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 09/08/2023

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 A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B. Survey Dates: 09/04/23 - 09/08/23 Survey Census: 267 Sample Size: 46 Supplemental Residents: 21 One deficiency was related to Intake #NJ157711, NJ159758, NJ162870, NJ162871 at F609. No deficiencies were issued related to Intakes: NJ154357 NJ161956 NJ166692 NJ161111 NJ162347	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or	F 550		10/6/23

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

Electronically Signed | 09/29/2023

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.

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F 550	Continued From page 1 her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure that one (Resident (R) 218) of 34 sampled residents were treated with [redacted] and [redacted] by providing care in a manner to enhance R218's [redacted]. Findings include: During an interview with R218 on 09/04/23 at	F 550	F550, Resident Rights 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #218 reported to the surveyor on September 4, 2023 that back in the [redacted] NJ Ex Order 26.4b1	

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F 550	Continued From page 2 10:50 AM, NJ Exec said that on the night shift back in the NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 R218 said that staff took 30 minutes to answer the call light. R218 said that this made NJ Ex Order 26.4b1 R218 NJ Ex Order 26.4b1 . NJ Exec Order 26.4b1 said that mainly on the 3-11 shift staff NJ Ex Order 26.4b1 throughout the shift until 8:30 PM when the staff lay NJ Exec down for the night. R218 said that this makes NJ Exec feel NJ Ex Order 26.4b1 R218 said that NJ Ex O Continued interview revealed R218 said this past Friday NJ Ex Order 26.4b1 an US FOIA (b)(6) worked on the 7-3 shift and forgot to give R218 NJ Exec NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. R218 said that the agency nurse had a NJ Ex Order 26.4b1, putting NJ Exec off to another staff member who never gave NJ Exec the medication. NJ Ex Order said that this made NJ Exec NJ Ex Order 26.4b1, I am a resident too and "NJ Exec Order 26.4b1." R218 indicated that these concerns have been addressed with the US FOIA (B) (6). Review of R218's facility provided "Face Sheet" revealed that R218 was NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 with a diagnosis including NJ Ex Order 26.4b1 Review of R218's Quarterly "Minimum Data Set (MDS)" assessment, with Assessment Reference Date NJ Ex Order 26.4b1 revealed R218 had a "Brief Interview for Mental Status (BIMS)" of NJ Ex out of 15, which indicated R218 was NJ Ex Order 26.4b1 for interview. Continued review revealed that R218 had NJ Ex Order 26.4b1 .	F 550	and it took 30 minutes for staff to answer the call light. The resident did not provide any specific information regarding date or time to the surveyor that could be reviewed or verified by the facility. A care plan was developed for resident #218 for staff on the 3 pm to 11 pm schedule to NJ Ex Order 26.4b1 to resident #218 and to encourage resident #218 NJ Ex Order 26.4b1 Nurses and CNAs who provide care to resident #218 were educated on the care plan. b. Resident #218 reported to the surveyor on NJ Ex Order 26.4b1 that on NJ Ex Order 26.4b1 an agency nurse worked on the 7 □ 3 shift and forgot to give her NJ Exec Order 26.4b1. Resident NJ Ex Orde NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 at 6:30 pm. The Medication Administration Record was reviewed for resident #218 for NJ Ex Order 26.4b1 As documented on the Medication Administration Record, resident #218 NJ Ex Order 26.4b1, NJ Ex Orde at 6:00 am and NJ Ex Order 26.4b1 NJ Ex Order 26.4 at 6:30 pm on NJ Ex Order 26.4b1 as per physician order. On NJ Exec Order 26.4b1 NJ Ex Order 26.4b1, at 7:02 pm, resident #218 wrote an email to the US FOIA (b)(6) that did not want the US FOIA (b)(6) to administer NJ Exec Order 26.4b1 anymore going forward. A care plan for resident #218 was developed for NJ Ex Order 26.4b1 .	

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F 550	Continued From page 3 Review of R218's facility provided "Progress Notes" indicated NJ Ex Order 26.4b1. Review of R218's facility provided "Care Plan" indicated NJ Ex Order 26.4b1 Interview with the US FOIA (B) (6) on 09/07/23 at 2:38 PM, said that all residents should be treated with NJ Exec Order and NJ Exec Order 26 indicating that NJ Exec Order is taken very seriously at the facility. Review of facility policy titled, "Resident Rights," revised 01/30/18, revealed, "It is the policy of the facility to protect and promote the rights of each resident, particularly those rights that pertain to a dignified existence, self-determination and communication with an access to persons and services within and outside the facility. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his/her rights. The Social Service Department functions as an advocate in protecting the rights of the residents. These rights mean that the residents should have autonomy and choices, to the extent feasible, in determining how they wish to live their everyday lives. Procedures: 1. Each resident and/or representative is informed during the admission process of his/her rights and responsibilities as defined in the Resident's Bill of Rights in accordance with (but not limited to) regulatory requirement which include: -Be informed about what rights and responsibilities he or she has -Exercise his or her rights -Voice grievances/complaints and have the facility respond to those grievances/complaints	F 550	Nurses and CNAs who provide care to resident #218 were educated on the care plan. 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. b. An audit of all complaints recorded as received by the Director of Social Services during the month of September 2023 was conducted by the Executive Director to review any complaints regarding resident dignity and respect, and that action had been taken to address concerns. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. Resident allegations and complaints will continue to be reviewed with discussion of the actions to be taken to resolve the complaints at the weekday Health Service committee meetings chaired by the Executive Director with attendance by the Assistant Executive Director, Director of Nursing, Assistant Director of Nursing, Mental Health Administrator, Director of Social Services, Infection Preventionist, Nurse Practitioner, MDS Coordinator, Clinical Dietitian,	

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F 550	Continued From page 4 -Medical care -Freedom from abuse, neglect, exploitation, and restraints -Finances -Physical and personal environment -Receipt of such information will be acknowledged in writing -Visits and activities -Privacy and confidential treatment -Discharges and transfers -Mail and telephones -To personalize their rooms within safety guidelines -Change in room or roommate." NJAC 8:39-4.1(a)12	F 550	Quality Improvement Coordinator, Director of Rehabilitation, Director of Therapeutic Recreation. b. Staff will continue to receive in-service education regarding resident rights upon hire and annually during MIST (Mandatory Inservice Training). c. The Director of Social Services will continue to record complaints and resolutions of the complaints, and review trends for discussion at the weekday Health Services committee meetings and report to the Quality Improvement Committee. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Executive Director will report the findings from the audit of any complaints regarding dignity and respect, and actions taken during September 2023 to the Quality Improvement Committee. b. The Director of Social Services will continue to report the complaints and resolutions to complaints, including resident rights quarterly to the Quality Improvement Committee.	
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including	F 584		10/6/23

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F 584	Continued From page 5 but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record	F 584	F584, Safe/Clean/Comfortable/Homelike	

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F 584	Continued From page 6 review, the facility failed to ensure that NJ Exec O [redacted] were maintained in a sanitary manner for three (Residents (R) 51, R160 and R203) of 34 sampled residents. Findings include: 1. Review of R51's facility provided "Face Sheet" revealed that R51 was admitted to the facility on NJ Ex Order 26.4b1 with a diagnosis including NJ Ex Order 26.4b1 [redacted] Review of facility provided "Physician Orders" for NJ Ex Order 26.4b1 revealed R51 was to receive NJ Ex Order 26.4b1 [redacted] During the initial tour of the facility on 09/05/23 between 10:30 AM-12:00 PM, revealed the NJ Ex Ord [redacted] had an unknown cream-colored substance all over the NJ Ex Ord. During an observation on 09/06/23 at 09:10 AM, 12:17 PM and 2:30 PM, R51's NJ Ex Order 26.4b1 had unknown cream-colored unknown substance all over the NJ Ex Ord. During an observation on 09/08/23 at 1:00 PM, R51's NJ Ex Order 26.4b1 had an unknown cream-colored substance all over. During the observation, Registered Nurse (RN) 6 confirmed that the NJ Ex Ord was dirty and should be cleaned by housekeeping; however, if the nurses notice them dirty, then the nurses should clean. 2. Review of R160's facility provided "Face Sheet" revealed that R160 was NJ Ex Order 26.4b1 with a diagnosis NJ Ex Order 26.4b1 [redacted],	F 584	Environment 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. The NJ Ex Order 26.4b1 for resident #51 was replaced with a NJ Ex Order 26.4b1 by the Director of Environmental Services. b. The NJ Ex Order 26.4b1 NJ Ex Ord for resident #160 was cleaned by a Building Maintenance Worker assigned to the unit on which resident #160 resides. c. The NJ Ex Order 26.4b1 for resident #203 was replaced with a NJ Ex Order 26.4b1 by the Director of Environmental Services. d. The Director of Environmental Services provided in-service education regarding maintaining a sanitary environment to the US FOIA (b)(6) [redacted] and Environmental Services Building Maintenance Workers and Building Services Workers staff assigned to the resident unit where residents #51, #160 and #203 reside. 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 with enteral tube feeding nutrition have the potential to be affected by the deficient practice.	

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F 584	Continued From page 7 NJ Ex Order 26.4b1 [redacted] Review of R160's facility provided "Physician Oder's" for NJ Ex Order 26.4b1 revealed R160 was to receive NJ Ex Order 26.4b1 [redacted]." During the initial tour of the facility 09/05/23 between 10:30 AM-12:00 PM, revealed the [redacted] had unknown brunt red colored crusty substance all over the [redacted] and cream-colored unknown substance throughout the [redacted] During an observation on 09/06/23 at 09:00 AM, 12:00 PM, and 2:45 PM, R160's NJ Ex Order 26.4b1 had unknown burnt red colored crusty substance all over the [redacted] and cream-colored unknown substance throughout the [redacted] During an observation and interview on 09/08/23 at 1:04 PM, R160's NJ Ex Order 26.4b1 had unknown burnt red colored crusty substance all over the [redacted] and cream-colored unknown substance throughout the [redacted]. During an interview, RN6 confirmed that the NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, and RN6 indicated that either housekeeping or nursing should clean the [redacted] 3. Review of facility provided "Face Sheet" for R203 revealed R203 was NJ Ex Order 26.4b1 to the facility on NJ Ex Order 26.4b1 with a diagnosis NJ Ex Order 26.4b1 [redacted] Review of facility provided "Physician Orders" for NJ Ex Order 26.4b1 revealed R203 NJ Ex Order 26.4b1 "NJ Ex Order 26.4b1 [redacted]	F 584	b. Using the Residents with Tube Feeding report generated weekly by Clinical Nutrition, the Director of Environmental Services and the Environmental Services Supervisor inspected the feeding pump poles for the twenty-seven residents with enteral nutrition to determine if the poles were maintained in a sanitary manner and took action to address the findings. The inspection findings were presented to the Executive Director for review and action. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. A purchase order was processed for the purchase of twelve poles for feeding pumps to replace poles identified in the inspection of the twenty-seven poles for residents with feeding pumps that should be replaced. b. Mandatory in-service education by the Director of Environmental Services and Inservice Instructor for all Building Maintenance Workers, Building Services Workers and nurses is in progress and will continue until completed. Topics include the primary responsibility of Environmental Services to clean the feeding pump poles and the nurses clean as needed. c. The Quality Control Inspection form was revised to include feeding pump poles. The Director of Environmental	

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F 584	Continued From page 8 NJ Ex Order 26.4b1 start at 6:00 PM, NJ Ex O " During the initial tour of the facility on 09/05/23 between 10:30 AM-12:00 PM, R203's NJ Ex Ord had gray colored tape in the middle and unknown burnt red colored crusty substance and cream-colored unknown substance all over the NJ Ex Or. During observations on 09/06/23 at 09:12 AM, 12:30 PM, and 2:35 PM, R203's NJ Ex Order 26.4b1 had gray colored tape in the middle and unknown brunt red colored crusty substance and cream-colored unknown substance all over the NJ Exec O During observation on 09/08/23 at 1:01 PM, R203's NJ Ex Order 26.4b1 had gray colored tape in the middle and unknown brunt red colored crusty substance and cream-colored unknown substance all over the NJ Exec O During walking rounds with RN6, at the time of the observation, he confirmed the NJ Ex Order 26.4b1 was dirty, indicating that either housekeeping and/or nurses should clean the NJ Ex Order 2 Review of facility provided "Housekeeping Cleaning Sheets" dated July 2023-present revealed indicated no evidence of tube feeding poles being cleaned. NJAC 8:39-4.1(a)11	F 584	Services and the Environmental Services Supervisor will inspect the feeding pump poles of five residents each week and take action to address the findings. The inspection findings will be presented to the Assistant Executive Director for review and action. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Director of Environmental Services will report the results of the inspection of the twenty-seven poles for residents with feeding pumps. b. The Director of Environmental Services will report the results of the weekly inspections of feeding pump poles quarterly to the Infection Prevention Committee and to the Quality Improvement Committee.	
F 609 SS=E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	F 609		10/6/23

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F 609	Continued From page 9 must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: NJ157711, NJ159758, NJ162870, NJ162871 Based on interview, record review, and policy review, the facility failed to ensure [redacted] t and/or the investigations were submitted to the New Jersey Department of Health (NJDOH) within the time limits of the policy and federal regulation for three of seven residents (Resident (R)18, R409, R458) with NJDOH reportable incidents.	F 609	F609, Reporting of Alleged Violations 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #18 reported on [redacted] at approximately 5:00 PM to the US FOIA (b)(6) that a [redacted] who worked on the day shift	

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F 609	Continued From page 10 Findings include: 1. Review of R18's printed "Face Sheet" showed a facility admission date of NJ Ex Order 26.4b1, readmission on NJ Ex Order 26.4b1, with medical diagnoses (from a printed "Diagnosis" list) NJ Ex Order 26.4b1 [redacted] On 09/06/23 at 4:29 PM, a review of a Facility Reported Event (FRE) showed an incident reported by R18 of a nursing assistant NJ Ex Order 26.4b1 [redacted] on NJ Ex Order 26.4b1, however, the report was not sent to the State Agency until NJ Ex Order 26.4b1. During an interview on 09/06/23 at 6:42 PM, the US FOIA (B) (6) confirmed the NJDOH report form (AAS45) for R18 was sent in late. 2. R409 a. During an interview with R218 on 09/04/23 at 10:50 AM, R218 said that NJ Exec witnessed agency NJ Exec Order 26.4b R409's NJ Exec to go to the NJ Exec Order 26.4b1 R218 said that NJ Exec let staff know but does not know the staff's name. R218 said that it happened a couple of days ago on the night shift. Attempted to interview R409 on 09/05/23 at 11:30 AM, who was sitting in NJ Exec bedroom; however, when approached, R409 NJ Ex Order 26.4b1 [redacted]. Review of R409's facility provided "Face Sheet" revealed R409 was admitted to the facility on NJ Ex Order 26.4b1 with a diagnosis NJ Ex Order 26.4b1 [redacted]	F 609	NJ Ex Order 26.4b1 for resident #18. At the time of the resident's report the nursing assistant was not in the facility because the nursing assistant's shift had ended. The NJ Ex Order 26.4b1 was reported verbally via telephone to the New Jersey Department of Health Complaint Hotline on NJ Ex Order 26.4b1 at 4:45 pm as documented on the AAS-45 document. The NJ Exec Order 26.4b1 was investigated. NJ Ex O [redacted]. The NJ Ex Order 26.4b1 for resident #18 was revised. Nurses and CNAs who provide care for resident #18 were educated on the care plan. b. Resident #218 reported to the surveyor that NJ Ex Order 26.4b1 [redacted] #409 to go to the NJ Exec Order 26.4b a couple of days ago on the night shift but did not know the date or who resident #218 told. Upon receipt of a verbal report by RN#2 to the US FOIA (B) (6) [redacted] on NJ Ex Order 26.4b1, regarding resident #409's family member's report that the US FOIA (B NJ Ex Order 26.4b1 [redacted], the US FOIA (b)(6) [redacted] immediately investigated the NJ Ex Order 26.4b1. The investigation included an interview of resident #409 NJ Ex Order 26.4b1 [redacted] with resident #409's family member present, NJ Ex Order 26.4b1 of resident #409's NJ Ex Order 26.4b1, a discussion with the family member who thought that resident #409 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 [redacted] because NJ Ex Order 26.4b1 [redacted] and interviews of RN#2, LPN#1, RN#3. Resident #218 was not interviewed by the US FOIA (B) (6)	

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	315361	A. BUILDING _____ B. WING _____	C 09/08/2023

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F 609	Continued From page 11 Review of R409's facility provided "Progress Note," dated [redacted], revealed, [redacted] Review of facility provided "Department Health Senior Services (DHSS)/Ombudsman Reportable Incidents" dated [redacted] -present, [redacted] During an interview on 09/05/23 at 11:40 AM, the US FOIA (b)(6) stated that R409's [family member] [redacted] to the facility and the facility investigated. [redacted] said that [redacted] would provide the paperwork to the surveyor. Review of facility provided "Employee Statement" for Registered Nurse (RN) 2, dated [redacted] revealed "I noticed patient was [redacted] on [redacted] by bedside. I offered to assist the patient into [redacted] and patient was [redacted] While instructing patient and giving guidelines during [redacted] to hold on to [redacted] of [redacted] and	F 609	because resident [redacted] and cannot see into resident #409's room from resident #218's bed or from resident #218's room. On [redacted] at 10:30 am, the [redacted] was reported to the New Jersey Department of Health complaint hotline. The AAS-45 document was submitted to the New Jersey Department of Health on [redacted] at 1:00 pm. The investigation was submitted to the New Jersey Department of Health on [redacted] at 6:19 pm. The investigation [redacted]. A [redacted] for resident #409 was developed. Nurses and CNAs who provide care for resident #409 were educated on the care plan. Resident #409 [redacted] on [redacted]. Per US FOIA (b)(6) resident [redacted] is [redacted]. c. Resident #409's family member reported to the surveyor on September 7, 2023, that a few days ago in the middle of the night resident #409 reported to [redacted] that the staff [redacted] A progress note dated [redacted] indicated that the resident [redacted] The [redacted] was reported verbally to the New Jersey Department of Health complaint hotline on [redacted] at 6:40 pm as documented on the AAS-45 document. The [redacted] was investigated. The investigation [redacted]. A	

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F 609	Continued From page 12 stated that NJ Exec would report to NJ Exec [family member] NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 I then went to nurses' station and asked Licensed Practical Nurse (LPN) 1 and RN3 for NJ Ex Order 26.4b1 Both assisted, slowly to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 ." During an interview with the US FOIA (B) (6) on 09/05/23 at 12:00 PM, the US FOIA (B) brought one sheet of paper to surveyor that had a hand-written employee statement from RN 2. After reading the employee statement, the US FOIA (B) was asked if this was reported to the State Survey Agency (SSA), and he stated NJ Ex. He said that NJ Ex Order 26.4b1 , and NJ Ex Order 26.4b1 He said that he spoke with R409's family member, and NJ Exec felt that R409 was NJ Ex Order 26.4b1, and that could have been it. He indicated that he spoke with R409, NJ Exec Order 26.4b1 staff member; however, was unable to produce any evidence of this conversation. The US FOIA (B) said he had not finished his summary of the incident yet. Review of R409's facility provided "NJ Ex Order 26.4b1 " NJ Ex Order 26.4b1 . Review of facility provided "Email" from the US FOIA (B) , dated NJ Ex Order 26.4b1 , revealed, "On NJ Ex Order 26.4b1 at approximately 10:30 AM [RN 2] called to report that [R409's] [family member] reported that [R409] informed NJ Exec that the US FOIA (B) who NJ Ex Order 26.4b1 . Undersigned quickly reported to unit [number of unit] to talk to [R409] regarding NJ Exec complaint.	F 609	NJ Ex Order 26.4b1 resident #409 was developed. Nurses and CNAs who provide care for resident #409 were educated on the care plan. d. Former resident #458 reported to a physician on NJ Ex Order 26.4b1 at 6:15 pm NJ Ex Order 26.4b1 The NJ Exec Order 26.4b1 was reported verbally via telephone to the New Jersey Department of Health Complaint Hotline on NJ Ex Order 26.4b1 at 4:50 pm as documented on the NJ Ex Order 26.4b1 to the New Jersey Department of Health. The NJ Ex Order 26.4b1 . The investigation NJ Ex Order 26.4b1 . A NJ Ex Order 26.4b1 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. b. An audit of all complaints and allegations received and recorded by the Director of Social Services during the month of September 2023 was conducted by the Executive Director to verify that that complaints and allegations of abuse were reported to the New Jersey Department of Health using the AAS-45 document within two hours if the allegation caused injury or not later than 24 hours if the events that caused the	

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F 609	Continued From page 13 Upon arrival, [R409]'s [family member] was at bedside. After speaking with [family member], I summoned a NJ Exec Order 26 US FOIA (b)(6) who is NJ Exec Order 26.4b1 to come to [R409]'s room to NJ Exec Order 26.4b [R409] NJ Ex Order 26.4b1 I asked [R409] to NJ Ex Order 26.4b1. [R409] said NJ Exec was sitting down in NJ Exec chair and the aide came to take to the NJ Exec Order 26.4b1 NJ Ex Order 26.4b1 [R409] NJ Ex Order 26.4b1. [R409] NJ Ex Order 26.4b1 I asked [R409] NJ Ex Order 26.4b1 [R409] NJ Ex Order 26 I asked [R409] NJ Ex Order 26.4b1 [R409] replied NJ Ex O. I asked [R409] again NJ Ex Order 26.4b1 [R409] NJ Ex O. [R409] was wearing NJ Exec Order 26.4b1 I assessed NJ Exec NJ Exec Orde and NJ Exec Order 26 NJ Ex O. I check the staffing sheet for the 3-11 shift on NJ Ex Order 26.4b1 to see who was assigned to [R409].]R409]'s name was noted on the staffing sheet. I interviewed [RN2] who was the assigned nurse to [R409] on NJ Exec Order 26.4b from 3:00 PM to 11:00 PM. According to [RN2], [R409]'s NJ Ex Order 26.4b1 [R409']s NJ Ex Order 26.4b1 [RN2] said, NJ Exec noticed [R409] NJ Exec Order 26.4b1, she noticed [R409] name under [Certified Nursing Assistant (CNA) 1] and instructed [CNA 1] to put [R409] NJ Exec Orde. [RN2] said [CNA1] was busy with another resident, [RN2] offered to assist [R409] NJ Exec Orde. R409 asked to go to the NJ Exec Order 26.4b1 RN2 stated that NJ Ex Order 26.4b1, she instructed R409 to NJ Ex Order 26.4b1. R409 NJ Ex Order 26.4b1. RN2 said, she quickly goes to the nursing station and summoned [Licensed Practical Nurse (LPN1)] and [RN3] to NJ Ex Order 26.4b1 [R409] and assisted her NJ Exec Order 26.4b1. [RN2] stated the process was slow, but they were able	F 609	allegation did not involve abuse and did not result in serious bodily injury. Phone calls to the New Jersey Department of Health hotline will continue to be made and documented on the AAS-45 to answer the questions, Was this a significant event and was the significant event called in to the New Jersey Department of Health?. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. It is the policy of Preakness Healthcare Center to prevent abuse of residents and to investigate and report allegations of abuse to the New Jersey Department of Health. b. The Abuse Policy was revised to include in Section G. Reporting that the use of the AAS-45 document will be used to report allegations of abuse in addition to verbal reports to the New Jersey Department of Health complaint hotline within two hours if the allegation caused injury or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury. c. Resident allegations and complaints will continue to be reviewed with discussion of the actions to be taken to resolve the complaints and the required reports to be submitted to the New Jersey Department of Health at the weekday Health Service committee meetings	

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F 609	Continued From page 14 to [NJ Exec O] [R409] [NJ Exec Or] and assisted [NJ Exec] back to [NJ Exec O]. I spoke with [LPN1], who confirmed that [RN2] called him to assist with [R409]. [LPN1] stated that NJ Exec Order 26.4b1, but he managed to direct [R409] from the [NJ Exec Order 26.4b] to [NJ Exec] bed. [RN3] also confirmed that [RN2] summoned her to [R409]'s room to assist her with [R409] on [NJ Ex Order 26.4b1]. [R409] was provided with a NJ Exec Order 26.4b1. I spoke with [R409]'s family member after the investigation explaining the resolution. [name of family member] said [R409] NJ Ex Order 26.4b1 , [NJ Exec] thinks [NJ Exec] [R409] NJ Ex Order 26.4b1 . When I told [NJ Exec] that it was the nurse who assisted [R409] to bed, [NJ Exec] said that [NJ Exec] spoke with the nurse before [NJ Exec] left, [NJ Exec] told the nurse about [R409]'s routines." In an interview with R409's family member on 09/07/23 at 12:26 PM, [NJ Exec] stated that R409's first night there was "NJ Ex Order 26.4b1 ." The family member said that R409 reported to [NJ Exec] (the family member) when [NJ Exec] visited in the morning, that during the night shift [NJ Ex Order 26.4b1] [NJ Ex Order 26.4] R409. The family member said that [NJ Exec] reported this to the [US FOIA (b)] and thought [NJ Ex Order 26.4b1] [redacted] because [NJ Exec] had not heard anything else about it. Attempts were made to contact RN2 via phone on 09/07/23 at 12:53 PM, 1:17 PM and 2:30 PM; however, the call went straight to a voice message that said the voicemail box has not been set up as of yet. Attempted another call on 09/08/23 at 3:11 PM, without any answer and the same message as before. NJ Ex Order 26.4b1 [redacted] During a phone interview on 09/07/23 at 12:54	F 609	chaired by the Executive Director with attendance by the Assistant Executive Director, Director of Nursing, Assistant Director of Nursing, Mental Health Administrator, Director of Social Services, Infection Preventionist, Nurse Practitioner, MDS Coordinator, Clinical Dietitian, Quality Improvement Coordinator, Director of Rehabilitation, Director of Therapeutic Recreation. d. A Reportable Events tracking spreadsheet was developed for the Executive Director to track compliance with regulatory timeframes to report abuse using the AAS-45, to take appropriate action, to submit thorough investigations to the New Jersey Department of Health within five days that include the interview of residents who can be interviewed, and notification to residents or resident representatives of the outcome of the investigation. The tracking spreadsheet will be maintained by the Executive Director on a shared network folder with read access by the Director of Nursing, Assistant Director of Nursing, Assistant Executive Director, Assistant Nursing Supervisors, Mental Health Administrator, MDS Coordinator and the Quality Improvement Coordinator. e. The US FOIA (b)(6) [redacted] received education on the revised Abuse	

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F 609	Continued From page 15 PM, CNA1 stated that she does not remember anything about the NJ Ex Order 26.4b1. Attempts were made to contact RN3 via phone on 09/07/23 at 1:04 PM; and a message was left; however, there was no return call prior to exiting the facility. During an interview on 09/07/23 at 2:07 PM, LPN1 said that RN2 did come and get him to assist with getting R409 back NJ Exec Order 2 He said that when he arrived in R409's bedroom, R409 was on NJ Exec bed, with NJ Exec NJ Exec Order 26.4b1. NJ Ex but NJ Ex Ord R409's NJ Exec Order 26 in NJ Exec Order 26.4b1. During an interview on 09/07/23 at 2:38 PM, the US FOIA (B stated that the email he provided was his summary of the NJ Ex Order 26.4b1. The US FOIA (B stated that he concluded that it NJ Ex Order 26.4b1 . The US FOIA (B stated NJ Ex Order 26.4b1 and that was the reason he did not report to the state survey agency (SSA). He stated he was unaware of the timeframes for reporting and/or sending in the final summary after investigation, and that the facility put different interventions into place, such as a NJ Exec Order 26.4b1 NJ Exec Order in NJ Exec Order 26 for R409 and/or the staff to point to ensure that R409's needs were met. Also, the US FOIA (B said that NJ Exec Order 26.4b1 speaking staff member work with R409 when possible. The US FOIA (B) denied any further incidents. The US FOIA (B) when asked, said that he reports to the SSA as soon as possible. He said if NJ Exec Orde is reported to the supervisors, then they contact him and the US FOIA (B) (6), the supervisors make a file	F 609	Policy, Section G Reporting requirements to report allegations to the New Jersey Department of Health by calling the complaint hotline in addition to submitting the AAS-45 document within two hours if the allegation caused injury or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury, and that thorough investigations must be submitted to the New Jersey Department of Health within five days of the allegation. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Executive Director will present the results of the audit of all allegations of abuse that were received and recorded by the Director of Social Services during the month of September 2023 and the actions taken to report the complaints as required and to resolve the complaints to the weekday Health Services Committee meetings and quarterly to the Quality Improvement Committee. b. Using the Reportable Events tracking spreadsheet, the Executive Director will report the results of the audits of the timely reporting and thorough investigations for allegations of abuse at the weekday Health Services Committee meetings and quarterly to the Quality Improvement Committee.	

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and indicate on the inside of the file the date and time that the SSA and Ombudsman were notified, and they that file on his desk, so that he can began the investigation the next morning. He indicated that sometimes the supervisors will begin the interviews with the resident and staff involved and place them in the folder too. He said that if the resident is interviewable, he will speak with that resident, and then speak with nurses and CNAs. The US FOIA (b) stated if other residents were directly involved, he will speak with them; however, if no other resident was involved, he did not speak with other interviewable residents. The US FOIA (b) stated that after he finishes his investigation, he sends an email summary to the US FOIA (b)(6) who faxes to the SSA and Ombudsman. The US FOIA (b) stated that he tries to get the investigation done as soon as possible, but sometimes due to staff being off or on vacation, he completes it as fast as he can. The US FOIA (b) confirmed in the NJ Ex Order 26.4b1 NJ Ex Order 26.4b with R409 that he did not speak with other residents and indicated that he spoke with only R409. The US FOIA (b) indicated that while speaking with RN2, RN2 confirmed that NJ Ex Order 26.4b1 R409 NJ Ex Order NJ Ex Order 26.4b1 when R409 NJ Ex Order 26.4b1.

b. During an interview on 09/07/23 at 12:26 PM, R409's family member stated that a NJ Ex Order 26.4b1 NJ Ex Or, in the middle of the night, R409 reported to NJ Exec that the staff NJ Ex Order 26.4b1 with R409. The family member stated reported this to the aide and the nurse who said that NJ Exec reported this event. The family member was unable to recall staff names that reported the NJ Ex Order 26.4b to.

Review of facility provided "Progress Note" dated NJ Ex Order 26.4b1, revealed "NJ Ex Order 26.4b1

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NJ Ex Order 26.4b1 , NJ Ex Orde . RN8 notified. R409 is NJ Ex Order 26.4b1 , R409 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 R409 NJ Ex Order 26.4b1

Review of facility provided "Department Health Senior Services (DHSS)/Ombudsman Reportable Incidents," dated NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 .

Review of R409's facility provided " NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 of R409 NJ Ex Order 26.4b1

During an interview on 09/07/23 at 2:38 PM, the US FOIA (E revealed that he was unaware of the NJ Ex Order 26.4b1 progress note in R409's medical record. After reading the progress note, he said that R409 NJ Ex Order 26.4b1 The US FOIA (E said that NJ Ex Order 26.4b1 , and then if he felt it was concrete, NJ Ex Order 26.4b1 . At 4:00 PM, the US FOIA (E stated that he was going to report the NJ Ex Order 26.4b1 NJ Ex Order 26.4 to the SSA since he was just informed of this concern.

Attempts were made to contact RN8 via phone on 09/08/23 at 5:55 PM; however, there was no answer and/or answering machine.

3. Review of R458's printed "Face Sheet" showed a facility admission date of NJ Ex Order 26.4b1 , NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 , with medical diagnoses (from a printed "Diagnosis" list) that NJ Ex Order 26.4b1

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F 609	Continued From page 18 NJ Ex Order 26.4b1 [redacted] On 09/06/23 at 12:19 PM, a NJ Ex Orde was reviewed that R458 NJ Ex Order 26.4b to the physician NJ Ex Order 26.4b1 [redacted] on NJ Ex Order 26.4b1 (there was a date discrepancy in part of the report that stated NJ Ex Order 26.4b1; the date was verified by the physician's notes) and the report was sent to the NJDOH on NJ Ex Order 26.4b1. During an interview on 09/06/23 at 6:42 PM, the US FOIA (B) (6) confirmed the State Agency report form (AAS45) for R458 was sent in late. Review of the facility's policy titled "Resident Abuse," revised 02/07/17, revealed, "Every resident has the right to be free from all types of abuse, neglect, misappropriation of resident property exploitation. [name of facility] will protect the health and safety of every resident including those that are incapable of perception or who are unable to express themselves in a manner that can convey their intent ...G. Reporting 1. All allegations involving mistreatment, neglect, exploitation, or abuse, including injuries of unknown source and misappropriation of resident property must be reported to the Executive Director and to other officials in accordance with the state law through established procedures and local law enforcement: New Jersey Department of Health Office of the Ombudsman for the Institutionalized Elderly (for residents age 60 or older). 2. All alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of	F 609		

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unknown source and misappropriation of resident property, must be reported immediately, but not later than two hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury, to the Executive Director of [name of facility] and to other officials (including to the SSA and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law through established procedures.
3. Allegations of crime are reported in accordance with section 1150B of the Social Security Act (the "Elder Justice Act" reporting requirements).
4. The results of abuse investigations must be reported to the Executive Director within five working days.
5. The Executive Director will forward the results of all abuse investigations within five working days of the incident to all officials in accordance with State Law (including state survey and certification agency). If the allegation is verified, appropriate corrective action must be taken.
6. The Executive Director will send the completed Mandatory Reporting of Abuse, Neglect and or Misappropriation of Resident Property by (Certified) Medication Aides, Nurses' Aides and Personal Care Assistant form and a copy of the entire investigative report to the program manager of the certification program at the [name of state] Department of Health within 15 calendar days from the date of the incident.
7. The Director of Human Resources shall report to the State Nurse Aide Registry or Licensing Authorities/Board any knowledge it has of any actions by a court of law or findings, which would

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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 609	Continued From page 20 indicate an employee is unfit for service or has a history of resident abuse." NJAC 8:39-5.1(a)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review, interview, review of Facility Reported Incidents (FRI), and policy review, the facility failed to ensure that a thorough investigation was conducted regarding NJ Exec Order 26.4b1 allegations involving one (Resident (R) 409) of 34 sampled residents. There was no evidence that the facility interviewed other current residents regarding the allegations. Findings include:	F 610	F610, Investigate/Prevent/Correct Alleged Violation 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #218 reported to the surveyor that she NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 resident #409 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 or	10/20/23

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F 610	Continued From page 21 1. During an interview with R218 on 09/04/23 at 10:50 AM, R218 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 R409's NJ Ex Order 26.4b1 R218 said that NJ Exec let staff know but does not know the staff's name. R218 NJ Ex Order 26.4b1 . Review of R409's facility provided "Face Sheet" revealed R409 was admitted to the facility on NJ Ex Order 26.4b1 with a diagnosis including NJ Ex Order 26.4b1 Review of R409's facility provided "Progress Note" dated NJ Ex Order 26.4b1 revealed NJ Ex Order 26.4b1) NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 but NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 . NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 placed on top medication cart in case. NJ Ex Order 26.4b1 ." During an interview on 09/05/23 at 11:40 AM, the US FOIA (B) (6) stated that R409's [family member] had reported NJ Ex Order 26.4b1 to the facility and the facility investigated. She said that she would provide the paperwork to the surveyor. During an interview with the US FOIA (B) (6) on 09/05/23 at 12:00 PM, the US FOIA (B brought one sheet of paper to surveyor that had a hand-written employee statement from RN 2. The	F 610	who resident #218 told. Upon receipt of a verbal report by RN#2 to the US FOIA (B) (6) on NJ Ex Order 26.4b1, regarding resident #409's family member's report that the US FOIA (B NJ Ex Order 26.4b1 , the US FOIA (b)(6) NJ Ex Order 26.4b1 The investigation included an interview of resident #409 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 with resident #409's family member present, a NJ Ex Order 26.4b1 of resident #409's NJ Ex Order 26.4b1, a discussion with the family member who thought that resident #409 NJ Ex Order 26.4b1 because NJ Ex Order 26.4b1 and interviews of RN#2, LPN#1, RN#3. On NJ Ex Order 26.4b1, resident #218 was not interviewed by the US FOIA (B) (6) because resident #218 is in bed NJ Ex Order 26.4b1 across the corridor during the night shift and cannot see into resident #409's room from resident #218's bed or from resident #218's room. On NJ Ex Order 26.4b1 at 10:30 am, the NJ Exec Order 26.4b1 was reported to the New Jersey Department of Health complaint hotline. The AAS-45 document was submitted to the New Jersey Department of Health on NJ Ex Order 26.4b1 at 1:00 pm. The investigation was submitted to the New Jersey Department of Health on NJ Ex Order 26.4b1 at 6:19 pm. The NJ Ex Order 26.4b1 . Resident #218 was interviewed by the US FOIA (B) (6). Resident #218 did NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 . The roommate of resident #409 was	

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F 610	Continued From page 22 US FOIA (B stated he investigated the allegation, and he NJ Ex Order 26.4b1. He said that he spoke with R409's family member, and NJ Exec felt that R409 NJ Ex Order 26.4b1 and that could have been it. He indicated that he spoke with R409, using a NJ Exec Order 26.4b1 staff member; however, NJ Ex Order 26.4b1. The US FOIA (B said he had not finished his summary of the NJ Ex Order 26.4b yet. Review of facility provided "Employee Statement" for Registered Nurse (RN) 2, dated NJ Ex Order 26.4b1 revealed "I noticed patient was NJ Exec Order 26.4b1 on chair by NJ Exec Order 26.4 I offered to NJ Exec Orde the patient NJ Exec Order 26 and patient was NJ Exec Order 26.4b1 Patient wanted to go to the NJ Exec Order 26.4b1 for NJ Exec Order 26.4b While instructing patient and giving guidelines during NJ Exec Order 26 to hold on to NJ Exec Order 26 of NJ Ex Order 26. The NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 member] NJ Ex Order 26.4b1. I assisted patient into the bathroom. NJ Ex Order 26.4b1 I then went to nurses' station and asked Licensed Practical Nurse (LPN) 1 and RN3 for assistance. Both NJ Ex Order 26.4b1 NJ Ex Order 26.4b. NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1." Review of facility provided "Email" from the US FOIA (B, dated NJ Ex Order 26.4b1, revealed, "On NJ Ex Order 26.4b1 at approximately 10:30 AM [RN 2] called to report that [R409's] [family member] reported that [R409] informed NJ Exec that the US FOIA (B who NJ Ex Order 26.4b Undersigned quickly reported to unit [number of unit] to talk to [R409] regarding NJ Exec complaint. Upon arrival, [R409]'s [family member] was at	F 610	interviewed by the US FOIA (B) (6). Resident #409's roommate could not provide any information about the allegation. NJ Ex Order 26.4b1 from NJ Ex Order 26.4b1 of resident #218 and #409 were reviewed by the US FOIA (B) (6). A NJ Ex Order 26.4b1 for resident #409 NJ Ex Order 26.4b1. Nurses and CNAs who provide care for resident #409 were educated on the care plan. Resident #409 NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 Per US FOIA (b)(6) resident #409 NJ Ex Order 26.4b1 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. b. An audit of all complaints and allegations received and recorded by the US FOIA (B) (6) during the month of NJ Ex Order 26.4b1 was conducted by the US FOIA (B) (6) to verify that that complaints and allegations of abuse were reported to the New Jersey Department of Health and were thoroughly investigated. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur?	

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F 610	Continued From page 23 bedside. After speaking with [family member], I summoned a US FOIA (b)(6) who is NJ Exec Order 26.4b1 to come to [R409]'s room to [R409] stated in NJ Ex Order 26.4b1 I asked [R409] to NJ Ex Order 26.4b1 [R409] NJ Ex Order 26.4b1 [R409] NJ Ex Order 26.4b1. NJ Ex Order 26.4b1 I asked [R409] if the aide or . [R409] did not respond. I asked [R409] if the aide NJ Exec Order 26.4b1 to the [R409] replied yes. I asked [R409] again NJ Ex Order 26.4b1. [R409] did not respond. [R409] was wearing NJ Exec Order 26.4b1. I assessed and I check the staffing sheet for the shift on NJ Ex Order 26.4b1 to see who was assigned to NJ Ex Order 26.4b1's name was noted on the staffing sheet. I interviewed [RN2] who was the assigned nurse to [R409] on NJ Ex Order 26.4b1 from 3:00 PM to 11:00 PM. According to [RN2], [R409]'s assisted to put on [R409']s pajamas. [RN2] said, noticed [R409] NJ Exec Order 26.4b1 she noticed [R409] name under [Certified Nursing Assistant (CNA) 1] and instructed [CNA 1] to put [R409]. [RN2] said [CNA1] was busy with another resident, [RN2] offered to [R409] to R409 asked to go to the RN2 stated that while in the instructed R409 to NJ Exec Order 26.4b1. R409 NJ Ex Order 26.4b1. RN2 said, quickly goes to the nursing station and summoned [Licensed Practical Nurse (LPN1)] and [RN3] NJ Ex Order 26.4b1 [R409] and back to [RN2] stated the process was slow, but they were able to [R409] and back to	F 610	a. It is the policy of Preakness Healthcare Center to prevent abuse of residents and to investigate and report allegations of abuse to the New Jersey Department of Health. b. The Resident Incident Investigation Checklist for the Resident Abuse Policy was revised to include requirements for a thorough investigation. c. Resident allegations and complaints are reviewed during the weekday Health Services Committee Meetings chaired by Executive Director, with attendance by the Assistant Executive Director, Director of Nursing, Assistant Director of Nursing, Mental Health Administrator, Director of Social Services, Infection Preventionist, Nurse Practitioner, MDS Coordinator, Clinical Dietitian, Quality Improvement Coordinator, Director of Rehabilitation, Director of Therapeutic Recreation. The review includes the actions to be taken to thoroughly investigate the allegations and the reporting of the allegations to the New Jersey Department of Health and the New Jersey Ombudsman. d. A Reportable Events tracking spreadsheet was developed for the Executive Director to track compliance with regulatory requirements to report abuse, to take appropriate action, to submit thorough investigations to the New Jersey Department of Health, and notification to residents or resident representatives of the outcome of the	

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F 610	Continued From page 24 NJ Exec O I spoke with [LPN1], who confirmed that [RN2] called him to assist with [R409]. [LPN1] stated that NJ Ex Order 26.4b1, but he managed to direct [R409] from the NJ Exec Order 26.4b1 to her NJ Exec O [RN3] also confirmed that [RN2] summoned NJ Exec to [R409]'s room to assist NJ Exec with [R409] on NJ Ex Order 26.4b1. [R409] was provided with a NJ Exec Order 26.4b1 I spoke with [R409]'s family member after the investigation explaining the resolution. [name of family member] said [R409] NJ Ex Order 26.4b1, NJ Exec thinks NJ Exec [R409] NJ Ex Order 26.4b1. When I told NJ Exec that it was the nurse who NJ Exec Order 26.4 [R409] to NJ Exec O NJ Exec said that NJ Exec spoke with the nurse before NJ Exec left, NJ Exec told the nurse about [R409]'s routines." During an interview on 09/07/23 at 2:38 PM, the US FOIA (B stated that the email he provided was his summary of the investigation. The US FOIA (B stated that he concluded that it NJ Ex Order 26.4b1 The US FOIA (B stated that NJ Ex Order 26.4b1 and that was the reason he did not report to the state survey agency (SSA). He stated he was unaware of the timeframes for reporting and/or sending in the final summary after investigation, and that the facility put different interventions into place, such as a NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 for R409 and/or the staff to point to ensure that R409's needs were met. Also, the US FOIA (B said that he has a NJ Exec Order 26 staff member work with R409 when possible. The US FOIA (B denied any further incidents. The US FOIA (B, when asked, said that he reports to the SSA as soon as possible. He said if NJ Exec Orde is reported to the supervisors, then they contact him and the US FOIA (b)(6) the supervisors make a file	F 610	investigation. The tracking spreadsheet will be maintained by the Executive Director on a shared network folder with read access by the Director of Nursing, Assistant Director of Nursing, Assistant Executive Director, Assistant Nursing Supervisors, Mental Health Administrator, MDS Coordinator and the Quality Improvement Coordinator. e. The US FOIA (b)(6) received education on the use of the Resident Incident Investigation Checklist to thoroughly investigate allegations of abuse. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. Using the Reportable Events tracking spreadsheet, the Executive Director will report the results of the audits of the reporting and thorough investigations for allegations of abuse at the weekday Health Services Committee meetings and quarterly to the Quality Improvement Committee.	

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and indicate on the inside of the file the date and time that the SSA and Ombudsman were notified, and they that file on his desk, so that he can began the investigation the next morning. He indicated that sometimes the supervisors will begin the interviews with the resident and staff involved and place them in the folder too. He said that if the resident is interviewable, he will speak with that resident, and then speak with nurses and CNAs. The [US FOIA (b)] stated if other residents were directly involved, he will speak with them; however, if no other resident was involved, he did not speak with other interviewable residents. The [US FOIA (b)] stated that after he finishes his investigation, he sends an email summary to the US FOIA (b)(6) who faxes to the SSA and Ombudsman. The [US FOIA (b)] stated that he tries to get the investigation done as soon as possible, but sometimes due to staff being off or on vacation, he completes it as fast as he can. The [US FOIA (b)] confirmed in the [NJ Ex Order 26.4b1] incident with R409 that he did not speak with other residents and indicated that he spoke with only R409. The [US FOIA (b)] indicated that while speaking with RN2, RN2 confirmed that [NJ Exec] was assisting R409 to the [NJ Exec Order 26.4b1] when R409 NJ Exec Order 26.4b1.

Review of the facility policy titled "Resident Abuse," revised 02/07/17, revealed, "Every resident has the right to be free from all types of abuse, neglect, misappropriation of resident property exploitation. [name of facility] will protect the health and safety of every resident including those that are incapable of perception or who are unable to express themselves in a manner that can convey their intent ...E. Investigation
1. [name of facility] will investigate all incidents with injuries of unknown origin and all alleged violations. Allegations of abuse must be

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investigated by a professional, and, if applicable, in the primary language of the resident. The report will include:
a. Name of the resident who is the subject of the suspected abuse/exploitation.
b. Name of the person suspected or accused of committing the alleged violation.
c. Description of the nature of the suspected violation.
d. Date, time and specific location of the occurrence.
e. Name (s) of all witnesses to the suspected abuse/exploitation
f. Written statements from the resident (if able), possible suspect, eyewitnesses, and any circumstantial witnesses.
g. Information on injuries that require medical treatment and photographs if applicable.
h. Any other information which may be helpful in the investigation as well as the protection of the residents.
i. Social Service representative to encourage resident to express the incident and monitor the resident's feelings.
j. Steps taken to protect the alleged victim from further abuse.
2. A resident incident checklist and supervisory investigatory summary report will be completed
3. The alleged victim will be promptly examined if applicable, and findings documented in the investigation report.
4. Original investigation report of the alleged violation will be forwarded to the Executive Director's office within 24 hours of the incident.
5. All phases of the investigations are to be kept with the Executive Director and remain confidential."

NJAC 8:39-9.4(f)

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F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or	F 623		10/20/23

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(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

§483.15(c)(6) Changes to the notice.

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F 623	Continued From page 29 If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide to the resident and/or their representative, a written notice of the reason for transfer for two (Residents (R) 191 and R98) of three residents NJ Ex Order 26.4b1 and provided that notice to the Ombudsman. Findings include: 1.Review of R191's paper chart revealed an admission date of NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. R191 experienced a change in condition on NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b. The paper record lacked evidence the facility provided the resident and/or representative, in writing, of the reason R#191 NJ Ex Order 26.4b1. The record also lacked evidence the Ombudsman was notified of R#191's NJ Ex Order 26.4b.	F 623	F623, Notice Requirements Before Transfer/Discharge 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #191 was t NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b on NJ Ex Order 26.4b1 with verbal notification to resident #191□s NJ Exec Order 26.4b as documented in the resident's medical record. The reason for transfer was documented in the medical record. Resident #191 was readmitted to resident's same bed on NJ Ex Order 26.4b1. A copy of the Notice of NJ Ex Order 26.4b was mailed to the resident's representative and New Jersey Ombudsman by the US FOIA (B) (6). b. Resident #98 was NJ Ex Order 26.4b1 to the	

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	315361	A. BUILDING _____ B. WING _____	C 09/08/2023

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 623	Continued From page 30 2. Review of R98's paper chart revealed an admission date of NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1 R98 was NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The paper record lacked evidence the facility provided the resident and/or representative, in writing, of the reason R98 was NJ Ex Order 26.4b1. The record also lacked evidence the Ombudsman was notified of R98's NJ Ex Order 26.4... NJ Ex Ord was NJ Ex Order 26.4b1 R98 was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4... for a NJ Ex Order 26.4b1 The paper record lacked evidence the facility provided the resident and/or representative, in writing, of the reason R98 was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b... The record also lacked evidence the Ombudsman was notified of NJ Ex Order transfer. NJ Ex Ord was NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 and was again NJ Ex Order 26.4b1 due to a NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1. The paper record lacked evidence the facility provided the resident and/or representative, in writing, of the reason R98 was NJ Ex Order 26.4b1. The record also lacked evidence the Ombudsman was notified of R98's NJ Ex Order 26.4b... Interview with the US FOIA (B) (6) on 09/06/23 at 4:19 PM confirmed the facility failed to develop and implement policies and procedures for the notification of resident and/or their representatives of the reason the resident NJ Ex Order 26.4b1 and notification to the Ombudsman. NJAC 8:39-4.1(a)32 NJAC 8:39-5.3(b)	F 623	NJ Ex Order 26.4... on NJ Ex Order 26.4b1. The reason for transfer was documented in the medical record. Resident #98 was readmitted to NJ Ex Order 26.4b1. A copy of the NJ Ex Order 26.4b1 was mailed to the resident's representative and New Jersey Ombudsman by the US FOIA (B) (6) US FOIA (B) (6). c. NJ Ex Order 26.4b1 was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4... on NJ Ex Order 26.4b1. Resident's NJ Exec O was at resident #98's bedside as documented in the medical record when order to NJ Ex Order 26.4b1 was received from the nurse practitioner for the attending physician. The reason for NJ Ex Order 26.4b1 in the medical record. Resident #98 was r NJ Ex Order 26.4b1 to a NJ Ex Order 26.4b1 the NJ Ex Order 26.4b1. A copy of the Notice of Transfer was mailed to the resident's representative and New Jersey Ombudsman by the US FOIA (B) (6) d. Resident #98 was t NJ Ex Order 26.4b1 to the NJ Ex Order 26.4... on NJ Ex Order 26.4b1. Resident's NJ Exec O was at resident #98's bedside as documented in the medical record when NJ Ex Order 26.4b1 was received from the for the attending physician. The reason for NJ Ex Order 26... was documented in the medical record. Resident #98 was r NJ Ex Order 26.4b1 to a NJ Ex Order 26.4b1 due to the NJ Ex Order 26.4b1. A copy of the Notice of NJ Ex Order 26.4b... was mailed to the resident's representative and New Jersey Ombudsman by the Executive Director.	

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F 623	Continued From page 31	F 623		

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 may be transferred to a hospital or discharged have the potential to be affected by the deficient practice.

b. Using the Daily Census reports that include an Emergency Room Visits Log that are prepared by Assistant Nursing Supervisors, the Assistant Director of Nursing audited the records for the residents transferred to the hospital or who were discharged during the month of September, 2023 to determine if the required written notifications for the resident and/or resident representative including the bed hold policy were provided. The Assistant Director of Nursing took action to address the findings of the audit.

3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur?

a. Notices for Notice of Transfer or Discharge were developed to provide written notice of the transfer to the resident and/or resident representative when a resident is transferred to a hospital and notice to a resident and/or resident representative of discharge when

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PREAKNESS HEALTHCARE CENTER	**305 OLDHAM ROAD WAYNE, NJ 07470**

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F 623	Continued From page 32	F 623	a resident is discharged. The Assistant Nursing Supervisors will provide written notifications of the transfer to the resident and/or resident representative. The Social Workers will provide written notification of the discharge to residents who are discharged. Notices include that a copy of the Notices must be provided to the Office of the Ombudsman. b. Inservice by the Inservice Instructors for the US FOIA (b)(6) [redacted] regarding the requirement to provide the notice forms when a resident is transferred to the hospital and notice of discharge is in progress and will continue until completed. c. Using the Daily Census reports that include an Emergency Room Visits Log that are prepared by Assistant Nursing supervisors, each weekday the Assistant Director of Nursing will audit the records of residents who are transferred to the hospital or who were discharged to determine if the required written notification of the transfer were provided for transfers and for discharges and to take appropriate action. The audit findings will be provided to the Executive Director for review and action. 4. How will the corrective actions be	

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F 623	Continued From page 33	F 623	monitored to ensure the deficient practice will not recur? a. The Assistant Director of Nursing will present the findings from the daily audits of residents who were transferred to the hospital or who were discharged quarterly to the Quality Improvement Committee.	
F 625 SS=D	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy	F 625		10/20/23

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F 625	Continued From page 34 described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide to the resident and/or their representative, a bed hold policy to two (Residents (R) 191 and R98) of three residents NJ Ex Order 26.4b1 . Findings include: 1.Review of R191's paper chart revealed an admission date of NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1 R191 experienced a NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 and was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b1. The paper record lacked evidence the facility provided the facility's bed hold policy. 2. Review of R98's paper chart revealed an admission date of NJ Ex Order 26.4b1 with diagnoses NJ Ex Order 26.4b1 R98 NJ Ex Order 26.4b1 for a NJ Ex Order 26.4b1 . The paper record lacked evidence the facility provided R98 and/or representative the bed hold policy. R98 was NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 R98 was NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1. The paper record lacked evidence the facility provided R98 and/or representative the facility's bed hold policy. R98 was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b1 and was NJ Ex Order 26.4b1 to the NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 The paper record lacked evidence the facility provided the resident and/or representative the facility's bed hold policy. Interview with the US FOIA (B) (6) on	F 625	F625, Notice of Bed Hold Policy Before/Upon Transfer 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #191 was transferred to the hospital on NJ Ex Order 26.4b1. Resident #191 was NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The bed hold policy was included in the Admissions Agreement signed by the resident□s representative on admission. b. Resident NJ Ex O was NJ Ex Order 26.4b1 Resident NJ Ex O NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1. The bed hold policy was included in the Admissions Agreement signed by the resident□s representative on admission. A copy of the bed hold policy was mailed to the resident's representative by the Executive Director. c. Resident #98 was NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1. Resident #98 was NJ Ex Order 26.4b1 on NJ Ex Orde due to the NJ Ex Order 26.4b1. The bed hold policy was included in the Admissions Agreement signed by the resident□s representative on admission. A copy of the bed hold policy was mailed to the resident's representative by the Executive Director.	

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F 625	Continued From page 35 09/06/23 at 4:19 PM confirmed the facility failed to develop and implement bed hold policies and procedures for the notification of resident and/or their representatives of the facility's bed hold process. The [US FOIA (B) (6)] confirmed the facility [NJ Ex Order 26.4b1] to R191, R98 or to the representative. NJAC 8:39-5.4(c)	F 625	d. Resident #98 [NJ Ex Order 26.4b1] to the [NJ Ex Order 26.4b] on [NJ Ex Order 26.4b1]. Resident #98 was [NJ Ex Order 26.4b1] [NJ Ex Order 26.4b] due to the [NJ Ex Order 26.4b1]. The bed hold policy was included in the Admissions Agreement signed by the resident's representative on admission. A copy of the bed hold policy was mailed to the resident's representative by the Executive Director. 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 may be transferred to a hospital or may go on a therapeutic leave have the potential to be affected by the deficient practice. b. Using the Daily Census reports that include an Emergency Room Visits Log that are prepared by Assistant Nursing Supervisors, the [US FOIA (B) (6)] audited the records for the residents transferred to the hospital or [NJ Ex Order 26.4b1] during the month of [NJ Ex Order 26.4b1] to determine if the written notice of bed hold policy was provided. [US FOIA (B) (6)] took action to address the findings of the audit. 3. What measures will be put into place or systemic changes made to ensure the	

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F 625	Continued From page 36	F 625	deficient practice will not recur? a. The Bed hold Policy will continue to be included in the Admissions Agreement that is signed upon admission by the resident and/or the resident representative. b. A Notice written notice of the bed hold policy was developed to provide to the resident and/or resident representative when a resident is transferred to a hospital or a resident goes on therapeutic leave. The Assistant Nursing Supervisors will provide written notification of the bed hold policy to the resident and/or resident representative for resident transfers. The Social Workers will provide written notification of the bed hold policy for residents who go therapeutic leave to residents and/or resident representatives before/upon therapeutic leave. c. Inservice by the Inservice Instructors for the US FOIA (b)(6) [redacted] regarding the requirement to provide the written notice of bed hold policy when a resident is transferred or on therapeutic leave is in progress and will continue until completed. d. Using the Daily Census reports that include an Emergency Room Visits Log that are prepared by Assistant Nursing supervisors, each weekday the Assistant	

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F 625	Continued From page 37	F 625	Director of Nursing will audit the records of residents who are transferred to the hospital or who were out of the facility on therapeutic leave to determine if the required written notification of the bed hold policy was provided and to take appropriate action. The audit findings will be provided to the Executive Director for review and action. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Assistant Director of Nursing will present the findings from the daily audits of residents who were transferred to the hospital or who were on therapeutic leave to verify that the written notice of bed hold was provided and report the findings quarterly to the Quality Improvement Committee.	
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident	F 700		10/27/23

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F 700	Continued From page 38 representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure that three of three residents (Resident (R) 18, R140, and R232) and/or Resident Representative (RR) reviewed for [redacted] use had documented [redacted] assessment for the use of [redacted] and were advised of the risks and/or benefits of [redacted]. This failure had the potential for residents with [redacted] to be uninformed of the NJ Exec Order 26.4b1 associated with [redacted] use. Findings include: 1. Review of R18's printed "Face Sheet" showed a facility admission date of [redacted], US Ex Order 26.4b1 on [redacted] with medical diagnoses (from a printed "Diagnosis" list) US Ex Order 26.4b1 [redacted]. During an interview on 09/04/23 at 12:04 PM, it was noted R18 had US Ex Order 26.4b1, or [redacted]. When asked about them, R18 stated [redacted] and [redacted] had to [redacted] to get them and thought [redacted] had to sign something.	F 700	F700, Bed Rails 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #18 has US Ex Order 26.4b1 for [redacted] and [redacted] The resident has a BIMS of [redacted] and [redacted] are [redacted]. The US FOIA (b)(6) [redacted] met with the resident to advise the resident of the risks and benefits of the use of a NJ Exec Order 26.4b1. The resident requested the [redacted] use of the [redacted]. Consent form was completed. b. Resident #140 has US Ex Order 26.4b1 [redacted] for [redacted] and [redacted] The resident has a BIMS of [redacted] and [redacted] NJ Exec Order 26.4b1. The US FOIA (B) (6) [redacted] called the resident's [redacted] for the resident to advise the resident of the risks and benefits of the use of a US Ex Order 26.4b1. The resident's [redacted] requested the [redacted] use of the [redacted]. Consent was obtained verbally with two nurses as	

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F 700	Continued From page 39 In response to a request for a [redacted] for R18 on [redacted] at 2:05 PM, the [redacted] provided a "[redacted]." When asked about the [redacted] assessment, the [redacted] stated, "We only do that for [redacted], we don't do the assessment for assist bars." The [redacted] explained they have been going by the "Minimum Data Set (MDS)" physical restraint definition but after reading the regulation confirmed the practice did not meet the regulation. 2. Review of R140's printed "Face Sheet" showed a facility [redacted] on [redacted] on [redacted], with medical diagnoses (from a printed "Diagnosis" list) that [redacted] During an observation on 09/05/23 at 10:23 AM it was noted that R140 had [redacted] In response to a request for a [redacted], [redacted], and consent on [redacted] at 12:05 PM, the [redacted] provided printed progress notes for R140 dated [redacted] and [redacted] that revealed, [redacted] In an interview on 09/06/23 at 2:05 PM, the [redacted] confirmed [redacted] 3. Review of R232's printed "Face Sheet" showed a facility admission date of [redacted], [redacted]	F 700	witnesses. Consent form was completed. c. Resident #232 had [redacted] for [redacted]. Resident was [redacted]. 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. b. An audit of the presence of assist bars or side rails is in progress by the Director of Therapeutic Recreation and will continue until completed. The audit includes the review of physician orders for the use of the position bar or side rail, documentation of consent, care plans, C NA Direct Caregiver forms, C NA Care Needs forms. The findings are presented to the Director and Assistant Director of Nursing for review by Nursing Supervisors with the IDCP team for the resident to review alternatives to the use of the positon bar or side rails, to obtain consent from the resident and/or resident representative for the continued use or removal of the position assist bar or side rails. The audit results are presented to the Director of Nursing and Executive Director for review and action. 3. What measures will be put into place	

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F 700	Continued From page 40 on US NJ Ex Order 26, with medical diagnoses (from a printed "Diagnosis" list) US NJ Ex Order 26.4b1 [redacted]. During an interview on 09/04/23 at 4:00 PM, R232 US NJ Ex Order 26.4b1 [redacted]. R232 responded that they had "US NJ Ex Order 26.4b1 [redacted]." When asked if NJ Ex used them, R232 stated NJ Ex did not. When queried if R232 US NJ Ex Order 26.4b1 [redacted] NJ Ex did not remember. In response to a request for a NJ Exec Order 26 assessment (for need and NJ Exec Order 26 risk/benefit notification, and consent for R232 on US NJ Ex Order 26 at 2:05 PM, the US FOIA (B) (6) provided a "US NJ Ex Order 26.4b1." When asked about the NJ Exec assessment, the US FOIA (B) stated, "US NJ Ex Order 26.4b1 [redacted], US NJ Ex Order 26.4b1 [redacted]." The US FOIA (B) explained they have been going by the "Minimum Data Set (MDS)" physical NJ Exec Order 26.4b1 but after reading the regulation confirmed the practice does not meet the regulation. Review of the facility policy titled, "Bed Side Rails," reviewed 01/10/18, showed: ". . .2. Upon admission, readmission, change of condition, or request of the resident and/or resident representative, residents will be assessed using the Assessment for Side Rail(s) Use Form by staff indicated on the form to: -Assess the resident to identify appropriate alternatives prior to installing side rails. Alternatives must be attempted and evaluated based on clinical assessment with the findings documented in the medical record. -Assess the resident for risk of entrapment from side rails prior to installation.	F 700	or systemic changes made to ensure the deficient practice will not recur? a. The Bed Rails Policy and the Bed Rail Use Consent Agreement were revised to include position assist bars as bed rails. The Assessment for Bed Rails Usage will include the use of assist bars. b. The Inservice Instructors provided in-service education to the US FOIA (b)(6) [redacted] regarding the revised Bed Rails policy. c. The Safety Coordinator will observe ten resident beds each month during safety rounds for the presence of a position assist bar or side rail. Safety rounds are conducted with an Assistant Nursing Supervisor and Facilities Director/designee. The Assistant Nursing Supervisor will verify that there is a written assessment and a written consent for the use of a position assist bar or a side rail. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Director of Nursing will report the results of the audit completed by the Director of Therapeutic Recreation for the presence of assist bars or side rails and actions taken to the Quality Improvement Committee. b. The Safety Coordinator will present	

