

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>	
(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 the New Jersey Department of Health (NJDOH).  Complaint #: NJ166333  Survey Dates: 04/02/24 through 04/05/24  Survey Census: 47  Sample Size: 17  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 RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)  §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and policy review, the facility failed to ensure that one resident (Resident (R) 35) of one resident observed with medications at the bedside was <b>US FOIA (b)(6)</b> , a care plan developed and a physician's order for <b>NJ Ex Order 26.4b1</b> was obtained.  Findings include:	F 554	Compliance Date: 4/16/2024  How will the corrective action be accomplished for those residents found to be affected by this practice? Resident #35 <b>NJ ex order 26.4b1</b> <b>NJ Ex Order 26.4b1</b> The resident was found to be <b>NJ Ex Order 26.4b1</b> to <b>NJ Ex Order 26.4b1</b> medications, per <b>NJ Ex O</b> desire.	4/16/24

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


TITLE

(X6) DATE

Electronically Signed

04/25/2024

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

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F 554	Continued From page 1  Review of the facility's policy, titled "Self-Administering Medications," revised 02/23, revealed "Policy: A. Each customer is given the opportunity to self-administer his/her medications if the interdisciplinary team (IDT), upon evaluation of a customer's ability to safely self-administer medications, has determined that this practice is safe ... Procedure: A. IDT assesses and determines if self-administration of drugs would be a safe practice for each customer. Customers desiring to self-medicate and who are deemed appropriate candidates by the IDT must receive medication education from the nursing staff ... B. If the customer is a candidate for self-administration, the IDT asks the customer during his/her care conference whether he/she wishes to self-administer medications. This should be documented in the resident's record: 1. The decision for self-administration is made after the completion of a comprehensive assessment. The decision for self-administration is recommended to be completed and care planned within seven days. 2. The customer is informed that it is his/her right to self-administer medications. C. The physician writes an order for self-administration with a progress note: E. The IDT documents in the customer's care plan who (i.e., the customer or nursing staff) is responsible for storage. Nursing staff documents the self-administration of drug (i.e., which ones, how much, how often), as well as the location (e.g., customer's room in a separate locked compartment or nurses' station) of administered drugs: 1. Facility must provide a secured compartment	F 554	Doctor was notified, and an order was obtained, and a care plan initiated. Resident <b>NJ ex order 26.4b1</b>   How will the Facility identify other residents having the potential to be affected by the same deficient practice? All residents expressing such desire to self-medicate will be evaluated and assessed. Doctor will be consulted, and if appropriate, an order obtained, and a care plan developed. Medications and vitamins will be stored in a lockbox.  What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? Nursing staff were instructed to observe residents and resident rooms for desire to self-medicate, or any medications not provided or administered by the facility. Nurses noting residents wanting to self-medicate will alert the supervisors or Director of Nursing and perform the assessments if warranted. MD will be notified, and an order obtained if appropriate. These residents and the care plans will be reviewed quarterly for the continuation of self-medication.  How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality		

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F 554	<p>Continued From page 2 for storage of medications. 2. Nursing staff and the customer will be the only individuals with access to the locked compartment."</p> <p>During observation on 04/02/24 at 09:50 AM, there was a box that contained <b>NJ ex order 26.4b1</b> on R35's overbed table. The box included the following medications or supplements: <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p><b>NJ ex order 26.4b1</b> [REDACTED]</p> <p><b>NJ ex order 26.4b1</b> [REDACTED]</p>	F 554	<p>assurance program will be put into place)? A QAPI has been initiated to observe for any residents who prefer to self-medicate or refuse to take medications while the nurse is present. The DON will follow this QAPI monthly for 3 months, or longer if needed.</p>	

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F 554	<p>Continued From page 3</p> <p><b>NJ ex order 26.4b1</b></p> <p>Observation on 04/02/24 at 10:08 AM, Licensed Practical Nurse (LPN)1 brought R35's morning medication of <b>NJ ex order 26.4b1</b> to R35's room and sat the cup on R35's overbed table.</p> <p>During an interview on 04/02/24 at 10:08AM, LPN1 stated when questioned about the box of medications or supplements on R35's overbed table, LPN1 said that she did not think R35 had an order for these medications or supplements. LPN1 left the room without watching R35 <b>NJ ex order 26.4b1</b>. LPN1 stated that R35 will take the medication after <b>NJ ex order 26.4b1</b> finished the <b>NJ Exec Order 26.4b1</b> was drinking.</p> <p>Interview on 04/02/24 at 10:15 AM, LPN1 stated that she normally does not leave medication with a resident; however, R35 <b>NJ ex order 26.4b1</b></p> <p>Review of R35's "Face Sheet" under tab "Profile" in the electronic medical record (EMR) revealed that R35 was admitted to the facility <b>NJ ex order 26.4b1</b> with a diagnosis of <b>NJ ex order 26.4b1</b></p> <p>Review of R35's quarterly "Minimum Data Set (MDS)" with Assessment Reference Date (ARD) date of <b>NJ ex order 26.4b1</b> indicated that R35 had a "Brief Interview for Mental Status (BIMS)" score <b>NJ ex order 26.4b1</b> out of 15, which indicate that R35 was <b>NJ ex order 26.4b1</b>.</p> <p>Review of R35's "Order Summary" in the EMR under the "Orders" tab dated <b>NJ ex order 26.4b1</b> revealed <b>NJ ex order 26.4b1</b></p>	F 554			

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F 554	Continued From page 4 NJ ex order 26.4b1 [REDACTED] NJ ex order 26.4b1 [REDACTED]." Further review of the "Order Summary" did not indicate an order to NJ Exec Order 26.4b1 [REDACTED] her own medications.  Review of "Assessment" under the "Assessments" tab in the EMR indicated no evidence that R35 was NJ ex order 26.4b1 [REDACTED]  Review of R35's "Care Plan" dated NJ ex order 26.4b1 [REDACTED] in the EMR under the "Care Plan" tab revealed no evidence that R35 NJ ex order 26.4b1 [REDACTED]  Interview on 04/04/24 at 08:50 AM, the US FOIA (B) (6) [REDACTED] indicated that she expected no medications be left at bedside. The US FOIA (B) [REDACTED] confirmed that R35 NJ ex order 26.4b1 [REDACTED]  NJAC 8:39-29.2(c)6(d)	F 554			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced	F 602		4/25/24	

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F 602	<p>Continued From page 5</p> <p>by: Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure that one resident (Resident (R) 6) from four residents observed during medication administration were given their medication. Specifically, R6 <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>Findings include:</p> <p>Review of the facility's policy, titled "Abuse, Neglect and Mistreatment of Resident's Policy," revised 02/24, revealed, "Each resident has the right to be free from ...misappropriation of property. ...misappropriation of property: deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent ...Documentation and investigative action ...8. The Administrator and Director of Nursing (DON) will be made aware of all such incidents occurring in the facility and will review completed reports. If any accident is of a serious nature, misappropriation, or exploitation, it shall be reported by telephone within two hours regardless of time of day."</p> <p>During medication administration observation on 04/03/24 at 08:43 AM, Licensed Practical Nurse (LPN)1 was preparing R6's medications, including <b>NJ ex order 26.4b1</b> [REDACTED]. When LPN1 looked in the medication cart, LPN1 said that R6's <b>NJ ex order 26.4b1</b> had not been received from the pharmacy. LPN1 pulled R17's <b>NJ ex order 26.4b1</b> [REDACTED], and place one pill in a medication cup. LPN1 gave R6, R17's <b>NJ ex order 26.4b1</b> [REDACTED]</p>	F 602	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? Resident #6 <b>NJ ex order 26.4b1</b> [REDACTED] MD was made aware of the med error.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the deficient practice. Nurses have been educated to properly reorder medications from the pharmacy to avoid borrowing medications from one resident for the use of another.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? Nurses have been educated to properly reorder medications from the pharmacy to avoid borrowing medications from one resident for the use of another. If medication is not available, the nurse will check the backup (<b>NJ Ex Order 26.4b1</b>) to see if there is stock there. If not, the doctor will be notified, the pharmacy will be called to deliver STAT, and the DON will be advised.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into</p>	

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F 602	<p>Continued From page 6 medication.</p> <p>1. Review of R6's "Face Sheet" under the electronic medical record (EMR) tab "Profile" indicated that R6 was re-admitted to the facility on [NJ Exec Order 26.4b1] with a diagnosis including [NJ Exec Order 26.4b1].</p> <p>Review of R6's "Order Summary" under the EMR tab "Orders" dated [NJ ex order 26.4b1] indicated [NJ ex order 26.4b1].</p> <p>Review of R6's "Medication Administration Record (MAR)" under the EMR tab "Order" dated [NJ ex order 26.4b1] revealed "R6 was given [NJ ex order 26.4b1] between [NJ ex order 26.4b1] and signed by LPN1."</p> <p>2. Review of R17's "Face Sheet" under the EMR tab "Profile" indicated that R17 was admitted to the facility on [NJ ex order 26.4b1] with a diagnosis including [NJ ex order 26.4b1].</p> <p>Review of R17's "Order Summary" under the EMR tab "Orders" dated [NJ ex order 26.4b1] indicated, [NJ ex order 26.4b1], [NJ ex order 26.4b1].</p> <p>Review of R17's "MAR" under the EMR tab "Order" dated [NJ ex order 26.4b1] revealed that R6 was given [NJ ex order 26.4b1].</p> <p>Interview on 04/03/24 at 11:44 AM, LPN1 indicated that the EMR system for re-ordering medication indicated that R6's [NJ ex order 26.4b1] was filled and received on [NJ ex order 26.4b1]; however, LPN1 said that the medication was not on the medication cart and indicated that this would be the only place the medication would be stored.</p>	F 602	<p>place)?</p> <p>A QAPI will be initiated to start a weekly audit, reviewing residents medications at random. The audits will be completed by the Unit Manager and the QAPI will be reviewed monthly. The Consultant Pharmacist does monthly monitoring. Any trends will be noted, and the Administrator and DON will be made aware.</p> <p>The pharmacy consultant will check the carts for missing medications monthly.</p>		

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

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F 602	<p>Continued From page 7</p> <p>LPN1 said that she borrowed from R17's <b>NJ ex order 26.4b1</b> yesterday and today. During the interview, LPN1 and surveyor looked through the medication cart and was unable to locate R6's <b>NJ ex order 26.4b1</b> that arrived on <b>NJ ex order 26.4b1</b>. Also, during this observation, review of R17's blister card for <b>NJ ex order 26.4b1</b>; however, the pills were not punched out in order. <b>NJ ex order 26.4b1</b> he blister card for R17 had a date of <b>NJ ex order 26.4b1</b> on the front of the blister card but did not indicate whether this was the fill date. LPN1 said this was the re-order date. LPN1 confirmed that the blister card was filled on <b>NJ ex order 26.4b1</b> and re-ordered on <b>NJ ex order 26.4b1</b>.</p> <p>Interview on 04/03/24 at 11:50 AM, the <b>US FOIA (b)(6)</b> stated that her expectation was for staff not to share medications between residents. During another interview on 04/03/24 at 12:25 PM, the <b>US FOIA (b)(6)</b> stated what occurred with LPN1 taking R17's <b>NJ ex order 26.4b1</b> and giving to R6 would be called borrowing and that it was not a reportable concern.</p> <p>Interview on 04/03/24 at 11:59 AM, the <b>US FOIA (b)(6)</b> was asked if this would be something that should be reported to the State Agency (SA). He indicated that he would have to refer to corporate. He said that he reports injury of unknown origin and abuse; however, no mention of using another resident's medication for another resident. During another interview on 04/03/24 at 12:45 PM, he indicated that this would be called borrowing and not a reportable concern.</p> <p>Review of the facility provided "Packing Slip," dated <b>NJ ex order 26.4b1</b>, revealed no evidence that R6's</p>	F 602			

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F 602	Continued From page 8 <p><b>NJ ex order 26.4b1</b> was packaged and sent to the facility.</p> <p>Interview with the <b>US FOIA (b)(6)</b> and <b>US FOIA (b)(6)</b> on 04/04/24 at 08:40 AM, the pharmacy said that R6's medication was filled on <b>NJ ex order 26.4b1</b> and sent on <b>NJ ex order 26.4b1</b> to the facility. The surveyor explained that if R6 started the bingo card on <b>NJ ex order 26.4b1</b>, by <b>NJ ex order 26.4b1</b> there would have been 25 pills used. The <b>US FOIA (b)</b> was asked what happened to the other five pills. The <b>US FOIA (b)</b> was unaware of R6's <b>NJ ex order 26.4b1</b> missing but indicated that she would investigate. By the end of the survey, <b>US FOIA (b)</b> had not reported any investigation for the <b>NJ ex order 26.4b1</b> to the survey team.</p> <p>Interview with the <b>US FOIA (b)</b> on 04/04/24 at 4:55 PM, she indicated that she was unaware of any issues with the nurses until it was brought up during medication pass. The <b>US FOIA (b)</b> indicated that there are <b>NJ ex order 26.4b1</b>, which LPN1 could have obtained to give to R6; however, LPN1 was unaware of the <b>NJ ex order 26.4b1</b>.</p> <p>NJAC 8:39-4.1(a)5</p>	F 602			
F 609 SS=D	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 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,	F 609		4/25/24	

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F 609	<p>Continued From page 9</p> <p>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.</p> <p>§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:</p> <p>Based on observations, record review, interviews, and policy review, the facility failed to ensure an incident of misappropriation of resident property for one of one resident (Resident (R) 17) was reported to the State Agency (SA) within two hours of receiving report that a nurse gave R17's medication to another resident (R6) during medication administration.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Abuse, Neglect and Mistreatment of Resident's Policy," revised 02/24 revealed, "Each resident has the right to be free from ...misappropriation of property ...misappropriation of property: deliberate misplacement, exploitation or wrongful,</p>	F 609	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? The State DOH was informed of the incident during the recertification survey, via the Reportable Incident method (AAS-45 Form). The facility administrator is in charge of tracking and reporting all reportable events to the DOH in a timely manner. The tracking is ongoing.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? Residents are not impacted by the facility</p>		

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F 609	<p>Continued From page 10</p> <p>temporary, or permanent use of a resident's belongings or money without the resident's consent ... If any accident is of a serious nature, misappropriation, or exploitation, it shall be reported by telephone within two hours regardless of time of day ... Reporting of abuse and Investigation Process: this facility will ensure that all alleged violations involving and misappropriation of resident property will be reported immediately to the Administrator/designee of the facility and to other officials in accordance with state law through established procedures (include the state survey and certification agency). Procedure ... ..3. The Administrator/designee will notify the Department of Health within one business day."</p> <p>During medication administration observation on 04/03/24 at 08:43 AM, Licensed Practical Nurse (LPN)1 was preparing R6's medications, which included <b>US ex order 26.4b1</b> <b>US ex order 26.4b1</b> When LPN1 looked in the medication cart, LPN1 said that R6's <b>US ex order 26.4b1</b> had not been received from the pharmacy. LPN1 pulled R17's <b>US ex order 26.4b1</b> that belonged to R17, <b>US ex order 26.4b1</b>. LPN1 agreed that R6 <b>US ex order 26.4b1</b> R17's <b>US ex order 26.4b1</b></p> <p>1. Review of "Face Sheet" under the electronic medical record (EMR) tab "Profile" indicated that R6 <b>US ex order 26.4b1</b> with a diagnosis <b>US ex order 26.4b1</b>.</p> <p>Review of R6's "Order Summary" under the EMR tab "Orders" dated <b>US ex order 26.4b1</b> indicated, <b>US ex order 26.4b1</b>."</p>	F 609	<p>failure to report incidents.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? The <b>US FOIA (b)(6)</b> was educated on the proper regulation and timeline to report incidents to the DOH. Any events deemed to be a reportable incident will be called in and reported in a timely manner.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)? A QAPI will be initiated to track all reportable events, and the timeliness they were reported in. QAPI is reviewed monthly by the Administrator. Any events deemed to be a reportable incident will be called in and reported in a timely manner.</p>	

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F 609	<p>Continued From page 11</p> <p>Review of R6's "Medication Administration Record (MAR)" under the EMR tab "Order" dated [US ex order] revealed, LPN1 documented that R6 was given R17's <b>US ex order 26.4b1</b></p> <p>2. Review of "Face Sheet" under the EMR tab "Profile" indicated that R17 <b>US ex order 26.4b1</b></p> <p>Review of R17's "Order Summary" under the EMR tab "Orders" dated [US ex order 26.4b1] indicated <b>US ex order 26.4b1</b></p> <p>Review of R17's "MAR" under the EMR tab "Order" dated [US ex order] revealed, "R6 was given <b>US ex order 26.4b1</b>"</p> <p>Interview with LPN1 on 04/03/24 at 11:44 AM, LPN1 said that she borrowed from R17's <b>US ex order 26.4b1</b> and today.</p> <p>Interview with the <b>US FOIA (B) (6)</b> on 04/03/24 at 11:50 AM, she indicated that this was not a reportable concern.</p> <p>Interview with the <b>US FOIA (b)(6)</b> on 04/03/24 at 12:45PM, the <b>US FOIA (b)(6)</b> indicated this incident was not a reportable concern.</p> <p>Interview with the <b>US FOIA (B) (6)</b> and <b>US FOIA (b)(6)</b> on 04/04/24 at 08:40 AM, the <b>US FOIA (b)(6)</b> indicated that he was waiting to hear back from the survey team before reporting the incident to the SA.</p> <p>Review of facility provided "Fax Result Report,"</p>	F 609			

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F 609	Continued From page 12 dated 04/04/24 at 10:38 AM, revealed four pages sent to the SA and the report indicated the incident dated <span style="background-color: black; color: white;">US ex order 26.461</span>	F 609			
F 656 SS=D	Interview with the <span style="background-color: black; color: white;">US FOIA (B) (6)</span> on 04/05/24 at 11:30 AM, he said that all <span style="background-color: black; color: white;">NJ Exec Order</span> is reported as soon as possible to the SA.  NJAC 8:39-9.4(f) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		4/25/24	

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F 656	<p>Continued From page 13</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, interviews, and policy review, the facility failed to ensure that one (Resident (R) 22) of seven residents reviewed for [NJ ex order 26.4b1] had a comprehensive care plan developed that addressed the use of [NJ ex order 26.4b1].</p> <p>Findings include:</p> <p>Review of the facility's policy, titled "Care-Plans Comprehensive," revised 06/23 revealed, "An individualized comprehensive care plan that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental and psychological needs is developed for each resident ..."</p> <p>Review of R22's "Face Sheet" under the "Profile"</p>	F 656	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? A care plan and assessment for [NJ ex order 26.4b1] was initiated for Resident #22. The resident was found to [NJ ex order 26.4b1]</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? A care plan audit was done for all residents who have side rails. All residents with side rails were found to be appropriate, with an appropriate care plan and assessments.</p>		

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F 656	<p>Continued From page 14</p> <p>tab in the electronic medical record (EMR) indicated that R22 <b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b>.</p> <p>Observation and interview on 04/02/24 at 11:00 AM, R22 was sitting up in <b>NJ ex order 26.4b1</b> bed with <b>NJ ex order 26.4b1</b>. During this observation, R22 said that <b>NJ ex order 26.4b1</b> think the <b>NJ ex order 26.4b1</b> are up <b>NJ ex order 26.4b1</b>. R22 indicated that <b>NJ ex order 26.4b1</b> was not sure why the <b>NJ ex order 26.4b1</b> were in the up position.</p> <p>During further observations of R22 in bed on 04/03/24 at 08:32 AM, and 04/05/24 at 09:30 AM, R22's <b>NJ ex order 26.4b1</b> were in the up position.</p> <p>Review of R22's quarterly "Minimum Data Set (MDS)" with Assessment Reference Date (ARD) of <b>NJ ex order 26.4b1</b> indicated a "Brief Interview for Mental Status (BIMS)" was <b>NJ ex order 26.4b1</b> out of 15, which indicated R22 <b>NJ ex order 26.4b1</b>.</p> <p>Review of R22's "Care Plans" under the EMR "Care Plan" tab dated <b>NJ ex order 26.4b1</b> revealed no evidence of a side <b>NJ ex order 26.4b1</b> plan or <b>NJ ex order 26.4b1</b> as an intervention.</p> <p>Interview on 04/04/24 at 5:15 PM, the <b>US FOIA (B) (6)</b> <b>US FOIA (B) (6)</b> confirmed that R22 did not have a <b>NJ ex order 26.4b1</b> care plan.</p>	F 656	<p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>Nursing managers will be involved in care plan meetings. Care plans and assessments for new residents are completed upon admission. Any residents - long term or short term-missing assessments or care plans will have them completed in real-time.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)?</p> <p>A QAPI has been initiated to ensure all care plans and assessments are done in a timely manner. The QAPI is reviewed monthly. The DON and Unit Managers will monitor on a weekly basis to ensure compliance.</p>	
F 657 SS=D	<p>Care Plan Timing and Revision</p> <p>CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans</p>	F 657		4/25/24

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F 657	<p>Continued From page 15</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, interview and policy review, the facility failed to ensure one of 12 residents (R)8 care plans were reviewed and revised to reflect the correct code status after it was changed and for one of 12 residents (R47) care plans reviewed, failed to ensure the physician's ordered <small>NJ ex order 26</small> and the resident's <small>NJ Exec Order 26</small> to wear the <small>NJ ex order 26</small> was included in the care plan.</p> <p>Findings include:</p>	F 657	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? Each resident found to be within the deficient practice had their care plans revised and updated to meet their current needs and goals. Resident #8 code status was properly revised and care planned, and Resident</p>		

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F 657	<p>Continued From page 16</p> <p>1. Review of R8's admission sheet located under the <b>NJ ex order 26.4b1</b> revealed admission to the facility on <b>NJ ex order 26.4b1</b> and diagnoses of <b>NJ ex order 26.4b1</b></p> <p>Review of the resident's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of <b>NJ ex order 26.4b1</b> revealed a "Brief Interview for Mental Status (BIMS)" score of <b>NJ ex order 26.4b1</b> out of 15 <b>NJ ex order 26.4b1</b></p> <p>Review of the code status listed in the dashboard area of the EMR indicated <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. The "Physician's orders" located under the "orders" tab of the EMR revealed an order to be a <b>NJ ex order 26.4b1</b> dated <b>NJ ex order 26.4b1</b>. Review of a purple paper located on the hard chart titled <b>NJ ex order 26.4b1</b> signed by the resident's <b>NJ ex order 26.4b1</b>/responsible party and physician on <b>NJ ex order 26.4b1</b> stated the resident <b>NJ ex order 26.4b1</b> and under part D <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> were marked with an x indicating this was the resident's/responsible party's wishes.</p> <p>Review of the R8's "care plan" for advanced directives located under the "care plan" tab of the EMR indicated, "Code status is currently: <b>NJ ex order 26.4b1</b> in place" dated <b>NJ ex order 26.4b1</b>.</p> <p>During an interview on 04/03/24 at 12:55 PM, Licensed Practical Nurse 3 (LPN3) stated that</p>	F 657	<p>#47 <b>NJ ex order 26.4b1</b></p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? Care plan meetings take place on a weekly basis to review and update care plans and interventions. Any residents reviewed and found to be needing an updated care plan will have it revised in real-time.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? Care plan meetings with the IDP Team will occur upon admission, weekly and quarterly and annually to review and revise resident care plans. Nurses and direct-care staff will report to their managers and/ or DON if there is a need found for a care plan to be reviewed and revised.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)? A QAPI has been initiated to ensure all care plans and assessments are done in a timely manner. QAPI is reviewed monthly. The DON and Unit Managers will monitor on a weekly basis to ensure compliance.</p>	

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F 657	<p>Continued From page 17</p> <p>she would look at the dashboard in the EMR to check the code status in the event a resident would be <b>NJ Exec Order 26.4b1</b> or <b>NJ Exec Order 26.4b1</b> LPN3 verified the code status indicated on the care plan was incorrect.</p> <p>During an interview on 04/03/24 at 01:02 PM, Registered Nurse (RN)2 reviewed R8's care plan and verified the code status was not correct.</p> <p>Interview on 04/04/24 at 08:58 AM, the <b>US FOIA (B) (6)</b> and <b>US FOIA (B) (6)</b> verified R8's care plan had not been updated to reflect the correct advanced directive.</p> <p>2. Review of R47's admission "MDS" with an ARD of <b>NJ ex order 26.4b1</b> revealed a "BIMS" score of <b>NJ ex order 26.4b1</b> out of 15 which indicated R47 <b>NJ ex order 26.4b1</b> was <b>NJ ex order 26.4b1</b>.</p> <p>Review of R47's <b>NJ Exec Order 26.4b1</b> "Assessment" dated <b>NJ ex order 26.4b1</b> revealed R47 <b>NJ ex order 26.4b1</b> He was identified as <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> in the past <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>, <b>NJ ex order 26.4b1</b>, and <b>NJ ex order 26.4b1</b></p> <p>Review of R47 "physician's order" in the EMR under the "Orders" tab with a start date of <b>NJ ex order 26.4b1</b> indicated to <b>NJ ex order 26.4b1</b></p> <p>Observation of R47 up in <b>NJ Ex C</b> wheelchair <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> on 04/02/23 at 9:53 AM, on 11:55 AM to 11:59 AM, on 12:39 PM, and 4:38 PM; on 04/03/23 at 8:39 AM, on 10:19 AM, and 10:39 AM; on 04/04/23 at 9:08 AM and at 11:15 AM.</p>	F 657			

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F 657	Continued From page 18  Observation on 04/03/23 at 10:22 AM and on 04/04/23 at 9:44 AM, R47 was walking with a <b>NJ ex order 26.4b1</b> .  Interview on 04/04/23 at 11:20 AM, RN2 verified R47 was <b>NJ ex order 26.4b1</b> . She stated <b>NJ ex order 26.4b1</b> . RN2 reviewed R47's care plan and confirmed that there was no documentation to reflect that R47 <b>NJ ex order 26.4b1</b> and that R47 <b>NJ ex order 26.4b1</b> .  Interview on 04/05/24 at 2:04 PM, the <b>US FOIA (b)(6)</b> stated that each department updates their section of the care plan as changes occur and at the quarterly care plan meeting, they review the care plan to ensure it accurately reflects the resident's status.  Review of the facility's policy titled, "Care-Plans Comprehensive" dated 06/2023 revealed the comprehensive care plan is based on a thorough assessment that includes but is not limited to the MDS. The policy stated the care plan is reviewed and revised as information about the resident's condition changes; when the desired outcome is not met; and at least quarterly.	F 657			
F 700 SS=D	NJAC 8:39-11.2(e), (f),(h) 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	F 700		4/25/24	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET</b> <b>PATERSON, NJ 07522</b>		
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F 700	<p>Continued From page 19</p> <p>rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, interviews and policy review, the facility failed to residents' [redacted] were assessed quarterly according to the facility's policy, failure to ensure alternatives were tried prior to installing a [redacted]; and failed to ensure [redacted] were ordered by the physician prior to use for three (Resident (R) 41, R4, and R22) of 10 residents reviewed for [redacted].</p> <p>Findings include:</p> <p>1. R41 was observed sitting in bed on 04/02/24 at 4:35 PM and on 04/03/24 at 8:36 AM with the [redacted] attached to the bed in the up position.</p> <p>Review of R41's "Face Sheet" under the "Profile" tab in the Electronic Medical Record (EMR) revealed diagnoses [redacted] NJ ex order 26.4b1 [redacted],</p>	F 700	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? [redacted] orders for Residents affected by this practice (#4, #41, #22) had the appropriate [redacted] assessments completed, and had orders obtained by the respective physicians. All residents with the side rails have had other alternatives/ inventions assessed and determined that side-rails are the safest option for these residents.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? A side rail audit was done for all residents with side rails to ensure the quarterly</p>		



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F 700	<p>Continued From page 21</p> <p>During interview and observation with R4 on 04/02/24 at 09:45 AM, NJ ex order 26.4b1 [REDACTED] R4 NJ ex order 26.4b1 [REDACTED]</p> <p>During another observation of R4 in bed on 04/03/24 at 09:00 AM, NJ ex order 26.4b1 [REDACTED] were observed in the up position.</p> <p>Review of R4's quarterly "Minimum Data Set (MDS)" assessment with "Assessment Reference Date (ARD)" of NJ ex order 26.4b1 [REDACTED] indicated R4's "Brief Interview for Mental Status (BIMS)" was NJ ex order 26.4b1 [REDACTED] out of 15, which indicated R4's NJ ex order 26.4b1 [REDACTED]</p> <p>Review of facility provided NJ ex order 26.4b1 [REDACTED] dated NJ ex order 26.4b1 [REDACTED] revealed evidence that R4 NJ ex order 26.4b1 [REDACTED]</p> <p>Review of "Order Summary" dated NJ ex order 26.4b1 [REDACTED] under the EMR tab "Orders" revealed NJ ex order 26.4b1 [REDACTED]</p> <p>Review of the "Interdisciplinary Care Plan (IDCP) Summary Note," and the "Interdisciplinary Team (IDT) Progress Notes," under the "Assessments" tab in the EMR dated NJ ex order 26.4b1 [REDACTED] revealed NJ ex order 26.4b1 [REDACTED]</p> <p>Interview with the US FOIA [REDACTED] on 04/04/24 at 2:40 PM, she indicated that R4's NJ ex order 26.4b1 [REDACTED] as per the facility policy. She indicated that the NJ ex order 26.4b1 [REDACTED]</p>	F 700		

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F 700	<p>Continued From page 22 assessment should be completed quarterly.</p> <p>3. Review of "Face Sheet" under the EMR tab "Profile" indicated that R22 was <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>Observation on 04/02/24 at 11:00 AM, R22 was sitting up in his bed with <b>NJ ex order 26.4b1</b> in the up position. During this observation, R22 indicated that he was unsure why the <b>NJ ex order 26.4b1</b> were in the up position.</p> <p>Review of R22's quarterly "MDS" assessment with "ARD" of <b>NJ ex order 26.4b1</b> indicated R22's "BIMS" was <b>NJ ex</b> out of 15, which indicated R22 was <b>NJ ex order 26.4b1</b>.</p> <p>During further observations of R22 in bed on 04/03/24 at 08:32 AM, and 04/05/24 at 09:30 AM, R22's <b>NJ ex order 26.4b1</b> were in the up position.</p> <p>Review of R22's facility provided undated <b>NJ ex ord</b> " " which mentions the risks and benefits revealed R22 signed the document, but no facility staff signed the form.</p> <p>Review of "Order Summary" dated <b>NJ ex order 26.4b1</b> under the EMR "Orders" tab revealed <b>NJ ex order 2</b> [REDACTED]</p> <p>Review of "Assessments" under the EMR "Assessment" tab indicated <b>NJ ex order 26.4b1</b> [REDACTED]</p> <p>Review of the "IDT Progress Notes" dated <b>NJ ex ord</b> to present located under EMR tab "Notes" indicated no evidence of <b>NJ ex order 26.4b1</b></p>	F 700			

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F 700	Continued From page 23 assessments being completed and [REDACTED] NJ ex order 26.4b1  Interview with the [REDACTED] US FOIA b on 04/04/24 at 2:40 PM, she indicated that R22's [REDACTED] NJ ex order 26.4b1 were not being reassessed quarterly. On [REDACTED] NJ ex order 26.4b1 at 5:15 PM, the [REDACTED] US FOIA b indicated that there [REDACTED] NJ ex order 26.4b1, and [REDACTED] NJ ex order 26.4b1.  Review of the facility's policy titled, "Side Rails," revised 12/23 revealed, "It is the policy of this facility to provide resident with side rails as an enabler for bed mobility. Procedure: 1. Upon admission, the nurse will assess the need for side rails using the "Side Rail Assessment" form in [name of electronic medical record]. 2. Side rails will be monitored and re-evaluated on a quarterly basis...or as warranted by the resident's condition..."	F 700			
F 842 SS=D	NJAC 8:39-27.1(a) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted	F 842		4/25/24	

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

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F 842	<p>Continued From page 24</p> <p>professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> <li>(ii) Five years from the date of discharge when there is no requirement in State law; or</li> <li>(iii) For a minor, 3 years after a resident reaches legal age under State law.</li> </ul>	F 842			

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F 842	<p>Continued From page 25</p> <p>§483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to ensure one of one Resident (R)47) [redacted] was accurately documented in the treatment records and electronic medical record (EMR). In addition, nursing staff failed to document for one of one resident (R23) when a medication was disposed of to ensure that all dosages for the medication was accurately accounted for in the EMR.</p> <p>Findings include:</p> <p>Review of R47's admission "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] revealed a "Brief Interview for Memory (BIMS)" score of [redacted] out of 15 which indicated R47's [redacted]</p> <p>Review of the [redacted] NJ Exec Order 26.4b1 Assessment dated [redacted] revealed [redacted] was identified as being at [redacted] NJ ex order 26.4b1 with a score of an [redacted]. [redacted] was identified [redacted] NJ ex order 26.4b1 related to having [redacted] NJ ex order 26.4b1; [redacted] NJ ex order 26.4b1</p>	F 842	<p>Compliance Date: 4/25/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? [redacted] and direct care staff were instructed to encourage Resident #47 to [redacted] NJ ex order 26.4b1, and to notify the nurses when non-compliant. Nurses documented resident [redacted] NJ ex order 26.4b1. A new cart has been ordered from the pharmacy to provide more space for bingo cards. This will prevent bingo cards from being accidentally popped open, crushed, and causing pills to be loose.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? Nurses are instructed to document all non-compliance with nursing interventions. Nurses are instructed to pop pills in reverse numerical order to identify</p>	

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F 842	<p>Continued From page 26</p> <p><b>NJ ex order 26.4b1</b> with <b>NJ ex order 26.4b1</b></p> <p>R47 had a "Physician's order" in the EMR under the "Orders" tab with a start date of <b>NJ ex order 26.4b1</b> to <b>NJ ex order 26.4b1</b></p> <p>R47 was observed up in <b>NJ ex order 26.4b1</b> wheelchair <b>NJ ex order 26.4b1</b> a <b>NJ ex order 26.4b1</b> on 04/02/23 at 9:53 AM, 11:55 AM to 11:59 AM, 12:39 PM, and 4:38 PM; on 04/03/23 at 8:39 AM, 10:19 AM, 10:39 AM; On 04/04/23 at 9:08 AM and at 11:15 AM. On 04/03/23 at 10:22 AM and on 04/04/23 at 9:44 AM <b>NJ ex order 26.4b1</b> was observed being assisted by staff to <b>NJ ex order 26.4b1</b> in the <b>NJ ex order 26.4b1</b></p> <p><b>NJ ex order 26.4b1</b>. Registered Nurse (RN)2 verified R47 was <b>NJ ex order 26.4b1</b>. She stated <b>NJ ex order 26.4b1</b>. When asked if they document the <b>NJ ex order 26.4b1</b> she stated they document them in <b>NJ ex order 26.4b1</b> EMR. RN2 verified that she worked on both <b>NJ ex order 26.4b1</b> and on <b>NJ ex order 26.4b1</b> and that the EMR had no documentation of R47's <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>. In his "Treatment Administration Record (TAR)" he had a check mark with the nurse's initials in each space and no documentation of <b>NJ ex order 26.4b1</b>. She stated according to that documentation <b>NJ ex order 26.4b1</b>. She verified the documentation was not accurate.</p> <p>On 04/05/24 at 9:06 AM the <b>US FOIA (B) (6)</b> and the <b>US FOIA (b)(6)</b> verified the R47's EMR did not reflect his <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b></p> <p>2. Review of R23's "Face Sheet" under "Profile"</p>	F 842	<p>missing pills immediately.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? The nurses were instructed to properly document resident <b>NJ ex order 26.4b1</b>, and encourage <b>NJ ex order 26.4b1</b> to keep wearing it. The documentation will be monitored by the Unit Manager. The nurses were also educated to pop medications from all bingo cards in reverse numerical order.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)? Nurse managers will do weekly med cart checks to ensure all bingo cards and medications are properly stored, used and dispensed. DON runs as a daily 24-hour documentation report to ensure all interventions are being properly captured and documented on. Any missing documentation will be reviewed with the responsible nurses, and educated accordingly. A QAPI has been initiated to maintain compliance the proper documentation of helmet usage, as well as a QAPI to maintain compliance with the proper way to dispense pills from a bingo card. QAPI will be review monthly</p>	

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F 842	<p>Continued From page 27</p> <p>tab in the EMR indicated that R23 was <b>NJ ex order 26.4b1</b> with a diagnosis including <b>NJ ex order 26.4b1</b></p> <p>Review of R23's "Order Summary" under "Orders" tab dated <b>NJ ex order 26.4b1</b> indicated <b>NJ ex order 26.4b1</b></p> <p>Review of R23's "Blister Card" found in the medication cart dated <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b></p> <p>Review of R23's "Medication Administration Record (MAR)" dated <b>NJ ex order 26.4b1</b> under "Orders" indicated that R23 received <b>NJ ex order 26.4b1</b> while holding the medication on <b>NJ ex order 26.4b1</b></p> <p>Review of R23's "MAR" dated <b>NJ ex order 26.4b1</b> under tab "Orders" indicated that R23 received <b>NJ ex order 26.4b1</b></p> <p>Observation of R23's "Blister Card" dated <b>NJ ex order 26.4b1</b> on <b>NJ ex order 26.4b1</b> at 4:30 PM, indicated 23 pills have been punched out, and seven pills were remaining. <b>NJ ex order 26.4b1</b> According to the "MARs" dated <b>NJ ex order 26.4b1</b> and <b>NJ ex order 26.4b1</b> there <b>NJ ex order 26.4b1</b> and there should have been 12 pills remaining, not seven. A total of five pills were unaccounted, due to the lack of documentation in the EMR.</p> <p>Interview with RN1 on 04/04/24 at 4:40 PM, she indicated that medication on the <b>NJ ex order 26.4b1</b> cards</p>	F 842			

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F 842	<p>Continued From page 28</p> <p>should be punched in order, starting at 30 and going down. RN1 stated she did not know where the other five pills have gone from R23's blister card. RN1 stated that sometimes pills get dropped into the medication cart and must be wasted. RN1 stated that there is no way of telling what happened because since this <b>NJ ex order 26.4b1</b> [REDACTED] pills wasted do not have to be written down.</p> <p>Interview with the <b>US FOIA (b)(6)</b> [REDACTED] on 04/04/24 at 4:55 PM, she indicated that she was unaware of any issues with the nurses until it was brought up during medication pass. The <b>US FOIA (b)(6)</b> [REDACTED] stated that the unit managers check the medication carts weekly for any loose pills that might have fallen from the blister cards and there is no system in place for documenting in the EMR routine medications being wasted. The <b>US FOIA (b)(6)</b> [REDACTED] confirmed that five pills were missing from R23's blister card, and stated she does not know what happened to these pills.</p> <p>NJAC 8:39-23.2(a) NJAC 8:39-35.2(a),(c),(d),(g),(h),(k)</p>	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>
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(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  The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each 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 review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.  Findings include:  Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were	S 560	Compliance Date: 4/25/2024  How will the corrective action be accomplished for those residents found to be affected by this practice? The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly.  How will the Facility identify other residents having the potential to be affected by the same deficient practice?	4/25/24

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

Electronically Signed

TITLE

(X6) DATE

04/25/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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.</p> <p>1. For the 2 weeks of Complaint staffing from 06/25/2023 to 07/08/2023, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> <li>-06/25/23 had 4 CNAs for 52 residents on the day shift, required at least 6 CNAs.</li> <li>-06/26/23 had 4 CNAs for 52 residents on the day shift, required at least 6 CNAs.</li> <li>-06/27/23 had 4 CNAs for 50 residents on the day shift, required at least 6 CNAs.</li> <li>-06/28/23 had 4 CNAs for 50 residents on the day shift, required at least 6 CNAs.</li> <li>-06/29/23 had 5 CNAs for 50 residents on the day shift, required at least 6 CNAs.</li> <li>-07/01/23 had 4 CNAs for 49 residents on the day shift, required at least 6 CNAs.</li> <li>-07/02/23 had 5 CNAs for 49 residents on the day shift, required at least 6 CNAs.</li> <li>-07/03/23 had 4 CNAs for 49 residents on the day shift, required at least 6 CNAs.</li> <li>-07/05/23 had 5 CNAs for 47 residents on the day shift, required at least 6 CNAs.</li> </ul>	S 560	<p>All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur?</p> <p>The facility will continue to post job openings on job sites to promote CNA applications and hirings.</p> <p>The facility has contracted with multiple staffing agencies to assist with our staffing needs.</p> <p>The administrator/ designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter.</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)?</p> <p>The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061620</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET</b> <b>PATERSON, NJ 07522</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>-07/06/23 had 5 CNAs for 47 residents on the day shift, required at least 6 CNAs.</p> <p>-07/08/23 had 5 CNAs for 47 residents on the day shift, required at least 6 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from 03/17/2024 to 03/30/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-03/17/24 had 5 CNAs for 54 residents on the day shift, required at least 7 CNAs.</p> <p>-03/18/24 had 5 CNAs for 54 residents on the day shift, required at least 7 CNAs.</p> <p>-03/19/24 had 6 CNAs for 53 residents on the day shift, required at least 7 CNAs.</p> <p>-03/20/24 had 6 CNAs for 53 residents on the day shift, required at least 7 CNAs.</p> <p>-03/21/24 had 6 CNAs for 53 residents on the day shift, required at least 7 CNAs.</p> <p>-03/23/24 had 5 CNAs for 51 residents on the day shift, required at least 6 CNAs.</p> <p>-03/24/24 had 5 CNAs for 50 residents on the day shift, required at least 6 CNAs.</p> <p>-03/25/24 had 5 CNAs for 49 residents on the day shift, required at least 6 CNAs.</p> <p>-03/30/24 had 4 CNAs for 47 residents on the day shift, required at least 6 CNAs.</p>	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315096	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/12/2024	Y3
NAME OF FACILITY DOCTORS SUBACUTE HEALTHCARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 59 BIRCH STREET PATERSON, NJ 07522		

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 F0554	Correction	ID Prefix F0602	Correction	ID Prefix F0609	Correction
Reg. # 483.10(c)(7)	Completed	Reg. # 483.12	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed
LSC	04/16/2024	LSC	04/25/2024	LSC	04/25/2024
ID Prefix F0656	Correction	ID Prefix F0657	Correction	ID Prefix F0700	Correction
Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(n)(1)-(4)	Completed
LSC	04/25/2024	LSC	04/25/2024	LSC	04/25/2024
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/25/2024	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	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061620	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/12/2024
NAME OF FACILITY DOCTORS SUBACUTE HEALTHCARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 59 BIRCH STREET PATERSON, NJ 07522

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/25/2024	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

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

PRINTED: 08/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>		
(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	E 000			
K 000	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH) on 04/02/24. The facility was found to be in compliance with 42 CFR 483.73  INITIAL COMMENTS	K 000			
K 241 SS=F	A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 04/02/24 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.  Doctors Subacute Healthcare, LLC is a two-story building with a partial basement that was built in 1950's. It is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator does approximately 85 % of the building per the Maintenance Director. The current occupied beds are 47 of 54.  Number of Exits - Story and Compartment CFR(s): NFPA 101  Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment.	K 241		6/4/24	

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

TITLE

(X6) DATE

Electronically Signed

04/25/2024

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:  <b>315096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>		
(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 241	<p>Continued From page 1</p> <p>18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the basement had two required means of egress in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.2.4.2. This deficient practice had the potential to affect all 47 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 04/02/24 at 1:35 PM revealed that the basement only had one means of egress and not the two required acceptable exits.</p> <p>During an interview at the time of the observation, the <b>US FOIA (b)(6)</b> verified that the basement only had one means of egress.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p>	K 241	<p>Compliance Date: 6/4/2024</p> <p>How will the corrective action be accomplished for those residents found to be affected by this practice? There are no residents affected by this deficient practice. The area is closed off to all residents by means of a locked door.</p> <p>How will the Facility identify other residents having the potential to be affected by the same deficient practice? There are no residents affected by this deficient practice. The area is closed off to all residents by means of a locked door.</p> <p>What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur? The area currently utilized for storage by staff only. The facility will un-occupy the area and remove all storage. The area will be closed to all staff and residents at all times. The area will no longer be utilized at all, other than service to existing mechanical equipment (boiler, gas meter).</p> <p>How will the Facility monitor its corrective actions to ensure that the deficient practice will not recur, (e.g., what quality assurance program will be put into place)?</p>		

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

PRINTED: 08/07/2024  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>DOCTORS SUBACUTE HEALTHCARE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 BIRCH STREET PATERSON, NJ 07522</b>		
(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 241	Continued From page 2	K 241	The Administrator and Facilities Director will ensure there will be no unauthorized access by any resident or staff member to the area. All appropriate staff members will be educated about the new storage locations.		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315096	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 6/12/2024	Y3
NAME OF FACILITY DOCTORS SUBACUTE HEALTHCARE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 59 BIRCH STREET PATERSON, NJ 07522		

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 _____ Reg. # NFPA 101 LSC K0241	Correction Completed 06/04/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		