STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315361	A. BUILDING _____ B. WING _____	C 03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	**305 OLDHAM ROAD WAYNE, NJ 07470**

(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 Complaint #:NJ171754 Census: 281 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		4/5/24

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

Electronically Signed | 03/26/2024

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

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	315361	A. BUILDING _____ B. WING _____	C 03/01/2024

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F 755	Continued From page 1 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ171754 Based on observation, interview, record review, and review of other facility documentation on 3/1/2024, it was determined that the facility failed to notify and obtain a physician's order to change the form of a medication from liquid to tablets. The Physician order for this medication could not be filled by the Pharmacy because this medication did not come in liquid form. The facility failed to follow its policy titled "Prescribing and Ordering of Medications". The deficient practice was identified for 1 of 4 residents(Resident #2) reviewed for medication administration, and was evidenced by the following deficient practice: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized	F 755	F755, Pharmacy 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #2 was assessed by the US FOIA (b)(6) and transferred to the hospital. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All residents who reside at Preakness Healthcare Center who have medications prescribed and administered have the potential to be affected by the deficient practice. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. Assistant Nursing Supervisors under the direction of the Director of Nursing	

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	315361	A. BUILDING _____ B. WING _____	C 03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	**305 OLDHAM ROAD WAYNE, NJ 07470**

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F 755	Continued From page 2 physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." A review of the Admission Record reflected that the resident was admitted to the facility with diagnoses that included but not limited to [redacted] A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] reflected that the resident's [redacted] skills for daily [redacted] score was [redacted] out of 15, which indicated that the resident was [redacted]. The MDS also revealed the resident had a diagnosis of [redacted]. A review of the resident's Physician Order Sheet (POS) revealed a telephone order dated [redacted]	F 755	audited new medication and/or treatment recommendations for residents from external consultant physician visits for the period February 15, 2024 through March 15, 2024. The audit included a review of consult type, consultant physician new medication and/or treatment recommendations, notification to the attending physician of the consultant□s recommendations, transcription and carrying out of the orders in the format prescribed by the consultant physician, type of physician□s order and documentation in the medical record of the notification to the attending physician and the attending physician□s approved orders. The findings of the audit were presented to the Director of Nursing for review and action and for presentation to the Pharmacy and Therapeutics Committee and Quality Improvement Committee for review and recommendations at the quarterly meeting in April 2024. b. The Assistant Director of Nursing provided mandatory in-service education for all nurses employed or contracted. Topics included transcription of consultants□ recommendations, verification of consult recommendations and prescriptions, obtaining physician orders for changes of format for medications that are not available from the Pharmacy, calling the physician before writing a telephone order or telephone order read back, notifying the physician if a medication is not available. In addition,	

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F 755	Continued From page 3 Another review of the resident's POS dated Ex Order 26.4B1 revealed: Ex Order 26.4B1 Start Ex Order 26.4B1 [redacted] p.m. (TORB (telephone order read back) indicated that RN received the order from the Physician. Review of Resident #2's Ex Order 26.4B1 Medication Administration Record (MAR) revealed the aforementioned order. The MAR also revealed on Ex Order 26.4B1 dose was initialed by the Nurse. During an interview with the Surveyor on Ex Order 26.4B1 Ex Order 26.4B1 the Registered Nurse (RN#1) stated on Ex Order 26.4B1, Resident #2 returned from their Ex Order 26.4B1 appointment with written recommendation for Ex Order 26.4B1 [redacted] further stated the above recommendation was reviewed with the covering US FOIA and faxed to the pharmacy. During the same interview, the Surveyor asked what is the process for a medication that is unavailable at the pharmacy in the form initially ordered by the US FOIA RN #1 stated "if the pharmacy calls and said a medication was unavailable or does not come in the form ordered by the US FOIA the nurse is responsible to call the US FOIA make them aware that the medication is unavailable or does not come in the form ordered. The Surveyor asked if a nurse is allowed to write an order or change the form of a medication without speaking with the US FOIA and the	F 755	the lesson plan was incorporated into the new hire orientation program for nurses and into the medication pass competency assessments for nurses. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. Using the daily Resident Physician Consultation Appointment schedules, Assistant Nursing Supervisors will audit consultant physician recommendations for new medications and/or treatments upon return of the resident from the external consultation appointment. The audit will include a review of consult type, consultant physician new medication and/or treatment recommendations, notification to the attending physician of the consultant□s recommendations, transcription and carrying out of the orders in the format prescribed by the consultant physician, type of physician□s order and documentation in the medical record of the notification to the attending physician and the attending physician□s approved orders. The findings of the daily audits are presented to the Director of Nursing for review and action and for presentation by the Director of Nursing to the Pharmacy and Therapeutics Committee and Quality Improvement Committee for review and recommendations.	

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F 755	Continued From page 4 RN #1 replied "No". During an interview on 3/1/2024 at 1:43 p.m., RN #2 said the above order was unavailable on the morning of Ex Order 26.4B1 during her scheduled work shift. She called the pharmacy to follow up on the delivery and was informed by the U.S. FOIA (b)(6) that the medication was unavailable in the Ex Order 26.4B1 and the order needed to be changed to tablet. She said the U.S. FOIA (b)(6) gave instructions that the order should be written as: Ex Order 26.4B1 [redacted] RN #2 said she wrote a telephone order for the above order and faxed to the pharmacy. When asked if she notified the US FOIA that Ex Order 26.4B1 was unavailable at the pharmacy as previously ordered, RN #2 said "No, I did not call or speak with the US FOIA prior to writing the new order to change the form of Ex Order 26.4B1 Ex Order 26.4B1. "Yes, I should have notified the US FOIA that Ex Order 26.4B1 was unavailable, and as per the NJ Exec Order 26.4B1, U.S. FO, Ex Order 26.4B1 was available in Ex Order 26.4B1. RN #2 continued to state, "I just wanted the resident to have their medication, I did not change the route, dose, or time of the medication, I only change the form from Ex Order 26.4B1." During an interview on 3/1/2024 at 2:54 p.m., the U.S. FOIA (b)(6) [redacted] in the presence of the U.S. FOIA (b)(6) [redacted] stated "a nurse should not change the form of a medication as ordered by the US FOIA A nurse needs a physician's order to change the form of a medication.". He further stated RN #2 should	F 755		

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F 755	Continued From page 5 have called the [redacted] notify him that [redacted] was unavailable in [redacted], and obtain an order to change the order from [redacted]. A review of the facility's "Policy and Procedure Manual Section V: Prescribing and Ordering Medications" under "Policy" revealed: Medications will be dispensed and administered only upon the writing or verbal order by individuals that are legally authorized, duly licensed, and granted clinical privileges by the facility. Under "Procedure" revealed: A. No medications or biological's are dispensed or administered except upon the order of a person lawfully authorized to prescribe for and treat human illness. NJAC 8:39-11.2 (b), 29.2 (d)	F 755		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061617	A. BUILDING: _____ B. WING _____	C 03/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD WAYNE, NJ 07470

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny 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: Complaint #: N J171754 Based on interviews and review of facility documents on 3/1/2024, it was determined that the facility failed to ensure staffing ratios were met for 1 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which	S 560	S560, Mandatory Access to Care 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. No residents were identified. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All residents who reside at Preakness Healthcare Center have the potential to be affected by the deficient practice.	4/5/24

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

Electronically Signed | 03/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD WAYNE, NJ 07470

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S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. 1.For the week of Complaint staffing from 2/18/2024 to 2/24/2024, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: On 02/18/24 had 33 CNAs for 274 residents on the day shift, required at least 34 CNAs.	S 560	3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. The Executive Director, the Director of Nursing and Assistant Director of Nursing monitor certified nursing assistant staffing ratios and will continue to augment certified nursing assistant staffing levels by retaining agency certified nursing assistant staff and offering additional shifts and overtime to employed certified nursing assistant staff. b. Resident census and nursing staffing including certified nursing assistant staff schedules are reviewed daily by the Director of Nursing/designee to monitor certified nursing assistant staff to resident ratios. Assignments are reviewed to assure residents requiring total assistance are not all on one assignment. c. Preakness Healthcare Center has contracts with twelve staffing agencies to provide nursing staff including certified nursing assistants. Staffing agencies will continue to be contacted to fill vacant certified nursing assistant positions while the Executive Director continues to advertise to hire certified nursing assistants. d. Employment applications are available at the entrance Security desk and on the Passaic County/Preakness Healthcare Center website to ensure individuals looking for employment as certified nursing assistants can be provided with an application immediately and an interview	

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S 560	Continued From page 2	S 560	scheduled. e. The Staffing Coordinator will establish a pool of certified nursing assistants who are willing/available to fill in the vacant shifts in the event of call-outs by certified nursing assistants. f. The Executive Director will continue to use digital, social and print media and to assign staff to attend job fairs and community events with Passaic County Human Resources personnel to recruit certified nursing assistants. g. The Executive Director will continue to work with Passaic County Human Resources Director to review staffing levels and recruitment efforts. h. The Executive Director will continue to work with Passaic County Procurement Director to issue Requests for Qualification to expand the pool of staffing agency providers for certified nursing assistants. i. The Executive Director, Director of Nursing, Assistant Director of Nursing and Staffing Coordinator will continue to meet on a weekly basis to review certified nursing assistant staffing levels for the next days, the next weeks, vacant positions, agency staff availability and recruitment efforts. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur?	

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S 560	Continued From page 3	S 560	a. Staffing levels of certified nursing assistants and recruitment efforts are reviewed by the Executive Director and the Director of Passaic County Human Resources. Staffing levels including compliance with PL 2020 c112 NJSA 30:13-18, vacancy rates and trends of certified nursing assistants will be reported by the Executive Director quarterly to the Quality Improvement Committee for review and recommendations.	

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
315361 Y1	A. Building B. Wing Y2	4/5/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD WAYNE, NJ 07470

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 F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/05/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/1/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061617 Y1	A. Building B. Wing Y2	4/5/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PREAKNESS HEALTHCARE CENTER	305 OLDHAM ROAD WAYNE, NJ 07470

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	04/05/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	
3/1/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO