

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

PRINTED: 06/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315120</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/02/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CHATHAM HILLS SUBACUTE CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>415 SOUTHERN BLVD</b> <b>CHATHAM, NJ 07928</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  C #: NJ00151553  Census: 102  Sample Size: 6  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.			F 000			
F 623 SS=C	<p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> <li>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</li> <li>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</li> <li>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</li> </ul> <p>§483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p>			F 623			2/4/22

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

TITLE

(X6) DATE

Electronically Signed

02/16/2022

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 623	<p>Continued From page 1</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: NJ 00151553</p> <p>Based on interviews and record reviews, as well as review of pertinent facility documents on</p>			F 623	<p>Element 1: Resident #6 notice of Discharge was sent to The Office Of The State Long Term Care Ombudsman</p> <p>Facility Social Worker was educated</p>		

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F 623	<p>Continued From page 3</p> <p>2/2/22, it was determined that the facility failed to send a copy of the monthly notice to the representative of the Office of the State Long-Term Care Ombudsman (SLTCO) for 1 of 6 residents (Resident #6) reviewed for emergency transfer to an Acute Care Hospital (ACH). This deficient practice was evidenced by the following:</p> <p>Reviewed of the following Medical Records (MR) showed:</p> <p>1. Resident #6 was admitted on [REDACTED] NJAC 8:43E-2.1 and discharged on [REDACTED] to an [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED] Resident #6 was [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and was transferred to an [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and [REDACTED]</p> <p>Further review of MR for Resident #6, showed that the Office of the SLTCO was not notified of the aforementioned emergency discharge from the facility.</p> <p>The surveyor requested a copy of the monthly emergency transfer/discharges to an ACH that they sent to the representative of the Office of the SLTCO from November 2021 to January 2022. However, the facility failed to provide a documented evidence of their emergency transfer notice being sent to the SLTCO.</p> <p>During an interview with the Social Worker on 2/2/22 at 9:37 am and 3:10 pm, she stated that the facility had emergency transfers from November 2021 through January 2022. However, she had not sent any notifications to the SLTCO.</p> <p>During an interview with the Director of Nursing (DON) on 2/2/22 at 2:57 pm, she stated they</p>	F 623	<p>regarding policy "Transfer or Discharge Notice" To ensure notice of transfer will be provided to Resident/Resident representative and that it will be sent to the Office Of The State Long Term Care Ombudsman once a month.</p> <p>Element 2: An audit of last quarter acute transfers/Planned transfers /discharges unplanned discharges transfers/AMAs were completed, reconciled, and the notice of transfers including all required information were faxed to The Office Of The Long Term Care Ombudsman. There were no discharged residents identified with Level II PASSAR.</p> <p>Element 3: Policy titled "transfer or discharge Notice" was reviewed by DON.</p> <p>Interdisciplinary team, nursing supervisors, licensed nursing staff and social workers were educated regarding above policies.</p> <p>Social worker will be responsible to ensure a copy of notice of transfer to be provided to resident or resident representative as well as sending a copy of notice along with the required information to The Office of The State Long Term Care Ombudsman.</p> <p>A copy of notice of transfer fax confirmations will be kept in a binder in social services.</p>		

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F 623	<p>Continued From page 4</p> <p>were out of compliance when it comes to sending their facility initiated discharges/transfer including emergency transfer notifications to the representative of the Office of the SLTCO.</p> <p>Review of the facility's policy titled "Transfer or Discharge Notice", revised on 3/2021, showed " ...6. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative..."</p> <p>N.J.A.C. 8:39 - 27.1(b)</p>	F 623	<p>Element 4:</p> <p>Social worker will audit all discharges weekly x4 then monthly x3 to ensure a copy of notice of transfer to be provided to resident or resident representative as well as sending a copy of notice with the required information to The Office Of The Long Term Care Ombudsman.</p> <p>Results of all audits will be presented monthly to QAPI committee for review and feedback until all audits will be completed.</p>		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315120	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/9/2022
NAME OF FACILITY CHATHAM HILLS SUBACUTE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 415 SOUTHERN BLVD CHATHAM, NJ 07928	

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 F0623	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/04/2022	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**  
2/2/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO