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 05/02/2025

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 #: NJ00185501 CENSUS: 280 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.	F 000		
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 interviews, review of medical records, and review of pertinent documentation provided by the facility on 05/02/2025, it was determined	F 610	1. What corrective actions will be accomplished for those residents affected by the deficient practice?	6/13/25

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

Electronically Signed | 06/03/2025

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 610	Continued From page 1 that the facility failed to thoroughly investigate an NJ Exec Order 26.4b1 and follow the facility's "Resident Abuse" policy. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for NJ Exec Order and was evidenced by the following: A Facility Reported Event (FRE), a document used to report incidents, submitted to the New Jersey Department of Health (NJDOH) by the facility's US FOIA (b)(6)) on NJ Exec Order 26.4b1 was reviewed. The FRE revealed that on NJ Exec Order 26.4b1 at 4:20 P.M., the facility's US FOIA (b)(6) listened to a voice message left by Resident #2 at 6:29 A.M., the same day. The voice message was described in the FRE as follows: "[She/He] stated that [Certified Nursing Assistant (CNA) #1] NJ Exec Order 26.4b1 ." Review of the facility's "INVESTIGATORY SUMMARY AND CONCLUSION," written by the facility's US FOIA (b) about the NJ Exec Order 26.4b1 made by Resident #2 against CNA #1 was conducted. Under "Investigation:" the facility report revealed that the US FOIA (b) conducted interviews with Resident #2 and a resident that she/he was friendly with. Further review of the facility report revealed that interviews were conducted with CNA #1 and the Registered Nurse assigned to Resident #2 on day shift of NJ Exec Order 26.4b1 . The report contained no documentation that additional staff or resident interviews were conducted. Review of the Admission Record (AR) revealed that Resident #2 was admitted to the facility with diagnoses that included but were not limited to: NJ Exec Order 26.4b1	F 610	a. Resident #2 was assessed by the RN on NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 were noted. The NJ Exec Order 26.4b1 was notified on NJ Exec Order 26.4b1 of resident #2s NJ Exec Order 26.4b1 by CNA #1. Two NJ Exec Order 26.4b1 responded to interview resident #2. In the presence of the Director of Nursing who accompanied the NJ Exec Order 26.4b1 at the request of the NJ Exec Order 26.4b1 , resident #2 stated CNA #1 had NJ Exec Order 26.4b1 or anything like that. Resident #2 denied he was referring to CNA #1. As documented on the Sheriffs Investigation Report, resident #2 expressed a desire to be NJ Exec Order 26 with NJ Exec Order 26.4b1 during NJ Exec Order 26.4b1 and during NJ Exec Order 26.4 assistance. b. On NJ Exec Order 26.4b1 , resident #2s NJ Exec Order 26.4b1 was reported to the New Jersey Department of Health complaint hotline and the AAS-45 document was submitted to the New Jersey Department of Health. The facility investigation report was submitted to the New Jersey Department of Health on April 17, 2025. The facility investigation did not NJ Exec Order 26.4b1 . An addendum to the facility investigation was submitted to the New Jersey Department of Health on May 5, 2025 that included interviews of additional staff who worked on the day shift of the NJ Exec Order 26 interviews of alert residents who were cared for by CNA #1 and a review of the records of residents who were cared for by CNA #1 who could not be interviewed to determine if there were any reports of NJ Exec Order 26 to the residents. There weren't any complaints or NJ Exec Order 26 noted.	

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

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F 610	Continued From page 2	F 610		

NJ Exec Order 26.4b1

A review of the most recent Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, indicating that the resident's NJ Exec Order 26.4b1.

During an interview on 05/02/2025 at 10:45 A.M., Resident #2 stated that she/he left a voice message for the [redacted] in [redacted] approximately [redacted] The resident stated that she/he left the voice message to let the [redacted] know that staff was [redacted] and that her/his [redacted] was [redacted] The resident further stated that she/he called to complain specifically about care received from CNA #1 on NJ Exec Order 26.4b1

During an interview on 05/02/2025 at 12:04 P.M., CNA #1 stated that on NJ Exec Order 26.4b1 she performed care for Resident #1, and she/he did not make any complaints. CNA #1 stated that on NJ Exec Order 26.4b1 the [redacted] called and informed her not to come to work for the overtime she was scheduled for on NJ Exec Order 26.4b1. CNA #1 stated that on NJ Exec Order 26.4b1 she provided a written statement about the incident to the facility's [redacted] CNA #1 stated that on NJ Exec Order 26.4b1 she returned to the facility and received education related to [redacted] resident rights, and transferring.

During an interview on 05/02/2025 at 12:55 P.M.,

c. Resident #2s care plan for [redacted] and [redacted] was revised from care by two CNAs to care by one CNA in the presence of a licensed nurse.

d. The Facility Reporting Incident Data and Analysis Yield (FRIDAY) form was submitted to the New Jersey Department of Health on April 24, 2025. In a letter dated May 14, 2025, the New Jersey Department of Health dismissed the case against CNA #1.

e. A clinician from the NJ Statewide Clinical Outreach Program for the Elderly (S-COPE) conducted an initial evaluation of resident #2 on NJ Exec Order 26.4b1 The recommendations from the evaluation to address resident #2s NJ Exec Order 26.4b1 needs were reviewed by the NJ Exec Order 26.4b1 [redacted] for resident #2 with resident #2. S-COPEs clinician invited facility staff to attend a case conference session with S-COPEs interdisciplinary team when the case conference is scheduled by S-COPE.

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 allegations of abuse received and recorded by the Executive

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F 610	Continued From page 3 Resident #1 (who was cared for by CNA #1 on NJ Exec Order 26.4b1) stated that she/he did not recall being interviewed recently by facility staff about NJ Exec Orde treatment. During an interview on 05/02/2025 at 1:00 P.M an unsampled resident (who was cared for by CNA #1 on NJ Exec Order 26.4b1) stated that no facility staff had interviewed her/him about NJ Exec Orde treatment by staff in the last few weeks. During an interview on 05/02/2025 at 2:07 P.M., CNA #2 confirmed that he worked in the facility's 1-300 unit on day shift on NJ Exec Order 26.4b1. CNA #2 stated that he had not given any statements or been interviewed about the incident on NJ Exec Order 26.4b1 involving Resident #2 and CNA #1. During an interview on 05/02/2025 at 2:13 P.M., CNA #3 confirmed that she has worked in the facility's 1-300 unit regularly on day shift for approximately the NJ Exec Order 26.4b1. CNA #3 stated that she was not interviewed or asked to provide any statements about the incident on NJ Exec Order 26.4b1 involving Resident #2 and CNA #1. During an interview on 05/02/2025 at 2:52 P.M., CNA #4 confirmed that she has worked in the facility's 1-300 unit on day shift routinely. CNA #4 stated that she was not asked to provide any statements or interviews about the incident on NJ Exec Order 26.4b1 involving Resident #2 and CNA #1. During an interview on 05/02/2025 at 2:25 P.M., the US FOIA (b) stated that his investigation of the NJ Exec Order 26.4b1 by Resident #2 included an interview and statement from the nurse who cared for Resident #2 when the NJ Exec Order 26.4 incident occurred. The US FOIA (b) stated that his investigation	F 610	Director on the Reportable Events Tracking spreadsheet during the month of May 2025 was conducted by the Executive Director and Quality Improvement Coordinator to review if allegations of abuse were thoroughly investigated to identify measures to ensure thorough investigations are conducted. 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 thoroughly investigate and report allegations of abuse to the Executive Director, New Jersey Department of Health, the New Jersey Ombudsman, the facility's Medical Director, law enforcement and New Jersey Medicaid Managed Long-term Services and Supports, Critical Incident Department for residents with Medicaid insurance. b. The Executive Director, Director of Nursing, Assistant Director of Nursing and the Quality Improvement Coordinator reviewed and revised the Resident Abuse Policy with input from the Medical Director to specify elements of a thorough investigation. Revisions include the requirement that even if an allegation was reported to law enforcement as a reasonable suspicion of a crime, an internal investigation to the extent possible in consultation with the law	

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F 610	Continued From page 4 also included interviews with CNA #1 and Resident #2. The [US FOIA (b)] stated that other residents were interviewed about the care they received from CNA #1 but a statement was documented from only one of those residents. The [US FOIA (b)] further stated that Resident #1 was the only resident in CNA #1's assignment that was assessed after the [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]. During a follow-up interview on 05/02/2025 at 3:08 P.M., the [US FOIA (b)] stated that not following the facility's [NJ Exec Order 2] policy could result in [NJ Ex Order 26.4(b)(1)] not being identified. The [US FOIA (b)] further stated that this could impact the [NJ Exec Order 26.4b1] of residents "in every way." During an interview on 05/02/2025 at 3:19 P.M., The [US FOIA] stated that she became aware of Resident #2's [NJ Exec Order 26.4b1] against CNA #1 on [NJ Exec Order 26.4b1] at 4:20 P.M. The [US FOIA] stated that an investigation of the [NJ Exec Order 26.4b1] was started right away. During the same interview, the [US FOIA] explained the expectations for investigation of an [NJ Exec Order 2] The [US FOIA] explained that statements should be taken from [NJ Exec Order 26.4b1] residents in the CNA's assignment. The [US FOIA] stated that it was important to check the condition of non-interviewable residents in the CNA's assignment to ensure that there was not a bigger issue. The [US FOIA] stated that this was not done. During a follow-up interview on 05/02/2025 at 5:07 P.M., the [US FOIA (b)] stated that he did not have documentation of any other interviews or statements from other residents in CNA #1's assignment on [NJ Exec Order 26.4b1]. The [US FOIA (b)] further	F 610	enforcement authority will be conducted. Revisions also include but are not limited to investigation and reporting requirements of a thorough investigation such as obtaining statements and/or interviewing staff who could possibly have contact with the resident, all residents under the care of the accused person, residents living in close proximity to the resident, care plans in place at the time of the event, prior allegations against accused staff, measures to prevent allegations from recurring. c. Mandatory inservice on the revised Resident Abuse Policy by the Inservice Instructors was provided for all staff. Topics include thorough investigation and review of allegations of abuse to prevent further potential incidents including the requirement that even if an allegation was reported to law enforcement as a reasonable suspicion of a crime, an internal investigation to the extent possible in consultation with the law enforcement authority will be conducted. Topics also included investigation and reporting requirements of a thorough investigation such as obtaining statements and/or interviewing staff who could possibly have contact with the resident, all residents under the care of the accused person, residents living in close proximity to the resident, and a review of care plans in place at the time of the event, any prior allegations against accused staff, and measures to prevent allegations from recurring.	

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F 610	Continued From page 5 stated that he did not have documentation of statements from staff members, other than a nurse, who worked with CNA #1 on [redacted]. Review of the facility's policy "Resident Abuse" with a last reviewed date of 9/26/23, under "DEFINITIONS:" on page 1 revealed, "Allegation- Is defined as a statement or a gesture made by someone (regardless of capacity or decision making ability) that indicates that abuse, neglect, exploitation or misappropriation of resident property may have occurred, and requires a thorough investigation to substantiate that it did or did not occur." The same facility policy revealed on page 6 under "E. Investigation," "Preakness Healthcare Center will investigate all incidents with injuries of unknown origin and all alleged violations. Allegations of abuse must be investigated by a professional, and, if applicable, in the primary language of the resident. The reports will include: [...] f. Written statements from the resident (if able), possible suspect, eye witnesses and any circumstantial witnesses. [...] h. any other information which may be helpful in the investigation as well as the protection of the resident." N.J.A.C. 8:39- 4.1 (a) (5)	F 610	d. Staff will continue to receive training upon hire or assignment, annual mandatory in-service education during MIST (Mandatory Inservice Training) and on an on-going basis on the Resident Abuse Policy. e. Resident allegations and complaints will continue to be reviewed with discussion of the actions taken to resolve the allegations and 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, Quality Improvement Coordinator, Director of Rehabilitation, Director of Therapeutic Recreation. f. Resident allegations and complaints will continue to be investigated and reported to the Executive Director, New Jersey Department of Health, the New Jersey Ombudsman, the facility's Medical Director, law enforcement and New Jersey Medicaid Managed Long-term Services and Supports, Critical Incident reporting for residents with Medicaid insurance. 4. How will the corrective actions be monitored to ensure the deficient practice will not recur?	

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F 610	Continued From page 6	F 610	a. The Quality Assurance and Performance Improvement Committee meets quarterly or more frequently as needed. The Executive Director will present the results of the audit by the Executive Director and the Quality Improvement Coordinator of all allegations of abuse during the month of May to the Quality Improvement Committee. b. Each month the Executive Director and Quality Improvement Coordinator will audit the investigations of allegations of abuse to determine if allegations of abuse were thoroughly investigated and to identify any opportunities for improvement. The findings will be addressed and are documented on the Reportable Events Tracking spreadsheet that is updated and maintained by the Executive Director. The Executive Director will report the results quarterly to the Quality Improvement Committee to ensure ongoing and sustained compliance with the requirement for thorough investigations.	

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 05/02/2025

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S 000	Initial Comments COMPLAINT #: NJ00185501 CENSUS: 280 SAMPLE SIZE: 3 The facility was in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each 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		

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

Electronically Signed | 06/03/25

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	6/23/2025 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 F0610	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.12(c)(2)-(4)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/13/2025	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?
5/2/2025	☐ YES ☐ NO