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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ00179720 Census: 269 Sample Size: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT. A Complaint Survey was conducted from 11/19/24 through 11/26/24 to determine compliance with 42 CFR Part 483, for Long Term Care facilities. During the complaint survey, a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.25 Quality of Care (Federal (F) 684), it was determined the facility failed to follow the Medical Emergency Response policy for a resident in NJ Exec Order 26.4b1. This affected one (Resident #2) of three residents reviewed for medical emergency response procedures. The facility failed to provide the needed emergency transportation services to manage the NJ Exec Order 26.4b1 for Resident #2, which resulted in the resident's NJ Exec Order 26.4b1. The facility further failed to develop a policy and procedure for the staff to follow to determine the use of emergency or non-emergency transportation services based on residents presenting symptoms. It was determined the facility's non-compliance with one or more requirements of participation	F 000		

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

Electronically Signed | 12/17/2024

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

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 caused, or was likely to cause, serious injury, harm, impairment, or death to residents. The Immediate Jeopardy (IJ) was related to State Operations Manual, Appendix PP, 483.25 (Quality of Care) at a scope and severity of "J." This IJ was identified and reported to the facility's US FOIA (b)(6) and US FOIA (b)(6)) on 11/21/2024 at 5:52 PM. The was presented with the IJ template that included information about the issue. The IJ began on 11/15/2024 and continued through 11/25/2024 when the facility submitted an acceptable Removal Plan (RP)the New Jersey Department of Health. On 11/26/2024, the Surveyor verified the Removal Plan was implemented, which included educating all staff on the Non-Emergent Medical Transportation Policy and the revised Emergency Medical Response Policy. The staff interviewed revealed knowledge of what a medical emergency is and the protocol for using 911 vs non-emergent transport for medical emergencies. The staff indicated that the Certified Nursing Assistance or nurse who identified the Resident in distress would first call 911, ensuring EMS services were dispatched as soon as possible. So, the noncompliance remained on 11/26/2024 for no actual harm with the potential for more than minimal harm that is not immediate jeopardy.	F 000		
F 684 SS=J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to	F 684		12/21/24

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 2 facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00179720 Based on interviews and review of pertinent facility documents, it was determined that the facility failed to follow the Medical Emergency Response policy for a resident (Resident #2) in NJ Exec Order 26.4b1. This deficient practice was identified for 1 of 3 residents reviewed for medical emergency response procedures. The facility also failed to provide the needed emergency transportation services to manage the acute NJ Exec Order 26.4b1 of Resident #2, which resulted in the Resident's NJ Exec Order 26.4b1. In addition, the facility failed to develop a policy and procedure for the staff to follow to determine the use of emergency or non-emergency transportation services based on residents NJ Exec Order 26.4b1. The facility's failure to implement its Medical Emergency Response policy and to develop a policy and procedure for the staff to follow to determine the use of emergency or non-emergency transportation services based on residents presenting symptoms placed Resident #2 and all other residents in an immediate jeopardy (IJ) situation related to the State Operations Manual, Appendix PP, 483.25 (Quality of Care) at a scope and severity of "J."	F 684	F684, Quality of Care 1. What corrective actions will be accomplished for those residents affected by the deficient practice? a. Resident #2 was transferred to NJ Exec O [redacted] and was readmitted to Preakness Healthcare Center on NJ Exec Order 26.4b1. b. An investigation of the care of Resident #2 was initiated by the Executive Director, the Director of Nursing and the Assistant Director of Nursing with consultation from the Medical Director. Interviews of LPN#1, LPN#2 and the Assistant Nursing Supervisor were conducted and a statement was obtained from the NJ Exec Order 26.4b1 Therapist. c. LPN#1 was educated by the Executive Director, the Director of Nursing and the Assistant Director of Nursing on November 22, 2024 regarding emergency response and the transcription of physician orders. d. LPN#1 was educated by the Director of Nursing and Assistant Director of Nursing on November 25, 2024 regarding respiratory distress, risk of delaying	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 3 This IJ was identified and reported to the facility's US FOIA (b)(6) on 11/21/2024 at 5:52 PM. The US FOIA was presented with the IJ template that included information about the issue. The IJ began on 11/15/2024 and continued through 11/25/2024 when the facility submitted an acceptable Removal Plan (RP)the New Jersey Department of Health. On 11/26/2024, the Surveyor verified the Removal Plan was implemented, which included educating all staff on the Non-Emergent Medical Transportation Policy and the revised Emergency Medical Response Policy. The staff interviewed revealed knowledge of what a medical emergency is and the protocol for using 911 vs non-emergent transport for medical emergencies. The staff indicated that the Certified Nursing Assistance or nurse who identified the Resident in distress would first call 911, ensuring EMS services were dispatched as soon as possible. So, the noncompliance remained on 11/26/2024 for no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings included the following: On 11/21/2024, the Surveyors reviewed the following in the electronic medical record (EMR): According to the Admission Record, Resident #2 was re-admitted to the facility with diagnoses that included but was not limited to NJ Exec Order 26.4b1 The annual Minimum Data Set (MDS), an	F 684	emergency care, immediately calling 911 for a rapid response for a resident with symptoms of respiratory distress, effectively communicating the resident□s condition to paramedics and ER nurse and the role of the nurse. e. The US FOIA (b)(6) was educated by the Director of Nursing on November 22, 2024 regarding recognizing and responding to respiratory distress, risk of delaying emergency care, immediately calling 911 for a rapid response for a resident with symptoms of respiratory distress and the role of the nursing supervisor. f. The Medical Director educated the US FOIA (b)(6) that 911 must be immediately contacted for emergency transport to the hospital for a resident with symptoms of respiratory distress. g. LPN#2 was educated by the Assistant Director of Nursing on December 16, 2024 regarding respiratory distress, risk of delaying emergency care, immediately calling 911 for a rapid response for a resident with symptoms of respiratory distress effectively communicating the resident□s condition to paramedics and ER nurse and the role of the nurse. h. The Assistant Nursing Supervisors and nurses were immediately re-educated on November 21 and November 22, 2024 on the Code Blue, Medical Emergency Response Policy by the Director of	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 4 assessment tool, dated NJ Exec Order 26.4b1 indicated Resident #2 was NJ Exec Order 26.4b1, required NJ Exec Order 26.4b1 with Activities of Daily Living (ADLs), and NJ Exec Order 26.4b1. According to the progress note (PN) dated NJ Exec Order 26.4b1 at 2:50 PM, written by the Licensed Practical Nurse (LPN) #1, at 9:25 AM, Resident #2 was found to be NJ Exec Order 26.4b but was NJ Exec Order 26.4b1 to staff. The Resident's NJ Exec Order 26.4b1 but the Resident was using his/ her NJ Exec Order 26.4b1 The PN further showed the US FOIA (b)(6) assessed Resident #2 and NJ Exe assisted with re-applying the Resident's NJ Exec Order 26.4b1 Resident #2's NJ Exec Order 26.4b1 (was NJ Exec NJ Exec Order 26.4b1 was NJ Exec NJ Exec Order 26.4b1 were NJ Exec NJ Exec Order 26.4b1) was NJ Exec Order 26, and the NJ Exec Order 26.4b1 was NJ Exec Order 26 while the Resident was wearing a NJ Exec Order 26.4b1. In addition, the PN revealed that at approximately 9:30 AM, the nurse called the doctor and was waiting for the return call. At 9:52 am, the US FOIA (b)(6) returned the call to the facility. After she was given an update on Resident #2's status by LPN #1, the US FOIA gave an order to send the Resident to the emergency room (ER) for evaluation for NJ Exec Order 26.4b1. LPN #1 notified the US FOIA (b)(6) of the order and received assistance from LPN#2 by calling the NJ Exec Orde and notifying the ER of the transfer. At 10:57 AM, NJ Exec Order 26.4b1 representatives arrived to pick up Resident #2 for	F 684	Nursing, Assistant Director of Nursing, Assistant Nursing Supervisors and the Staff Development Director that includes that a person in respiratory distress is a medical emergency. Staff were educated that when there is a medical emergency for a resident with any suspicion of respiratory distress, 911 must be immediately contacted for emergency transport to the hospital. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? a. All Residents who require emergency medical response 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. A Medical Emergency Response Policy and Procedure was developed by the Executive Director, Director of Nursing, Assistant Director of Nursing and an Assistant Nursing Supervisor and approved by the Medical Director to specify that medical emergencies including but not limited to respiratory distress require the immediate contact to 911 for emergency medical transportation services based on the presenting symptoms of residents. b. A Resident Non-Emergency Medical Transportation Policy and Procedure was	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 5 transport and were given a report of Resident #2's status. Resident #2 waited from 9:52 AM to 10:57 AM for transport to the hospital with NJ Exec Order 26.4b1 . A review of the "New Jersey Universal Transfer Form" (a document prepared by the facility for the Resident's transfer to the hospital), dated NJ Exec Order 26.4b1 and timed at 10:45 AM, revealed the Resident's vital signs were NJ Exec Order 26.4b1 . A review of the Physician's Orders for Resident #2 revealed an untimed telephone order from the US FOIA dated NJ Exec Order 26.4b to "send to [NJ Exec Orde care hospital] ER for evaluation of NJ Exec Order 26.4b1 A review of the ED Nursing Note from NJ Exec Order 26.4b1, signed at 4:43 PM, revealed, "1100 pt (patient) brought in via NJ Exec Order 26.4b1 for c/o (complaint of) NJ Exec Order 26.4b1 On arrival to ED pt was found to be in NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1). Pt (patient) on NJ Exec Ord Pt NJ Exec Order 26.4b1 by US FOIA [US FOIA at bedside to adjust NJ Exec Order 26.4b1 along with this US FOIA ..." During an interview with the Surveyor on 11/19/2024 at 1:04 PM, the US FOIA (b)(6) stated he was the Supervisor on the day Resident #2 was sent to the ER. He said that, around 9:30 AM, he received a call from Resident #2's nurse, who	F 684	developed by the Executive Director, Director of Nursing, Assistant Director of Nursing and an Assistant Nursing Supervisor and approved by the Medical Director to specify that non-medical emergencies based on the presenting symptoms of residents may be transported by non-emergency transportation services. c. All nursing staff including licensed nurses, nursing management, nursing supervisors and certified nursing assistants received education by the Director of Nursing, Assistant Director of Nursing and Staff Inservice Instructors on the Medical Emergency Response Policy and Resident Non-Emergency Medical Transportation Policy and Procedure. Education included explanation of medical emergencies, assessment of resident and immediate call to 911 for a resident who exhibits signs of respiratory distress or any sudden medical change that requires urgent attention, monitoring of resident until paramedics arrive. Non-Emergency medical transportation education included the procedures for a resident who does not exhibit life-threatening symptoms, notification to the physician for the physician□s determination of whether transport to the emergency room is medically necessary. d. The Medical Emergency Response Policy and Resident Non-Emergency Medical Transportation Policy and Procedure were added to the orientation program for nursing staff.	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 6 stated that Resident #2 was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. US FOIA (b)(6) stated that he assessed Resident #2 and ruled out a NJ Exec Order 26.4b1, was NJ Exec Order 26.4b1 after receiving his/her medication. The US FOIA (b)(6) stated that NJ Exec Order 26.4b1 was called to put the NJ Exec Order back on the Resident and that LPN #1 called the doctor because Resident #2 was NJ Exec Order 26.4b1. US FOIA (b)(6) stated he went back to see Resident #2 around 9:45 AM, and the Resident had a NJ Exec Orde back on and NJ Exec Order 26.4b1. He further stated that while re-assessing the Resident, the doctor called back and ordered him to send the Resident to the hospital. The US FOIA (b)(6) further stated that LPN #1 and LPN #2 gathered the paperwork to send to the Resident and called the ambulance, ER, and Resident #2's family. In addition, US FOIA (b)(6) stated that if a resident is stable, the protocol is to send them out using NJ Exec Order 26.4b1 service. He explained that if they cannot NJ Exec Order 26.4 the Resident or the ambulance cannot come in less than one hour; they call 911. According to the US FOIA (b)(6), they did not call 911 because there was no "NJ Exec Order 26.4b1," 911 would need to be called for NJ Exec Order 26.4b1. US FOIA (b)(6) stated that Resident #2 appeared NJ Exec Order and had NJ Exec Order 26.4b1. During an interview on 11/19/2024 at 1:43 PM, LPN #2 stated LPN #1 asked her to look at Resident #2. LPN #2 stated that the Resident had a "NJ Exec Order 26 look on his/ her NJ Exec O and was NJ Exec Order 26 it appeared that the Resident NJ Exec Order 26.4b1. She further stated that Resident #2 NJ Exec Order 26.4b1. LPN #2 also stated that Resident #2 was usually more	F 684	e. Mandatory annual inservices on the Medical Emergency Response Policy and Resident Non-Emergency Medical Transportation Policy and Procedure for all nursing staff were added to the annual schedule of inservice. f. A Nursing Assessment and Documentation educational program was developed by Assistant Nursing Supervisors with consultation from the Director of Nursing and the Medical Director. The educational program is a refresher on performing head to toe assessments including but not limited to changes in condition, pulmonary and cardiovascular assessments, conducting thorough focal assessments, completing thorough documentation and contacting 911 for life-threatening emergency conditions. Mandatory education by the Assistant Nursing Supervisors is in progress for all nurses and will continue until completed. g. The Nursing Assessment and Documentation educational program was added to the orientation program for nurses. h. Mandatory annual inservice on the Nursing Assessment and Documentation educational program was added to the annual schedule of inservice for nurses. i. Every emergency room transfer will be reviewed at the weekday Health Services Committee meetings to ensure	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 7 NJ Exec Order 26.4b1 and would NJ Exec Order 26.4b1 and tell you if he/ she NJ Exec Order 26.4b1. LPN#2 said she was unsure if the US FOIA specified which transport to call. She explained that 911 would be called for an emergency such as NJ Exec Order 26.4b1. The Surveyor and LPN#2 reviewed the US FOIA (b) order to send Resident #2 to the ER for evaluation of NJ Exec Order 26.4b1. LPN #2 stated that she was unaware that the US FOIA (b) order stated to send the Resident out for evaluation of NJ Exec Orde During an interview with the Surveyor on 11/19/2024 at 1:54 pm, the US FOIA stated they received a call at 9:50 AM from the nurse (LPN #1) taking care of Resident #2. The LPN stated Resident #2 was NJ Exec Order 26.4b1. The US FOIA said she requested Resident #2 to be sent to the hospital and recalled the order for NJ Exec Order 26.4b1 The US FOIA stated they should have called 911 if the vital signs had changed. On 11/19/2024 at 3:19 PM, the US FOIA (b)(6) were interviewed. The US FOIA (b)(6) stated that the administration is notified when a resident is transported to the hospital. The US FOIA stated security sends an email notification each time a resident enters and leaves the building for census purposes. The US FOIA (b) stated that the Nursing Supervisors also notify them when a resident is transported to the hospital during report. The US FOIA and the US FOIA (b) stated they use NJ Exec Order 2 NJ Exec Order 26.4b1, and NJ Exec O for stable residents requiring transport and 911 for emergencies. According to the US FOIA (b)(6) a nurse does not need to call a Supervisor to call 911; they can use their nursing judgment in an emergency. The US FOIA (b) further stated that he is familiar with Resident #2 and was notified by the	F 684	that the policies for resident Medical Emergency Response and Resident Non-Emergency Medical Transportation are followed and opportunities for improvement are identified. The meetings are 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 Dietian, Quality Improvement Coordinator, Director of Rehabilitation, Director of Therapeutic Recreation. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. The Director of Nursing/designee reviewed resident transfers to hospital emergency rooms for the month of November 2024 to ensure all proper procedures and protocols were followed during medical emergencies. Findings were presented to the Quality Assurance and Performance Improvement Committee at the December 5, 2024 meeting. b. The Director of Nursing/designee will review all resident transfers to hospital emergency rooms to ensure all proper procedures and protocols are followed during medical emergencies. Findings from the reviews will be analyzed and reported to the Executive Director and Medical Director for each resident□s	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 8 US FOIA (b)(6) of the Resident being transported to the ER for issues with their NJ Ex Order 26.4b1 after the Resident had left the building. According to the US FOIA (b)(6) he was informed that the Resident's NJ Exec Order 26.4b1 and was not aware of Resident #2's NJ Exec Order 26.4b1 at the time of pick up. The US FOIA (b) stated that if the vital signs change at any time while waiting for transport to the hospital, he expects the staff to call 911. During an interview on 11/21/2024 at 1:31 PM, the US FOIA (b)(6)) stated that if the transport did not have an ambulance or if the wait was too long, they would call 911. She said that 2 hours would be too long of a wait time for an ambulance to pick up any resident for transport for evaluation, and in that situation, 911 would be called for the Resident to be transported. The US FOIA (b)(6) further stated that if the Resident's NJ Exec Order 26.4b1, 911 should be called instead of waiting for medical transportation. She also stated that if a resident is experiencing NJ Exec Order 26.4b1, then the Resident should be sent to this hospital via 911. During an interview on 11/21/2024 at 2:12 pm, LPN#1 stated she recalled the day Resident #2 was sent to the hospital. She stated while she was doing her rounds around 8 am, the Resident's NJ Exec Orde was removed, and a NJ Exec Orde was applied to the Resident through NJ Exec Order 26.4b1. She stated that when she returned to give Resident #2 their medication, the Resident NJ Exec Order 26.4b1 and appeared to be using his/ her NJ Exec Order 26.4b1 NJ Exec Order 26.4b1. She stated she called the US FOIA (b)(6) to assess the Resident because the US FOIA (b)(6) was able to speak to Resident #2 in	F 684	transfer and in the aggregate at the monthly Quality Assurance and Performance Improvement Committee meetings by the Director of Nursing/designee and serve as the basis for action as appropriate. Based on the findings the Quality Assurance and Performance Improvement Committee will determine if additional audits are required.	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 9	F 684		

NJ Exec Order 26.4b1 While Resident #2 spoke with the US FOIA (b)(6) the Resident requested that the NJ Exec Orde machine be placed back on. She informed the US FOIA (b)(6) that she would call the Resident's doctor. LPN #1 stated that the US FOI returned her call and told her to send the Resident out for NJ Exec Order 26.4b1. She stated that she called the family and completed the paperwork, and LPN #2 called the ER and for the ambulance.

During a telephone interview on 11/21/2024 at 3:23 pm, the US FOIA (b)(6)) stated that staff should assess the Resident and provide clinical information to the doctor to discuss what orders are needed. For instance, if the Resident needs NJ Exec Order 26.4b1) orders or if they need to go out to the hospital. She explained that if a resident is NJ Ex Order 26.4b1 and their vital signs are NJ Exec Order 26.4b1 they should be transported to the hospital via 911. If a resident is in NJ Exec Orde she expects the staff to call 911. The US FOIA further stated that anyone on NJ Exec Order 26.4b1 should be transported by paramedics, which should be a standard of care, and anyone on a NJ Exec Order 26.4b1 should be transported by 911.

Review of the facility's Policy titled "Code Blue Medical Emergency Response," with a last revised date of 12/9/2020, revealed the following: Under Policy: (The Facility) will utilize standard procedure in responding promptly to a medical emergency. Definitions included: Medical Emergency- Examples include but not limited to: An unconscious person; a person in respiratory distress; a person who is choking; a person who us having seizures; a person with severe bleeding; a person who falls which leads to a serious injury. Procedure: Medical Emergency

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 10 Response 1. A person in a medical emergency is identified and code blue is initiated. 2. Identify code status of a resident. NOTE: The medical record will also be checked to verify the code status of the Resident. If you are the first responder in an emergency situation: - Check the person for responsiveness, breathing and pulse. - Page Code Blue (x6164) and direct staff to call for ambulance and paramedics. NJAC 8:39-27.1(a)	F 684		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061617	A. BUILDING: _____ B. WING _____	C 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint #: NJ179720 Census: 269 Sample Size: 3 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 The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: C#: NJ00179720 Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 1 of 14 day shifts. The deficient practice was	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. The Executive Director reviewed the	12/21/24

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

Electronically Signed | 12/17/24

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 1 evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of AAS-11 staffing from 11/03/2024 to 11/16/2024, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -11/03/24 had 32 CNAs for 265 residents on the day shift, required at least 33 CNAs.	S 560	staffing schedule for the one day shift of fourteen day shifts that did not meet the required minimum staff-to-resident ratio and noted that four staff did not work as scheduled which resulted in 32 CNAs for 265 residents rather than the required 33 CNAs for 265 residents. 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. A Nursing Supervisor or the Staffing Coordinator will update the Director of Nursing/designee at the beginning of each shift if the C NA to resident ratio has not been met. Efforts will be made to address the CNA shortage for the shift immediately. b. The Executive Director, the Director of Nursing and Assistant Director of Nursing monitor certified nursing assistant staffing ratios and will continue to augment certified nursing assistant staffing levels by retaining agency certified nursing assistant staff and offering additional shifts and/or overtime to employed certified nursing assistant staff who wish to work additional shifts and/or overtime.	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 2	S 560	c. Resident census and nursing staffing including certified nursing assistant staff schedules are reviewed daily by the Director of Nursing/designee and the Executive Director to monitor certified nursing assistant staff to resident ratios. Assignments are reviewed to assure residents requiring total assistance are not all on one assignment. d. The Collective Bargaining Agreement that includes Certified Nursing Assistants was renegotiated for the period that began on July 1, 2024. Included are wage increases for full-time, part-time and per diem staff, salary step level increases for Certified Nursing Assistants and a stipend for Certified Nursing Assistants during the first twelve months of their initial employment. e. Preakness Healthcare Center has contracts with eleven staffing agencies to provide nursing staff including certified nursing assistants. Staffing agencies will continue to be contacted to fill vacant certified nursing assistant positions while the Executive Director continues to advertise to hire certified nursing assistants. f. Employment applications are available at the entrance Security desk and on the Passaic County/Preakness Healthcare Center website to ensure individuals looking for employment as certified nursing assistants can be provided with an application immediately and an interview scheduled. g. The Staffing Coordinator will establish a pool of certified nursing assistants who	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 3	S 560	are willing/available to fill in the vacant shifts in the event of call-outs by certified nursing assistants. h. The Executive Director will continue to use digital, social and print media and to assign staff to attend job fairs and community events with Passaic County Human Resources personnel to recruit certified nursing assistants. i. The Executive Director will continue to work with Passaic County Human Resources Director to review staffing levels and recruitment efforts. j. The Executive Director will continue to work with Passaic County Procurement Director to issue Requests for Qualification to expand the pool of staffing agency providers for certified nursing assistants. k. The Executive Director, Director of Nursing, Assistant Director of Nursing and Staffing Coordinator will continue to meet on a weekly basis to review certified nursing assistant staffing levels for the next days, the next weeks, vacant positions, agency staff availability and recruitment efforts. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur? a. Staffing levels of certified nursing assistants and recruitment efforts are reviewed by the Executive Director and the Director of Passaic County Human	

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 11/26/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 4	S 560	Resources. Staffing levels including compliance with PL 2020 c112 NJSA 30:13-18, vacancy rates and trends of certified nursing assistants will be reported by the Executive Director quarterly to the Quality Improvement Committee for review and recommendations.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315361 Y1	A. Building B. Wing Y2	1/2/2025 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 F0684	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/21/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/26/2024	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061617 Y1	A. Building B. Wing Y2	1/2/2025 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	12/21/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
11/26/2024	☐ YES ☐ NO