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	315361	A. BUILDING _____ B. WING _____	C 09/08/2023

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F 700	Continued From page 41 -Assess the resident to determine if the use of a side rail is a restraint using the CMS definition of restraints as outlined in Federal regulations and the MOS RAI Manual. -Assess the resident to determine if the use of a side rail may enhance a resident's ability to move independently in bed or when transferring in or out of bed. . . 4. Based upon the Resident Assessment if it is determined that the side rail is the least restrictive alternative for the least amount of time, the Nursing Supervisor will review the risk and benefits with the resident and/or resident representative and obtain the written informed consent from the resident and/or resident representative. . . " NJAC 8:39-5.1(a) NJAC 8:39-27.1(a)	F 700	the results of the monthly safety round observations for position assist bars or side rails quarterly to the Quality Improvement Committee.	
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data	F 732		10/13/23

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F 732	Continued From page 42 specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the daily nursing staffing hours were included in the prominently displayed nurse staffing for residents, visitors, and/or staff. This failure could affect the knowledge of the availability of staff to care for the 50 residents, their family members, or their representatives. Findings include: During an observation of the nursing staff posting on 09/08/23 at 11:45 AM, the 09/08/23 day shift posting was observed in a locked glass case next to the elevator. The posting included the census, the number of the different types of nursing staff, and the total number of hours for each category. During an interview on 09/08/23 at 11:45 AM regarding who was responsible for changing the	F 732	F732, Posted Nurse Staffing Information 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? a. No residents were identified. b. The nurse staffing hours for all shifts were entered into the Nursing Home Resident Care Staffing Report by the Nursing Department Secretary, Business Office Payroll Keyboard Clerk, Staff Development Secretary, Staffing Coordinator or MDS Coordinator. 2. How will the facility identify other	

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F 732	Continued From page 43 posting, the US FOIA (B) (6) stated "[Name] does it." and proceeded to contact her to come to the elevators. During an interview on 09/08/23 at 11:48 AM regarding who was responsible for changing the posting, the US FOIA (B) (6) responded that she changed it out for evening shift. When questioned who posts the night shifts, US FOIA (B) stated, "We don't do it for nights." When asked who was responsible for posting on weekends, US FOIA (B) responded, "I do NJ Exec Order 26.40 morning because I'm here, but it is not done the rest of the weekend." During an interview on 09/08/23 at 12:09 PM, US FOIA (B) stated, "There is no policy regarding the staff posting." NJAC 8:39-41.2(a)(b)(c)	F 732	residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. The Executive Director obtained the Nursing Home Staffing Report Form from the Nursing Home Resident Care Staffing Report database for the nursing staffing hours entered during the month of September 2023. As indicated on the Report, there weren't any shifts missing. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? a. New User Accounts for the Nursing Home Resident Care Staffing Report for the Director of Nursing, Assistant Director of Nursing, Assistant Nursing Supervisors, Inservice Instructors, Infection Preventionist, Quality Improvement Coordinator will be created by the MDS Coordinator for the daily input each shift of nurse staffing hours by the Director of Nursing, Assistant Director of Nursing, Assistant Nursing Supervisors, Inservice Instructors, Infection Preventionist, or Quality Improvement Coordinator. The new accounts will be in addition to the accounts for the Nursing Department Secretary, Business Office Payroll Keyboard Clerk, Staff Development Secretary, Staffing Coordinator and MDS Coordinator. b. The Nursing Department Secretary and the MDS Coordinator will train the US FOIA (b)(6) of	

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F 732	Continued From page 44	F 732	[redacted] on data entry and the printing of the daily Nursing Home resident Care Staffing Report to be posted at the beginning of each shift. c. Daily nursing staffing hours will be entered into the Nursing Home Resident Care Staffing Report by the Assistant Nursing Supervisor/designee assisted as necessary by the Nursing Department Secretary, Director of Nursing, Assistant Director of Nursing, Assistant Nursing Supervisors, Inservice Instructors, Infection Preventionist, Quality Improvement Coordinator, Staffing Coordinator, Business Office Payroll Keyboard Clerk or Staff Development Secretary at the beginning of each shift each day and will post the daily Nursing Home Resident Report in the display board at the rotunda first floor that is readily accessible to residents, visitors and staff each shift. The Security Log will be revised to observe and record that the Nursing Home Resident Report is posted daily each shift. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? a. The Executive Director will obtain the Nursing Home Staffing Report Form	

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F 732	Continued From page 45	F 732	weekly to verify that the nursing staff hours are entered each shift each day. Results will be reported quarterly to the Quality Improvement Committee. b. Security staff will monitor on patrol rounds and document on the Security logs that the Nursing Home Resident Care Staffing Report is posted each shift each day in the display board at the rotunda first floor that is readily accessible to residents, visitors and staff. Results of daily monitoring each shift will be provided to the Executive Director and Director of Nursing for review and action. The Executive Director will report the results of the monitoring quarterly to the Quality Improvement Committee.	
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, document review, interviews, and facility policy review, the facility failed to ensure a medication error rate of less than five percent. During observation of medication pass, there were eight errors observed out of 29 opportunities, resulting in a 27.59% error rate. This had the potential to place one (Residents (R) 410) at risk of not receiving the full benefit of their NJ Ex Order 26.4b1.	F 759	F759, Free of Medication Error Rates 5% or more 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. The attending physician for resident #410 was notified of the NJ Ex Order 26.4b1	10/27/23

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F 759	Continued From page 46 Findings include: Observation on 09/08/23 at 12:18 PM, Registered Nurse (RN) 1 prepared medications for R410, which included NJ Ex Order 26.4b1 (NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 at 08:30 AM, and NJ Ex Order 26.4b1. After RN1 obtained all the medications needed for R410, he administered the medications. During medication pass, RN1 said that these medications were R410's morning medication that should have been given at 08:30 AM. R410 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. RN1 did obtain the three medications from R410's NJ Exec Orde and did not attempt to give R410 these NJ Ex Order 26.4b1. RN1 said since the medication was late already, he was not going to attempt them again; however, said if it was earlier, he would have offered them again. Review of NJ Ex Order 26 facility provided "Face Sheet" revealed NJ Ex Orde was admitted to the facility on NJ Ex Order 26.4b1 with a NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 . Review of R410's facility provided NJ Ex Order 26.4b1 NJ Ex Orde "Physician Orders" revealed NJ Ex Order 26.4b1	F 759	that the nurse administered 8:30 am medications to resident at 12:30 pm and the three medications that resident #410 refused to take. No new orders were received. b. The US FOIA (b)(6) reviewed the medications with the US FOIA (b)(6) to confirm the form the medication was to be administered. US FOIA (b)(6) were reviewed with resident's NJ Exec Order 26.4b1 New orders were obtained from the attending physician. Medications were changed to crushable form. c. The agency for the contracted nurse RN#1 was informed that the contracted nurse was not to be scheduled to work at Preakness Healthcare Center. A Health Care Professional Responsibility and Reporting Enhancement Act Reporting Form was submitted to the New Jersey Division of Consumer Affairs. d. A Medication Error Report was completed by the US FOIA (B) (6) for resident #410 for the failure of nurse RN#1 to administer the medications as ordered within the prescribed timeframes and for the nurse to document the resident's NJ Ex Order 26.4b1 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?	

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F 759	Continued From page 47 medication) NJ Ex Order 26.4b1 [redacted] Review of facility provided NJ Ex Order 26.4b1 "Medication Administration Record (MAR)" revealed "NJ Ex Order 26.4b1 at 08:30 AM, NJ Ex Order 26.4b1 at 08:30 AM, NJ Ex Order 26.4b1 at 08:30 AM, NJ Ex Order 26.4b1 one tablet at 08:30 AM and 4:30 PM, NJ Ex Order 26.4b1 at 08:30 AM, NJ Ex Order 26.4b1 at 08:30 AM and 4:30 PM, NJ Ex Order 26.4b1 at 08:30 AM, and NJ Ex Order 26.4b1 at 08:30 AM and 4:30 PM." Interview with RN6, on 09/08/23 at 1:05 PM, revealed that medications were given one hour before to one hour after the medication was ordered. He confirmed that morning medications should not be given in the afternoon. Interview with the US FOIA (B) (6) on 09/08/23 at 1:28 PM, revealed he confirmed that medications are given as the physician ordered. If ordered in the morning, then should be given in the morning. Said that medications could be given one hour before and one hour afterwards. Review of facility policy titled "Administering Medications," revised 04/19, read in pertinent part, "Medications are administered in a safe and timely manner, and as prescribed. Policy Interpretation and Implementation	F 759	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. b. Medication Administration Competency Assessments of all nurses employed or contracted by the Consultant Pharmacist, Inservice Instructors, Director of Nursing, Assistant Director of Nursing, Quality Improvement Coordinator and Assistant Nursing Supervisors are in progress and will continue until completed. These assessments include the timely administration of medications. The findings of the assessments are presented to the Director of Nursing for review and action. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. Mandatory in-service education by the Inservice Instructors for all nurses employed or contracted is in progress and will continue until completed. Topics include medication administration timeframes and documentation requirements when a medication is withheld, refused or given at a time other than the scheduled time. b. All nurses will continue to be required to successfully complete the medication pass competency assessment with an error rate of less than five per cent upon	

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F 759	Continued From page 48 ...7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders) ...21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose." NJAC 8:39-29.2(d)	F 759	hire and annually. Using the Medication Pass Competency Assessment, the Consultant Pharmacist, Inservice Instructors, Director of Nursing, Assistant Director of Nursing and Assistant Nursing Supervisors assess the competency of all nurses. The findings of the assessments are presented to the Director of Nursing for review and action. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Director of Nursing will report the results of medication pass competency assessments quarterly to the Quality Improvement Committee and quarterly to the Pharmacy and Therapeutics Committee. b. The Director of Nursing will continue to report medication errors and corrective actions taken quarterly to the Pharmacy and Therapeutics Committee.	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program.	F 880		10/27/23

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F 880	Continued From page 49	F 880		

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

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F 880	Continued From page 50 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, the facility failed to ensure medications were administered in a manner that prevented cross-contamination for one (Resident (R) 410) of 34 sampled residents. Findings include: During an observation on 09/08/23 at 12:18 PM, Registered Nurse (RN) 1, without performing hand hygiene, prepared medications for R410, which included NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 vitamin NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 at 08:30 AM, and NJ Ex Order 26.4b1. After RN1 obtained all the medications needed for R410, he administered the medications. R410 NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 At 12:30 PM, RN1 placed on a	F 880	F880, Infection Prevention and Control 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? a. NJ Exec Order 26.4b1 were noted for resident #410 associated with the deficient practice. b. The agency for the contracted nurse RN#1 was informed that the contacted nurse was not to be scheduled to work at Preakness Healthcare Center. A Healthcare Professional Responsibility and Reporting enhancement Act Reporting Form was submitted to the New Jersey Division of Consumer Affairs. 2. How will the facility identify other	

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F 880	Continued From page 51 pair of gloves, and had R410 NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, while cleaning R410's NJ Exec Orde with a NJ Ex Order 26.4b1 with his gloved right-hand. Then he threw the NJ Exec Order 26.4b1 into the trash, and RN1 started opening drawers on the medication cart without removing his right glove, while he continued to hold the medications in his gloved left hand. At 12:36 PM, RN1 removed his gloved right hand, and went to another medication cart on the hall to destroy the three medications in his gloved left hand. Upon returning to the medication cart, RN1 removed his gloved left hand, and did not perform hand hygiene. RN1 picked up his pen and started signing off the medication in the Medication Administration Record (MAR). RN1 had not performed hand hygiene by the time surveyor left the medication cart. Interview with RN6, on 09/08/23 at 1:05 PM, revealed that hand hygiene should have been performed before and after medications, and after removing gloves. Interview with the US FOIA (B) (6) on 09/08/23 at 1:28 PM, revealed hand hygiene should have been performed before and after preparing and/or administering medication, and after removal of gloves. Review of facility policy "Handwashing/Hand Hygiene," revised 11/17/17, revealed, "[name of facility] policy considers hand hygiene the primary means to prevent the spread of infections and healthcare associated infections (HAI)...2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...3. Hand hygiene products and supplies	F 880	residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All residents residing at Preakness Healthcare Center who receive care or services by Preakness Healthcare Center staff have the potential to be affected by the deficient practice. b. Preakness Healthcare Center participates in the IPRO (Island Peer Review Organization) Red-cap Hand Hygiene program. Requirements of the program include pre- and post tests for hand hygiene and random observations of hand hygiene for all staff. Thirty audits/month randomly observed hand hygiene practices by Infection Preventionist and Inservice Instructors, are recorded by the Staff Development Secretary and submitted to the IPRO Red-cap program. c. Mandatory in-service by the Infection Preventionist on the Handwashing/Hand Hygiene Policy and Procedure utilizing educational materials from the AHRQ (Agency for Healthcare Research and Quality) Safety Program for all staff will be conducted. c. Hand Hygiene competency assessments of all nurses who are employed or contracted during medication administration competency assessments by the Consultant Pharmacist, Inservice Instructors, Infection Preventionist, Director of Nursing, Assistant Director of	

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F 880	Continued From page 52 (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies...4. Hand sanitizer is the preferred method of hand hygiene. Use soap and water for hand hygiene if hands are visibly soiled or after caring for a resident with known or suspected C. Deficile (C. Diff), or Norovirus infection, or hands are visibly soiled from blood and body fluids...6. Perform hand hygiene when: ...After contact with a resident...Before and after direct contact with residents...After removing gloves." NJAC 8:39-19.4(a)1 NJAC 8:39-19.4(n)	F 880	Nursing, Assistant Nursing Supervisors and Quality Improvement Coordinator using the Handwashing Competency Assessment are in progress and will continue until completed. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? a. The Infection Preventionist will continue to conduct annual Hand Hygiene competency assessments of all staff using the Handwashing Competency Assessment form. b. The Infection Preventionist and Inservice Instructors will continue to conduct random audits of hand hygiene for the IPRO Red-cap program and submit the results to the Red-cap program. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? a. The Infection Preventionist will present the findings of the Hand Hygiene competency assessments of all nurses during the medication administration competency assessments to the Infection Control Committee, to the Quality Improvement Committee and to the Executive Director for review and action. b. The Infection Preventionist will	

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F 880	Continued From page 53	F 880	present the findings from the IPRO Red-cap audits to the Infection Prevention Committee, the Quality Improvement Committee and the Executive Director for review and action. c. The Infection Preventionist will continue to present quarterly reports of the findings of the annual Hand Hygiene competency assessments of all staff to the Infection Prevention Committee, the Quality Improvement Committee and the Executive Director for review and action.	
F 909 SS=E	Resident Bed CFR(s): 483.90(d)(3) §483.90(d)(3) Conduct Regular inspection of all bed frames, mattresses, and bed rails, if any, as part of a regular maintenance program to identify areas of possible entrapment. When bed rails and mattresses are used and purchased separately from the bed frame, the facility must ensure that the bed rails, mattress, and bed frame are compatible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of manufacturer's instructions, the facility failed to ensure bed frames and [redacted], if present, were inspected and serviced per the Manufacturer's Instructions for Use (MIFU) for three of three residents (Resident (R) 18, R140, and R232) to minimize the risks of [redacted] or resident [redacted] This failure had the potential to affect 267 of 267 residents who reside at the facility. Findings include:	F 909	F909, Resident Bed 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #18 [redacted]. The [redacted] inspected the bed including the [redacted] assembly and documented that no defects were found.	10/6/23

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F 909	Continued From page 54 1. Review of R18's printed "Face Sheet" showed a facility admission date of NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1, with medical diagnoses (from a printed "Diagnosis" list) NJ Ex Order 26.4b1 [redacted]. During an interview on 09/04/23 at 12:04 PM, it was noted R18 had NJ Ex Order 26.4b1, or NJ Ex O NJ Ex Ord. When asked about them, R18 stated NJ Ex O [redacted] thought NJ Exe NJ Exec O had to sign something. 2. Review of R140's printed "Face Sheet" showed a facility admission date on NJ Ex Order 26.4b1, readmission on NJ Ex Order 26.4b1, with medical diagnoses (from a printed "Diagnosis" list) that included NJ Ex Order 26.4b1 [redacted]. During an observation on 09/05/23 at 10:23 AM it was noted that R140 had NJ Ex Order 26.4b1 the bed. 3. Review of R232's printed "Face Sheet" showed a facility admission date of NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1, with medical diagnoses (from a printed "Diagnosis" list) NJ Ex Order 26.4b1 [redacted]. During an interview on 09/04/23 at 4:00 PM, R232 was asked about the observed NJ Ex Order 26.4b [redacted] NJ Exec O on the bed; R232 responded that they had "NJ Ex Order 26.4b1 [redacted]." When asked if NJ Exe used them, R232 stated NJ Ex did not. When queried if R232 had been advised of the	F 909	b. Resident #140 NJ Ex Order 26.4b1 [redacted]. The US FOIA (b)(6) inspected the bed including the NJ Ex Order 26.4b1 assembly and documented that no defects were found. c. Resident #232 had NJ Ex Order 26.4b1 NJ Ex Ord for turning and positioning. Resident NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 NJ Ex Order 26.4b1. The Maintenance Repairer inspected the bed and removed the NJ Ex Order 2 NJ Ex Ord. 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. b. The Maintenance Repairers inspected all beds. Inspections included the bed frames, bed rail assemblies, brakes, casters, controls, and mattresses and repaired or replaced malfunctioning components. The inspection results were presented to the Facilities Director for review and action. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. A Bed Inspection Preventive Maintenance Schedule was developed with inspection frequencies as per	

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F 909	Continued From page 55 risks / NJ Ex Order 26.4b1, he did not remember. In response to a request for bed MIFUs and maintenance/inspection logs on 09/08/23 at 2:35 PM the US FOIA (B) (6) provided: NJ Exec Orde bed, on page six through eight showed "Inspection /Maintenance Plan /Packaging /Handling Inspection Notice" that showed the side rail assembly was to be inspected every three months, three other elements to be inspected every six months, and two elements to be inspected annually. NJ Exec Order 26. bed, on page D7 showed a "Recommended Maintenance/Inspection" that specified four elements that should be inspected at six-month intervals and the mechanical inspection of casters annually. NJ Exec Order 26.4b bed, on page P52 showed "Recommended Maintenance & Inspection Schedules" that had the same six month and annual elements as the Zenith II. The inspection/maintenance logbook provided showed the last inspections were completed in June of 2022, and the US FOIA (B) (6) stated, "When [name of the prior US FOIA (b)(6)] retired and [name of the current US FOIA (b)(6)] took over it [bed inspections] got dropped." Review of the facility policy titled, "Bed Side Rails," reviewed 01/10/18, showed: ". . .Equipment Management and Maintenance 1. When installing or maintaining bed rails, the Facilities staff will follow the manufacturer's recommendations and specifications. The bed, mattress, side rails will be inspected by the Facilities staff prior to use to identify and remove potential fall and entrapment hazards and	F 909	manufacturer requirements. b. The Equipment Management and Maintenance section of the Bed Rail policy was revised to reference the Bed Inspection Preventive Maintenance Schedule that includes inspection frequencies of bed frames, mattresses and bed rails in accordance with manufacturer requirements. c. The Facilities Director and Maintenance Supervisor provided in-service education to the US FOIA (b)(6) and the Maintenance Repair staff regarding the bed inspection preventive maintenance schedule and the revised Bed Rail policy. d. The Facilities Director and Maintenance Supervisor will verify that the inspections are performed as scheduled and take action to address malfunctioning components. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Facilities Director will present the results of the bed inspections to the Quality Improvement Committee and quarterly thereafter.	

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F 909	Continued From page 56 appropriately match the equipment to resident needs, considering all relevant risk factors. 2. The Facilities staff will conduct semi-annual inspections of all bed frames, mattresses, and bed rails, as part of a regular maintenance program to identify areas of possible entrapment. . . " NJAC 8:39-31.8(e)	F 909		
F 949 SS=E	Behavioral Health Training CFR(s): 483.95(i) §483.95(i) Behavioral health. A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure six of six Certified Nurse Aides (CNA), two of two Licensed Practical Nurses (LPN), and two of two Registered Nurse's (RN) reviewed had received behavioral health training to care for residents diagnosed with mental health illnesses indicated as admittable in the facility assessment. This failure had the potential for direct care staff to lack current knowledge to work with the unique challenges mental health illnesses present. Findings include: Review of the "Facility Assessment," reviewed 01/09/23, showed: ". . .Preakness Healthcare Center accepts residents with the following diseases/conditions, physical and cognitive disabilities or combinations of these conditions	F 949	F949, Behavioral Health Training 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. The Mental Health Administrator and Chief Psychologist developed a mandatory behavioral health training program, Overview of Psychiatry in Long Term Care to be presented by the Mental Health Administrator and Inservice Instructors to direct care staff including US FOIA (b)(6), Nurses, C NAs, Assistant Nursing Supervisors, Dietitians, Therapeutic Recreation Therapists and Aides, Social Workers; US FOIA (b)(6) [redacted],	10/27/23

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F 949	Continued From page 57 that require complex medical care and management." Under the category of "Psychiatric/Mood Disorders" stated: "If not a danger to self or others: Psychosis, Impaired Cognition, Mental Disorder, Depression, Bipolar, Schizophrenia, PTSD, Anxiety, Behavior that Needs Interventions . . ." Review of the facility completed "Resident Census and Conditions of Residents" form showed the facility had 71 residents with psychiatric diagnoses and 93 residents with behavioral healthcare needs. Review of the personnel files requesting abuse training, dementia care training, and behavioral health training revealed: CNA1: Date of Hire (DOH) [NJ Ex Order 26.4b] had documented dementia and abuse training, however, no documented behavioral health training. CNA4: DOH [NJ Ex Order 26.4b], had documented dementia and abuse training, however, no documented behavioral health training. CNA5: DOH [NJ Ex Order 26.4b], had documented dementia and abuse training, however, no documented behavioral health training. CNA6: DOH [NJ Ex Order 26.4b], had documented dementia and abuse training, however, no documented behavioral health training. CNA7: DOH [NJ Ex Order 26.4b], had documented dementia and abuse training, however, no documented behavioral health training.	F 949	Inservice Instructors, [US FOIA (b)(6)] [redacted] Rehabilitation Staff. Topics include common mental health disorders, psychiatric symptoms, behaviors, treatments, behavior management and interventions and care planning. 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 with mental health illnesses have the potential to be affected by the deficient practice. b. Using Section 1 from the MDS, residents with mental health diagnoses will be identified. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. Mandatory behavioral health training by the Mental Health Administrator and Inservice Instructors on Overview of Psychiatry in Long Term Care is in progress for direct care staff including [US FOIA (b)(6)], Nurses, C NAs, Assistant Nursing Supervisors, Dietitians, Therapeutic Recreation Therapists and Aides, Social Workers; [US FOIA (b)(6)] [redacted], Inservice Instructors, [US FOIA (b)(6)] [redacted] [US FOIA (b)(6)]	

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F 949	Continued From page 58 CNA8: DOH [NJ Ex Order 26.4b1], had documented dementia and abuse training, however, no documented behavioral health training. LPN1: DOH [NJ Ex Order 26.4b1] had documented dementia and abuse training, however, no documented behavioral health training. LPN2: an agency nurse started [NJ Ex Order 26.4b1] and received an orientation for agency nurses that included abuse and dementia training, however, no behavioral health training was documented. RN3: DOH [NJ Ex Order 26.4b1], had documented dementia and abuse training, however, no documented behavioral health training. RN10: agency nurse with first trainings documented on [NJ Ex Order 26.4b1], however, no documented behavioral health training. After clarification of behavioral health training not being equivalent to behaviors of dementia training, on [NJ Ex Order 26.4b1] at 2:20 PM the [US FOIA (B) (6)] [US FOIA (B) (6)] provided the same training records and stated that there was no behavior training other than for dementia. The [US FOIA (B)] stated there was no policy regarding staff behavioral health training. NJAC 8:39-Appendix B XI.5	F 949	[redacted], Rehabilitation Staff is in progress and will continue until completed. b. Mandatory behavioral health training on Overview of Psychiatry in Long Term Care will be required for direct care staff upon hire and annually thereafter. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Inservice Instructor will present the attendance participation by direct care staff upon hire and annually thereafter quarterly to the Quality Improvement Committee.	

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S 000	Initial Comments The facility is 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 interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for the day shift as mandated by the State of New Jersey. This deficient practice was identified for CNA staffing for residents day shifts. The findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 1/28/2021, "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 at 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. b. A staffing analysis was completed by the Staffing Coordinator to identify by shift the minimum number of direct care certified nursing assistants required by regulatory requirements including the New Jersey Department of Health to meet the care needs of the residents based on the daily census. The staffing schedule was reviewed by the Executive Director,	10/20/23

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

Electronically Signed | 09/29/23

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S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/2021: 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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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. A review of the "Nursing Staffing Report" completed by the facility revealed the staffing to resident ratios did not meet the minimum requirements as documented below: For the week of Complaint staffing from 08/28/2022 to 09/03/2022, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows: -08/28/22 had 29 CNAs for 256 residents on the day shift, required at least 32 CNAs. For the week of Complaint staffing from 03/12/2023 to 03/18/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shifts as follows: -03/12/23 had 31 CNAs for 268 residents on the day shift, required at least 33 CNAs. -03/17/23 had 26 CNAs for 267 residents on the	S 560	Director of Nursing and Assistant Director of Nursing with the Staffing Coordinator to identify by shift the required numbers of direct care staff. c. Preakness Healthcare Center has contracts with nine staffing agencies. Staffing agencies will continue to be contacted to fill vacant direct care certified nursing assistant positions while the Executive Director continues to advertise to hire direct care certified nursing assistant positions. d. Assignments were reviewed to assure residents requiring total assistance were not all on one assignment. e. Employment applications are available at the entrance Security desk to ensure individuals looking for employment as direct care staff can be provided with an application immediately and an interview scheduled. 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. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. The Executive Director will continue to use digital, social and print media and to	

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S 560	Continued From page 2 day shift, required at least 33 CNAs. -03/18/23 had 26 CNAs for 266 residents on the day shift, required at least 33 CNAs. For the week of Complaint staffing from 03/26/2023 to 04/01/2023, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts as follows: -03/26/23 had 28 CNAs for 268 residents on the day shift, required at least 33 CNAs. -03/28/23 had 32 CNAs for 266 residents on the day shift, required at least 33 CNAs. -03/30/23 had 32 CNAs for 265 residents on the day shift, required at least 33 CNAs. -03/31/23 had 30 CNAs for 265 residents on the day shift, required at least 33 CNAs. For the week of Complaint staffing from 04/23/2023 to 04/29/2023, the facility was deficienty in CNA staffing for residents on 2 of 7 day shifts as follows: -04/23/23 had 29 CNAs for 265 residents on the day shift, required at least 33 CNAs. -04/29/23 had 31 CNAs for 266 residents on the day shift, required at least 33 CNAs. For the 2 weeks of staffing prior to survey from 08/20/2023 to 09/02/2023, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -08/20/23 had 25 CNAs for 264 residents on the day shift, required at least 33 CNAs. -08/21/23 had 31.5 CNAs for 264 residents on the day shift, required at least 33 CNAs. -08/25/23 had 32.5 CNAs for 265 residents on the day shift, required at least 33 CNAs. -08/26/23 had 21.5 CNAs for 262 residents on the	S 560	assign staff to attend job fairs and community events to recruit direct care staff. A report will be provided to the Passaic County Human Resources Director of recruitment efforts and outcomes on a monthly basis. b. The Executive Director will continue to work with Passaic County Human Resources Director to review staffing levels and recruitment efforts. c. The Executive Director will continue to work closely with union representatives and community leaders to draw attention to the specific need for certified nursing assistants and improve their employment prospects. d. The Executive Director will continue to work with Passaic County Procurement Director to issue Request for Qualifications to expand the pool of staffing agency providers. e. The Executive Director, Director of Nursing and Assistant Director of Nursing will continue to meet on a weekly basis with the Staffing Coordinator to review staffing for the next days, the next weeks, open positions, agency staff availability and recruitment efforts. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. Staffing levels of direct care staff and recruitment efforts are discussed by the	

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 09/08/2023

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) COMPLETE DATE
S 560	Continued From page 3 day shift, required at least 33 CNAs. -08/27/23 had 19 CNAs for 262 residents on the day shift, required at least 33 CNAs. -08/28/23 had 26 CNAs for 262 residents on the day shift, required at least 33 CNAs. -09/02/23 had 30 CNAs for 264 residents on the day shift, required at least 33 CNAs.	S 560	Executive Director with the Director of Passaic County Human Resources. A report of staffing levels, vacancy rates, and trends of direct care staff will be provided to the Passaic County Human Resources Director and the Passaic County Administrator on a monthly basis. Staffing levels, vacancy rates and trends of direct care staff will be reported quarterly to the Quality Improvement Committee meetings.	

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	10/31/2023 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 F0609	Correction	ID Prefix F0610	Correction	ID Prefix F0759	Correction
Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	10/06/2023	LSC	10/20/2023	LSC	10/27/2023
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?
9/8/2023	☐ YES ☐ NO

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	10/31/2023 Y3

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

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0550	Correction	ID Prefix F0584	Correction	ID Prefix F0609	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	10/06/2023	LSC	10/06/2023	LSC	10/06/2023
ID Prefix F0610	Correction	ID Prefix F0623	Correction	ID Prefix F0625	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed	Reg. # 483.15(d)(1)(2)	Completed
LSC	10/20/2023	LSC	10/20/2023	LSC	10/20/2023
ID Prefix F0700	Correction	ID Prefix F0732	Correction	ID Prefix F0759	Correction
Reg. # 483.25(n)(1)-(4)	Completed	Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	10/27/2023	LSC	10/13/2023	LSC	10/27/2023
ID Prefix F0880	Correction	ID Prefix F0909	Correction	ID Prefix F0949	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. # 483.90(d)(3)	Completed	Reg. # 483.95(i)	Completed
LSC	10/27/2023	LSC	10/06/2023	LSC	10/27/2023
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?
9/8/2023	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061617 Y1	A. Building B. Wing Y2	10/31/2023 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	10/20/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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	
9/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

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
E 000	Initial Comments . An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 09/06/2023. The facility was found to be in compliance with 42 CFR 483.73. .	E 000		
K 000	INITIAL COMMENTS . A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 09/06/23 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Preakness Healthcare Center is a three-story building with a basement that was built in 1988 with an addition in 2009. It is composed of Type II protected construction. The facility is divided into 32 - smoke zones. The generator does approximately 70 % of the building as per the Maintenance Director. The current occupied beds are 274 of 406. .	K 000		
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation	K 311		10/27/23

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

Electronically Signed | 09/29/2023

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
	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 311	Continued From page 1 shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: . Based on observations and interview, the facility failed to ensure fire rated door assemblies for exit stairways were 1 ½ hour fire rated in accordance with NFPA 101 Life Safety Code (2012 Edition) Table 8.3.4.2. This deficient practice had the potential to affect 274 residents. Findings include: Observations on 09/06/23 from 1:00 PM to 5:00 PM revealed the stairway exit doors in stairway three on the third floor, located near Rooms 3-433, stairway three on the second floor, located near Rooms 24-71, stairway three on the first floor, located near Rooms 16-67, and in stairway eight on the third floor, located near Rooms 32-52 were equipped with ¾ hour fire doors and not the required 1 ½ hour fire rated doors. During an interview at the time of observations, the US FOIA (b)(6) confirmed the stairway exit doors were ¾ hour fire rated assemblies. NJAC 8:39-31.2(e) NFPA 80 .	K 311	K311, Vertical Openings Enclosure 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. A purchase requisition was processed for the purchase and installation of four fire doors with one and one-half hour fire rating for the stairway exit doors in stairway three on the third floor located near rooms 3-433, stairway three on the second floor located near rooms 24-71, stairway three on the first floor located near rooms 16-67 and in stairway eight on the third floor located near rooms 32-52 was submitted. 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

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K 311	Continued From page 2	K 311	b. The Facilities Director inspected all stairway doors to verify that all stairway doors not identified in 1 (a) above are rated as one hour fire doors. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. The Facilities Director will inspect the doors for the stairway exit doors in stairway three on the third floor located near rooms 3-433, stairway three on the second floor located near rooms 24-71, stairway three on the first floor located near rooms 16-67 and in stairway eight on the third floor located near rooms 32-52 that will be installed to replace the doors identified in 1(a) above that were not rated for one hour to ensure that the replacement doors that are installed are rated for one and one-half hour. The four fire doors were installed on October 23, 2023. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Quality Improvement Committee meets quarterly. The Facilities Director will present the findings from the inspection of the annual stairway doors and the installation of the four doors that will be replaced to the Quality Improvement Committee.	

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	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

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K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: . Based on document review and interview, the facility failed to ensure fire dampers and smoke dampers were inspected every four years in accordance with NFPA 80 Installation, Testing, and Maintenance of Fire Dampers (2010 edition) Section 19.4.1.1 and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition) Section 6.5.2. This deficient practice had the potential to affect 274 residents. Findings include: A document review of the facility's binder, dated 2022 and 2023, provided by the US FOIA (b)(6) [redacted] revealed the fire dampers and smoke dampers were not inspected every four years as required by Code. During an interview on 09/06/23 at 1:00 PM, the	K 372	K372, Smoke Barriers 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. The fire dampers and smoke dampers that are required to be inspected every four years in accordance with NFPA 80 Installation, Testing and Maintenance of Fire Dampers (2010 edition), Section 19.4.1.1 and NFPA 105 Standard for Smoke Door Assemblies and Other Opening Protectives (2010 edition), Section 6.5.2 were inspected by the fire alarm system contractor as documented on the letter to the Facilities Director dated September 27, 2023. 2. How will the facility identify other residents having the potential to be	9/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 372	Continued From page 4 US FOIA (b)(6) confirmed the fire and smoke dampers had not been inspected. NJAC 8:39-31.1(c), 31.2(e) NFPA 80 .	K 372	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. b. The fire alarm system contractor will inspect the fire and smoke dampers every four years and provide the inspection results to the Facilities Director for review and action. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. The Facilities Director identified that the next inspection is due in four years in September 2027. The schedule for the fire and smoke dampers inspection was added into the Master Testing and Maintenance Schedules that is maintained by the Facilities Director and the Executive Director. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Facilities Director will present the results of the smoke and fire dampers inspection to the Quality Improvement Committee and every four years thereafter.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101	K 761		10/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 761	Continued From page 5 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: . Based on document review and interview, the facility failed to ensure the fire doors were inspected annually in accordance with NFPA 101 Life Safety Code (2012 edition) 7.2.1.15. This deficient practice had the potential to affect all 274 residents. Findings include: A document review of the facility's binder, dated 2022 and 2023, provided by the US FOIA (b)(6) [redacted], revealed fire doors were only inspected on doors connected to the fire alarm system. During an interview on 09/06/23 at 1:00 PM , the US FOIA (b)(6) [redacted] confirmed the only fire doors inspected were the doors connected to the fire alarm system. NJAC 8:39-31.1(c), 31.2(e)	K 761	K761, Maintenance, Inspection & Testing Doors 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. A purchase order was issued to a door/security contractor for the inspection of fire doors that are required to be inspected annually in accordance with NFPA 101 Life Safety Code, 2012, 7.2.1.15. The fire doors were inspected on October 19th, 2023. 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?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315361	A. BUILDING **04** B. WING _____	**09/08/2023**

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

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K 761	Continued From page 6 NFPA 80 .	K 761	a. All residents who reside at Preakness Healthcare Center have the potential to be affected by the deficient practice. b. The door/security contractor inspected the fire doors on October 19th 2023, and provided a written record of the annual inspection and testing and provided the results to the Facilities Director for review and action. 3. What measures will be put into place or systemic changes made to ensure the deficient practice will not recur? a. A report was provided by the door/security contractor of the fire door inspection results and the actions taken to repair or address any deficiencies. The inspection results will be presented to the Facilities Director and to the Executive Director for review and action. b. The Facilities Director added the schedule for annual inspection of fire doors into the Master Testing and Maintenance Schedules that is maintained by the Facilities Director and the Executive Director. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Quality Improvement Committee meets quarterly. The Facilities Director will present the results of the annual fire door inspections and actions taken to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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
K 761	Continued From page 7	K 761	Quality Improvement Committee.	

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 04 - BUILDING 03A B. Wing Y2	10/31/2023 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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0311	10/27/2023	LSC K0372	09/27/2023	LSC K0761	10/27/2023
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	
9/8/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO