STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET UNION, NJ 07083**

(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 #: NJ177876, NJ178837 Census: 110 Sample: 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 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ177876, NJ178837 Based on interviews, review of the medical records, and pertinent facility documents on 10/24/24 and 10/25/24, it was determined that the facility failed to follow professional standards of clinical practice with respect to nursing staff provided a service when the accepted standards of quality dictate that the service or care should not have been provided for 1 of 3 Residents (Resident #2). This deficient practice is evidence by the following: According to the "Admission Record" Resident #2	F 658	F658 1. The facility will ensure to follow professional standards of clinical practice including correct medication administration. Only staff members licensed to do so are allowed to distribute medication to residents. Residents on that hallway were interviewed to ensure no other residents were given medication by CNAs. No issues were reported. 2. All residents could be affected by this practice. 3. LPN #1's employment was terminated.	12/16/24

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

Electronically Signed | 12/14/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING _____ B. WING _____	C 10/25/2024

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F 658	Continued From page 1 was admitted to the facility on NJ Ex Order 26.4(with diagnosis that included but was not limited to: NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). The Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(, revealed that Resident #2's cognitive function was NJ Ex /15 indicating resident is NJ Ex Order 26.4(b)(1). The Care Plan (CP) initiated on NJ Ex Order 26.4(b) indicated that Resident #2 had NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) Interventions included but were not limited to administer NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) as ordered. The Order Summary (OS) indicated that Resident #2 had an order dated NJ Ex Order 26.4 for NJ Ex Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)), one tablet by mouth every six hours as needed for NJ Ex Order 26.4(b)(1). The "Medication Administration Record (MAR)" form for NJ Ex Order 26.4(indicated the NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)), give one tablet by mouth every six hours as needed for NJ Ex Order 26.4(b)(1), was signed by Licensed Practical Nurse (LPN #1) as administered on NJ Ex Order 26 at 2119 and on NJ Ex Order 26.4(at 2153 by Licensed Practical Nurse (LPN #1). The "Individual Patient NJ Ex Order 26.4(b)(1) Administration Record (NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4 indicated that the NJ Ex Order 26.4(b)(1) tablet dose was recorded as administered on NJ Ex Order 26.4(by LPN #1. The surveyor conducted an interview with Resident #2 on 10/24/24 at 1:29 p.m. Resident #2 stated that he/she asked CNA #1 to let LPN #1	F 658	CNA #1 received disciplinary action and education regarding correct medication pass. All nursing staff received in-service training regarding correct medication pass. Medication administration will be audited by the nursing team. 4. Medication administration by nursing will be randomly audited by each Unit Manager each month for the next three months. Results will be reported to the Director of Nursing and during the monthly QAPI. 5. This will be implemented by 12/16/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315104	A. BUILDING _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET UNION, NJ 07083**

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F 658	Continued From page 2	F 658		

know that she needed his/her [NJ Ex Ord] medication. Resident #2 stated that the Certified Nursing Assistant (CNA #1) brought back his/her [NJ Ex Ord] medication, gave it to him/her and he/she took it.

The surveyor conducted an interview on 10/24/24 at 3:30 p.m. with LPN #1, who revealed that medications should be administered to the resident by a nurse. LPN #1 stated that a Certified Nursing Assistant should not administer medication because they are not licensed to give medication. LPN #1 then confirmed that she gave a CNA #1 medication for [NJ Ex Ord] to give to Resident #2 because Resident #2 [NJ Exec Order 26.4] to take medication from her. LPN #1 reported that Resident #2 told her to give the medication to the CNA #1 and then he/she will take it from the CNA #1. LPN #2 stated that she gave the CNA #1 the medication, observed CNA #1 give Resident #2 the medication, and that she did not remember the date it happened.

The surveyor conducted an interview with the [U.S. FOIA (b) (6)]) on 10/25/24 at 10:24 a.m. and she stated that nurses give resident their medications, and that CNAs are not certified or trained to administer medications. The [U.S. FOIA (b)] further stated, "No, the CNA should not give medications to residents because they are not trained to administer medications."

The surveyor conducted an interview with CNA #1 via telephone on 10/25/24 at 1:11 p.m. CNA #1 stated that a nurse administers medication to residents, and that a CNA should not give medication to a resident because a CNA is not a nurse. CNA #1 told surveyor that LPN #1 gave her Resident #2's medication to give to resident. CNA#1 stated that Resident #2 was [NJ Exec Order 26.4b1]

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	315104	A. BUILDING _____ B. WING _____	C 10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	**234 CHESTNUT STREET UNION, NJ 07083**

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F 658	Continued From page 3	F 658		

and she was passing by, when Resident #2 called her and asked her to ask the nurse for [NJ Ex Ord] medication because he/she was in [NJ Ex Orde] CNA #1 stated that she told the nurse and went to another resident. CNA # 1 stated that when she was passing by the hallway, LPN #1 asked her to give Resident #2 the [NJ Ex Ord] medication and she took it from LPN #1 who was at her medication cart, and brought it to Resident #2 who was still [NJ Exec Order 28] [redacted]. CNA #1 stated that she then left to continue the assignment for her other resident.

The surveyor conducted a further interview with the [U.S. FOIA (b] on 10/28/24 via telephone who stated, the nurse should not have given this medication to CNA #1 to give to the resident because it was outside of the CNA's scope of practice. The nurse should have given the medication to the resident, but if the resident [NJ Exec Order 26] to take the medication from the nurse, the nurse should have asked another nurse from the next wing to administer the medication.

The facility's undated job description for the "Licensed Practical Nurse" indicated that: " ...RESPONSIBILITIES/ACCOUNTABILITIES: 2 - Administers medication and/or treatment and documentation related to resident activity.

The facility's undated job description for the "Nursing Assistant" indicated that: " ...POSITION SUMMARY: His/her function may not exceed Standards of Practice as accorded by Certification.

The facility's policy titled "MEDICATION AMINISTRATION," revised on 10/2023, under "POLICY," indicated that "Medications are administered by licensed nurses, or other staff

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F 658	Continued From page 4 who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice ...." Under "POLICY EXPLANATION AND COMPLIANCE GUIDELINES," 15 stated, "Observe resident consumption of medication." NJAC 8:39-29.2 (d)	F 658		

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
	062004	A. BUILDING: _____ B. WING _____	C 10/25/2024

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CORNELL HALL CARE & REHABILITATION CE	234 CHESTNUT STREET UNION, NJ 07083

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S 000	Initial Comments Complaint #: NJ177876, NJ178837 Census: 110 Sample: 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 deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ177876, NJ178837 Based on interviews and review of facility documents on 10/25/2024, it was determined that the facility failed to ensure staffing ratios were met for the weeks of the Complaint staffing for 8 of 14-day shifts, and for the two weeks prior to survey for 6 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.	S 560	S560 1. The Facility shall ensure that staffing ratios meet the required resident to staff ratios set forth by the Department of Health. 2. This deficient practice has the potential to affect all residents. 3. The Administrator or designee will	12/16/24

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

Electronically Signed | 12/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062004	A. BUILDING: _____ B. WING _____	C 10/25/2024

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S 560	Continued From page 1 Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified 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: 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. For the 2 weeks of Complaint staffing from 09/15/2024 to 09/28/2024, the facility was deficient in CNA staffing for residents on 8 of 14-day shifts as follows: On 09/15/24 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 09/17/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 09/18/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 09/21/24 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs.	S 560	review with the Staffing Coordinator regarding correct staffing ratios. The facility will also increase recruiting efforts to have a larger pool of staff to utilize so ratios can be more easily achieved. The facility will hold monthly meetings with Human Resources regarding recruiting efforts and results. The facility will hold recruiting meetings with local CNA schools. The facility will also reorganize the hiring process to make recruitment more efficient. The facility will review staffing levels daily during morning meeting. 4. The Administrator or designee will review staffing levels daily. The Administrator or designee will also review staffing levels during each monthly QAPI until 3 consecutive months of staffing ratios are achieved. 5. This will be implemented by 12/16/24.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	062004	A. BUILDING: _____ B. WING _____	C 10/25/2024

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CORNELL HALL CARE & REHABILITATION CE	234 CHESTNUT STREET UNION, NJ 07083

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S 560	Continued From page 2 On 09/22/24 had 8 CNAs for 112 residents on the day shift, required at least 14 CNAs. On 09/23/24 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs. On 09/27/24 had 12 CNAs for 117 residents on the day shift, required at least 15 CNAs. On 09/28/24 had 14 CNAs for 117 residents on the day shift, required at least 15 CNAs. For the 2 weeks of staffing prior to survey from 10/06/2024 to 10/19/2024, the facility was deficient in CNA staffing for residents on 6 of 14 day shifts as follows: On 10/06/24 had 9 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 10/07/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 10/13/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 10/14/24 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 10/25/24 had 13 CNAs for 113 residents on the day shift, required at least 14 CNAs. On 10/19/24 had 13 CNAs for 114 residents on the day shift, required at least 14 CNAs.	S 560		
S 815	8:39-9.3(a)(3) Mandatory Administration (a) There shall be written policies and procedures for personnel that are reviewed annually, revised as needed, and implemented. They shall include at least: 3. A system to ensure that written, job-relevant criteria are used in making evaluation, hiring, and promotion decisions;	S 815		12/16/24

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	062004	A. BUILDING: _____ B. WING _____	C 10/25/2024

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S 815	Continued From page 3 This REQUIREMENT is not met as evidenced by: Complaint # NJ177876, NJ178837 Based on interviews and review of personnel files on 10/24/24 and 10/25/25, it was determined that the facility failed to ensure that a performance evaluation was completed every 12 months for 4 of 4 nursing staff, (Certified Nursing Assistant) CNA #1), Licensed Practical Nurse (LPN #1), Registered Nurses (RN # 1 and RN #2). This deficient practice was evidenced by the following: 1. A review of the personnel file for CNA #1 showed a date of hire of [redacted]. There were no performance evaluations in the personnel file. 2. A review of the personnel file for LPN #1 showed a date of hire of [redacted]. There were no performance evaluations in the personnel file. 3. A review of the personnel file for RN #1 showed a date of hire of [redacted]. There were no performance evaluations in the personnel file. 4. A review of the personnel file for RN #2 showed a date of hire of [redacted]. There were no performance evaluations in the personnel file. During an interview with the Director of Nursing	S 815	S815 1. The facility will conduct performance evaluations of all staff every 12 months in order to enhance evaluation, hiring and promotion decisions. Employee evaluations were conducted for CNA #1, RN #1 and RN #2. LPN #1 was terminated. 2. All residents could be affected by this practice. 3. All employee files will be audited by Human Resources or designee to determine which employees need performance evaluations. All missing evaluations will be conducted by the corresponding department head. Once complete, employee evaluations will be completed on an annual basis; tracked by the Human Resources Department. All managers received education stating that all staff members require employee evaluations every 12 months 4. Completion of the audit and following employee evaluations will be tracked by the corresponding department manager and reviewed during QAPI. To ensure that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 815	Continued From page 4 (DON) on 10/25/24 at 5:46 p.m., the DON stated that she was unable to locate any of the performance evaluations for any of the staff. NJAC 8:39-9.3(a)3	S 815	evaluations are completed, each month, HR will provide a list of employees who are in need of an annual evaluation. This process will be reviewed monthly during QAPI for six months. 5. This will be implemented by 12/16/24.	

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
315104 Y1	A. Building B. Wing Y2	12/17/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	234 CHESTNUT STREET UNION, NJ 07083

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 F0658	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/16/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	
10/25/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
062004 Y1	A. Building B. Wing Y2	12/17/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNELL HALL CARE & REHABILITATION CENTER	234 CHESTNUT STREET UNION, NJ 07083

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 S0815	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-9.3(a)(3)	Completed	Reg. #	Completed
LSC	12/16/2024	LSC	12/16/2024	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	
10/25/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO