

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

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 11/18/2025
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		
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F0000	<p>INITIAL COMMENTS</p> <p>Survey: Complaint</p> <p>Intake ID#: 2636901</p> <p>Survey Date: 10/23/25</p> <p>Census: 107</p> <p>Sample size: 3</p> <p>The NJDOH conducted a Complaint Survey on 10/23/25. The survey was officially completed on 10/23/25.</p> <p>A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.</p>	F0000		11/18/2025
F0686 SS = D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity</p> <p>§483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Intake ID: 2636901</p> <p>Based on interviews, review of closed medical records</p>	F0686	<p>the don inserviced the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] on 10-24-25</p>	12/02/2025

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.

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F0686 SS = D	<p>Continued from page 2 and had no history of NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's Order Summary Report revealed a physician's order dated NJ Ex Order 26.4, for NJ Ex Order 26.4 every shift for NJ Ex Order care.</p> <p>A review of the Treatment Administration Record (TAR) revealed an entry dated NJ Ex Order 26.4 at 5:00 PM, for a NJ Ex Order Evaluation Weekly; Document under weekly NJ Ex Order in the evening every Wed (Wednesday) document using the following codes: NJ Ex Order 26.4(b), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1).. Further review of the entry revealed that the entry was signed out as administered with a code of 1 (one), which indicated the resident had a previous NJ Ex Order 26.4(b)(1) present.</p> <p>A Further review of the TAR revealed an order dated NJ Ex Order 26.4 at 10:21 AM, for NJ Ex Order 26.4(b)(1) every shift for NJ Ex Order care that was administered during the evening shift on NJ Ex Order 26.4.</p> <p>The surveyor reviewed the resident's Progress Notes (PN) which failed to indicate that the facility had previously identified that the resident had a previous NJ Ex Order 26.4(b)(1) present upon admission to the facility.</p> <p>On 10/23/25 at 11:44 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) #1 who stated that if she noted that a resident's NJ Ex Order 26.4(b)(1), she would put NJ Ex Order 26.4(b)(1) and tell the nurse.</p> <p>On 10/23/25 at 11:44 AM, the surveyor interviewed the License Practical Nurse (LPN) #1 who stated that if any NJ Ex Order 26.4(b)(1) were identified she would complete an incident report, document the findings in the electronic medical record (EMR), and get an order for a NJ Ex Order treatment. The LPN #1 stated that if a previous NJ Ex Order 26.4(b)(1) were identified on the NJ Ex Order assessment then an incident report should have been initiated. The LPN #1 reviewed the resident's closed EMR and confirmed that the resident's NJ Ex Order assessment was coded to indicate that a previous NJ Ex Order 26.4(b)(1) was present and that a risk management, or incident report was not completed on behalf of the resident.</p> <p>On 10/24/25 at 12:33 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that nursing was required to document what type of NJ Ex Order 26.4(b)(1) was identified. The U.S. FOIA stated that she did not believe that an incident report was initiated for Resident #1</p>	F0686		

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F0686 SS = D	<p>Continued from page 3 and whether the resident had a previous [REDACTED] [REDACTED]</p> <p>On 10/24/25 at 1:01 PM, in a later interview with the [REDACTED] she presented the surveyor with a [REDACTED] Form dated [REDACTED] at 10 AM, which indicated that the resident had [REDACTED] and had [REDACTED] [REDACTED]</p> <p>When the surveyor asked why the [REDACTED] Form documentation completed on [REDACTED] differed from the Admit/Readmit Screening that was completed on [REDACTED] and indicated that the resident's [REDACTED] the [REDACTED] stated, "It must have been missed". The [REDACTED] stated that we do the [REDACTED] Form within 24 hours of admission so we can check to pick up on things that were missed upon admission. The [REDACTED] further stated, "Depending on the severity, it was possible to develop [REDACTED]."</p> <p>On 10/23/25 at 1:36 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) #1 who stated that she completed the [REDACTED] Form on [REDACTED] at 10 AM, and described the findings of: [REDACTED] noted to [REDACTED] [REDACTED] The LPN/UM #1 stated that this was our second day [REDACTED] assessment because they usually do not catch everything on the first day [REDACTED] admission assessment. The LPN/UM #1 stated that she did not know if the nurse who completed the admission screening [REDACTED] assessment was short staffed or was assigned to the medication cart and missed it. The LPN/UM #1 stated that the [REDACTED] indicated that the resident's [REDACTED] and may have been caused by [REDACTED] and I initiated an order for [REDACTED] right away to take away [REDACTED]. The LPN/UM #1 further stated that the resident was only here for less than 23 hours at that time when she identified the [REDACTED] while she assisted the resident to [REDACTED].</p> <p>On 10/23/25 at 1:53 PM, the [REDACTED] provided the surveyor with an "Approved Referral for Medical Care" form dated [REDACTED] and she stated that the resident was admitted to the facility [REDACTED] and was previously ordered [REDACTED] previously for [REDACTED] while in [REDACTED] [REDACTED] The [REDACTED] acknowledged that the resident's admission assessment failed to identify that the resident had a previous [REDACTED] present upon admission to the facility and the resident's need for [REDACTED] was not identified until the resident's [REDACTED] was assessed by the LPN/UM #1 during care on [REDACTED], which resulted in a delay of [REDACTED] administration</p>	F0686		

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F0686 SS = D	<p>Continued from page 4 for the resident as was indicated in the resident's medical referral to the facility.</p> <p>A review of the facility's "Skin Assessment" policy, undated, included:</p> <p>It is our policy to perform a full body skin assessment as part of our systemic approach to pressure injury prevention and management.</p> <p>...A skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, PRN (as needed) and weekly thereafter. The assessment may also be performed after a change in condition or after any newly identified area...</p> <p>NJAC: 27.1(e)</p>	F0686		

New Jersey State Department of Health

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S0000	Initial Comments 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	S0000		11/18/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and review of pertinent facility documents, 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 for 2 out of 28 total shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift.	S0560	no residents were affected by this deficient practice 2. On 10-24-25 the staff educator in-serviced the staffing coordinator on the appropriate staffing numbers to maintain.	12/02/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</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 4 weeks of AAS-11 staffing prior to survey from 09/21/2025 to 10/18/2025, the facility was deficient in CNA staffing for residents on 2 of 28 day shifts as follows:</p> <p>-09/27/25 had 12 CNAs for 111 residents on the day shift, required at least 14 CNAs.</p> <p>-10/01/25 had 13 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>A review of the facility's "Staffing" policy, undated, included our facility will provide sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment...One CNA to every eight residents of the day shift. One direct care staff member (RN, LPN, CNA) to every 10 residents for the evening shift. One direct care staff member (RN, LPN, CNA) to every 14 residents for the night shift. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care...Direct care staffing information per day (including agency and contact staff) is submitted to the CMS payroll-based journal system on the schedule specified by CMS, but no less than once a quarter.</p>	S0560		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/03/2025 in relation to the 10/23/2025 complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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