STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315014	A. BUILDING _____ B. WING _____	C 05/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG OAK REHABILITATION AND HEALTHCARE CENTER	849 BIG OAK ROAD PITTSGROVE, NJ 08318

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT#: NJ00163657 CENSUS: 64 SAMPLE SIZE: 3 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ00163657 Based on interviews, medical record review, and review of other permanent facility documents on 05/18/23 and 05/22/23, it was determined that the facility failed to: a.) transcribe a physician's order to monitor a resident's [NJ Exec. Order 26:4.b.1] [redacted] for Resident #1 and b.) failed to implement a care plan interventions for a [NJ Exec. Order 26:4.b.1] for Resident #2. The deficient	F 689	F-689 The orders for resident #1 and resident #2 were verified to be in place and care planned. The nurse was given individual counseling by the DON on the importance of transcribing physician orders as well as updating residents care plans. This was completed by day of survey. All residents have the potential to be affected by this deficient practice when physician's [NJ Exec. Order 26:4.b.1] orders are not transcribed, and [NJ Exec. Order 26:4.b.1] care plans	6/28/23

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

Electronically Signed | 06/09/2023

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 689	Continued From page 1 practice was identified for 2 of 3 residents reviewed for elopement and was evidenced by the following: 1. According to the "Admission Record," Resident #1 was NJ ex order 26.4b1 on NJ ex order 26.4b1 with diagnoses which included but were not limited to NJ ex order 26.4b1 [redacted] Review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ ex order 26.4b1, indicated that Resident #1 NJ ex order 26.4b1 [redacted]. The MDS also indicated that Resident #1 NJ ex order 26.4b1 [redacted] and NJ ex order 26.4b1 Review of Resident #1's NJ ex order 26.4b1 "DMN-Wandering Risk Scale" assessment (an assessment tool used to provide an overview of resident's risk level for wandering) revealed that the resident scored a "NJ ex 1" which indicated the resident was "NJ ex order 26.4b1 " Review of Resident #1's Care Plan (CP) dated NJ ex order 26.4b1 showed under "Focus": Resident #1 was NJ ex order 26.4b1 [redacted], NJ ex order 26.4b1 [redacted] The CP included an intervention, revised on NJ ex order 26.4b1, of NJ Exec. Order 26:4.b.1: [every] shift. Review of Resident #1's "Order Summary Report" (OSR) for active orders as of NJ ex order 26.4b1 revealed a NJ ex order 26.4b1 physician order for NJ ex order 26.4b1	F 689	are not updated. A review of all residents with wander guard was reviewed for physician's orders, function of device, placement of device, skin checks under the wander guard, and updated care plans. None were found to be deficient. This was completed by the day of survey. Director of Nursing and Assistant Director of Nursing provided in-services to all nursing staff on the policy and procedure for transcription of physician's orders and updating care plans by 6/9/2023 Nursing administration will monitor ten charts monthly to ensure that the physician's wander guard orders are transcribed, and wander guard care plans are updated for 60 days. All findings will be reviewed for three months, or until the quality assurance committee deems appropriate.	

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F 689		F 689		

Continued From page 2

NJ ex order 26.4b1 [placement and function] OF NJ ex order 26.4b1 [every shift]. The OSR revealed a second physician order, dated NJ ex order 26.4b1, for NJ ex order 26.4b1

Review of the resident's NJ ex order 26.4b1, NJ ex order 26.4b1, and NJ ex order 26.4b1 eTARs did not include the aforementioned NJ ex order 26.4b1 physician orders.

The surveyor reviewed Resident #1's electronic "Progress Notes (PN)" from NJ ex order 26.4b1 The PN revealed no documentation that a NJ Exec. O was completed every shift per the physician's order. The PN also revealed no documentation that the NJ Exec. Order 26:4.b.1 had been NJ Exec. Order 26:4.b.1 every shift per the physician's order.

Review of Resident #1's OSR, order date range NJ ex order 26.4b1, revealed the following physician orders:
1. Physician order, dated NJ ex order 26.4b1, to NJ ex order 26
2. Physician order, dated NJ ex order 26.4b1, to NJ ex order 26.4
3. Physician order, dated NJ ex order 26.4b1, to NJ ex order 26.4

Further review of the resident's NJ ex order 26.4b1 eTAR indicated that the aforementioned NJ ex order 26.4b1 and NJ ex order 26.4b1 NJ Exec. Order 26:4.b.1 orders had been transcribed.

2. According to the "Admission Record," Resident #2 was admitted to the facility on NJ ex order 26.4b1, with diagnoses which included but were not limited to:

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F 689		F 689		

Continued From page 3

NJ ex order 26.4b1 .

Review of the resident's quarterly MDS, dated NJ ex order 26.4b1, included the resident had a Brief Interview for Mental Status score of NJ ex " which indicated the resident's NJ ex order 26.4b1 Further review of the MDS revealed the resident was ambulatory and used a 'NJ ex order 26.4b1 .

Review of Resident #2's NJ Exec. Order 26:4 "DMN-Wandering Risk Scale" assessment revealed that the resident scored an NJ Exec. which indicated the resident was NJ Exec. Order 26:4.b.1

Review of Resident #2's CP, revised on NJ ex order 26.4b1, showed under "Focus" that NJ ex order 26.4b1 The CP included interventions, initiated on NJ ex order 26.4b1, of "NJ ex order 26.4b1 and "check NJ Exec. Order each shift."

Review of Resident #2's OSR, order date range NJ ex order 26.4b1, revealed the following physician orders:
1. Physician order, dated NJ ex order 26.4b1, to NJ ex order 26
2. Physician order, dated NJ ex order 26.4b1, to NJ ex order 26
3. Physician order, dated NJ ex order 26.4b1, to "NJ ex order 26.4b right #OOFDB9."

The OSR did not include a physician order for the aforementioned NJ ex order 26.4b1 CP interventions of NJ ex order 26.4b1 ."

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	315014	A. BUILDING _____ B. WING _____	C 05/22/2023

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F 689	Continued From page 4 Review of Resident #2's [redacted], [redacted] eTARs did not include a physician order for the aforementioned [redacted] CP interventions of [redacted]. Further review of the resident's [redacted] eTAR indicated that the aforementioned [redacted] and [redacted] orders had been transcribed. The surveyor reviewed Resident #2's electronic PN from [redacted]. The PN revealed no documentation that the resident's [redacted] was present and being [redacted] every shift per the CP. During a telephone interview with the surveyor on 05/22/23 at 10:42 AM, Licensed Practical Nurse (LPN) #1 stated that Resident # [redacted] and [redacted]. LPN #1 stated that a physician order was required for a [redacted] and that the nurses were responsible for documenting the [redacted] and [redacted]. LPN#1 further stated the [redacted] checks were documented on the resident's TAR. LPN #1 added that the [redacted] were on the eTAR to notify the nurse on duty to check the resident's [redacted] for possible [redacted] under the [redacted] and the [redacted] and [redacted] of the [redacted]. During an interview with the surveyor on 05/22/23 at 10:42 AM, LPN #2 stated a physician's order was required for a [redacted] and that the nurses were responsible for checking the [redacted]	F 689		

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F 689	Continued From page 5	F 689		

NJ ex order 2 for NJ Exec. Order 26:4.b.1 and NJ Exec. Order 26. LPN #2 further stated that the NJ ex order 26.4b1 orders were documented on the eTAR. LPN #2 added that the eTAR alerted the nurse to check the resident's NJ ex order 26.4b1 to make sure that it was present and functioning properly.

During an interview with the surveyor on 05/22/23 at 12:31 PM, the Director of Nursing (DON) stated Resident #1 had a NJ ex order 26.4b1 and that it was checked daily by the nurse. The DON added that residents with NJ Exec. Order 26:4.b.1 should have a physician's order to check for NJ Exec. Order 26:4.b.1, NJ Exec. Order 26, and NJ Exec. Order 26:4.b.1 under the NJ ex order 26 r NJ ex order 26 The DON further stated that the NJ ex order 26.4b orders were documented on the TAR and that the nurses were responsible for checking for the NJ Exec. Order 26: and NJ Exec. Order 26:4.b.1. The surveyor requested Resident #1 and #2 NJ ex order 26.4b1 documentation for NJ ex order 26.4b1, NJ ex order 26.4b1 the DON stated she would look into it and follow up with the surveyor.

During a follow-up interview with the surveyors on 05/22/22 at 3:03 PM, in the presence of the License Nursing Home Administrator (LNHA), Vice President of Clinical, Senior Director of Plant Operations, and Regional Director of Operations (RDO), the DON stated she was still looking for the requested documentation. The DON stated the facility had recently transitioned from paper charts to the electronic medical record (EMR) and that the nurses may have been documenting the NJ Exec. Order 26:4.b.1 on paper. The surveyor questioned the monthly recapitulation (recap) process for residents' physician orders; the DON stated that the nurse would check the physician orders documented on the "paper" physician

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F 689	Continued From page 6	F 689		

order sheet against the physician orders documented EMR. The DON added that Resident #1 had a Physician's Order for the NJ ex order 26.4b1. The nurse did not check off the "additional documentation" box, which would have transcribed the Physician's Order onto the resident's TAR. When questioned about the transition, the RDO stated the nurses who struggled with the electronic medical record would continue the documentation on paper. The RDO added that they would have to review the medical records in storage and will email the requested documents to the surveyor.

Review of the 05/23/23 email, sent at 7:50 AM by the LNHA, stated no additional documentation for Resident #1. The email included Resident #2s PN from NJ ex order 26.4b1 which revealed that the resident's NJ ex order 26.4b1 was in place and NJ Exec. Order 26:4.b.1. The email revealed no additional documentation that Resident #2's NJ ex order 26.4b1 was in place and being NJ Exec. Order 26:4.b.1 from NJ ex order 26.4b1.

Review of the facility's "Wander Management and Elopement Prevention" policy, updated April 2023, revealed that "When implementing a wander management system device, the staff will implement routine checks for placement and functionality. a. Wander management system devices will be checked for placement each shift by nursing staff. b. Wander management system devices will be checked for functionality daily by nursing staff."

Review of the facility's undated "Safety and Supervision of Residents" policy revealed that implementing interventions to reduce accident risks and hazards shall include, but not limited to

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BIG OAK REHABILITATION AND HEALTHCARE CENTER	**849 BIG OAK ROAD PITTSGROVE, NJ 08318**

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F 689	Continued From page 7 the following: "a. communicating specific interventions to all relevant staff, d. ensuring that interventions are implemented; and e. documenting interventions." NJAC 8:39-27.1 (a)	F 689		

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	061704	A. BUILDING: _____ B. WING _____	C 05/22/2023

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S 000	Initial Comments COMPLAINT#: NJ00163657 CENSUS: 64 SAMPLE SIZE: 3 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 deficieny 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: COMPLAINT#: NJ00163657 Based on facility document review on 05/16/23 and 05/22/23, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey for 15 of 28 day shifts. This deficient practice was evidenced by the following:	S 560	S-560 No residents were identified. Residents of the facility have the potential to be affected. The Administration will meet weekly to review recruitment efforts, staffing for the next day, and staffing for the upcoming week.	6/28/23

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

Electronically Signed | 06/09/23

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	061704	A. BUILDING: _____ B. WING _____	C 05/22/2023

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S 560	Continued From page 1 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. 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 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. The survey team requested staffing for the weeks of 04/09/2023 to 04/22/2023 and 04/30/2023 to 05/13/2023. 1. For the 2 weeks of complaint staffing from 04/09/2023 to 04/22/2023, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows: -04/09/23 had 7 CNAs for 71 residents on the day shift, required 9 CNAs. -04/10/23 had 8 CNAs for 70 residents on the day shift, required 9 CNAs.	S 560	• The facility has implemented a recruitment/retention for employee engagement including new hires. • The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes. • Contract staff utilization is reviewed bi-weekly to identify trends and opportunities. The facility has contracts in place with multiple staffing agencies in an effort to provide additional staff when needed. • The facility has implemented a multifaceted approach for recruitment and retention of employees. • Job fairs • Flexible scheduling, • Increased utilization of PRN staff • Multimedia advertisements • Sign on bonuses • Referral bonuses • Pick-up shift bonuses • Rate adjustments / increased in April. • Benefit adjustments • Contract staff utilization • All walk-in interviews will be done immediately by department heads as to their potential role. • Facility is in talks with nursing schools to have students do their clinical by them to help bring students in house. • Communication and working with the employee union to ensure efforts of employee retention. • Celebration and recognition of employees, CNAs The administrator/designee will attend	

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S 560	Continued From page 2 -04/11/23 had 8 CNAs for 69 residents on the day shift, required 9 CNAs. -04/14/23 had 6 CNAs for 65 residents on the day shift, required 8 CNAs. -04/16/23 had 7 CNAs for 65 residents on the day shift, required 8 CNAs. -04/17/23 had 5 CNAs for 65 residents on the day shift, required 8 CNAs. -04/18/23 had 6 CNAs for 64 residents on the day shift, required 8 CNAs. -04/22/23 had 6 CNAs for 62 residents on the day shift, required 62 CNAs. 2. For the 2 weeks of staffing prior to survey from 04/30/2023 to 05/13/2023, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -05/01/23 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -05/05/23 had 7 CNAs for 63 residents on the day shift, required 8 CNAs. -05/06/23 had 7 CNAs for 63 residents on the day shift, required 8 CNAs. -05/07/23 had 5 CNAs for 63 residents on the day shift, required 8 CNAs. -05/10/23 had 7 CNAs for 63 residents on the day shift, required 8 CNAs. -05/12/23 had 7 CNAs for 64 residents on the day shift, required 8 CNAs. -05/13/23 had 7 CNAs for 64 residents on the day shift, required 8 CNAs.	S 560	resident council to determine whether any concerns regarding state minimum staffing are identified monthly for two months and then quarterly. The results of the Resident Council minutes as well as recruitment and retention data will be reviewed by the Administrator or designee at the quarterly QAPI meeting for follow up and monitoring.	

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
315014 Y1	A. Building B. Wing Y2	7/7/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG OAK REHABILITATION AND HEALTHCARE CENTER	849 BIG OAK ROAD PITTSGROVE, NJ 08318

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 F0689	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/28/2023	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
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
5/22/2023	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061704 Y1	A. Building B. Wing Y2	7/7/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BIG OAK REHABILITATION AND HEALTHCARE CENTER	849 BIG OAK ROAD PITTSGROVE, NJ 08318

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	06/29/2023	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
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	
5/22/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO