

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315058		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/28/2025	
NAME OF PROVIDER OR SUPPLIER AUTUMN LAKE HEALTHCARE AT SALEM COUNTY				STREET ADDRESS, CITY, STATE, ZIP CODE 438 SALEM-WOODSTOWN ROAD , SALEM, New Jersey, 08079			
(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	
F0000	INITIAL COMMENTS COMPLAINT #: 2569972 CENSUS:108 SAMPLE SIZE: 7 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.		F0000			08/29/2025	
F0580 SS = D	Notify of Changes (Injury/Degrade/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in		F0580	Completion Date: 8/29/2025 F Tag 580 Corrective Action Resident # 7 was discharged from the facility on NJ Ex Order 26-41 however an incident report was filed on NJ Ex Order 26-41 with physician notification and maintained in the closed record. Identification of At-Risk Resident The facility determined that all residents have the potential to be affected by this deficient practice. A facility-wide audit of all diabetic resident's blood glucose monitoring records was completed on 8-1-25. No additional residents were found to have missed notifications of abnormal blood glucose. Systemic Change All nursing staff re-education on the policy of notification of changes was initiated on 8-1-25 by staff development and will continue until completion date. All nursing staff re-education on protocols for physician notification for abnormal blood glucose was		08/29/2025	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0580 SS = D	<p>Continued from page 1</p> <p>§483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #: 2569972</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 7/28/2025, it was determined that the facility failed to notify a resident's physician of a NJ Ex Order 26.4(b)(1) result, and to follow facility policy titled "Notification of Changes." This deficient practice was identified for (Resident #7), 1 of 3 residents reviewed and was evidenced by the following:</p> <p>A review of the closed Electronic Medical Record (EMR) was as follows:</p> <p>According to the Admission Record (AR), Resident #7 was admitted to the facility on NJ Ex Order 26.4(b)(1) with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The resident was discharged from the facility on NJ Ex Order 26.4(b)(1).</p> <p>According to the Minimum Data Set (MDS), an assessment</p>		F0580	<p>Continued from page 1</p> <p>initiated by staff development on 8-1-25 and will continue until completion date.</p> <p>Unit managers were assigned by director of nursing on 8-1-25 to review the 24-hour reports daily to verify appropriate notifications are documented for any changes in condition.</p> <p>Quality Assurance</p> <p>1. Director of nursing or designee will audit 10 random resident charts for documentation of physician notification for changes weekly for 3 months then biweekly for 3 months and then monthly for 6 months. Any trends of non-compliance identified will receive corrective counseling and re-education immediately.</p> <p>2. The audit findings will be reported to the QAPI meeting monthly and the QA committee quarterly by the director of nursing.</p> <p>3. The Administrator will be responsible for overseeing the completion and continuation of all audits and findings.</p> <p>The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, adjustments to protocols or corrective actions to assure continued compliance and improvement.</p>			

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F0580 SS = D	<p>Continued from page 2</p> <p>tool dated [REDACTED] Resident #7 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] out of 15, indicating the resident's cognition was [REDACTED]</p> <p>A review of Resident #7's Order Summary Report (OSR) included the following physician orders (Pos):</p> <p>NJ Ex Order 26.4(b)(1) [REDACTED] as per [REDACTED] [REDACTED] [REDACTED] before meals for [REDACTED] Call the Medical Doctor if [REDACTED] or [REDACTED]</p> <p>A review of Resident #7's Medication Administration Record (MAR) dated [REDACTED] revealed that; on [REDACTED] at 4:30 PM, the resident's [REDACTED] was [REDACTED]</p> <p>A review of Resident #7's Progress Notes (PNs) for [REDACTED] did not show any documented evidence that the resident's physician was notified of the resident's [REDACTED] on [REDACTED] at 4:30 PM.</p> <p>A review of the facility's incident report dated [REDACTED] revealed that the Licensed Practical Nurse (LPN#1) who cared for Resident #7 failed to notify the physician of resident's [REDACTED] result.</p> <p>The surveyor attempted to interview (LPN#1) during the survey but the nurse was not available for an interview and did not return the surveyor's phone call.</p> <p>On 7/28/2025 at 12:05 PM, the surveyor interviewed a unit nurse (LPN #2) who stated that if the resident's [REDACTED] was less than the parameters listed in the physician's orders, she would notify the doctor. LPN #2 further stated that she would document in a progress note once the doctor was notified. LPN #2 indicated that it was important to call the doctor about a resident's [REDACTED] to make them aware so they can determine the next course of action for the resident.</p> <p>On 7/28/2025 at 1:07 PM, the surveyor interviewed the [REDACTED] who stated that the doctor should have been notified of the resident's [REDACTED] result of [REDACTED]. The [REDACTED] further stated that the nurse was responsible for notifying the doctor and writing a progress note. The [REDACTED] indicated that the resident's [REDACTED] result should have been called to the doctor on the same day. The [REDACTED] stated it was important to notify the doctor because the resident's medical</p>	F0580					

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F0580 SS = D	Continued from page 3 condition could require immediate treatment.		F0580				
F0842 SS = D	<p>A review of the facility's undated policy titled "Notification of Changes" under "Policy Statement", revealed that "The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification."</p> <p>NJAC 8:39-13.1(d)</p> <p>Resident Records - Identifiable Information</p> <p>CFR(s): 483.20(f)(5), 483.70(h)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information.</p> <p>(i) A facility may not release information that is resident-identifiable to the public.</p> <p>(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.</p> <p>§483.70(h) Medical records.</p> <p>§483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(h)(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> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p>		F0842	<p>Completion Date: 8/29/2025</p> <p>F Tag 842</p> <p>Corrective Action</p> <p>The medical records for residents #3, #4, and #7 were reviewed and updated based on care rendered through staff interviews and interdisciplinary notes.</p> <p>Identification of At-Risk Resident</p> <p>The facility determined that all residents have the potential to be affected by this deficient practice.</p> <p>Systemic Change</p> <p>All nursing staff re-educations on the policy for ADL documentation was initiated by staff development on 8-1-25 and continues until completion date.</p> <p>Unit managers and supervisors will monitor ADL documentation daily per shift for completion prior to shift ending.</p> <p>Don or designee will monitor clinical dashboard in clinical morning meeting for the POC/ADL documentation for completion.</p> <p>CNA's re-educated on the importance of completing ADL documentation prior to end of the shift by staff development initiated on 8-1-25 and will continue until completion date.</p> <p>Quality Assurance</p> <p>1. Director of nursing or designee will audit the clinical dashboard daily for ADL documentation</p>		08/29/2025	

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F0842 SS = D	<p>Continued from page 4</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, medical record reviews, and review of other pertinent facility documentation on 7/28/2025, it was determined that the facility staff failed to</p>			F0842	<p>Continued from page 4</p> <p>completion for 12 months. Any trends of non-compliance identified will receive corrective counseling and re-education immediately.</p> <p>2. The audit findings will be reported to the QAPI meeting monthly and the QA committee quarterly by the director of nursing.</p> <p>3. The Administrator will be responsible for overseeing the completion and continuation of all audits and findings.</p> <p>The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, adjustments to protocols or corrective actions to assure continued compliance and improvement.</p>		

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F0842 SS = D	<p>Continued from page 5</p> <p>consistently document in the "Documentation Survey Report" (DSR) the NJ Ex Order 26.4(b)(1) status and care provided to the residents. Also, the facility failed to follow its policy titled "ADL Documentation Policy." This deficient practice was identified for 3 of 4 residents reviewed for NJ Ex Order 26.4(b)(1) documentation.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #3 was admitted to the facility on NJ Ex Order 26.4(b)(1) with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #3 had a Brief Interview of Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15, indicating the resident's cognition was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #3's DSR (an NJ Ex Order 26.4(b)(1) Record) and progress notes revealed lack of documentation to indicate the resident's NJ Ex Order 26.4(b)(1) care was provided and/or that the resident refused care on the following dates and shifts:</p> <p>NJ Ex Order 26.4(b)(1);</p> <p>7:00 AM-3:00 PM shift on NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1);</p> <p>3:00 PM-11:00 PM shift on NJ Ex Order 26.4(b)(1);</p> <p>11:00 PM-7:00 AM shift on NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>2. According to the AR, Resident #4 was admitted to the facility on NJ Ex Order 26.4(b)(1) with diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>According to the MDS, an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #4 had a BIMS score of NJ Ex Order 26.4(b)(1) which indicated the resident's cognition was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #4's DSR and progress notes revealed lack of documentation to indicate the resident's NJ Ex Order 26.4(b)(1) care was provided and/or the resident refused care on the following dates and shifts:</p> <p>NJ Ex Order 26.4(b)(1);</p>	F0842					

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F0842 SS = D	<p>Continued from page 6 3:00 PM-11:00PM shift on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>11:00 PM-7:00 AM shift on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>3. According to the AR, Resident #7 was admitted to the facility on [REDACTED] NJ Ex Order 26.4(b)(1) with diagnoses which included but were not limited to [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1). The resident was discharged from the facility on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>According to the MDS, an assessment tool dated [REDACTED] NJ Ex Order 26.4(b)(1), Resident #7 had a BIMS score of [REDACTED] NJ Ex Order 26.4(b)(1) out of 15, indicating the resident's cognition was [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #7's DSR and progress notes revealed lack of documentation to indicate the resident's [REDACTED] NJ Ex Order 26.4(b)(1) care was provided and/or the resident refused care on the following dates and shifts:</p> <p>[REDACTED] NJ Ex Order 26.4(b)(1):</p> <p>7:00 AM-3:00 PM shift on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>11:00 PM-7:00 AM shift on [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>On 7/28/2025 at 12:00 PM, the surveyor interviewed the [REDACTED] US FOIA (b)(6) who stated that the CNAs were responsible for documenting the resident's [REDACTED] NJ Ex Order 26.4(b)(1) in the computer. The [REDACTED] US FOIA further stated that the [REDACTED] NJ Ex Order 26.4(b)(1) should generally be documented by the end of the shift. The [REDACTED] US FOIA indicated that if the [REDACTED] NJ Ex Order 26.4(b)(1) documentation was blank, it does not always mean that care was not given. The [REDACTED] US FOIA stated that the [REDACTED] NJ Ex Order 26.4(b)(1) documentation should not be blank, and it was important to document the resident's [REDACTED] NJ Ex Order 26.4(b)(1) to show the type of care the resident received and if there was a [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) in the resident's [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>On 7/28/2025 at 1:07 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) who stated that the CNAs use the Point of Care (POC), a mobile enable app that runs on wall mounted kiosks that enable care staff to document [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA further indicated that the [REDACTED] NJ Ex Order 26.4(b)(1) documentation should be completed before the staff clock out for their shift. The [REDACTED] U.S. FOIA stated that the [REDACTED] NJ Ex Order 26.4(b)(1) was responsible for checking the ADL documentation to ensure it was completed. The [REDACTED] U.S. FOIA stated that a blank space does not necessarily mean that the staff did not provide care.</p> <p>On 7/28/2025 at 1:36 PM, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) who stated "I usually try my best to ensure that the POCs are completed. There are times, I can't check by 2 o'clock because I have meetings or get</p>			F0842			

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F0842 SS = D	<p>Continued from page 7</p> <p>busy." The USFR further indicated that she will usually follow up with the regular staff at some point to complete the documentation. The USFR further indicated that if there was a blank space that it didn't necessarily mean the care was not provided but that the NJ Ex O documentation should have been completed.</p> <p>A review of the facility's undated policy titled "ADL Documentation Policy" revealed under "Policy Statement", "The purpose of this policy is to establish guidelines for the documentation of Activities of Daily Living (ADLs) in order to ensure accurate, timely, and comprehensive records that reflect the care provided to residents in our long-term care facility." Under "Policy Interpretation and Implementation", "3. Responsibility: All nursing staff and caregivers are responsible for documenting ADLs as part of their daily care routines. Supervisors and management will regularly review documentation for compliance and accuracy."</p> <p>NJAC 8:39-35.2(d) (9)</p>			F0842			

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