STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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	F 000		

Complaint # NJ00163449

Census: 90

Sample Size: 6

The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.

During a complaint survey conducted on 4/24/23 and 4/27/23, the surveyor identified a past non-compliance Immediate Jeopardy (IJ) situation for F678. It was determined the facility failed to immediately initiate NJ EX Order. 264b1 and activate their emergency response system (ERS) which includes calling 911, notify other staff by announcing the emergency code, and retrieving the NJ Exec Order 26.4b1 and the NJ Ex Order. 264b1 NJ EX Order. 264b1) when Resident #1 who was a NJ EX Order. 264b1 and did not have a physician order (PO) for NJ Ex Order 26) was NJ EX Order. 264b1 in bed. This was not in accordance with their policy for Emergency Procedure NJ EX Or R and the NJ EX Order. 264b1 and the NJ EX Order. 264b1 guidelines for Healthcare Providers.

Resident #1 was admitted to the facility on NJ EX Order. 264b with diagnoses that included but were not limited to NJ EX Order. 264b1

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

Electronically Signed | 05/26/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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	Continued From page 1	F 000		

NJ EX Order. 264b1 According to documentation and interviews, the facility did not immediately perform NJ EX Orde or activate their ERS due to not having an order for a NJ EX Order. 264b1 or NJ EX Order. 264b1 in the MR when Resident #1, who was a NJ Ex Order 26.4(b and without a PO for NJ Ex Order was found NJ EX Order. 264b1 a NJ EX Order. 264b1 or NJ EX Order. 264b at 11:00 PM. Resident #1 was last seen NJ EX Order. 264b1, trying to NJ EX Order. 264b1 by Certified Nursing Assistant (CNA) #1. At that time, CNA #1 NJ Ex Order 26.4(b)(1) the resident in bed. At 11:00 PM, CNA #1 notified the Licensed Practical Nurse (LPN) #1, the resident was NJ EX Order. 264b1 LPN #1, a NJ Exec Order 26.4b1 nurse, went in the room, checked for NJ EX Order. 264b1, and "found out the resident NJ Ex Order 26.4(b) LPN #1 confirmed during a telephone interview on 4/24/23 at 1:44 PM he was certified in NJ EX Orde and did not provide NJ EX Orde to Resident #1 because he was trying to figure out the resident's NJ EX Order. 264b1. He stated that he did not convey or explain to the Physician that he was unsure of the resident's NJ EX Order. 264b1. He called the Physician only to inform that Resident #1 had NJ Ex Order 26.4 so the resident could be NJ Ex Order 26.4(b)(1) He confirmed that instead of initiating NJ EX Order. 264b1, he called the U.S. FOIA (b) (6) and U.S. FOIA (b) (6)) on the telephone for instructions. However, the U.S. FOIA and U.S. FOIA (b) were unavailable. Although there was no PO for NJ EX Order. 264b1, LPN #1 strongly insisted that because the NJ Ex Order 26.4 form was blank and there was NJ EX Order. 264b1 written anywhere in the MR, "he would not start NJ EX Orde at all."

The nursing progress note (PN) indicated that at 11:55 PM, the U.S. FOIA (b) (6) arrived on the unit for the night shift (11PM-7AM) and was notified by LPN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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	Continued From page 2	F 000		

#1 that Resident #1 [NJ Ex Order 26.4] at 11PM. The RN/NS documented that Resident #1 was a [redacted], [redacted] was initiated at 12:20 AM, LPN #2 called 911 at 12:50 AM, and the [NJ Exec Order 26.4b1] and team [NJ Exec Order 26.4b1] Resident #1 [redacted] at 01:43 AM. During a telephone interview on 4/24/23 at 4:07 PM, the [U.S. FOIA (b) (6)] stated he called the facility prior to his shift because he was going to be late; and at that time 11-7 shift LPN #2 informed him on the phone the resident had [NJ Ex Order 26.4(b)] and he assumed Resident #1 was not a NJ EX Order. 264b1 effort was unsuccessful. The [redacted] explained that when he arrived on the unit, he received reports and asked LPN #1 what Resident #1's [redacted] was. LPN #1 responded, "I think it's not [redacted]." He was also informed that the Physician had already been notified the resident had [NJ Ex Order 26.4(b)] At that time, the [redacted] checked the chart to verify Resident #1's [redacted] and confirmed there was no PO for [redacted]. He then called the [redacted] who instructed him to initiate [redacted] and call 911.

An Immediate Jeopardy (IJ) past noncompliance (PNC) began on [redacted] when the facility failed to initiate [redacted] and activate their ERS immediately when Resident #1, who was a [redacted], did not have a PO for [redacted], and was found [redacted], and NJ EX Order. 264b1 This practice placed all residents who are a [redacted] or had no accurate [redacted] in the MR at risk for [NJ Ex Order 26.4(b)(1)] if found to be NJ EX Order. 264b1.

The IJ PNC was determined to have existed on [redacted] and there was sufficient evidence that on [redacted] that the facility corrected the noncompliance and was in substantial compliance at the time of the current survey for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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	Continued From page 3 the specific regulatory requirement. The U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were informed of the of the past IJ situation on 4/24/23.	F 000		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Complaint #NJ 00163449 Based on interviews and review of the medical records (MRs) and other facility documentation on 4/24/23 and 4/27/23, it was determined the facility failed to provide services to prevent NJ Ex Order 26. of a resident (Resident #1). Resident #1 who was a NJ EX Order. 264b1) and had no NJ Ex Order 26.4(b)(1) or a physician order (PO) for NJ Ex Order 26.4(b)(1) was NJ EX Order. 264b1 and NJ EX Order. 264b1 in bed on . The	F 600	Based on interviews and review of the medical records and other facility documentation on 4/24/23, it was determined the facility failed to provide services to prevent NJ Ex Order 26. of a resident (resident #1) Resident #1 no longer resides in the facility. LPN #1 (was removed from schedule and reported to nursing board and agency) and LPN # 2, RN/NS and CNA#1 were educated on Cardiopulmonary	4/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 4 Licensed Practical Nurse (LPN) #1, failed to immediately initiate NJ EX Order. 264b1 an emergency NJ EX Order. 264b1 performed when the NJ EX Order. 264b1) and activate their emergency response system (ERS) which includes calling 911, alarm other staff by announcing the emergency code, and retrieving the NJ Ex Order 26.4(b)(1 and the NJ EX Order. 264b1 . Additionally, the facility failed to provide documented evidence LPN #1 who was an NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 was provided education on policies for emergency procedure which covers unclear NJ EX Orde status and NJ Ex Order 26.4(b)(1) prior to the event. The deficient practice is evidenced by the following: Reference: NJ EX Order. 264b1 l NJ EX "The NJ EX Order. 264b1 publishes guidelines every five years for NJ EX Orde and Emergency Cardiovascular Care (ECC). These guidelines reflect global resuscitation science and treatment recommendations. In the guidelines, NJ EX Orde has established evidenced-based decision-making guidelines for initiating NJ EX Orde when cardiac or respiratory arrest occurs in or out of the hospital. The NJ EX Orde urges all potential rescuers to initiate CPR unless a valid NJ EX Order. 264b1) order is in place; obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or initiating NJ EX Orde could cause injury or peril to the rescuer. Prompt emergency activation and initiation of NJ EX Orde requires rapid recognition of cardiac arrest. A	F 600	resuscitation and Advanced Directives All residents have the potential to be affected by this finding. All current residents' charts have been audited to ensure compliance with facility code status, Physician's order, Care Plan. Based on the audit, no other residents had been determined to be affected by the same practice Policy titled Emergency procedure – Cardiopulmonary resuscitation was reviewed by DON/Administrator. No changes are needed. Policy titled –Advanced Directives was reviewed by DON/Administrator. No changes are needed. Policy titled- Abuse neglect and exploitation have been reviewed by the DON/Administrator. No Changes needed. New Licensed Nursing Staff will be educated regarding the above policies upon hire during orientation and as needed. Facility Licensed Nursing staff and social workers will be re-educated regarding Emergency procedure – Cardiopulmonary resuscitation policy and advanced directive policy bi-annually and as needed. Facility staff will be re-educated regarding the abuse neglect and exploitation policy and advanced directive policy bi-annually and as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 5 cardiac arrest victim is not responsive. Breathing is absent or is not normal. Consequently, rescuers should start [redacted] immediately if the adult victim is unresponsive and not breathing or not breathing normally." Reference: https://www.nj.gov/health/advancedirective/polst/ "The Practitioner Orders for Life Sustaining Treatment (POLST) form enables patients to indicate their preferences regarding life-sustaining treatment. This form, signed by a patient's attending physician, advanced practice nurse or physician's assistant, provides instructions for health care personnel to follow for a range of life-prolonging interventions. This form becomes part of a patient's medical records, following the patient from one healthcare setting to another, including hospital, nursing home or hospice." 1. According to the Admission Record, Resident #1 was admitted to the facility on [redacted] A Physician's progress notes (PN) dated [redacted] indicated diagnoses which included but were not limited to NJ EX Order. 264b1 [redacted] A Minimum Data Set (MDS), an assessment tool, dated [redacted] revealed the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated NJ EX Order. 264b1 and the resident required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1)). A review of the Order Summary Report (OSR) did	F 600	The Facility Leadership Team will be re-educated regarding Agency Licensed staff education packet has been re-organized to include and ensure documentation of training related Cardiopulmonary resuscitation policy. IDT will review all new admission code status during morning meetings to ensure all residents have code status upon admission. Director of Social work/Designee will audit all residents POLST documents, advanced directive Care Plan's, Physician's orders for advanced directives weekly. Staffing coordinator/designee will confirm all Licensed agency staff receive most updated education prior to their shift. Director of Nursing/Designee will audit all new admissions advanced directives to identify physician orders for code status and care plans weekly X4 then monthly X 6 months. Director of SW/Designee will monitor any changes with advanced directives for Physician's orders and care plans weekly X4 then monthly X 6 months. Nurse educator/Designee will audit all nurse agency "new employee" education to ensure that all Licensed agency staff have completed mandatory education including titled Emergency procedure –	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 6 not reveal a physician order (PO) for [redacted] A review of the care plan (CP) did not reveal a CP for the resident's [redacted], [redacted]. Review of a document titled S[redacted] dated [redacted] indicated that the [redacted] documented "[redacted]" under "[redacted]). A review of Resident #1's closed chart/MR on [redacted] did not include a [redacted]) form in the chart. A review of a nursing PN dated [redacted] at 12:20 AM, signed by LPN #1, indicated that Resident #1 was last seen on [redacted] at 7 PM [redacted] of [redacted] and was given [redacted] medication. Resident #1 was [redacted] at 11 PM by CNA #1. LPN #1 went into the room, checked for [redacted], and "found out the resident [redacted] A review of a nursing PN dated [redacted] at 01:52 AM, signed by LPN #2, indicated at "11:23 PM received report that Resident #1 had [redacted] The outgoing nurse (LPN #1) called the Physician to notify the resident [redacted] Called placed to [redacted] message left for a return call." At 11:40 PM, the supervisor was notified (over the phone) of the resident's status. At 12:50 AM [redacted] was initiated, and family and 911 were called. At 1:00 AM, the police arrived, and [redacted] continued. Further review of a nursing PN dated [redacted] at 3:37 AM signed by the [redacted] indicated at 11:55 PM, he arrived on the unit and was notified the by 3-11 shift nurse (LPN#1) that Resident #1 [redacted]	F 600	Cardiopulmonary resuscitation [redacted] prior to working independently in the facility weekly X4 then monthly X 6 months. The results of the audit will be submitted to QAPI committee for review and Feedback. Responsible Party: Administrator/DON/SW	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 7	F 600		

at 11 PM and the Physician on-call had been notified. The [redacted] documented that Resident #1 was a [redacted]. At that time, the [redacted] noted the resident was [redacted] and had [redacted]. The [redacted] was notified, and [redacted] was initiated at 12:20 AM. The charge nurse (LPN #2) called 911 at 12:50 AM. The [redacted] Resident #1 [redacted] at 1:43 AM on [redacted]

A review of a written employee statement signed by CNA #1 and dated [redacted] revealed on 3/17/23 at 10 PM, CNA #1 indicated Resident #1 was trying to [redacted] and she went to [redacted] the resident's [redacted]. At 11 PM, CNA #1 was notified by Temporary Nursing Assistant (TNA) #1 that Resident #1 was [redacted] CNA #1 checked and confirmed the resident was [redacted], then immediately informed the nurse (LPN #1).

During a telephone interview with the surveyor on 4/26/23 at 10:50 AM, CNA #1 confirmed that when she checked, Resident # 1 was [redacted], not [redacted].

During a telephone interview with the surveyor on 4/24/23 at 1:44 PM, LPN #1 confirmed that he did not initiate [redacted] when he found Resident #1 to be [redacted] on [redacted] at 11 PM because he was trying to figure out the resident's [redacted]. LPN #1 confirmed the resident had [redacted] and was not [redacted] at that time. He explained that the [redacted] form in the resident's chart was blank, and there was no PO for a [redacted]. He continued to explain that he notified the Physician on call only to inform the Physician that Resident #1 had [redacted] so the resident could be [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 8	F 600		

LPN #1 confirmed he did not convey or explain to the Physician that he was unsure of the resident's [redacted], and [redacted] was not initiated despite not having a PO for [redacted]. He continued to state he called the [redacted] and [redacted] on the telephone but could not be reached. Although there was no PO for [redacted], LPN #1 strongly insisted that because the [redacted] form was blank and there was [redacted] written anywhere in the MR, "he would not start [redacted] at all."

A document signed by LPN #1 dated [redacted] inluded a list of education materials covered in the orientation packet provided to LPN #1 on [redacted] The document did not include an orientation/education on policy and procedures for emergency procedure- [redacted]

During a telephone interview with the surveyor on 4/24/23 at 4:07 PM, the [redacted] confirmed he was the night shift (11PM-7AM) [redacted] on [redacted] He stated on [redacted] after 11 PM, he called the facility to inform the nurses he was going to be late, and at that time, the nurse informed him a resident had [redacted] The [redacted] explained he did not ask questions because he assumed the resident was not a [redacted] or the [redacted] effort was unsuccessful. When he arrived on the unit, he received reports and asked LPN #1 what Resident #1's [redacted] was. LPN #1 responded, "I think it's not [redacted]" and informed him the Physician had already been notified the resident had [redacted] so that the resident could be [redacted] At that time, he found out there was no PO for [redacted] The [redacted] stated he called the [redacted] on the telephone and was instructed to immediately start [redacted] and call 911. Afterwards, he assessed Resident #1 who was noted to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600		F 600		

Continued From page 9

NJ EX Order. 264b1 NJ EX Order. 264b1, had NJ EX Order. 264b1 and NJ EX Order. 264b1. He began NJ EX Order. 264b1 and instructed the nurse to call 911. The U.S. FOIA (b) (6) was unable to confirm the accuracy of the time NJ EX Orde was initiated in his documentation but stated that it was immediately before 911 was called.

During a telephone interview with the surveyor on 4/24/23 at 5:34 PM, LPN #2 confirmed that she was the night shift nurse on NJ Ex Order. 264. She stated, at around 11:20 PM, LPN #1 reported to her that Resident #1 had NJ Ex Order 26.4 at 11 PM and the Physician had already been notified that the resident NJ Ex Order 26.4(She remembered LPN #1 stating, "Right now, I have a situation; I have a patient that NJ Ex Order 26.4(b) LPN #1 told her to call the RP and the NJ Ex Order 26.4(b)(1). At that time, there was no NJ Ex Order 26.4(b)(1) listed on the resident's chart, so she called the U.S. FOIA (on the telephone and left a message. LPN #2 was unable to recall if NJ Ex Orde was started at 12:20 AM but confirmed that the U.S. FOIA (b) (6 NJ Ex Order 26.4(b)(1) and instructed her to call 911 after they spoke with the U.S. FOIA which was immediately before 12:50 AM.

During an interview with the surveyor on 4/24/23 at 2:14 PM, the NJ Ex Order 26.4(b)(1)) stated Resident #1 was unable to complete the NJ Ex Order 26.4 form due to the resident's NJ Ex Order. 264b1 The NJ Ex Order 26.4 form was discussed and mailed to the family member/Responsible Party (RP), but the form was never completed. The U.S. F was unable to explain why a follow discussion about the NJ Ex Order 26.4 with the RP did not occur. She confirmed that Resident #1's NJ Ex Orde was a NJ Ex Order. 264b1 since the NJ Ex Order 26.4 form was never completed, and there was no PO for NJ Ex Orde.

During a telephone interview with the surveyor on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 10 4/26/23 at 11:20 AM, the U.S. FOIA (b) (6)) confirmed she completed the [redacted] on [redacted] which indicated [redacted] under AD. She stated that a [redacted] form is not mandatory, but the resident or the RP is encouraged to complete the form. She continued to state that Resident #1 was a [redacted] since the [redacted] form was blank and there was no PO for [redacted] During a telephone interview with the surveyor on 4/25/23 at 11:33 AM, Resident #1's Physician stated that on [redacted] unknown time, the on-call Physician emailed him that Resident #1 had [redacted] The Physician explained that he expected the nurses to call him or the clinician on-call for changes in the resident's condition so they can make clinical decisions based on the nurse's assessment. He stated the nurse should have informed the Physician on-call about the unclear [redacted] of the resident. However, the Physician agreed that if there was no PO for [redacted], the resident was a [redacted]. Review of a witness statement document dated [redacted] signed by the [redacted] revealed that she received a telephone call at 12:42 AM from LPN #2 and [redacted] about Resident #1. It was indicated that she was notified the resident had [redacted] during 3PM-11PM shift and there was no [redacted] listed on the chart. The [redacted] indicated the [redacted] explained that Resident #1 was identified as a [redacted] and [redacted] was initiated. The [redacted] asked if he should [redacted] Resident #1 or move forward doing the [redacted] because the on-call Physician had already been notified of the time the resident [redacted] The document further revealed that the [redacted] instructed the [redacted] to initiate a [redacted] and call 911.	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 11 During a telephone interview with the surveyor on 4/27/23 at 11:22 AM, The [U.S. FOIA] explained that she received a voicemail telephone message from LPN #2 at approximately 12:20 AM that Resident #1 had [NJ Ex Order 26.4] and did not have a [NJ Ex Order 26.4(b)(1)] listed on the chart. She later spoke with LPN #2 and [U.S. FOIA (b) (6)] on the telephone at approximately 12:42 AM. The [U.S. FOIA] stated that the [U.S. FOIA (b) (6)] explained what had transpired and informed her that Resident #1 was [NJ Ex Order 26.4(b)]. She then instructed the [U.S. FOIA (b) (6)] to initiate [NJ Ex Orde] and call 911 immediately. The [U.S. FOIA] continued to state that LPN #1 should have conveyed to the physician he was unsure of Resident #1's [NJ Ex Orde] She acknowledged that Resident #1 should have been [NJ Ex Order 26.4(b)(1)] immediately and emergency protocol should have been followed since there was no PO for [NJ Ex Orde]. During an interview with the surveyor on 4/27/23 at 10:54 AM, the U.S. FOIA (b) (6)) stated that she would approve agency nurses to work for the facility if they meet the facility's credentialing and [NJ Ex Orde] certification requirements. Afterwards, the newly assigned agency nurses are provided orientation which included education materials either through an online link or a packet that is handed to them on their first day. The agency nurses are required to submit the signed acknowledgement for the receipt and understanding of the orientation/education packet to the [U.S. FOIA (b)] or the shift supervisor prior to start. During a follow up interview with the surveyor on 4/27/23 at 1:11 PM, the [U.S. FOIA (b)] confirmed that the process for hiring agency nurses explained by the [U.S. FO] was accurate. The [U.S. FOIA (b)] explained that she verbally educates newly assigned agency nurses	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 12 on emergency procedures, NJ Ex Order NJ Ex Order 26.4(and NJ Ex Order 26.4(b)(1) before they start. However, she was unable to provide documentation that the education was provided to LPN #1. A review of the facility's undated policy titled "Emergency Procedure-NJ EX Order. 264b1 included but was not limited to the following: Under "Guidelines" it was indicated that 4. The chances of surviving SCA (sudden cardiac arrest) may be increased if NJ EX Orde is initiated immediately ...5. Early delivery of a shock with a defibrillator plus NJ EX NJ E ...can further increase chances of survival. 6. If an individual (resident, visitor ...) is found unresponsive and not breathing normally, a licensed staff member who is certified in C NJ EX Order. 264b shall initiate NJ EX Orde unless: a. it is known that a NJ EX Orde order ...there are obvious signs of irreversible death (e.g., rigor mortis). 7. If the resident's NJ EX Orde status is unclear, NJ EX Orde will be initiated until it is determined that there is NJ EX Orde ...Under "Emergency Procedure - Cardiopulmonary Resuscitation" it was indicated that. 1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin NJ BLI EX O a. Instruct staff member to activate the emergency response system (code) and call 911. b. Instruct staff member to retrieve the automatic external defibrillator. c. Verify or instruct a staff member to verify the NJ EX Orde or NJ EX Order. 264b1 ...d. Initiate NJ EX Orde ... A review of the facility's undated policy titled "Advance Directives" included but was not limited to the following: Under "Policy Statement" it was indicated that Advance directive are honored in accordance with the state law and facility policy. Under "Refusing or Requesting Treatment" it was	F 600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 600	Continued From page 13 indicated that 1. The resident had the right to refuse medical or surgical treatment whether he or she has and advance directive. a. A resident will not be treated against his or her own wishes. NJAC 8:39-27.1(a) NJAC 8:39-4.1(31)iii NJAC 8:39-9.6(g)	F 600		
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Complaint #NJ 00163449 Based on interviews and review of the medical records (MRs) and other facility documentation on 4/24/23 and 4/27/23, it was determined the facility failed to immediately initiate NJ EX Order. 264b1 (an emergency NJ EX Order. 26 NJ procedure performed when the NJ EX Order. 264b1) and activate their emergency response system (ERS) which includes calling 911, notify other staff by announcing the emergency code, and retrieving the NJ Ex Order 26.4(b)(1) the NJ EX Order. 264b1 NJ EX Order. 264b1) when Resident #1 who was a NJ EX Order. 264b NJ EX NJ EX Order. 264b1 measures should be taken if the NJ EX Order. 264b1) and did not have a physician order (PO) for NJ EX Order. 26) was NJ EX Order. 264b1 and without a NJ EX Order. 264b1 in bed. This was	F 678	Past noncompliance: no plan of correction required.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 14	F 678		

not in accordance with their policy for Emergency Procedure [NJ EX Or]R and the [NJ EX Order. 264b1]) and the [NJ EX Order. 264b1] guidelines for Healthcare Providers.

Resident #1 was admitted to the facility on [NJ Ex Order 26.4(] with diagnoses that included but were not limited to [NJ EX Order. 264b1] According to documentation and interviews, the facility did not immediately perform [NJ EX Orde] or activate their ERS due to not having an order for a [NJ EX Order. 264b] or [NJ EX Order] in the MR when Resident #1, who was a [NJ EX Order. 264b] and without a PO for [NJ EX Order] was [NJ EX Order. 264b1] on [NJ EX Order. 264] at 11:00 PM. Resident #1 was last seen [NJ EX Order. 264b1], trying to [NJ EX Order. 264b1] an [NJ EX Order. 264b1] by Certified Nursing Assistant (CNA) #1. At that time, CNA #1 repositioned the resident in bed. At 11:00 PM, CNA #1 notified the Licensed Practical Nurse (LPN) #1, the resident was [NJ EX Order. 264b1]" LPN #1, a [NJ Exec Order 26.4b1] nurse, went in the room, checked for [NJ EX Order. 264b1] and "found out the resident [NJ Ex Order 26.4(b] LPN #1 confirmed during a telephone interview on 4/24/23 at 1:44 PM he was certified in [NJ EX Orde] and did not provide [NJ EX Orde] to Resident #1 because he was trying to figure out the resident's [NJ EX Order. 264b1]. He stated that he did not convey or explain to the Physician that he was unsure of the resident's [NJ EX Order. 264b1]. He called the Physician only to inform that Resident #1 had [NJ Ex Order 26.] so the resident could be [NJ Ex Order 26.4(b)(1)] He confirmed that instead of initiating [NJ EX Orde. 264b], he called the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)]) on the telephone for instructions. However, the [U.S. FOIA] and [U.S. FOIA (b)] were unavailable. Although there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 15	F 678		

no PO for [NJ Ex Order] LPN #1 strongly insisted that because the [NJ Ex Order 26.] form was blank and there was no [NJ EX Order. 264b1] written anywhere in the MR, "he would not [NJ Ex Order 26.4(b)(] at all."

The nursing progress notes (PN) indicated that at 11:55 PM, the U.S. FOIA (b) (6) arrived on the unit for the night shift (11PM-7AM) and was notified by LPN #1 that Resident #1 [NJ Exec Order 2] at 11PM. The [U.S. FOIA (b) (6] documented that Resident #1 was a [NJ EX Order. 264b1], [NJ EX Orde] was initiated at 12:20 AM, LPN #2 called 911 at 12:50 AM, and the [NJ Exec Order 26.4b1] and team [NJ Exec Order 26.4b1] Resident #1 [NJ Ex Order 26.] at 01:43 AM. During a telephone interview on 4/24/23 at 4:07 PM, the [U.S. FOIA (b) (6)] stated he called the facility prior to his shift because he was going to be late; and at that time 11-7 shift LPN #2 informed him on the phone the resident had [NJ Ex Order 26.4] and he assumed Resident #1 was not a [NJ EX Order. 264b1] or [NJ EX Order. 264b1] effort was unsuccessful. The [U.S. FOIA (b) (6] explained that when he arrived on the unit, he received reports and asked LPN #1 what Resident #1's [NJ EX Order. 264b1] was. LPN #1 responded, "I think it's not [NJ EX Order. 2] He was also informed that the Physician had already been notified the resident had [NJ Exec Order 26] At that time, the [U.S. FOIA (b) (6] checked the chart to verify Resident #1's [NJ EX Order. 264b1] and confirmed there was no PO for [NJ EX Order] He then called the [U.S. FOIA (b)] who instructed him to initiate [NJ EX Orde] and call 911

An Immediate Jeopardy (IJ) past noncompliance (PNC) began on [NJ EX Order. 264b1] when the facility's failed to initiate [NJ EX Orde] and activate their ERS immediately when Resident #1, who was a [NJ EX] did not have a PO for [NJ EX Order] and was found [NJ EX Order. 264b1], and NJ EX Order. 264b1. This practice placed all residents who are a full

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 16 code or had no accurate code status in the MR at NJ EX Order. 264b1 if found to be NJ EX Order. 264b1 and NJ EX Order. 264b1 The IJ PNC was determined to have existed on NJ EX Order. 264 and there was sufficient evidence that on NJ EX Order. 264b that the facility corrected the noncompliance and was in substantial compliance at the time of the current survey for the specific regulatory requirement. The U.S. FOIA (b) (6) and U.S. FOIA (b) (6)) were informed of the of the past IJ situation on 4/24/23. The deficient practice is evidenced by the following: Reference: NJ EX Order. 264b1 NJ EX "The NJ EX Order. 264b1) publishes guidelines every five years for NJ EX Orde and Emergency NJ EX Order. 264b1 These guidelines reflect global resuscitation science and treatment recommendations. In the guidelines, NJ EX Orde has established evidenced-based decision-making guidelines for initiating NJ EX Orde when cardiac or respiratory arrest occurs in or out of the hospital. The NJ EX Orde urges all potential rescuers to initiate NJ EX Orde unless a valid NJ EX Order. 264b1) order is in place; obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or initiating CPR could cause injury or peril to the rescuer. Prompt emergency activation and initiation of NJ EX Orde requires rapid recognition of cardiac arrest.	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 17	F 678		

A cardiac arrest victim is not responsive. Breathing is absent or is not normal. Consequently, rescuers should start [redacted] immediately if the adult victim is unresponsive and not breathing or not breathing normally."

Reference:
https://www.nj.gov/health/advancedirective/polst/
"The Practitioner Orders for Life Sustaining Treatment (POLST) form enables patients to indicate their preferences regarding life-sustaining treatment. This form, signed by a patient's attending physician, advanced practice nurse or physician's assistant, provides instructions for health care personnel to follow for a range of life-prolonging interventions. This form becomes part of a patient's medical records, following the patient from one healthcare setting to another, including hospital, nursing home or hospice."

1. According to the Admission Record, Resident #1 was admitted to the facility on [redacted]

A Physician's progress notes (PN) dated [redacted] indicated diagnoses which included but were not limited to NJ EX Order. 264b1 [redacted]

A Minimum Data Set (MDS), an assessment tool, dated [redacted], revealed the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated NJ EX Order. 264b1 and the resident required NJ EX Order. 264b1 with NJ Ex Order 26.4(b)(1)).

A review of the Order Summary Report (OSR) did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 18 not include a physician order (PO) for [redacted] A review of the care plan (CP) did not include a CP for the resident's [redacted], [redacted] Review of a document titled Social Service Evaluation (SSE) dated [redacted]3 indicated that the U.S. FOIA (b) (6) documented "[redacted]" under NJ Ex Order 26.4(b)(1)). A review of Resident #1's closed chart/MR on 4/24/23 did not include a NJ Ex Order 26.4(b)(1) [redacted]) form in the chart. A review of the nursing PN dated [redacted] at 12:20 AM, signed by LPN #1, indicated that Resident #1 was last seen on [redacted] at 7 PM complaining of [redacted] and was given [redacted] NJ EX Order. 264b1 [redacted] NJ Ex Order 26.4(b)(1) at 11 PM by CNA #1. LPN #1 went into the room, checked for [redacted] and vital signs, and "found out the resident [redacted] A review of nursing PN dated [redacted] at 01:52 AM, signed by LPN #2, indicated at "11:23 PM received report that Resident #1 had [redacted] The outgoing nurse (LPN #1) called the Physician to notify the resident [redacted] Called placed to [redacted] message left for a return call." At 11:40 PM, the supervisor was notified (over the phone) of the resident's status. At 12:50 AM, [redacted] was initiated, and family and 911 were called. At 1:00 AM, the police arrived, and [redacted] continued. Further review of nursing PN dated [redacted] at 3:37 AM signed by the [redacted] indicated at 11:55 PM, he arrived on the floor and was notified by	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 19	F 678		

3-11 shift nurse (LPN#1) that Resident #1 [redacted] at 11 PM and Physician on-call had been notified. The [redacted] documented that Resident #1 was a [redacted]. At that time, the [redacted] noted the resident was [redacted] and had [redacted] The [redacted] was notified, and [redacted] was initiated at 12:20 AM. The charge nurse (LPN #2) called 911 at 12:50 AM. The [redacted] Resident #1 [redacted] at 1:43 AM on [redacted]

A review of a written employee statement signed by CNA #1 and dated [redacted] revealed on [redacted] at 10 PM, CNA #1 indicated Resident #1 was NJ EX Order. 264b1, and she went to [redacted] the resident's [redacted] At 11 PM, CNA #1 was notified by Temporary Nursing Assistant (TNA) #1 that Resident #1 was [redacted], CNA #1 [redacted] and confirmed the resident was [redacted] then immediately informed the nurse (LPN #1).

During a telephone interview with the surveyor on 4/26/23 at 10:50 AM, CNA #1 confirmed that when she checked, Resident #1 was NJ EX Order. 264b1 and [redacted].

During a telephone interview with the surveyor on 4/24/23 at 1:44 PM, LPN #1 confirmed he did not initiate [redacted] when he found Resident #1 to be [redacted] and [redacted] on [redacted] at 11 PM because he was trying to figure out the resident's [redacted]. LPN #1 confirmed the resident had no [redacted] and was [redacted] at that time. He explained that the [redacted] form in the resident's chart was blank, and there was no PO for a [redacted]. He continued to explain that he notified the Physician on call only to inform Resident #1 had [redacted] so the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 20	F 678		

could be NJ Ex Order 26.4(b)(1). LPN #1 confirmed he did not convey or explain to the Physician he was unsure of the resident's NJ EX Order. 264b1, and NJ EX Order was not initiated despite not having a PO for NJ EX Order. 264b1. He continued to state he called the U.S. FOIA and U.S. FOIA (b) but could not be reached. Although the OSR did not indicate a PO for NJ EX Order. 264b1, LPN #1 strongly insisted that because the NJ Ex Order 26.4 form was blank, there was no clear instructions, so the NJ EX Order. 264b1 was not clear. He added, if a resident NJ EX Order. 264b1 cannot be found despite not having a PO for NJ EX Orde, "he would not start NJ EX Orde at all."

During a telephone interview with the surveyor on 4/24/23 at 4:07 PM, the U.S. FOIA (b) (6) confirmed he was the night shift (11PM-7AM) U.S. FOIA (b) (6) on NJ EX Order. 264. He stated on NJ EX Order. 264 after 11 PM, he called the facility to inform the nurses he was going to be late, and at that time, the nurse informed him a resident had NJ Ex Order 26.4 The U.S. FOIA (b) (6 explained he did not ask questions because he assumed the resident was not a NJ EX Order. 264b or the NJ EX Order. 264b1 effort was unsuccessful. When he arrived, he received report and asked LPN #1 what Resident #1's NJ EX Order. 264b1 was. LPN #1 responded, "I think it's not NJ EX Order" and informed him the Physician had already been notified the resident had NJ Ex Order 26.4 so that the resident could be NJ Ex Order 26.4(b)(1). At that time, he found out there was no PO for NJ EX Order. The U.S. FOIA (b) (6 called the U.S. FOIA for instructions. The U.S. FOIA (b) (6 assessed Resident #1 and was noted to be NJ EX Order. 264b1 to the touch, had NJ EX Order. 264b or NJ EX O, and NJ EX Order. 264b1 pils were non-reactive. He called the U.S. FOIA and started NJ Ex Orde and call 911 after the call.

During a telephone interview with the surveyor on 4/24/23 at 5:34 PM, LPN #2 confirmed that she was the night shift nurse on NJ EX Order. 264b. She stated,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 21	F 678		

at around 11:20 PM, LPN #1 reported to her that Resident #1 had [redacted] at 11 PM and the Physician had already been notified that the resident [redacted] She remembered LPN #1 stating, "Right now, I have a situation; I have a patient that [redacted] LPN #1 told her to call the RP and the [redacted]. At that time, there was no [redacted] listed on the resident's chart, so she called the [redacted] and left a message. LPN #2 agreed that the [redacted] aforementioned interview statement was correct.

During an interview with the surveyor on 4/24/23 at 2:14 PM, the [redacted] stated Resident #1 was unable to complete the [redacted] form due to [redacted]. The [redacted] form was discussed and mailed to the family member/Responsible Party (RP), but the form was never completed. The [redacted] was unable to explain why there was not follow discussion about the [redacted] form with the RP. She confirmed that Resident #1's [redacted] was a [redacted] since the [redacted] form was never completed, and there was no PO [redacted].

During a telephone interview with the surveyor on 4/26/23 at 11:20 AM, the [redacted]) confirmed she completed the [redacted] or [redacted] which indicated [redacted] under AD. She stated that a [redacted] form is not mandatory, but the resident or RP is encouraged to complete the form. She continued to state that Resident #1 was a [redacted] since the [redacted] form was blank and there was no PO for [redacted]

During a telephone interview with the surveyor on 4/25/23 at 11:33 AM, Resident #1's Physician stated that on [redacted] unknown time, the on-call Physician emailed him that Resident #1 had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 22	F 678		

NJ Ex Order 26.4 He explained he was not informed that NJ Ex Orde was not provided, or NJ Ex Orde was delayed. The Physician explained that he expects the nurses to call him or the clinician on call for changes in the resident's condition so they can make clinical decisions based on the nurse's assessment. He stated the nurse should have informed the Physician on a call about the unclear NJ Ex Order. 264b(1 of the resident. However, if there was no PO for NJ Ex Orde, the resident was NJ Ex Order. 264b. Additionally, the physician confirmed that signs of NJ Ex Order 26.4(b)(1) can occur a NJ Ex Order 26.4(b)(1), including NJ Ex Order 26.4(b)(1) which were not conveyed to the Physician on-call on NJ Ex Order. 264b.

Review of a witness statement dated NJ Ex Order. 264 signed by the U.S. FOIA (b signed by the indicated that she received a call from at 12:42 AM LPN #2 who reported that Resident #1 NJ Ex Order 26.4 during 3PM-11PM shift. LPN #2 went on to say that no there was no NJ Ex Order 26 listed on the resident's chart and the RP could not be reached. The U.S. FOIA (b) (6 took the phone and explained that Resident #1 NJ Ex Order 26.4 at 11PM and explained that the resident was identified as a NJ Ex Order. 264b and NJ Ex NJ Ex Order was initiated. The U.S. FOIA (b) (6 went on to ask if he should NJ Ex Order 26.4(b)(1) Resident #1 or move forward doing the NJ Ex Orde because the on-call Physician had already been notified of the time the resident NJ Ex Order 26.4(The U.S. FOIA instructed that a NJ Ex Orde be initiated and 911 be called.

During a telephone interview with the surveyor on 4/27/23 at 11:22 AM, The U.S. FOIA explained LPN #2 called and informed her at around 12:20 that Resident #1 had NJ Ex Order 26.4 and did not have a NJ Ex Order 26.4(b)(1) listed on the chart. The U.S. FOIA (b) (6 who was also on the phone explain what had transpired and informed her that Resident #1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 23 NJ Ex Order 26.4(b). She instructed the U.S. FOIA (b) (6) to initiate NJ Ex Orde and call 911 immediately. The U.S. FOIA continued to state that LPN #1 should have conveyed the resident's findings when he notified the Physician because LPNs are not permitted to pronounce the resident's NJ Exec Orde The U.S. FOIA acknowledged that LPN #1 should have initiated NJ EX Orde immediately and activated the ERS upon confirming there was no PO for NJ EX Order During an interview with the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) on 4/24/23 at 6:19 PM, they both stated that nurses and CNAs who are NJ EX Orde certified are expected to immediately start NJ EX Order and activate 911 if a resident is a NJ EX Order. 264b and found U NJ EX Order. 264b1 NJ EX Order. 264b1 and NJ EX Order. 264b1. They both confirmed that if there was no PO for NJ Ex Orde or a NJ EX Order 264 form indicating NJ EX Order, the resident is a NJ EX NJ EX Order The U.S. FOIA (b) confirmed LPN #1 did not follow the facility's policy for Emergency Procedure - NJ EX Order. 264b1 and should have initiated NJ EX Orde and activate 911 immediately. A review of the facility's undated policy titled "Emergency Procedure- NJ EX Order. 264b1 y NJ EX Order. 264b1 NJ EX included but was not limited to the following: Under "Guidelines" it was indicated that "4. The chances of surviving SCA (sudden cardiac arrest) may be increased if NJ EX Orde is initiated immediately...5. Early delivery of a shock with a NJ EX Order. 264b1 r plus NJ EX Order ..can further increase chances of survival. 6. If an individual (resident, visitor...) is NJ EX Order. 264b1 , a licensed staff member who is certified in NJ EX Order. 26NJ EX shall initiate NJ EX Orde unless: a. it is known that a NJ EX O R order ...there are obvious signs of irreversible death (e.g., rigor mortis). 7. If the resident's NJ EX Orde status is unclear, NJ EX Orde will be	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 24	F 678		

initiated until it is determined that there is DNR..." It was indicted under "Emergency Procedure-NJ EX Order. 264b1, 1. If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin[NJ EX Order]. a. Instruct staff member to activate the emergency response system (code) and call 911. b. Instruct staff member to retrieve the automatic external defibrillator. c. Verify or instruct a staff member to verify the[NJ EX O] or[NJ EX Order. 264b1]...d. Initiate[NJ EX Ord]..."

A review of the facility's undated policy titled "Advance Directives" included but was not limited to the following: Under "Policy Statement" it was indicated that Advance directive are honored in accordance with the state law and facility policy. Under "Refusing or Requesting Treatment" it was indicated that 1. The resident had the right to refuse medical or surgical treatment whether he or she has and advance directive. a. A resident will not be treated against his or her own wishes.

On 4/24/23 at 9:44 PM, the facility provided a copy of the corrective action that was implemented which began on[NJ EX Order 26] Review of the plan revealed the following:

The facility reported the incident to the U.S. FOIA (b) (6) office and concluded their investigation on[NJ EX Order. 264b]

The "Investigation Report" included the timeline of the incident and witness statements obtained from the staff.

Review of the statements from TNA #1, CNA #1, LPN #2,[U.S. FOIA (b) (6)], and the[U.S. FOIA] revealed that each staff member provided a signed and dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 25 witness statements. On [redacted] the facility reported LPN #1 to the licensing board and was removed from working at the facility. On [redacted], the [redacted] audited the medical records for all residents to ensure [redacted] was documented using [redacted] form, matched the PO in the Electronic MR, and will continue this practice with future residents. On [redacted], the [redacted] and [redacted] educated staff which included nursing, social service, dietary, rehabilitation, housekeeping and maintenance on rapid response (Emergency Procedue- [redacted] and following physician's orders and would be ongoing. On [redacted], the [redacted] educated the [redacted] and LPN #2 via telephone on code initiation and [redacted] policy and procedurea and would be ongoing. On [redacted] the facility audited and validated the facility staf[redacted] cards and would be ongoing. On [redacted], agency nurse education packets were updated to include facility [redacted] policy and procedure. All agency nurses were provided the new educations packets. All incoming agency nurses would be povided new education packets. On [redacted], all department heads which included Social Service, Admisssion, Rehabilitation, Housekeeping and Dietary were re-educated on [redacted] and [redacted] policy and procedure. On [redacted], [redacted] protocols and mock code drill performed at the facility and would be ongoing.	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 26 The surveyor reviewed and conducted onsite verification on 4/23/23 and 4/27/23 to confirm the facility had implemented all components of the corrective plan of action. After conducting records review and interviews, it was determined the facility implemented their corrective plan and the deficient practice was corrected on [redacted] prior to the survey. Review of the employee education attendance record (EEAR) dated [redacted] revealed that the [redacted] and LPN #2 received education by telephone on facility's policy and procedure for emergency procedure and [redacted]. Review of the EEAR dated [redacted], and [redacted] revealed that nursing staff received education on facility's policy and procedure for emergency procedure and [redacted] and [redacted] on who can [redacted] when a resident [redacted] Review of the EEAR dated [redacted] revealed that department heads received education on facility's policy and procedure for emergency procedure and [redacted] Review of the EEAR dated [redacted] revealed that a mock drill in-service for all facility staff was performed at 2:20 PM and 6:30 PM and an in-service on [redacted] and [redacted] drill. Review of the agency nursing staff education packet included [redacted] certification requirements, information on facility sponsored [redacted] classes, and emergency response procedures. During the survey, the surveyor verified the validity of nursing staff [redacted] certifications.	F 678		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315120	A. BUILDING _____ B. WING _____	C 04/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	415 SOUTHERN BLVD CHATHAM, NJ 07928

(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 678	Continued From page 27 During the survey, the surveyor verified that the resident charts were audited and [NJ Ex Order 26.] forms ([NJ Exec Ord] form) were placed in front of the charts with the resident's [NJ Exec O] status. The surveyor verified that the [U.S. FOIA (b) (6)] LPN #2, CNA #1, and TNA #1 received education on [NJ EX Orde] [NJ EX Order] and [NJ EX Orde] protocols. During a telephone interview with the surveyor on 4/24/23 at 5:34 PM, LPN #2 confirmed she received education on code status and [NJ EX Orde] protocols. During an interview with the surveyor on 4/24/23 at 3:10 PM, the [U.S. FOIA (b) (6)] stated that after the incident she was educated on resident [NJ E]ode [NJ EX Order], emergency procedures, and [NJ EX Orde] protocols. During an interview with the surveyor on 4/24/23 at 3:41 PM, RN #1 explained that she received education and attended a [NJ EX Order 26.4(b)]. She explained the process for identifying [NJ EX Order. 264b1] [NJ EX Ord], and emergency procedures. During an interview with the surveyor on 4/24/23 at 8:55 PM, LPN #3 and CNA #2 stated they both received in-service on [NJ EX Order. 264b1], [NJ EX Orde], and emergency procedures. NJAC 8:39-27.1(a) NJAC 8:39-4.1(31) iii NJAC 8:39-9.6 (g)	F 678		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315120 (Y1)	A. Building B. Wing (Y2)	6/19/2023 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATHAM HILLS SUBACUTE CARE CENTER	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 F0600 Reg. # 483.12(a)(1) LSC	Correction Completed 04/27/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
4/27/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO