| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 315261 | A. BUILDING _____ B. WING _____ | C 09/19/2023 |

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| **LAKELAND NURSING & REHAB** | **25 FIFTH AVENUE HASKELL, NJ 07420** |

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| F 000 | INITIAL COMMENTS<br><br>Complaint #:<br>NJ00160399<br>NJ00165369<br>NJ00167145<br><br>Census: 133<br><br>Sample Size: 10<br><br>THE FACILITY IS NOT INCOMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT. | F 000 | | |
| F 609 SS=D | Reporting of Alleged Violations<br>CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. | F 609 | | 10/30/23 |

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

Electronically Signed | 10/23/2023

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

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| F 609 | Continued From page 1<br><br>§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:<br>Complaint #: NJ00165369<br><br>Based on interviews, and record review, as well as review of pertinent facility documents on 9/13/23, 9/14/23, and 9/19/23, it was determined that the facility failed to report an allegation of a NJ Exec Order 26.4b1 to the New Jersey Department of Health (NJDOH) and to follow the facility policy "Abuse Neglect Exploitation Mistreatment and missappropriatin of Property Prevention" for 1 of 3 residents (Resident #7) reviewed for grievance.<br><br>This deficient practice is evidenced by the following:<br><br>According to the Admission Record (AR), Resident #7 was admitted to the facility on NJ Exec Order 26.4b with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 .<br><br>A Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26 revealed the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exe which indicated his/her NJ Exec Order 26.4b1 and the resident needed NJ Exec Order 26.4b1 . | F 609 | I.Corrective actions accomplished for residents found to have been affected by the deficient practice:<br>US FOIA (b) (6) and US FOIA (b) who were employed by facility during the alleged violation are no longer employed by the facility. Report called into the state as it pertains to incident involving residents identified as R7 and R9. Resident #7 was interviewed and offered a NJ Exec Order 26.4b1 which NJ Exec Order 26.4b1 . Resident #9 was offered and NJ Exec Order 26.4b1 offer. Resident 7 was interviewed and indicated they are no longer NJ Exec Order 26.4b1 by Resident 9. Facility staff were immediately in-serviced on proper procedures for reporting of any alleged violations.<br><br>II. Identification of Residents who have the Potential to be Affected by the Same Deficient Practice<br>All residents have the potential to be affected by this deficiency.<br><br>III. Measures put into Place or Systemic Changes to ensure that the Deficient Practice will not Recur.<br>Facility staff were in-serviced on the regulation F 609 and facility policy and | |

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| F 609 | Continued From page 2<br>Review of the "Concerns/Grievance Form" (CGF), dated [redacted] for Resident #7. The CGF indicated "see the attached written compliant from resident." The CGF also indicated that the letter was forwarder to U.S. FOIA (b)(6) and [redacted]. Furthermore, the CGF, under "ACTION TAKEN" indicated that the [redacted] "had asked resident on numerous occasions if [she/he] would like a [redacted] [she/he] [redacted] The CFG indicated that the situation had been resolved.<br><br>Included in the CFG was a written letter from Resident #7, dated [redacted] Resident #7 indicated on the letter that she/he felt that she/he was being NJ Exec Order 26.4b1 " by her/his [redacted] (Resident #9). The letter further indicated Resident #9 would call Resident #7 [redacted] Resident #7 also indicated on the letter that these [redacted] were NJ Exec Order 26.4b1 ." The letter revealed that Resident #9 [redacted] Resident #7, Resident #9 would use her/his NJ Exec Order 26.4b1 . Resident #7 explained that Resident #9 "takes [her/his] NJ Exec Order 26.4b1 [Resident #9] [redacted], several times a day - EVERYDAY. This has been going on for at least [redacted] months...[she/he] [redacted] "<br><br>During an interview with the surveyor on [redacted], the U.S. FOIA (b)(6) confirmed receiving the letter from Resident #7 on [redacted] The [redacted] stated the letter was not thoroughly read; however, she asked the Resident to "summarize" the letter. The [redacted] added the letter was forwarded to the U.S. FOIA (b)(6) | F 609 | procedures regarding reporting of alleged violations and regarding reporting in a timely manner no later than two hours after the allegation is made. Visible signs with reporting requirements and contact information were also posted by the nurse□s station.<br>IV. Monitoring of Corrective Actions<br>The administration will in-service staff monthly X 3 months and then quarterly thereafter for 6 months. Administrator or designee will review grievances weekly to ensure facility is in compliance and allegations will not get misinterpreted. Findings will be reported to the Director of Nursing and Administrator and be presented at quarterly QAPI meetings. | |

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| F 609 | Continued From page 3<br>U.S. FOIA (b)(6) She further stated that she did not report the allegation of NJ Exec Order to the NJDOH.<br><br>During an interview with the U.S. FOIA (b)(6) on NJ Exec Order 26.4b1 , the U.S. FOIA (b)(6) stated that he received and discussed the letter with Resident #7's after NJ Exec Order 26.4b1 (unable to recall exact date and time). He further stated that the letter was NJ Exec Order 26.4b1 and discussed the content of the letter directly to the Resident. The U.S. FOIA (b)(6) explained that during the interview with the Resident, she/he did not verbalize of the abovementioned allegation of NJ Exec Order 26.4b1 and was not reported to the NJDOH.<br><br>Review of a facility policy titled "Abuse Neglect Exploitation Mistreatment and misappropriation of Property Prevention," dated 8/2023, indicated "...The purpose is to assure that the facility is doing all that is within its control to prevent occurrences...Reporting/Response...In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility will 1. Ensure that all alleged violations involving abuse, neglect...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...to other officials (including the State Survey Agency...in accordance with State law through established procedures. 2. Have evidence that all alleged violations are thoroughly investigated..."<br><br>NJAC 8:39-9.4 (f) | F 609 | | |
| F 610 SS=D | Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) | F 610 | | 10/30/23 |

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| F 610 | Continued From page 4<br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.<br><br>§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.<br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ00165369<br><br>Based on interviews and review of medical records (MRs) and other facility documentation on 9/13/23, 9/14/23, and 9/19/23, it was determined that facility failed to thoroughly investigate an alleged NJ Exec Order 26.4b1 [redacted] allegation and to follow facility policy titled "Abuse Neglect Exploitation Mistreatment and Misappropriation of Property Prevention" for 1 of 3 residents (Resident #2). This deficient practice is evidenced by the following:<br><br>A review of the statement written by the Certified Nursing Assistant (CNA #1) to the U.S. FOIA (b)(6) [redacted] via email, dated NJ Exec Order 26.4b1 revealed that CNA #1 "heard and seen [CNA #2] NJ Exec Order 26.4b1 [redacted] unit." | F 610 | I.Corrective actions accomplished for residents found to have been affected by the deficient practice:<br>Certified nursing assistant employed by the facility during the alleged violation no longer works at the facility. Department heads immediately in-serviced on requirements to thoroughly investigate any alleged NJ Exec Order 26.4b of potential NJ Exec Order 26 [redacted].<br>Certified nursing assistants on that unit were interviewed immediately as well as residents, families were called regarding the alleged NJ Exec Order 26.4b and no concerns were identified. NJ Exec Or assessment completed for residents involved and no concerns identified.<br>II. Identification of Residents who have the Potential to be Affected by the Same | |

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| F 610 | Continued From page 5<br>The statement further revealed that CNA #1 reported the aforementioned incident to the Licensed Practical Nurse (LPN #1).<br><br>According to the Admission Record (AR), Resident #2 was admitted to the facility on U.S. FOIA (b)(6) with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 [redacted]<br><br>A Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26.4b1 revealed the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated his/her [redacted] and the resident needed [redacted]<br><br>A Care Plan (CP), initiated on NJ Exec Order 26.4b1, included that the resident had an NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1 as well as NJ Exec Order 26.4b1 [redacted], had diagnosis of NJ Exec Order 26.4b1.<br><br>During an interview with the surveyor on 9/13/23 at 7:18 a.m. and 9/14/23 at 8:30 a.m., CNA #1 confirmed what was written on the statement. CNA #1 stated that she verbally reported an allegation of NJ Exec Order 26.4b1 to U.S. FOIA (b) and LPN #1 (unable to recall date and time). According to CNA #1 she witnessed CNA #2 being NJ Exec Orde [redacted] at [Resident #2] and family members, "when [CNA #2] talks to residents, she NJ Exec Order 26.4b1 and would say, 'you have to NJ Exec Order 26.4b1, I'm NJ Exec Order 26.4b1 '<br><br>During an interview with the U.S. FOIA (b) on 9/13/23 at 9:43 a.m. and 1:38 p.m., the U.S. FOIA (b) confirmed receiving the 2 statements (statement #1 and statement #2) via email from CNA #1 (unable to | F 610 | Deficient Practice<br>All residents have the potential to be affected by this deficiency.<br>III. Measures put into Place or Systemic Changes to ensure that the Deficient Practice will not Recur.<br>Facility staff were in-serviced on the regulation F 610 and facility policy and procedures regarding investigating and preventing alleged violations and regarding reporting investigation results within 5 days of the incident.<br>IV. Monitoring of Corrective Actions<br>The administration will educate staff monthly X 3 months and then quarterly thereafter for 6 months. Findings will be reported to the Director of Nursing and Administrator and be presented at quarterly QAPI meetings. | |

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| F 610 | Continued From page 6 | F 610 | | |

recall time and date) involving CNA #1 and CNA #2. U.S. FOIA (b) admitted that she read the statements, however, she did not report the NJ Exec Order 26.4b1 (Statement #2) to the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6) The U.S. FOIA (b) stated that when she received the email and read it, the NJ Exec Or didn't follow-up the NJ Exec Order 26.4b1 because "it was a NJ Exec Order 26.4b1 among staff." The U.S. FOIA (b) further added that the letter that she received was NJ Exec Order 26.4b1, clearly its NJ Exec Order 26.4b1 among staff and not an NJ Exec Order 26.4b1

During an interview with the U.S. FOIA (b)(6) on 9/13/23 at 11:36 a.m. and 2:30 p.m., the U.S. FOIA (b)(6) stated that he received the email on however, he only read statement #1 not realizing there was statement #2 until U.S. FOIA (b)(6). The U.S. FOIA (b)(6) stated that the incident was not investigated and reported to the New Jersey Department of Health (NJDOH) because he was not aware of statement #2. The U.S. FOIA (b)(6) added if there was an NJ Exec Order 26.4b1, the facility would immediately investigate and reported to NJDOH within 2 hours. The U.S. FOIA (b)(6) also stated that the statement #1 and statement #2 involving CNA #1, CNA #2, and CNA #3 was not considered an NJ Exec Order 26.4b1

During the survey on 9/13/23, 9/14/23, 9/19/23, CNA #2 was not available for interview. CNA #2 last worked on NJ Exec Order 26 and will not be returning to work until NJ Exec Order 26.

Review of a facility policy titled "Abuse Neglect Exploitation Mistreatment and Misappropriation of Property Prevention," dated 8/2023, indicated

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| F 610 | Continued From page 7<br>"...The purpose is to assure that the facility is doing all that is within its control to prevent occurrences...Prevention...Reporting/Response... In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility will...2. Have evidence that all alleged violations are thoroughly investigated..."<br><br>NJAC 8:39-9.4 (f) | F 610 | | |
| F 842 SS=D | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(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.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§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-<br>(i) To the individual, or their resident representative where permitted by applicable law; | F 842 | | 10/30/23 |

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| F 842 | Continued From page 8<br>(ii) Required by Law;<br>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;<br>(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.<br><br>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.<br><br>§483.70(i)(4) Medical records must be retained for-<br>(i) The period of time required by State law; or<br>(ii) Five years from the date of discharge when there is no requirement in State law; or<br>(iii) For a minor, 3 years after a resident reaches legal age under State law.<br><br>§483.70(i)(5) The medical record must contain-<br>(i) Sufficient information to identify the resident;<br>(ii) A record of the resident's assessments;<br>(iii) The comprehensive plan of care and services provided;<br>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;<br>(v) Physician's, nurse's, and other licensed professional's progress notes; and<br>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.<br>This REQUIREMENT is not met as evidenced by: | F 842 | | |

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| F 842 | Continued From page 9<br>C #: NJ00160399 and NJ00167145<br><br>Based on interviews, medical record review, and review of other pertinent facility documents on 9/13/23, 9/14/23, and 9/19/23, it was determined that the facility staff failed to consistently document in the "Documentation Survey Report" (DSR) the Activities of Daily Living (ADL) status and care provided to the resident according to the facility protocol for 3 of 4 residents (Resident #2, Resident #3, and Resident #4) reviewed for documentation. This deficient practice was evidenced by the following:<br><br>1. According to the facility "Admission Record (AR)," Resident #2 was admitted on NJ Exec Order 26.4b1 with diagnosis that included but were not limited to:NJ Exec Order 26.4b1<br><br>The Minimum Data Set (MDS), an assessment tool, dated NJ Exec Order 26, revealed a Brief Interview of Mental Status (BIMS) of NJ E which indicated the resident's NJ Exec Order 26.4b1 and the resident needed NJ Exec Order 26.4b1 ).<br><br>Review of Resident #2's DSR (ADL Record) and the progress notes (PN) for the month of NJ Exec Order 26 lack any documentation to indicate that the care for NJ Exec Order 26.4b1 was provided and/or the resident NJ Exec Order 26.4 care on the following dates and shifts.<br><br>7:00 a.m.-3:00 p.m. shift on NJ Exec Order 26.4b1<br><br>3:00 p.m.-11:00 p.m. shift on NJ Exec Order 26.4b1 | F 842 | I.Corrective actions accomplished for residents found to have been affected by the deficient practice:<br>Facility nursing staff were educated regarding documenting activities of daily living provided to their residents during their shift.<br>II. Identification of Residents who have the Potential to be Affected by the Same Deficient Practice<br>All residents have the potential to be affected by this deficiency.<br>III. Measures put into Place or Systemic Changes to ensure that the Deficient Practice will not Recur.<br>Facility staff nurses will check certified nurse□s assistants□ documentation for completion of activities of daily living documentation prior to end of shift.<br>Nursing admin will audit certified nurse□s assistants documentation weekly for one month and monthly for 3 months.<br>IV. Monitoring of Corrective Actions<br>Nursing Management will conduct monthly meetings to review compliance of corrective measures to reeducate as necessary and issue disciplinary action if needed. A performance improvement project will be established to monitor documentation for completion of activities of daily living and will be reported to QAPI committee on a quarterly basis X 6 months. | |

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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) COMPLETION DATE |
|---|---|---|---|---|
| F 842 | Continued From page 10 | F 842 | | |

NJ Exec Order 26.4b1 .

NJ Exec Order 26.4b1
11:00 p.m.-7:00 a.m. shift on

2. According to the facility AR, Resident #3 was admitted on NJ Exec Order 26.4b with diagnosis that included but were not limited to: NJ Exec Order 26.4b1

The MDS, dated NJ Exec Order 26.4, revealed a BIMS of NJ Exe which indicated the resident's NJ Exec Order 26.4b1 and the resident needed NJ Exec Order 26.4b1

Review of Resident #3's DSR and the PN for the month of NJ Exec Order 26.4b1, lack any documentation to indicate that the care for NJ Exec Order 26.4b1 g was provided and/or the resident NJ Exec Order 26.4 care on the following dates and shifts.

7:00 a.m.-3:00 p.m. shift on U.S. FOIA (b)(6)
3:00 p.m.-11:00 p.m. shift on U.S. FOIA (b)(6) .
11:00 p.m.-7:00 a.m .

NJ Exec Order 26.4b1
11:00 p.m.-7:00 a.m. shift on

3. According to the NJ Exec Order 26.4b1 Resident #4 was admitted on U.S. FOIA (b)(6) with diagnoses that included but was not limited to: NJ Exec Order 26.4b1,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315261 | A. BUILDING _____ B. WING _____ | C 09/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE HASKELL, NJ 07420 |

| (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 842 | Continued From page 11<br>NJ Exec Order 26.4b1 .<br><br>The MDS, dated NJ Exec Order 26.4, revealed a BIMS of [redacted] which indicated the resident's cognition was NJ Exec Order 26.4b1 and the resident needed NJ Exec Order 26.4b1 .<br><br>Review of Resident #4's DSR and the PN for the month of NJ Exec Order 26.4b1 lack any documentation to indicate that the care for NJ Exec Order 26.4b1 was provided and/or the resident NJ Exec Order 26.4 care on the following dates and shifts.<br><br>7:00 a.m.-3:00 p.m. shift on NJ Exec Order 26.4b1<br><br>3:00 p.m.-11:00 p.m. shift on NJ Exec Order 26.4b1<br><br>11:00 p.m.-7:00 a.m. shift (exclude NJ Exec Order 26.4b1 ) NJ Exec Order 26.4b1 .<br><br>NJ Exec Order 26.4b1<br>11:00 p.m.-7:00 a.m. shift on NJ Exec Order 26.4b1<br><br>During an interview with the surveyor on 9/12/23 at 11:54 a.m., CNA #3 stated that CNAs are responsible for documenting the ADL care provided into the Point of Care (POC), is a mobile-enabled app that runs on wall-mounted kiosks or mobile devices that enables care staff to document activities of daily living at or near the point of care to help improve accuracy and timeliness of documentation. CNA #1 further stated that they would document even if the care was not provided due to refusal. She explained that the documentation must be completed in the | F 842 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 315261 | A. BUILDING _____ B. WING _____ | C 09/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LAKELAND NURSING & REHAB** | **25 FIFTH AVENUE HASKELL, NJ 07420** |

| (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 842 | Continued From page 12<br>resident's DSR by the end of each shift to show that the care was provided to the residents.<br><br>During an interview with the surveyor on 9/13/23 at 8:14 a.m., Licensed Practical Nurse (LPN #1) stated that the Certified Nursing Assistants (CNAs) were expected to document ADL care provided to the resident by the end of the shift in the DSR. He explained that the care were provided.<br><br>During an interview with the surveyor on 9/14/23, the residents confirmed that the CNAs were providing care and had no care issues.<br><br>During an interview with the surveyor on 9/13/23 at 1:02 p.m., the U.S. FOIA (b)(6) and U.S. FOIA (b)(6) stated that the CNAs were expected to document the care provided to the residents in the DSR at the end of the shift.<br><br>NJAC 8:39-35.2(d)(9) | F 842 | | |

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 |
|---|---|---|---|
| | 061621 | A. BUILDING: _____ B. WING _____ | C 09/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE HASKELL, NJ 07420 |

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|---|---|---|---|---|
| S 000 | Initial Comments<br><br>Complaint #: NJ00167145<br><br>Survey Dates: 09/13/23, 9/14/23, and 9/19/23<br><br>Survey Census: 133<br><br>Sample Size: 9<br><br>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations. | S 000 | | |
| S 560 | 8:39-5.1(a) Mandatory Access to Care<br><br>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.<br><br>This REQUIREMENT is not met as evidenced by:<br>Complaint #: NJ167145 & NJ160399<br><br>Based on facility document review, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 32 of 35 day shifts reviewed. This deficient practice had the potential | S 560 | I. Corrective actions accomplish for residents found to have been affected by the deficient practice.<br>Additional nursing assistants were immediately requested from the staffing agencies and bonuses and Overtime were offered again to our own staff to accommodate open shifts. Nurses were | 10/30/23 |

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

Electronically Signed — 10/23/23

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 061621 | A. BUILDING: _____ B. WING _____ | C 09/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE HASKELL, NJ 07420 |

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|---|---|---|---|---|
| S 560 | Continued From page 1<br>to affect all residents.<br><br>Findings include:<br><br>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:<br><br>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.<br><br>The facility was deficient in CNA staffing for residents on 32 of 35 day shifts as follows:<br><br>-08/07/23 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/08/23 had 9 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/09/23 had 12 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/10/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-08/11/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs. | S 560 | also offered overtime to assist with the Nursing Assistant staff shortage. Additional agencies were onboarded to assist as well. Efforts to hire facility staff will continue until there are adequate staff to serve all residents. The facility will continue to utilize staffing agencies to fill any open spots in the schedule.<br>II. Identification of Residents who have the Potential to be Affected by the Same Deficient Practice.<br>All residents are at risk for the same deficiency.<br>III. Measures put into place or systemic changes to ensure that deficient practice will not recur.<br>Contracts with additional staffing agencies have been secured to supplement the facilities staffing shortage. Recruitment efforts, wage analysis and adjustments, including an open position tracker and trend to stay on top of open position and fulfillment with said positions were put in place.<br>Online job listings will include shift differentials, referral bonuses & sign on bonuses to advertisements. Certified Nursing assistant available positions will be posted on Social Media platforms as well as on Department of Labor websites and flyers handed out at local businesses. New Certified Nursing Assistants students offered tuition reimbursement. Efforts to contact and collaborate with Certified nursing assistant schools to obtain and recruit new staff.<br>IV. Monitoring of Corrective Actions<br>Human Resource and/or staffing coordinator will hold weekly staffing meetings with administration to review | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 061621 | A. BUILDING: _____ B. WING _____ | C 09/19/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE HASKELL, NJ 07420 |

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|---|---|---|---|---|
| S 560 | Continued From page 2<br>-08/12/23 had 14 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br><br>-08/13/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-08/14/23 had 12 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/15/23 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/16/23 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/17/23 had 15 CNAs for 133 residents on the day shift, required at least 17 CNAs.<br>-08/18/23 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.<br><br>-08/20/23 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs.<br>-08/21/23 had 12 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-08/22/23 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-08/23/23 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-08/24/23 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-08/25/23 had 15 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-08/26/23 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.<br><br>-08/27/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.<br>-08/28/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.<br>-08/29/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.<br>-08/31/23 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs.<br>-09/01/23 had 16 CNAs for 134 residents | S 560 | schedules and identify and troubleshoot open positions. Human Resource will report recruitment and retention data trends to QAPI meeting for the next consecutive six months. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 061621 | A. BUILDING: _____ B. WING _____ | C 09/19/2023 |

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|---|---|---|---|---|
| S 560 | Continued From page 3<br>on the day shift, required at least 17 CNAs.<br>-09/02/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.<br><br>-09/03/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.<br>-09/04/23 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs.<br>-09/05/23 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs.<br>-09/06/23 had 14 CNAs for 133 residents on the day shift, required at least 17 CNAs.<br>-09/07/23 had 13 CNAs for 131 residents on the day shift, required at least 16 CNAs.<br>-09/08/23 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs.<br>-09/09/23 had 15 CNAs for 129 residents on the day shift, required at least 16 CNAs. | S 560 | | |

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 |
|---|---|---|
| 315261 Y1 | A. Building<br>B. Wing Y2 | 11/2/2023 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE<br>HASKELL, NJ 07420 |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix F0609 | Correction | ID Prefix F0610 | Correction | ID Prefix F0842 | Correction |
| Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4) | Completed | Reg. # 483.12(c)(2)-(4) | Completed | Reg. # 483.20(f)(5), 483.70(i)(1)-(5) | Completed |
| LSC | 10/30/2023 | LSC | 10/30/2023 | LSC | 10/30/2023 |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

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

| FOLLOWUP TO SURVEY COMPLETED ON | CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? |
|---|---|
| 9/19/2023 | ☐ YES ☐ NO |

# STATE FORM: REVISIT REPORT

| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER | MULTIPLE CONSTRUCTION | DATE OF REVISIT |
|---|---|---|
| 061621 Y1 | A. Building<br>B. Wing Y2 | 11/2/2023 Y3 |

| NAME OF FACILITY | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LAKELAND NURSING & REHAB | 25 FIFTH AVENUE<br>HASKELL, NJ 07420 |

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

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|---|---|---|---|---|---|
| ID Prefix S0560 | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # 8:39-5.1(a) | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | 10/30/2023 | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
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| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

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

| FOLLOWUP TO SURVEY COMPLETED ON | |
|---|---|
| 9/19/2023 | ☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO |