 26.4B1 . The RD confirmed residents with EX Order 26.4B1 , their EX Order 26.4B1 and increased their potential to develop EX Order 26.4B1 . The RD verified R54 had a diagnosis of EX Order 26.4B1 with Ex.Order 26.4(b)(1) in EX Order 26.4B1 . The RD confirmed the facility's resident's EX Order 26.4B1 care plans should include interventions for person-centered specific directives for the facility's staff to Ex.Order 26.4(b)(1) and Ex.Order 26.4(b)(1) and R54's care plan did not. The RD verified the facility was not providing R54 with EX Order 26.4B1 or EX Order 26.4B1 exercises.</p> <p>During an observation and interview on 12/01/22 at 11:58 AM with the RD revealed R54 in her room lying on her bed. RD removed R54's sheet and exposed R54's EX Order 26.4B1 (positioned on pillow). R54's EX Order 26.4B1 with EX Order 26.4B1 pointed downward without EX Order 26.4B1 . R54</p>	F 688			

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F 688	<p>Continued From page 18</p> <p>was unable to EX Order 26.4B1. The RD moved R54's EX Order 26.4B1 and attempted to passively move R54's EX Order 26.4B1. The RD confirmed R54's EX Order 26.4B1 were Ex.Order 26.4(b)(1). The RD confirmed R54 had EX Order 26.4B1. The RD confirmed R54 would benefit from services from the Ex.Order 26.4(b)(1) with her EX Order 26.4B1. EX Order 26.4B1 EX Order 26.4B1.</p> <p>2. Review of the "Medical Diagnoses," under the "Medical Diagnoses" tab in the EMR, indicated R69 had diagnoses of EX Order 26.4B1 EX Order 26.4B1.</p> <p>Review of the quarterly "MDS," found under the EMR "MDS" tab with an ARD of 09/15/22, revealed R69's was originally admitted to the facility on EX Order 26.4B1. Further review of this "MDS" revealed R69's EX Order 26.4B1 with a "Brief Interview for Mental Status (BIMS)" score of EX Order 26.4B1 out of 15. Review of this "MDS" revealed R69 required Ex.Order 26.4(b)(1) with activities of daily living (ADLs) such as Ex.Order 26.4(b)(1) EX Order 26.4B1).</p> <p>Review of the "Care Plan," last revised 06/21/22 and located in the EMR under the "Care Plan" tab, revealed no EX Order 26.4B1 interventions for R69.</p>	F 688			

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F 688	<p>Continued From page 19</p> <p>Review of R69's "Physician's Orders," for 11/22 and located under the EMR "Orders" tab, revealed the following orders:</p> <p>Ex.Order 26.4(b)(1) [REDACTED] ... " dated 04/07/22.</p> <p>Ex.Order 26.4(b)(1) [REDACTED] ... " dated 04/07/22.</p> <p>Further review of the "Orders" revealed no orders to Ex.Order 26.4(b)(1) [REDACTED] of R69's EX Order 26.4B1.</p> <p>Observation and interview on 12/2/2022 at 5:18 PM revealed R69 had a contracted EX Order 26.4B1 and EX Order 26.4B1. R69 stated he does not receive any Ex.Order 26.4(b)(1) from staff to EX Order 26.4B1 but would like assistance in EX Order 26.4B1 "before they got [sic] any worse." R69 EX Order 26.4B1.</p> <p>During an interview on 12/02/22 at 4:50 PM, UM1 (unit manager) stated R69's EX Order 26.4 was not Ex.Order 26.4(b)(1). UM1 said she was not aware R69 needed Ex.Order 26.4 and did not believe staff provided Ex.Order 26.4 to R69.</p> <p>During an interview with (Certified Nursing Assistant) CNA2 on 12/02/22 at 4:55 PM, she said she had not done any Ex.Order 26.4 on the R69's EX Order 26.4.</p> <p>On 12/02/22 at 5:05 PM during an interview with the Regional Clinical Supervisor she stated her expectations were that residents requiring Ex.Order 26.4 received the care and services to Ex.Order 26.4(b)(1) [REDACTED]</p>	F 688			

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F 688	Continued From page 20 Review of the policy titled, "Contracture Management Program," undated, revealed "...Contracture management is essential to minimize decline of ROM, prevention of deformity, improve joint mobility and posture, protect skin integrity, minimize pain and maximize function and quality of life...Obtain an MD order for splint, wear schedule...Establish a schedule for use of all positioning devices...Establish a ROM program..." Review of the policy titled, "Functional Maintenance Program," undated, revealed "To ensure all residents discharged from the rehab services who continue to require a lesser level of rehab care are afforded a Functional Maintenance Program to prevent decline of function..."	F 688			
F 690 SS=D	NJAC 8:39-27.1(a) NJAC 8:39-27.2(m) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must	F 690		1/3/23	

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F 690	<p>Continued From page 21</p> <p>ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review, and policy review, the facility failed to ensure an Ex.Order 26.4(b)(1)</p> <p>for one of two residents (Resident (R) 54) reviewed for Ex.Order 26.4(b)(1) out of a total sample of 20 residents. This failure increased R54's risk of Ex.Order 26.4(b)(1)</p> <p>Findings include:</p> <p>Review of R54's undated "ADMISSION RECORD," located in the electronic medical</p>	F 690	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Order for Ex.Order 26.4(b)(1) was obtained and written for resident #54. A Ex.Order 26.4(b)(1) was placed on resident # 54. All nursing staff have been educated on Ex.Order 26.4(b)(1) and the need to use securement device to prevent Ex.Order 26.4(b)(1).</p> <p>2.HOW THE FACILITY WILL IDENTIFY</p>		

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F 690	<p>Continued From page 22</p> <p>record (EMR), revealed she was admitted to the facility on Ex Order 26.4B1 with multiple diagnosis to include Ex Order 26.4B1</p> <p>Review of R54's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of Ex Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of Ex Order 26.4B1 out of 15 indicating R54 was Ex Order 26.4B1 and had an Ex Order 26.4B1.</p> <p>Review of R54's "Physician's Orders," for 11/22 and under the "Orders" tab located in the EMR, revealed Ex Order 26.4(b)(1)</p> <p>Review of R54's comprehensive "Care Plan," initiated 09/16/21 and located under the "Care Plan" tab in the EMR, revealed Ex Order 26.4(b)(1) every shift ...</p> <p>Observation on 11/30/22 at 12:01 PM revealed R54 lying on her bed in her room awake. R54 had a Ex Order 26.4B1 on the left lower bed frame.</p> <p>During an interview on 11/30/22 at 12:01 PM, R54 stated she had had an Ex Order 26.4(b)(1) since 2019 because she could not fully Ex Order 26.4(b)(1). R54 confirmed she did not have a Ex Order 26.4(b)(1) either of her Ex Order 26.4(b)(1) in place. R54 stated her Ex Order 26.4(b)(1) accidentally came out with the Ex Order 26.4(b)(1) to keep the</p>	F 690	<p>OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: An audit was conducted for all residents with Ex Order 26.4(b)(1) to ensure Ex Order 26.4(b)(1) was ordered and in use. All nursing staff will be educated, and competency will be done for Ex Order 26.4(b)(1) on hire, annually and as needed.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR. The Director of Nursing or Designee will complete an audit of 3 residents with catheter weekly x 4 weeks, then monthly 3 months. Results of the audits Director of Nursing will be reported at the monthly QAPI meeting.</p>		

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F 690	<p>Continued From page 23</p> <p>Ex.Order 26.4(b)(1) a few months ago. R54 stated that it was Ex.Order 26.4(b)(1)</p> <p>During an observation and interview on 12/01/22 at 11:58 AM of R54 with the Rehabilitation Director (RD), she confirmed R54 did not have a Ex.Order 26.4(b)(1)</p> <p>During an interview on 12/01/22 at 1:35 PM, License Practical Nurse (LPN) 3 confirmed the facility required the Ex.Order 26.4(b)(1) to be Ex.Order 26.4(b)(1) to avoid the Ex.Order 26.4(b)(1) from pulling or coming out and Ex.Order 26.4(b)(1) the resident. LPN3 confirmed if a resident's Ex.Order 26.4(b)(1) were accidentally pulled out with the Ex.Order 26.4(b)(1) LPN3 confirmed R54 had an Ex.Order 26.4(b)(1) but she was not sure if R54 had a stat lock holder Ex.Order 26.4(b)(1)</p> <p>During a second observation on 12/01/22 at 1:47 PM of R54 with LPN3 in her room, LPN3 verified R54 did not have a Ex.Order 26.4(b)(1)</p> <p>During an interview on 12/01/22 3:55 PM, Unit Manager Registered Nurse (UM) 2 confirmed a Ex.Order 26.4(b)(1)</p> <p>UM2 confirmed R54 did not have a Ex.Order 26.4(b)(1) in place but should to Ex.Order 26.4(b)(1) to R54.</p> <p>Review of facility-provided undated policy titled,</p>	F 690			

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F 690	Continued From page 24 "... Ex.Order 26.4(b)(1) [REDACTED] ..."	F 690			
F 695 SS=J	NJAC 8:39-19.4(a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, interviews, and policy review, the facility failed to ensure that one of one resident (Resident (R) 23) reviewed for EX Order 26.4B1 EX Order 26.4B care out of a total sample of 20 residents was provided necessary Ex.Order 26.4(b)(1) , had the necessary supplies at the bedside in the event of a life-threatening emergency, and failed to train staff on appropriate emergency EX Order 26.4B1 care in the event that a resident's Ex.Order 26.4(b)(1) EX Order 26.4B1 which placed residents with a EX Order 26.4B1 at increased likelihood of serious harm or death and resulted in harm to R23 who was admitted to the hospital with diagnoses of EX Order 26.4B1 [REDACTED]	F 695	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident (R)23 was immediately assessed by the director of nursing with no EX Order 26.4B1 concerns identified. The facility reviewed and clarified the EX Order 26.4(b)(1) orders. Nursing placed emergency EX Order 26.4B1 equipment at the bedside to include a EX Order 26.4B1 , EX Order 26.4B1 , EX Order 26.4B1 , and a EX Order 26.4B1 , Ex.Order 26.4(b)(1) EX Order 26.4B1 , gauze, and scissors, normal saline, Ex.Order 26.4(b)(1) , and EX Order 26.4B1 in the resident's room. The EX Order 26.4B1 was immediately called into the center and began educating the nursing staff on the unit. An		1/3/23

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F 695	<p>Continued From page 25</p> <p>EX Order 26.4B1, and EX Order 26.4B1</p> <p>On 11/29/22 at 10:30 PM, the Administrator in Training (AIT), the Regional Clinical Supervisor, and Director of Nursing (DON) were notified of an Immediate Jeopardy (IJ) at F695-J: EX Order 26.4B1 Care and Ex Order 26.4(b)(1). The Immediate Jeopardy began on 11/29/22 when the survey team identified the concerns related to the facility staff not providing Ex Order 26.4(b)(1) of R23's EX Order 26.4B1 and no emergency EX Order 26.4B1 supplies and/or staff training in the event of EX Order 26.4B1 of the EX Order 26.4B1 for R23.</p> <p>The facility provided an acceptable removal plan on 12/01/22 at 6:30 PM. The removal plan included physician order revisions, placing EX Order 26.4B1 supplies at the bedside in the resident's room, placing extra EX Order 26.4B1 supplies in the medication room, in-servicing nursing staff on the location of EX Order 26.4B1 supplies and EX Order 26.4B1 care, care plan revisions, policy development of emergency management of EX Order 26.4B1, and re-education of all clinical staff. Following interviews with facility staff, observation of EX Order 26.4B1 supplies, clinical record review of revised care plans and physician orders, and review of staff in-services for emergent EX Order 26.4B1 care, the survey team verified implementation of the Removal Plan and removed the IJ on 12/02/22 at 8:30 PM.</p> <p>During the exit conference, the Associate Regional Director and the Regional Clinical Supervisor were notified that the IJ was removed</p>	F 695	<p>emergency EX Order 26.4B1 supply kit was placed at the bedside. An order was entered for the nurses to verify that all emergency supplies are present at the residents bedside every shift.</p> <p>2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The facility will ensure any new admissions with a EX Order 26.4B1 will have orders in place for EX Order 26.4B1 care, EX Order 26.4B1 and emergency EX Order 26.4B1 management. The facility will confirm the order to ensure that the order is in place for Ex Order 26.4(b)(1) EX Order 26.4B1 care and that the emergency EX Order 26.4B1 supply kit is in place and at the bedside. ADON will educate licensed staff on emergency management for EX Order 26.4B1 care, EX Order 26.4B1 care and EX Order 26.4B1 during new hire orientation and yearly with corresponding competencies. All staff, including ancillary and nursing, have received emergency EX Order 26.4B1 education, and will be done annually and as needed.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT</p>		

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F 695	<p>Continued From page 26 but the deficient practice existed at F695-G (isolated harm).</p> <p>Substandard Quality of Care was identified with the requirements at 42 CFR 483.25(i) EX Order 26.4B1 Care and Ex.Order 26.4(b)(1) (F695 S/S: J).</p> <p>Findings include:</p> <p>Review of R23's undated "ADMISSION RECORD," located in the electronic medical record (EMR), revealed R23 was admitted to the facility on EX Order 26.4B1 with multiple diagnosis to EX Order 26.4B1 EX Order 26.4B1).</p> <p>Review of R23's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of EX Order 26.4B1 and located EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of Ex.Ord out of 15 indicating R23 was EX Order 26.4B1, had a EX Order 26.4B1 and required EX Order 26.4B1 while not a resident but no EX Order 26.4B1 required while a resident at the facility. Ex.Order 26.4(b)(1) EX Order 26.4(b)(1) from the EX Order 26.4(b)(1) and Ex.Order 26.4(b)(1) that cannot be Ex.Order 26.4(b)(1).</p> <p>Review of R23's comprehensive "Care Plan," under the "Care Plan" tab located in the EMR and revised on EX Order 26.4B1, revealed "...has a EX Order 26.4B1 Further review of the care plan revealed no information for Ex.Order 26.4(b)(1), for emergency management of EX Order 26.4B1 no Ex.Order 26.4(b)(1) EX Order 26.4B1</p>	F 695	<p>PRACTICE WILL NOT RECUR: DON or designee will audit the availability of the emergency EX Order 26.4B1 list, and supplies are at the bedside and that the order is in place for EX Order 26.4B1 care and Ex.Order 26.4(b)(1) EX Order 26.4(b)(1). The DON or designee will then audit thereafter weekly, times four weeks, and then monthly ongoing. The findings of the audit will be reviewed at the facility's quarterly QAPI meetings</p>		

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F 695	<p>Continued From page 27</p> <p>information, and no intervention related to EX Order 26.4B1 care including EX Order 26.4B1, cleaning, or ensuring, Ex.Order 26.4(b)(1)</p> <p>Review of R23's "Physician's Orders," under the "Orders" tab located in the EMR revealed the following:</p> <p>"... EX Order 26.4B1 EX Order 26.4B1 as needed..." dated EX Order 26.4B1 and in conflict with the physician's order for no Ex.Order 26.4(b)(1) dated EX Order 26.4B1</p> <p>"... EX Order 26.4B1 care WITH Ex.Order 26.4(b)(1). ALLOW PATIENT TO Ex.Order 26.4(b)(1).. dated 09/02/22 without specific definition of EX Order 26.4B1 care such as Ex.Order 26.4(b)(1) and assessing for complications. Normal functions of the Ex.Order 26.4(b)(1)</p> <p>"...change disposable Ex.Order 26.4(b)(1) EX ORDER 20.4B1 of a EX ORDER 20.4B1 tube and severely reduce the Ex.Order 26.4B1 diameter over time. This potentially can increase the work of Ex.Order 26.4(b)(1) every shift every day..." dated 11/14/22 and without specific information about the Ex.Order 26.4(b)(1) [it should be noted that there can be significant differences between the different manufacturer's tubes].</p> <p>Ex.Order 26.4(b)(1) ... dated 09/02/22 and without Ex.Order 26.4(b)(1) or EX Order 26.4B1 of Ex.Order 26.4(b)(1) administration.</p>	F 695			

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F 695	<p>Continued From page 28</p> <p>"...# [number] 6 [brand of EX Order 26.4B1] and [EX Order 26.4B1] bag EX Order 26.4B1 at bedside check every shift..." dated 08/23/22 and without information if the [EX Order 26.4B1] was to be EX Order 26.4(b)(1) allow EX Order 26.4(b)(1) but provide no protection from EX Order 26.4(b)(1) [EX Order 26.4B1] tubes allow EX Order 26.4(b)(1) and offer some protection from EX Order 26.4(b)(1), and EX Order 26.4(b)(1) EX Order 26.4(b)(1) can be more effectively applied when the EX Order 26.4(b)(1).</p> <p>Further review of the physician orders revealed EX Order 26.4(b)(1) for an emergency EX Order 26.4B1 kit at the bedside.</p> <p>Review of R23's "Treatment Administration Record (TAR)," located in the EMR and dated for 11/22, revealed:</p> <p>"... EX Order 26.4B1 EX Order 26.4(b)(1) as needed Pre/Post Treatment..." dated 08/23/22, with no staff's initials documented indicating the procedure was not performed from 11/01/22 through 11/30/22.</p> <p>"... EX Order 26.4B1 care WITH EX Order 26.4(b)(1) ..." dated 09/02/22, and with no specific direction for cleaning EX Order 26.4(b)(1) and assessing for complications. Review of this "TAR" revealed staff initials documented for 11/01/22 through 11/29/22 indicating care was provided with EX Order 26.4(b)(1).</p> <p>"... EX Order 26.4(b)(1) every day shift..." ordered on 08/23/22 and discontinued and restarted on 11/14/22 without specific</p>	F 695			

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F 695	<p>Continued From page 29</p> <p>information of size of Ex.Order 26.4(b)(1). Review of the November 2022 "TAR" revealed staff initials from 11/01/22 through 11/29/22 indicating the Ex.Order 26.4(b)(1) was changed every day shift.</p> <p>"...# Ex.Order 26.4(b)(1) at bedside check every shift..." ordered 08/23/22 without specific order for Ex.Order 26.4(b)(1). Review of this "TAR" revealed staff's initials indicating the Ex.Order 26.4(b)(1) as at the bedside from 11/01/22 through 11/29/22.</p> <p>Ex.Order 26.4(b)(1) dated 11/14/22 without information of size of Ex.Order 26.4(b)(1) with no staff's initials for 11/14/22 through 11/29/22 indicating the order was not performed.</p> <p>Ex.Order 26.4(b)(1) Further review of this "TAR" revealed no staff's initials indicating the treatment was not provided from 11/01/22 through 11/30/22.</p> <p>"... Ex.Order 26.4(b)(1) and as needed..." dated 08/23/2022 with no staff's initials documented indicating the procedure was not performed from 11/01/22 through 11/30/22. Ex.Order 26.4(b)(1)</p> <p>Ex.Order 26.4(b)(1)</p> <p>During an interview on 11/29/22 at 5:32 PM, Licensed Practical Nurse (LPN) 1 stated R23 did not have a physician's order to Ex.Order 26.4(b)(1) Ex.Order 26.4(b)(1)</p> <p>During an interview on 11/29/22 at 6:37 PM, Certified Nursing Assistant (CNA) 2, who</p>	F 695			

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F 695	<p>Continued From page 30</p> <p>indicated she provided care for R23, stated the facility did not provide her with emergency management care training in the event the [REDACTED] became [REDACTED].</p> <p>During an observation on 11/29/22 at 6:39 PM, R23 was observed in his room sitting on his bed [REDACTED]. R23 had a [REDACTED] with a large amount of [REDACTED] at the [REDACTED]. R23 did not have a [REDACTED] emergency medical kit or an [REDACTED] visible at his bedside. R23 had a [REDACTED] on his bedside table but there was no [REDACTED].</p> <p>During an observation and interview on 11/29/22 at 6:47 PM, LPN1, assigned to R23, confirmed that there was no emergency kit, no [REDACTED], and no extra [REDACTED] at R23's bedside. LPN1 stated if the [REDACTED] became dislodged, she would let the manager know as she (LPN1) had no [REDACTED] emergency management training. LPN1 stated she would not know what to do if there was no manager on duty. LPN1 stated she had not performed [REDACTED] for R23's [REDACTED].</p> <p>During observation and interview on 11/29/22 at 7:0 PM, LPN2 confirmed there was no emergency kit at the bedside. LPN2 stated she worked at the facility for one year and had not been provided emergency management training in the event the [REDACTED] became dislodged. LPN2 stated she had not performed [REDACTED] for R23's [REDACTED].</p> <p>During an observation and interview on 11/29/22 at 7:13 PM, the DON confirmed R23 did not have an emergency [REDACTED] kit at his bedside or an [REDACTED].</p>	F 695			

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F 695	<p>Continued From page 31</p> <p>EX Order 26.4B1 The DON, who as part of the leadership team was responsible for providing staff training, stated EX Order 26.4B1 emergency management was not provided by the facility for the staff.</p> <p>During an interview on 11/29/22 at 7:22 PM, the DON verified there was no emergency EX Order 26.4B1 kit in the supply room. The DON stated R23 moved to another room recently and staff did not follow the order and placed an EX Order 26.4B1 bedside.</p> <p>During an interview on 11/29/22 at 7:25 PM, the Unit Manager (UM-Registered Nurse)1 stated she had been at the facility for 13 years. UM1 confirmed the facility had not provided her with EX Order 26.4B1 emergency management training and confirmed the physician's orders were conflicting concerning Ex Order 26.4(b)(1).</p> <p>During an interview on 11/29/22 at 7:28 PM, the Assistant Director of Nursing (ADON) confirmed he was employed at the facility for a year and the facility had not provided him with EX Order 26.4B1 emergency management training.</p> <p>During an interview on 11/29/22 at 8:13 PM, the Medical Director confirmed he expected the facility's staff to be provided training with EX Order 26.4B1 emergency management training.</p> <p>An interview attempt was made on 11/29/22 at 8:47 PM with the facility's Administrator and was unsuccessful.</p> <p>During an observation and interview on 11/29/22 at 10:41 PM of R23's room with the ADON, the DON, and UM1 revealed R23 did not have emergency EX Order 26.4B1 supplies at his bedside. UM1</p>	F 695			

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F 695	<p>Continued From page 32</p> <p>confirmed the facility crash cart did not contain any EX Order 26.4B1 supplies. UM1 stated the facility may have a size smaller of EX Order 26.4B1 in the outside storage shed. UM1 confirmed R23 did not have a physician's order with specifications regarding if the EX Order 26.4B1 was Ex.Order 26.4(b)(1). UM1 confirmed R23's physician's order should contain whether his EX Order 26.4B1 was Ex.Order 26.4(b)(1) to ensure the correct replacement EX Order 26.4B1 was at his bedside.</p> <p>Review of R23's "Progress Note," under the "Progress Notes" tab located in the EMR revealed the following:</p> <p>11/30/22 "...Called into room to assess resident. Resident Ex.Order 26.4(b)(1)</p> <p>Resident with Ex.Order 26.4(b)(1). MD called and order given to Ex.Order 26.4(b)(1)</p> <p>During an interview on 12/01/22 at 1:16 PM, UM1 confirmed R23 was sent to the emergency room for EX Order 26.4B1. UM1 confirmed EX Order 26.4B1 Therapist (RT)2 was providing Ex.Order 26.4(b)(1) by Ex.Order 26.4(b)(1) to R23's EX Order 26.4B1 and did not provide Ex.Order 26.4(b)(1) while awaiting the ambulance to arrive. UM1 confirmed R23 had Ex.Order 26.4(b)(1) from EX Order 26.4B1 site. UM1 also confirmed that EX Order 26.4B1 therapy did not provide EX Order 26.4B1</p>	F 695			

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F 695	<p>Continued From page 34</p> <p>During an interview on 12/01/22 at 2:31 PM, the Doctor of EX Order 26.4B1 Medicine EX Order 26.4B1 (DOP) confirmed it was standard of practice for a resident with a EX Order 26.4 to have a physician's order for brand, style, size, and cuff or uncuffed EX Order 26.4B. The DOP confirmed if the facility did not provide a resident with EX Order 26.4 Ex. Order 26.4(b)(1) it could cause a Ex. Order 26.4(b)(1) in the resident's Ex. Order 26.4(b) which causes Ex. Order 26.4(b)(1) and the resident's Ex. Order 26.4(b)(1).</p> <p>During an interview on 12/01/22 at 6:29 PM with R23's Family Member (FM)1 with the team of surveyors present in the conference room at the facility, FM1 confirmed he was informed by the Ex. Order 26.4(b)(1) FM1 confirmed R23 had a Ex. Order 26.4(b)(1) by the facility. FM1 confirmed R23 was diagnosed with Ex. Order 26.4(b)(1).</p> <p>During an interview on 12/02/22 5:33 PM, the Medical Director confirmed he was responsible for writing physician orders and ensuring the physician's orders were correct. The Medical Director stated he may have overlooked incomplete or conflicting physician orders. The Medical Director confirmed R23's physician's orders contained conflicting orders to provide Ex. Order 26.4(b)(1) R23's EX Order 26.4. The Medical Director stated he expected the nursing staff to know when to Ex. Order 26.4(b)(1) the resident with a EX Order 26.4 (even with conflicting physician's orders). The Medical Director confirmed it was important that R23's physician's orders contained specifics regarding EX Order 26.4B1 to include brand, size, type of EX Order 26.4B1. The Medical Director confirmed R23's Ex. Order 26.4(b)(1) administration.</p>	F 695			

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F 695	<p>Continued From page 35</p> <p>physician's orders should include the ^{Ex.Order 26.4(b)(1)} [REDACTED]. The Medical Director stated he did not have clinical experience with replacing resident's ^{Ex.Order 26.4} [REDACTED]. The Medical Director stated if R23's ^{Ex.Order 26.4} [REDACTED] became dislodged, he would call 911 and attempt to locate a EX Order 26.4B1 and attempt to replace R23's because it would be considered a Ex.Order 26.4(b)(1). The Medical Director confirmed not providing a resident with a ^{Ex.Order 26.4} [REDACTED] with ^{Ex.Order 26.4(b)(1)} [REDACTED] could potentially cause formation of Ex.Order 26.4(b)(1) [REDACTED].</p> <p>Review of facility-provided policy titled, Ex.Order 26.4(b)(1) [REDACTED] "...This policy is to instruct on how to effectively clean a patient's tracheostomy and surrounding area to reduce the risk of infection and maintain a patent airway...Each resident has a specific trach tube, as ordered by a Physician...Each trach resident should have a spare back up trach at the bedside...Tracheostomy tubes have different sizes and styles...Cuffed and un-cuffed...Fenestrated and non-fenestrated...Disposable inner cannulas and non-disposable inner cannula...Different sizes...Different brands...Trach tubes and stoma sites require regular cleaning...If there is redness, bleeding or drainage from stoma, it should be reported to the resident's nurse...Whenever the tube is manipulated, respiratory, cardiovascular and skin parameters should be assessed...Suctioning is necessary to insure patent airway...Procedure for Changing Disposable Inner Cannula...equipment...Sterile disposable inner cannula...Sterile suction catheter...Sterile container...Sterile</p>	F 695			

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F 695	Continued From page 36 gloves...Sterile gloves...Trach Ties...Drain sponge...Sterile cotton applicators...Have a manual resuscitator available in case of respiratory distress...It is recommended infection control practice that trach care be performed on each shift..."	F 695			
F 710 SS=G	NJAC 8:39-27.1(a) 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 record review, interviews, and policy review, the facility failed to ensure the physician clarified orders for Ex Order 26.4(b)(1) and emergency EX Order 26.4B1 care for one of one resident (Resident (R) 23) with a EX Order 26.4B1 Ex Order 26.4(b)(1) (Resident (R) 23) with a EX Order 26.4B1 Ex Order 26.4(b)(1) out of a	F 710	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident #23 was discharged to the Ex Order 26.4(b)(1) on EX Order 26.4B1 . All nursing		1/3/23

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F 710	<p>Continued From page 37</p> <p>total sample of 20 residents. These failures resulted in harm to R23 who was admitted to the [REDACTED] with diagnoses of EX Order 26.4B1 [REDACTED]</p> <p>Findings include:</p> <p>Review of R23's undated "ADMISSION RECORD," located in the electronic medical record (EMR), revealed he was admitted to the facility on EX Order 26.4B1 with multiple diagnosis to include Ex Order 26.4B1 [REDACTED].</p> <p>Review of R23's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of EX Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of EX Order 26.4B1 out of 15 indicating R23 was EX Order 26.4B1, had a EX Order 26.4B1, and required Ex Order 26.4(b)(1) prior to admission to the facility but not while a resident. Ex Order 26.4(b)(1) removes EX Order 26.4B1 from the EX Order 26.4B1 and EX Order 26.4B1 that cannot be cleared by EX Order 26.4B1.</p> <p>Review of R23's "Physician's Orders," under the "Orders" tab located in the EMR revealed the following:</p> <p>"EX Order 26.4B1 Ex Order 26.4(b)(1) as needed..." dated EX Order 26.4B1 and in conflict with the physician's order for no Ex Order 26.4(b)(1) dated EX Order 26.4B1.</p>	F 710	<p>management have been educated on the need to review new admissions with EX Order 26.4B1 order to ensure the order is in place and accurate for emergency EX Order 26.4B1 management and Ex Order 26.4(b)(1). The physician will be contacted for order clarification if needed.</p> <p>2.HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The Director of Nursing or designee will ensure any new admissions with a EX Order 26.4B1 will have orders in place for emergency EX Order 26.4B1 management and Ex Order 26.4(b)(1). The facility will review the orders for accuracy and will clarify with physician if needed.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR. Director of Nursing, then monthly 3 months. Results of the audits will be reported at the monthly QAPI meeting</p>		

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F 710	<p>Continued From page 38</p> <p>"...EX Order 26.4B1 care Ex.Order 26.4(b)(1) dated EX Order 26.4B1 without specific definition of EX Order 26.4B1 care such as cleaning Ex.Order 26.4(b)(1) and assessing for complications. Normal functions of th Ex.Order 26.4(b)(1)</p> <p>"...change disposable EX Order 26.4B1 Ex.Order 26.4(b)(1) n of a EX Order 26.4B1 tube and severely reduce the Ex.Order 26.4(b)(1) diameter over time. This potentially can increase the work of Ex.Order 26.4(b)(1) every shift every day..." dated EX Order 26.4B1 and without specific information about the EX Order 26.4B1 [it should be noted that there can be significant differences between the different manufacturer's tubes].</p> <p>'EX Order 26.4B1 [minute PRN [as needed] to maintain EX Order 26.4B1 Ex.Order 26.4(b)(1) ..." dated EX Order 26.4B1 and Ex.Order 26.4(b)(1)</p> <p>"...# [number] 6 EX Order 26.4B1 and EX Order 26.4B1 bag EX Order 26.4B1 EX Order 26.4B1] at bedside check every shift..." dated 08/23/22 and without information if the EX Order 26.4B1 was to be EX Order 26.4B1. EX Order 26.4B1 tubes allow Ex.Order 26.4(b)(1) but provide no protection from Ex.Order 26.4(b)(1) Ex.Order 26.4(b)(1) EX Order 26.4(b)(1) tubes allow Ex.Order 26.4(b)(1) and offer some protection from Ex.Order 26.4(b)(1), and Ex.Order 26.4(b)(1) can be more effectively applied when</p>	F 710			

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F 710	<p>Continued From page 39 the Ex.Order 26.4(b)(1).</p> <p>Further review of the physician orders revealed no order for an emergency EX Order 26.4B1 kit at the bedside.</p> <p>Review of R23's "Treatment Administration Record (TAR)," located in the EMR and dated for EX Order 26.4, revealed:</p> <p>"... EX Order 26.4B1 Ex.Order 26.4(b)(1) as needed Pre/Post Treatment..." dated EX Order 26.4B1, with no staff's initials documented indicating the procedure was not performed from EX Order 26.4B1 through EX Order 26.4B1</p> <p>"... EX Order 26.4B1 care Ex.Order 26.4(b)(1) ..." dated EX Order 26.4B1 and with no specific direction for cleaning the Ex.Order 26.4(b)(1) and assessing for complications. Review of this "TAR" revealed staff initials documented for EX Order 26.4B1 through EX Order 26.4B1 indicating care was provided with Ex.Order 26.4(b)(1).</p> <p>"... Ex.Order 26.4(b)(1) every day shift..." ordered on EX Order 26.4B1 and discontinued and restarted on EX Order 26.4B1 without specific information of size of EX Order 26.4B1. Review of the EX Order 26.4B1 "TAR" revealed staff initials from EX Order 26.4B1 indicating the Ex.Order 26.4(b)(1) was changed every day shift.</p> <p>"...#6 EX Order 26.4B1 bag at bedside check every shift..." ordered EX Order 26.4B1 without specific order for Ex.Order 26.4(b)(1) EX Order 26.4B1. Review of this "TAR" revealed staff's initials indicating the EX Order 26.4 bag was at the bedside from EX Order 26.4B1 through EX Order 26.4B1</p>	F 710			

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F 710	<p>Continued From page 40</p> <p>"..Ex.Order 26.4(b)(1) hours as needed..." dated Ex Order 26.4B1 without information of size of EX Order 26.4B1 with no staff's initials for EX Order 26.4B1 through EX Order 26.4B1 indicating the order was not performed.</p> <p>EX Order 26.4B1 to maintain EX Order 26.4B1 as needed... Ex.Order 26.4(b)(1)). Further review of this "IAR" revealed no staff's initials indicating the treatment was not provided from EX Order 26.4B1 through EX Order 26.4B1.</p> <p>Ex.Order 26.4(b)(1) bath/shower and as needed..." dated EX Order 26.4B1 with no staff's initials documented indicating the procedure was not performed from EX Order 26.4B1 through EX Order 26.4B1 Ex.Order 26.4(b)(1).</p> <p>Review of R23's "Progress Note," under the "Progress Notes" tab located in the EMR, revealed the following: EX Order 26.4B1 "... Called into room to assess resident. Ex.Order 26.4(b)(1)</p> <p>During an interview on 12/01/22 at 1:16 PM, Unit Manager (UM) 1, confirmed R23 was sent to the Ex.Order 26.4(b)(1) for EX Order 26.4B1 and altered EX Order 26.4B1 on EX Order 26.4B1 UM1 confirmed EX Order 26.4B1 (EX Order 26.4B1) 2 was providing EX Order 26.4(b)(1) by EX Order 26.4(b)(1) R23's</p>	F 710			

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F 710	<p>Continued From page 41</p> <p>and did not provide ^{EX Order 26.4} ^{Ex.Order 26.4(b)(1)} while awaiting the ambulance to arrive. UM confirmed R23 had EX Order 26.4B1 ^{EX Order 26.4B1}, with ^{EX Order 26.4B1} Ex.Order 26.4(b)(1) and a ^{EX Order 26.4B1} from the ^{EX Order 26.4B1}</p> <p>Review of R23's untitled hospital document, dated ^{EX Order 26.4B1} and provided by the family, revealed Ex.Order 26.4(b)(1)</p> <p>Ex.Order 26.4(b)(1)</p>	F 710			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2022
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852		
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F 710	<p>Continued From page 42</p> <p>[secondary to] Ex.Order 26.4(b)(1)</p> <p>[REDACTED]</p> <p>During an interview on 12/01/22 at 6:29 PM, R23's Family Member (FM)1, with the team of surveyors present in the conference room at the facility, confirmed he was informed by the local Ex.Order 26.4(b)(1) staff that R23 EX Order 26.4B1. FM1 confirmed the Ex.Order 26.4(b)(1) informed him R23 had a EX Order 26.4B1 due to Ex.Order 26.4(b)(1) by the facility. FM1 confirmed R23 was diagnosed with EX Order 26.4B1 by the Ex.Order 26.4(b)(1) staff on EX Order 26.4B1.</p> <p>During an interview on 12/02/22 05:33 PM, the Medical Director confirmed he was responsible for ensuring R23's physician's orders were correct and that he signed R23's physician's orders. The Medical Director confirmed R23's physician's orders should not be conflicting in particular whether or not to Ex.Order 26.4(b)(1). The Medical Director stated he expected the nursing staff to know when to EX Order 26.4B1 the resident with a EX Order 26.4B1 (with conflicting physician's orders). The Medical Director confirmed it was important that R23's physician's orders contained specifics regarding EX Order 26.4B1 to include brand, size, type of EX Order 26.4B1. The Medical Director confirmed R23's EX Order 26.4B1 administration physician's orders should include the route of EX Order 26.4B1 of the EX Order 26.4B1. The Medical Director confirmed not providing EX Order 26.4B1 of a EX Order 26.4B1 could result in the formation of a EX Order 26.4B1, EX Order 26.4B1 distress, EX Order 26.4B1</p>	F 710			

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F 710	Continued From page 43 EX Order 26.4B1, and most importantly EX Order 26. Cross Reference: F695-J EX Order 26.4B1 Care & Ex Order 26.4(b)(1)	F 710			
F 726 SS=E	NJAC 8:39-27.1(a) Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding	F 726			1/3/23

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F 726	<p>Continued From page 44 to resident's needs.</p> <p>§483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and policy review, the facility failed to ensure the clinical staff were trained to provide emergency treatment for one of one resident (Resident (R) 23) with a EX Order 26.4B1 Ex.Order 26.4(b)(1) out of a total sample of 20 residents. This failure increased R23's risk of not receiving appropriate EX Order 26.4B1 care during an emergency situation.</p> <p>Findings include:</p> <p>Review of R23's undated "ADMISSION RECORD," located in the electronic medical record (EMR) revealed he was admitted to the facility on EX Order 26.4B1 with multiple diagnosis to EX Order 26.4B1.</p> <p>Review of R23's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of EX Order 26.4B1 and located in the EMR under the "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of Ex.Order 26.4B1 out of 15 indicating R23 was EX Order 26.4B1, had a EX Order 26.4B1, and required Ex.Order 26.4(b)(1) prior to being a resident but not while a resident in the</p>	F 726	<p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE. The respiratory therapist was immediately called into the center and began educating the nursing and ancillary staff in the building on EX Order 26.4B1 emergencies. Competencies on EX Order 26.4B1 care and Ex.Order 26.4(b)(1) was done on all licensed nursing staff.</p> <p>2.HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected</p> <p>3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: ADON will educate licensed staff on emergency management for EX Order 26.4B1 care and Ex.Order 26.4(b)(1) during new hire orientation and yearly with corresponding competencies. All staff, including ancillary and nursing, have</p>		

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F 726	<p>Continued From page 45</p> <p>facility. Ex. Order 26.4(b)(1) removes EX Order 26.4B1 and EX Order 26.4(b)(1) from the EX Order 26.4B1 and EX Order 26.4B1 that cannot Ex. Order 26.4(b)(1).</p> <p>During an interview on 11/29/22 at 6:32 PM, Certified Nursing Assistant (CNA) 1 confirmed she had been employed at the facility for two years. CNA1 confirmed the facility had not provided her EX Order 26.4B1 care or emergency training.</p> <p>During an interview on 11/29/22 at 6:37 PM, CNA2 confirmed she provided care for R23 to include Ex. Order 26.4(b)(1) him. CNA2 confirmed the facility had not provided her with EX Order 26.4B1 emergency management or care training.</p> <p>During an interview and observation on 11/29/22 at 7:00 PM, Licensed Practice Nurse (LPN) 4 confirmed the facility had not provided her training on emergency EX Order 26.4B1 management.</p> <p>During an observation and interview on 11/29/22 at 7:25 PM, the Unit Manager (UM) 1 confirmed the facility did not provide her with EX Order 26.4B1 emergency management training in the past year. UM1 confirmed she had worked at the facility for 13 years.</p> <p>During an interview on 11/29/22 at 7:28 PM, the Assistant Director of Nursing (ADON) confirmed the facility had not provided him with emergency management of EX Order 26.4B1 in the past year. During an interview on 11/29/22 at 7:55 PM, the Director of Nursing (DON), who as part of the leadership team was responsible for providing staff training, stated EX Order 26.4B1 emergency management was not provided by the facility for</p>	F 726	<p>received emergency EX Order 26.4B1 education, and will be done annually and as needed.</p> <p>4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR. DON or designee will complete random audit of 3 nursing files for competencies and education regarding EX Order 26.4B1 care, Ex. Order 26.4(b)(1) and emergency care weekly x 4 weeks, then monthly 3 months. Results of the audits will be reported at the monthly QAPI meeting</p>		

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F 726	<p>Continued From page 46</p> <p>the staff. The DON stated the facility did not have a policy for EX Order 26.4B1 emergency kits or EX Order 26.4B1 of a resident's EX Order 26.4B1</p> <p>During an interview on 11/29/22 at 8:47 PM, the Regional Clinical Supervisor stated the facility had 100 staff members and only 18 were trained in EX Order 26.4B1 care and no training was provided on emergency management for EX Order 26.4B1. The Regional Clinical Supervisor also stated that the facility did not have a policy on emergency management training for EX Order 26.4B1</p> <p>During an interview on 11/29/22 at 8:13 PM, the Medical Director confirmed he expected the facility staff to be trained to provide emergency management care for residents with EX Order 26.4B1</p> <p>Attempted an interview on 11/29/22 at 8:47 PM with the facility's Administrator and was unsuccessful. Cross Reference: F695-J Respiratory EX Order 26.4B1 Care & Ex Order 26.4(b)(1)</p> <p>Review of facility-provided document titled, "Facility Assessment Tool," dated 03/22, revealed "...Special Treatments. Ex Order 26.4(b)(1)... EX Order 26.4B1 Care...staff...competencies...existing staff also receive this training annually..."</p> <p>Review of facility-provided policy titled, "Competency of Nursing Staff," undated, revealed "...The staff development and training program is created by the nursing leadership, with input from the medical director, and is designed to train nursing staff to deliver</p>	F 726			

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F 726	Continued From page 47 individualized, safe, quality care and services for the residents...factors are considered in the creation of the training program...Specialized skills or training needed based on the residents population...The facility assessment includes an evaluation of the staff competency that are necessary to provide the level and types of care specific to the residents population...resident-specific competency evaluations will be conducted...annually and as deemed necessary based on the facility assessment...will include...return demonstration...Demonstrated ability to use tools, devices, or equipment used to care for residents..." NJAC 8:39-13.4(c)1	F 726			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852		
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S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and 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. This deficient practice was evidenced by the following:</p> <p>Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse</p>	S 560	<p>1- The Administrator, Director of Nursing and Staffing coordinator are closely monitoring the staffing sheet to ensure the requirements are met.</p> <p>2- The above-mentioned team has been in contact with all nursing staff in an effort to maximize attendance to meet the requirements.</p> <p>3- The facility has boosted its recruiting efforts to assure adequate staffing for the building, including job fairs referral programs and retention incentives.</p> <p>4- the Facility has set up routine quarterly JOB fairs as well as an audit sheet which will be used to assess our staffing ratios and monitor them, so they meet the state requirements. Facility Human Recourse will oversee the audit sheet and monitor for compliance, This Log will be reviewed at our Quarterly QAPI Meeting for the next 3 months to assure compliance</p>	1/3/23

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

TITLE

(X6) DATE

Electronically Signed

12/24/22

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>aide and shall perform certified nurse aide duties; and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 10/23/22 and 10/30/22, revealed the following:</p>	S 560		

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>For the weeks of 11/13/2022, and 11/20/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -11/13/22 had 7 CNAs for 89 residents on the day shift, required 11 CNAs. -11/14/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/15/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/16/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/17/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/18/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs. -11/19/22 had 9 CNAs for 91 residents on the day shift, required 11 CNAs. -11/20/22 had 9 CNAs for 91 residents on the day shift, required 11 CNAs. -11/21/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs. -11/22/22 had 8 CNAs for 91 residents on the day shift, required 11 CNAs. -11/23/22 had 10 CNAs for 91 residents on the day shift, required 11 CNAs. -11/24/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -11/25/22 had 8 CNAs for 89 residents on the day shift, required 11 CNAs. -11/26/22 had 9 CNAs for 89 residents on the day shift, required 11 CNAs. 	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315362	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/27/2023	Y3
NAME OF FACILITY COMPLETE CARE AT PARK PLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852		

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 F0554	Correction	ID Prefix F0656	Correction	ID Prefix F0660	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(c)(1)(i)-(ix)	Completed
LSC	01/03/2023	LSC	01/03/2023	LSC	01/03/2023
ID Prefix F0688	Correction	ID Prefix F0690	Correction	ID Prefix F0695	Correction
Reg. # 483.25(c)(1)-(3)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(i)	Completed
LSC	01/03/2023	LSC	01/03/2023	LSC	01/03/2023
ID Prefix F0710	Correction	ID Prefix F0726	Correction	ID Prefix	Correction
Reg. # 483.30(a)(1)(2)	Completed	Reg. # 483.35(a)(3)(4)(c)	Completed	Reg. #	Completed
LSC	01/03/2023	LSC	01/03/2023	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	
REVIEWED BY STATE AGENCY <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/7/2022		<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 061345	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/8/2023
NAME OF FACILITY COMPLETE CARE AT PARK PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852	

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	02/02/2023	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/7/2022		<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: 09/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315362		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2022	
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852			
(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 on 12/7/22. 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 12/7/22 was found to be in noncompliance 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>Complete Care at Park Place, LLC a one-story building that was built in 1997. It is composed of Type II protected construction. The facility is divided into six smoke zones. The generator does approximately 50% of the building as per the Maintenance Director. The current occupied beds were 86 of 94.</p>			K 000			
K 345 SS=F	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p>			K 345			12/22/22

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

TITLE

(X6) DATE

Electronically Signed

12/24/2022

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315362	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/07/2022
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT PARK PLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852		
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K 345	<p>Continued From page 1 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, interview, and document review, the facility failed to ensure smoke detection sensitivity was completed of the facility smoke detectors in accordance with NFPA 72 (2010 edition) section 14.4.5.3.2. This deficient practice had the potential to affect 86 residents.</p> <p>Findings include:</p> <p>Observations of the facility smoke detectors on 12/7/22 between 11:00 AM and 12:30 PM revealed smoke detectors were located in the corridors and other concealed areas throughout the building.</p> <p>A review of the facility "Fire Alarm and Life Safety System Inspection Certificate(s)" dated January 14, 2022 and July 22, 2022, revealed no reference to a smoke detection sensitivity test.</p> <p>During an interview with the Maintenance Director on 12/7/22 at 2:00 PM, the Maintenance Director contacted the contracted fire alarm company and requested the testing report. The fire alarm company confirmed a smoke detector sensitivity testing had not been performed.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72</p>	K 345	<p>Fire Protection was called and conducted the facility smoke detection sensitivity test as required.</p> <p>This deficient practice had the potential to affect all residents.</p> <p>The Maintenance Director will review and ensure testing documentation is accurate as required weekly. The Maintenance Director will maintain the sensitivity and fire alarm system testing documentation and ensure documentation is available for future survey review.</p> <p>The administrator will audit the life safety manual quarterly to ensure proper documentation is in place. The Maintenance Director will report to the Administrator at our quarterly QAPI meeting on the sensitivity and fire alarm system testing status.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315362	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	DATE OF REVISIT 1/27/2023
NAME OF FACILITY COMPLETE CARE AT PARK PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2 DEER PARK DRIVE MONMOUTH JUNCTION, NJ 08852	

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 _____	Correction _____	ID Prefix _____	Correction _____	ID Prefix _____	Correction _____
Reg. # NFPA 101	Completed _____	Reg. # _____	Completed _____	Reg. # _____	Completed _____
LSC K0345	12/22/2022	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/7/2022		<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			