

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

PRINTED: 09/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315053		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2022	
NAME OF PROVIDER OR SUPPLIER PINE ACRES CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A Recertification Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health. The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 08/22/22 to 08/25/22 Survey Census: 89 Sample Size: 18 Supplemental Sample Size: 1			F 000			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and policy review, the facility failed to ensure staff followed sanitation procedures for			F 812	What corrective actions will be accomplished for those residents found to have been affected by the deficient		9/29/22

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

TITLE

(X6) DATE

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09/29/2022

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 812	<p>Continued From page 1</p> <p>the sanitizing of dishware through the dishwasher and failed to label and date residents' food and monitor the freezer temperatures for the residents' refrigerators located at the nursing stations. These failures had the potential for 86 out of 89 residents to be at risk for food-borne illness (three residents received nutrition via feeding tubes).</p> <p>Findings include:</p> <p>1.The kitchen inspection was conducted on 08/22/22 from 10:42 AM to 11:23 AM. The following observations and interviews revealed the dish machine rinse temperature did not meet the minimum temperature specification of 180 F. Staff did not follow their policy to ensure adequate sanitizing of the dishware:</p> <p>At approximately 10:45 AM, the Dietary Aide (DA) was washing breakfast dishes and indicated the minimum required temperatures were 150 degrees F for wash and 180 degrees F for rinse as she pointed to the dish machine instructions that were posted on the wall next to the dish machine. The instructions verified minimum wash and rinse temperatures of 150 F and 180 F. The wash temperature exceeded the requirement at 165 F; however, the rinse temperature was too low at 169 F, verified by the DA. A second cycle was observed, and the rinse temperature reached 170 F. Although the rinse temperature was not hot enough, DA1 and a second dietary staff continued to wash dishes.</p> <p>At approximately 11:10 AM, the Dietary Director (DD) stated they had been having issues with the dish machine lately. DA and a second staff member had been washing dishes continuously</p>	F 812	<p>practice.</p> <p>-Dietary Director, educated on the proper policies and procedures when utilizing the dish machine.</p> <p>-All Open and undated items were Disposed of.</p> <p>-Temperature of Freezer's were taken.</p> <p>-Temperature Logs were revamped to include freezers.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>-All residents have the potential to be affected.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>-All Dietary staff were in serviced on the proper policies and procedures when utilizing the dish machine, should the temp drop below the required temp of 180, Turn off the booster and activate the chemical sanitizer making it a Low Temp wash.</p> <p>-All nurses in-serviced on proper food storage & labeling, dating, and maintaining cleanliness of the patients refrigerator/freezer daily, and taking and documenting daily temps of the Refrigerator and Freezer.</p> <p>-Administrator/designee will review the daily temp logs weekly x 4 then monthly for 3 months and quarterly thereafter.</p>		

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F 812	<p>Continued From page 2</p> <p>since 10:45 AM. The DD and the surveyor watched a cycle of dish washing and the DD verified a maximum rinse temperature of 170 F. The DD showed the surveyor the dish machine log and temperatures of 170 were recorded for rinse the day before (08/21/22) for both breakfast and lunch. A temperature of 180 was recorded for dinner on 08/21/22. The DD stated she should have been notified, but had not been, of the rinse temperatures of 170 on 08/21/22 for breakfast and lunch and the low temperature that morning. A fourth cycle of dishwashing was observed with the DD and the rinse temperature continued to be 170 F. The DD stated she thought 170 F for rinse was acceptable to sanitize the dishes and staff continued to use the machine.</p> <p>During an interview on 08/22/22 at 12:30 PM, the Administrator stated he had not been informed the dish machine rinse temperature was not reaching the minimum required temperature. The Administrator stated the machine could be run with chemical sanitizer if it was not meeting the minimum required temperatures.</p> <p>During an interview on 08/22/22 at 12:41 PM, the Administrator stated dietary staff would not use the machine and would serve lunch on disposable dishware for lunch until the machine was serviced.</p> <p>During observation of the second floor on 08/22/22 at 1:21 PM, two carts with used dishes from lunch were observed. Most residents had finished eating. There were regular ceramic plates and plastic bowls, coffee cups, and regular silverware observed on the trays. Disposable dishware was not observed on any of the trays on the second floor.</p>	F 812	<p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change.</p> <p>-The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.</p>		

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F 812	<p>Continued From page 3</p> <p>During observations of the third floor on 08/22/22 at 01:31 PM, residents were served on both disposable and regular dishware, approximately half the residents on disposable and half with regular dishware. During an interview, the Infection Preventionist (IP) contacted the kitchen to find out why some residents were served on disposable and some on regular dishware and reported disposable dishware was being used because the dishwasher was broken. The IP verified residents on the third floor had been served on both disposable and regular dishware.</p> <p>During observations of the first floor on 08/22/22 at 1:43 PM, the cart with residents' used meal trays was in the dining/activity room outside the kitchen entrance. All trays contained regular dishware; no disposable dishware was observed.</p> <p>During an interview 08/22/22 at approximately 2:30 PM, the Corporate Food Service Director stated the booster on the dish machine (which heated the water) was now working following a repair being made on the dish machine after lunch. He stated the policy was if the machine was not working properly, staff were to call the service provider and they generally came quickly. He stated if the machine was not working properly, meals should be served on disposable dishware.</p> <p>Review of the dish machine service "Invoice" dated 08/22/22 and provided by the facility revealed, "The booster is not hitting temp [temperature] even after we fixed it last month. Tech Notes: Worked on booster. I put thermostat on higher temp and checked all 3 legs. It was working fine ..."</p>	F 812			

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F 812	<p>Continued From page 4</p> <p>Review of the facility's policy titled, "Dish Machine Operation" dated 11/21/21 revealed, "High Temperature Dish Machine: Use hot water to clean and sanitize ... If water is not hot enough it will not sanitize Final rinse temperature must reach at least 180 [degrees Fahrenheit (F)] If the temperature drops the technician and chemical company are contacted If it is not repaired before the following meal the procedure is as follows: Turn off the booster and activate the chemical sanitizer making it a Low Temp If the above option is not available, meals will be served on disposable until repairs are completed ..."</p> <p>2. Review of an undated typed document attached to the residents' refrigerators at the nursing stations on all resident floors (first, second, and third) titled "72 Hour Rotation" read, "All incoming food items once opened for freshly made must be dated and labeled with the resident's name and room number. These items must be discarded after 3 days. If take out is delivered on the 6th, it can only be consumed/used till the end of the 8th and then thrown away. An exception to this rule would be purchase dressings, sauces, and mayonnaise. These items have 30 days. Items with their own expiration date are only acceptable while they are sealed."</p> <p>Observation of the residents' second floor refrigerator/freezer at the nursing station on 08/23/22 at 3:46 PM, revealed the log for recording temperatures measured the refrigerator temperature only. The freezer temperature was</p>	F 812			

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F 812	<p>Continued From page 5 not monitored.</p> <p>Observation of the residents' third floor refrigerator/freezer on 08/23/22 at 3:52 PM revealed the log for recording temperatures measured the refrigerator temperature only. The freezer temperature was not monitored. In addition, numerous food items were not labeled or not labeled properly as follows:</p> <p>One brown paper bag with a restaurant take out container was noted without a name, room number, or date.</p> <p>Two packages of opened cheese were labeled with a room number but no date. One of the bricks of cheese had green spots of mold. Licensed Practical Nurse (LPN)2 verified the presence of the mold on the cheese.</p> <p>One opened package of pepperoni with a room number but no date was noted.</p> <p>A partially used bottle of Italian salad dressing without a name and a date of 04/18.</p> <p>One opened carton of Almond Breeze milk with a room number but no date was noted.</p> <p>An unlabeled and undated sandwich was noted.</p> <p>An opened package of cream cheese with a room number but no date was noted.</p> <p>During an interview with LPN2 on 08/23/22 at 3:54 PM, LPN2 stated, the nurses were supposed to go through the refrigerator once a day and check for expired dates on the food. "" LPN2 stated food could be held three days and stated the night shift nurse was responsible for taking and recording the refrigerator temperature on daily basis. LPN2 confirmed the log only indicated refrigerator temperatures and that the freezer was not being monitored. During an interview on 08/23/22 at 3:56 PM, Unit Manager</p>	F 812			

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F 812	<p>Continued From page 6</p> <p>(UM)2 of the third floor, stated food was not allowed to remain in the refrigerator past three days. UM2 verified the presence of unlabeled food items in the refrigerator and stated the labels should include the date the foods were placed in the refrigerator.</p> <p>Observation of the residents' first floor refrigerator/freezer on 08/23/22 at 4:05 PM revealed the log for recording temperatures measured the refrigerator temperature only. The freezer temperatures were not being monitored.. Inside the refrigerator was a cup of fruit in a disposable cup with lid with a room number but no date. There was also a sandwich wrapped in paper that that had no label. UM1 stated the sandwich and fruit should have labels with the date the items went into the refrigerator and the resident's name or room number.</p> <p>During an observation of the residents' refrigerators on 08/24/22 at 10:05 AM, the Corporate Food Service Director (CFSD) stated he conducted monthly audits of the refrigerators on the floor and had identified issues with labeling and dating the residents' foods. The CFSD stated staff should be monitoring and recording both refrigerator and freezer temperatures.</p> <p>During an interview on 08/24/22 at 1:37 PM, the Housekeeper stated he cleaned the residents' refrigerators on all three floors every Tuesday. He stated, he would notify the UM if food was expired based on the date. The Housekeeper stated nursing staff were responsible for disposing of expired food.</p> <p>During an interview on 08/25/22 at 9:48 AM, the</p>	F 812			

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F 812	<p>Continued From page 7</p> <p>Administrator stated cleaning the refrigerator was the responsibility of housekeeping and managing residents' food including disposing of expired food was the responsibility of nursing staff. The Administrator stated he had been notified of issues regarding labeling and dating food in residents' refrigerators by the Corporate Food Service Director.</p> <p>Review of the facility's policy titled, "Storage and Use of Food and Beverage Brought in for Residents" dated February 2022 revealed, "Policy: To provide safe and sanitary storage of all foods provided to residents including those provided by family and other visitors. Procedure: 1. Any leftover personal food or food from local restaurants that enters the facility by family members or visitors will be brought to the nursing station for safe storage. 2. Food that requires refrigeration or freezing will be labeled by facility employees or family members in a sealed food container. The label will include the date it was brought into the facility and name/room number of the resident who is to receive the food item. 3. Leftover foods will be used within 3 days or discarded. 4 All refrigerator and freezer temperatures will be checked daily and recorded on temperature log to ensure within desirable range ..."</p> <p>Review of the facility's policy titled "Refrigerators" dated 12/18/19 revealed, "This facility will ensure safe refrigerator maintenance temperatures, and sanitation, and will observe food expiration guidelines ... Nursing employees will check and record refrigerator temperatures daily ... All food shall be appropriately dated to ensure proper rotation by expiration dates ... Supervisors will be responsible for ensuring food items in pantry</p>	F 812			

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F 812	Continued From page 8 refrigerators are not expired or past perish dates ..."	F 812			
F 814 SS=F	NJAC 8:39-17.2(g) Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the dumpster area was maintained in a sanitary manner on two of two days in which a significant amount of garbage was on the ground around the dumpster creating the potential for harborage of pests. Findings include: 1. During the initial dietary inspection on 08/22/22 from 10:42 AM - 11:23 AM, the dumpster area revealed two dumpsters on a concrete pad located next to a parking area. The dumpsters lids were closed; however, there were approximately 30 pieces of garbage on the concrete pad behind the dumpsters and in the grass adjacent to the dumpster extending approximately 25 feet in front of four parked cars. The garbage consisted of used latex gloves, disposable face masks, plastic cups, paper debris, plastic bottles and lids, cans, cardboard pieces, and a gallon jug of a cleaning product. 2. A second observation of the dumpster area was made on 8/24/22 at 10:01 AM with the Corporate Food Service Director (CFSD). The dumpster lids remained closed with masks,	F 814	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. -Housekeeping/Maintenance/Dietary Directors were all in serviced on the importance of ensuring cleanliness at the site of the dumpsters at all times. -All garbage was properly Disposed of. 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. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. -The dietary, Housekeeping and maintenance departments were educated on the importance of ensuring cleanliness at the site of the dumpsters at all times. -The Dietary dept will ensure daily checks are completed and documented on a log.	8/29/22	

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F 814	<p>Continued From page 9</p> <p>gloves, plastic debris, cups, bottles, paper, cardboard, and an empty gallon of a chemical located on the concrete behind the dumpster and in the grass in front of four parked cars. The CFSD indicated the area was not sanitary and stated it needed to be cleaned up. The Food Service Director stated he was not sure who was responsible for maintaining the area.</p> <p>3. A third observation of the dumpster area was made on 8/24/22 at 1:37 PM with the Housekeeper. There was a piece of broken glass, a half and half container, a few plastic pieces, and a few pieces of paper/cardboard behind the dumpster on the concrete and in the grass in front of the parked cars. The Housekeeper stated, "Normally we clean it up when we see it. It is not scheduled."</p> <p>4. During an interview on 08/25/22 at 8:52 AM, the Administrator stated the housekeeping department was responsible for maintenance of the dumpster area including cleanliness. He stated there was no facility policy regarding the dumpster area.</p> <p>During a subsequent interview on 08/25/22 at 9:48 AM, the Administrator stated the dumpster area should be free of garbage on the ground.</p> <p>NJAC 8:39-19.3(c)</p>	F 814	<p>- The Administrator Will do monthly audits x 3 and quarterly thereafter.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change.</p> <p>-The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits</p>		

New Jersey Department of Health

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S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on 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: 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	S 560	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. -Staffing Coordinator, educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. -Facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly	8/29/22

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09/29/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061413	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2022
NAME OF PROVIDER OR SUPPLIER PINE ACRES CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>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 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,</p>	S 560	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>-All residents have the potential to be affected.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>-Facility will post job openings on job sites to promote new hires.</p> <p>-We have contracted with multiple agencies to assist with staffing should the need occur.</p> <p>-Staffing coordinator will offer staff the ability to pick up more shifts by placing a pickup shift sheet on the units.</p> <p>-Administrator/designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e. what program will be put into place to monitor the continued effectiveness of the system change.</p> <p>-The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits</p>	

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S 560	<p>Continued From page 2</p> <p>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 8/07/22 and 8/14/22 revealed the following:</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"> -08/07/22 had 8 CNAs for 88 residents on the day shift, required 11 CNAs. -08/08/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs. -08/09/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs. -08/10/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs. -08/11/22 had 9 CNAs for 88 residents on the day shift, required 11 CNAs. -08/12/22 had 8 CNAs for 88 residents on the day shift, required 11 CNAs. -08/13/22 had 10 CNAs for 89 residents on the day shift, required 11 CNAs. -08/14/22 had 9 CNAs for 87 residents on the day shift, required 11 CNAs. -08/15/22 had 19 CNAs for 87 residents on the day shift, required 11 CNAs. -08/16/22 had 9 CNAs for 87 residents on 	S 560		

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NAME OF PROVIDER OR SUPPLIER PINE ACRES CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940		
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S 560	Continued From page 3 the day shift, required 11 CNAs. -08/17/22 had 9 CNAs for 87 residents on the day shift, required 11 CNAs. -08/18/22 had 9 CNAs for 89 residents on the day shift, required 11 CNAs. -08/19/22 had 9 CNAs for 89 residents on the day shift, required 11 CNAs. -08/20/22 had 8 CNAs for 89 residents on the day shift, required 11 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061413	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/25/2022
NAME OF FACILITY PINE ACRES CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 51 MADISON AVE MADISON, NJ 07940	

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	08/29/2022	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	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/26/2022		<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			