

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

PRINTED: 07/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
(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	<p>INITIAL COMMENTS</p> <p>Complaint #'s: NJ163658, 163827, 163852, 164702, 165037, 165040, 165610, 169353</p> <p>STANDARD SURVEY: 1/5/24</p> <p>CENSUS: 113</p> <p>SAMPLE SIZE: 27</p> <p>A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.</p> <p>On 12/29/2023, during the recertification survey, the survey team identified an Immediate Jeopardy for F678 at a s/s of "J".</p> <p>Based on interview, review of facility records, and other pertinent facility documents on 12/29/23, it was determined that the facility failed to initiate NJ Exec Order 26.4b1 for a resident who was found NJ Exec Order 26.4b1 and was designated by the facility as a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 as well as failed to follow the facility policy titled; "NJ Exec Order 26.4b1" and failed to call emergency services/911. This deficient practice was identified for 1 of 2 residents for closed records review for residents who had an NJ Exec Order 26.4b1 and were NJ Exec Order 26.4b1 (Resident #112). On NJ Exec Order 26.4b1 at 6:05 AM, Resident #112 was found by Licensed Practical Nurse (LPN #1) with NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. The LPN #1 failed to initiate NJ Exec C</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/19/2024

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.

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F 000	Continued From page 1 and the resident was [REDACTED] at 6:25 AM, without [REDACTED] the resident or call emergency services/911. This was not in accordance with the resident's [REDACTED] as documented in the medical record, as stated by the resident's physician, or according to the facility's policy. In addition, there was no documentation in the medical record to explain LPN #1's decision to [REDACTED]. The facility's failure to honor the [REDACTED] of a resident and [REDACTED] posed a [REDACTED] and [REDACTED] to the [REDACTED] and [REDACTED] of Resident #112 and all other residents in the facility who were designated as [REDACTED] status. This resulted in an Immediate Jeopardy (IJ) determination. The [REDACTED], [REDACTED], and the [REDACTED] were notified of the IJ and provided the IJ template on 12/29/23 at 4:20 PM. The IJ began on [REDACTED] at 6:05 AM when Resident #112 was [REDACTED] by the LPN #1 assigned to the resident and continued until the initial removal was provided to the surveyor on 12/29/23 at 9:43 PM. The removal plan was adjusted and was verified on-site on 1/2/24 at 1:48 PM during survey. The F689 continues at a "D" level, for no actual Harm with potential for more than minimal Harm that is not Immediate Jeopardy.	F 000			
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:	F 557			1/23/24

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F 557	<p>Continued From page 2</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to consistently treat residents in a dignified manner during a meal service. This deficient practice was identified during an interview for one (1) of seven (7) residents in attendance of the 1/3/24, resident council meeting and was evidenced by the following.</p> <p>On 01/03/24 at 10:00 AM, the surveyor conducted the group meeting with seven residents. During the meeting, Resident #102 informed the surveyor that NJ Exec Order 26.4b1 resident NJ Exec Order 26.4b1 that his/her meal trays were at times, delivered on his/her bedside meal tray table, without removal of the NJ Exec Order 26.4b1 which was placed on the left side of the tray table and without disinfecting the table. The resident was unable to move the NJ Exec Order 26.4b1 him/her self NJ Exec Order 26.4b1. The resident admitted to not informing the staff as he/she felt that they should have known his/her condition.</p> <p>The surveyor reviewed the medical records for Resident #102.</p> <p>A review of the resident's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1</p>	F 557	<p>1) Resident # 102 immediately had NJ Exec Order 26.4b1 removed from bedside table.</p> <p>2) All residents that utilize a urinal have the potential to be affected by these deficient practices. All resident rooms were audited for this issue. No additional concerns were identified.</p> <p>3) All nursing staff have been re-educated on resident dignity and removing the urinal from the bedtables during meals.</p> <p>4) The DON or designee will audit 3 rooms weekly for three months to ensure that urinals are not placed on beside tables with meals. Results will be reviewed at the QAPI monthly.</p>		

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F 557	<p>Continued From page 3</p> <p>NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>According to the admission Minimum Data Set (MDS), an assessment tool used to facilitate management of care, the resident was documented as having a Brief Interview for Mental Status score of NJ out of 15, indicating that the resident was NJ Exec Order 26.4b1.</p> <p>A review of the resident's Progress Notes (PN) included the following:</p> <p>NJ Exec Order 26.4b1 at 10:48 PM, reflected a nursing documentation of the reason for the resident's stay NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1 at 1:40 PM, social services documented that a meeting was held, for the development of the resident's baseline person-centered care plan. The attendees included the nurse, social service, and NJ Exec Order 26.4b1 services.</p> <p>NJ Exec Order 26.4b1 at 3:25 PM, Registered Nurse (RN #1) documented NJ Exec Order 26.4b1, with a history of NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1 at 4:01 AM, a nursing documentation reflected the resident had NJ Exec Order 26.4b1.</p> <p>-On NJ Exec Order 26.4b1 at 12:00 AM, the physician documented that the resident was being followed by an NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 result indicated the resident had a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p>	F 557			

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F 557	<p>Continued From page 4</p> <p>On 01/4/24 at 11:53 AM, the [U.S. FOIA (b) (6)] provided the surveyor with the [NJ Exec Order 26.4b1] unit assignments and informed the surveyor that the Certified Nursing Assistant (CNA) passed the meal trays on the unit.</p> <p>On 01/4/24 at 11:54 AM, in the presence of the [U.S. FOIA (b) (6)] the surveyor observed the lunch truck arrived on the unit and observed two CNAs passing the trays on Resident #102's hallway.</p> <p>On 1/4/24 at 12:00 PM, the surveyor observed the resident #102's meal tray was placed next to the [NJ Exec Ord] on the left-hand side of the bedside meal tray table. The meal tray table was also located on the left-hand side of the resident's bed. The [NJ Exec Ord] was empty and had visible small amount of liquid residue.</p> <p>On 1/4/24 at 12:03 PM, the [U.S. FOIA (b) (6)] and the surveyor entered the resident's room, and both observed the resident's meal tray was next to the [NJ Exec Ord] that was on the left-hand side of bedside meal tray table. The [U.S. FOIA] removed the [NJ Exec Ord] and cleaned the table.</p> <p>At that time, the resident was unable to tell the [U.S. FOIA] and the surveyor who had placed the [NJ Exec Ord] on his/her meal tray table.</p> <p>On 1/4/24 at 12:04 PM, the surveyor interviewed the [U.S. FOIA]. The [U.S. FOIA] stated that the [NJ Exec Ord] next to the resident's meal tray was inappropriate and unsanitary. The [U.S. FOIA] and the surveyor reviewed the electronic Medical Record (eMAR) for the resident. The [U.S. FOIA] stated that they were trying to promote [NJ Exec Order 26.4b1] for the resident who had use of [NJ Exec Order 26.4b1] and thought he/she received a</p>	F 557			

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F 557	<p>Continued From page 5</p> <p>NJ Exec Order 26.4b1 but could not locate the order.</p> <p>At that time, the U.S. FOIA stated that the resident moved the NJ Exec Ord around his/her room and that she had just emptied the NJ Exec Ord but could not recall where she had placed it last.</p> <p>On 1/4/24 at 1:09 PM, during an interview with the surveyor, the Certified Nursing Assistant (CNA #1) stated all the CNAs passed the trays to the residents. The CNA # 1 stated when a NJ Exec Ord is observed she would move the NJ Exec Ord clean the tray table then place the meal tray. She stated she did not pass the meal tray for the resident on that day.</p> <p>On 1/4/24 at 1:19 PM, during a follow-up interview with the resident, the resident stated they did not want to get the CNA in trouble, but felt the staff should have been aware of his/her NJ Exec Order 26.4b1</p> <p>On 1/4/24 at 2:01 PM, in the presence of the survey team, the U.S. FOIA (b) (6), the U.S. FOIA (b) (6), and the U.S. FOIA (b) (6), the surveyor discussed the concern regarding Resident #102's meal tray that was served next to the resident's NJ Exec Ord on the meal tray table.</p> <p>On 1/5/24 at 10:05 AM, during an interview with the surveyor, CNA #2 could not recall passing the tray to Resident #102 yesterday. CNA #2 confirmed she was familiar with the resident and stated that she received directions from the nurse regarding the resident's care plan.</p> <p>On 1/5/24 at 10:19 AM, during an interview with</p>	F 557			

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F 557	Continued From page 6 the surveyor, CNA #3 stated that she could not recall passing the tray to Resident #102 yesterday. No additional information was provided by the facility staff. A review of the facility policy titled Quality of Care and Dignity, revised/reviewed on 12/2023, reflected under Policy Statement: Each resident should be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem.	F 557			
F 565 SS=E	NJAC 8:39-4.1(a)12 Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life	F 565		1/23/24	

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F 565	<p>Continued From page 7</p> <p>in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to consistently demonstrate and communicate their response to the residents for the issues/concerns presented during the monthly resident council meetings for NJ Exec Order 26.4b1</p> <p>This deficient practice was evidenced by the following.</p> <p>On 12/28/23 at 9:00 AM, the surveyor requested the Resident Council meeting minutes.</p> <p>1.) A review of the Resident Council Meeting minutes from NJ Exec Order 26.4b1 included the following:</p> <p>The date, location, time, facilitators, prior minutes reviewed was marked accepted as written, discussion of old/unfinished business to include resolution referred to the department response form, and discussion of new business.</p>	F 565	<p>1) No residents were directly affected by this deficient practice</p> <p>2) All residents in the facility have the potential to be affected by this deficient practice.</p> <p>3) The facility department heads have been educated on the proper documentation and follow up of all resident concerns/grievances that are brought up during resident council and food committee.</p> <p>4) The administrator or designee will audit resident council/food committee meeting minutes for proper documentation and follow up of concerns/grievances monthly x3 months. The results of the audit will be reviewed monthly during the QAPI meeting.</p>		

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F 565	<p>Continued From page 8</p> <p>The section for compliments, ideas, preferences, concerns, and suggestions were divided into facility departments, signatures of the recorder and Resident Council President was reflected.</p> <p>Further review of the minutes under dining services referred to Food Committee notes (FCN).</p> <p>According to the FCN "many complaints consisted of meals being delivered late." In response, the facility placed a log of cart delivery into place to ensure timely delivery.</p> <p>Further review of the FCN indicated that the residents requested for an option of a substitution for the dessert served and was concerned about the decline of stock from before. Residents who attended night activities requested for their meals to be delivered first, which would enable the residents who attended their night activity to be on time.</p> <p>The minutes did not include the number of council members in attendance, and the names of the non-council members in attendance.</p> <p>The minutes did not show the roster of names who had attended or who had concerns/issues.</p> <p>The Department Response Form reflected an Unsamped Resident's request for double portions.</p> <p>2.) A review of the Resident Council Meeting minutes from NJ Exec Order 26,415 included the following:</p>	F 565			

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F 565	<p>Continued From page 9</p> <p>The date, location, time, the number of council members in attendance, prior minutes reviewed was marked accepted as written, discussion of new business, signature of the recorder and Resident Council President was reflected.</p> <p>Further review of the minutes under dining services referred to FCN.</p> <p>According to the FCN, a request for more food, delivery log copy, a resident who wanted to be on the first cart for all meals.</p> <p>The minutes did not include the facilitators, and the names of the non-council members in attendance. The minutes did not show the names of the residents who had concerns/issues and the discussion of old/unfinished business to include resolution of previous concern was blank.</p> <p>The Department Response Form did not include a documented action/response for the dining services concern.</p> <p>3.) A review of the Resident Council Meeting minutes from NJ Exec Order 26.2 included the following:</p> <p>The date, location, time, the facilitators, prior minutes reviewed was marked accepted as written, discussion of old/unfinished business referred to the department response form, new business, signature of the recorder and Resident Council President was reflected.</p> <p>Further review of the minutes under dining</p>	F 565			

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F 565	<p>Continued From page 10 services referred to FCN.</p> <p>According to the FCN, the resident discussed their concerns regarding cold food, requested for bigger serving portions, and the concern with the activities food cart not arriving on time.</p> <p>The minutes did not include the number of council members in attendance, the names of the non-council members in attendance. The minutes did not show the names of the residents who had concerns/issues.</p> <p>The Department Response Form did not include a documented action/response for the dining services concern.</p> <p>4.) A review of the Resident Council Meeting minutes from [REDACTED] included the following:</p> <p>The date, location, time, the facilitators, the number of council members in attendance, discussion of new business, signature of the recorder and Resident Council President.</p> <p>Further review of the minutes under dining services referred to, Food Committee notes (FCN).</p> <p>According to the FCN, the residents discussed their concern regarding cold food, the concern for the delayed trays for the residents who attended activities, cold sandwiches that arrived on a hot plate.</p> <p>The minutes did not include the names of the non-council members in attendance, that prior minutes were reviewed, discussion of</p>	F 565			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
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F 565	<p>Continued From page 11</p> <p>old/unfinished business and the resolution for previous concern.</p> <p>The Department Response Form indicated a Quality Assurance Performance for Improvement (QAPI) was initiated on [REDACTED] due to the second complaint of cold food.</p> <p>During the resident council meeting that was conducted by the surveyor on 1/3/24 at 10:00 a.m., the [REDACTED] and [REDACTED] residents in attendance stated that the food concerns was not a big secret and that they have had multiple discussion with the facility regarding their meal trays arriving late, and even later for those who used to dine in the café. The meal trays were not delivered at the same time in the resident's floor, and when it was found, the meal trays arrived cold. The meal tickets did not match the meals received and often had missing items. The kitchen would eventually send the missing item but the remainder of the items that were correct on the meal tray would be then cold.</p> <p>On 1/4/24 at 10:44 AM during an interview with the surveyor, the [REDACTED] U.S. FOIA (b) (6) stated that she was usually in attendance during the resident council meetings. The [REDACTED] U.S. FOIA (b) (6) should have maintained a list of the residents who attended but was not reflected in the minutes provided to the surveyor. The prior minutes were discussed with the resident council.</p> <p>The [REDACTED] U.S. FOIA (b) also stated that after the resident council meeting, the [REDACTED] U.S. FOIA (b) spoke with each department who were made aware of the concerns discussed about their department. Each department would implement their own</p>	F 565			

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F 565	<p>Continued From page 12 intervention.</p> <p>At that time, the surveyor asked the [U.S. FOIA (b)] if the resident's food concerns such as late meal trays, cold food, serving size, and mismatched tray tickets were also grievances. The [U.S. FOIA (b)] stated yes, the concerns were grievances and that they were working very hard to address the resident's concerns. The facility recently started a Quality Assurance Performance for Improvement (QAPI) on [NJ Exec Order 26.4b], the second day of the recertification survey.</p> <p>At that time, the [U.S. FOIA (b)] could not provide the surveyor a written documentation of the prompt resolution made towards the resident's food concern and or grievances.</p> <p>At that time, the [U.S. FOIA (b)] did not have a roster of the residents who had attended the resident council meeting. The [U.S. FOIA (b)] was unable to demonstrate how she reconciled, the resident against the concern/grievance, and how their specified concern was addressed promptly. The [U.S. FOIA (b)] confirmed the process could be improved and admitted the follow-up was not consistently documented.</p> <p>At that time, the surveyor discussed with the [U.S. FOIA (b)] the concern regarding the failure to consistently demonstrate and communicate with the residents promptly to address their food concerns.</p> <p>On 1/5/24 at 12:00 PM, the facility did not provide additional information regarding the concerns discussed yesterday.</p> <p>A review of the provided facility policy, Resident</p>	F 565			

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F 565	Continued From page 13 Council Meetings reviewed and revised on 06/2023, included the following: Under Policy Explanation and Compliance Guidelines section 7, The facility shall act upon concerns and recommendation of the Council, make attempts to accommodate recommendations to the extent practicable and communicate its decisions to the Council.	F 565			
F 656 SS=D	NJAC 8:39-4.1 (a)(29),13.2(c), 27.1(a) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		1/23/24	

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F 656	<p>Continued From page 14</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop or initiate a comprehensive, person-centered care plan to address a.) NJ Exec Order 26.4b1 usage, b.) activities of daily living (ADL) with NJ Exec Order 26.4b1, update/revise the care plan for a new NJ Exec Order 26.4b1, and c.) NJ Exec Order 26.4b1 usage. This deficient practice was identified for 3 of 27 residents (Resident #79, #102, and #54) reviewed for a comprehensive Care Plan (CP) and was evidenced by the following:</p> <p>1. On 12/27/23 at 11:18 AM, the surveyor</p>	F 656	<p>1) Resident # 79, #102, and #54 care plans were immediately updated to reflect the patients most current status.</p> <p>2) All residents have the potential to be affected by this deficient practice. All resident care plans were reviewed and updated as needed.</p> <p>3) All licensed nursing staff have been re-educated on the comprehensive care planning process.</p> <p>4) An audit of 5 resident care plans per week will be conducted by DON or designee x 3 months. The results of the audits will be reviewed monthly during</p>		

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F 656	<p>Continued From page 15</p> <p>observed Resident #79 sitting in bed, [redacted] and [redacted] NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the Electronic Health Record (EHR) of Resident #79.</p> <p>The resident's Admission Record documented that Resident #79 was admitted with diagnoses that included but were not limited to [redacted] NJ Exec Order 26.4b).</p> <p>The annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care with an assessment reference date of [redacted] NJ Exec Order 26.4b), indicated that the facility assessed the resident's cognitive status using a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated that the resident had an [redacted] NJ Exec Order 26.4b1).</p> <p>The Order Summary Report (OSR) with the start order date of [redacted] NJ Exec Order 26.4b1 stated, "NJ Exec Order 26.4b1 [redacted] Give 1 capsule by mouth one time a day to [redacted] NJ Exec Order 26.4b1</p> <p>The resident's comprehensive CP review for US FOIA (b)(6) revealed that no CP was initiated since the resident started [redacted] NJ Exec Order 26.4b1 therapy in [redacted] NJ Exec Order 26.4b1.</p> <p>On 1/2/24 at 11:17 AM, the surveyor interviewed the [redacted] U.S. FOIA (b) (6) [redacted] regarding the care plan for Resident #79 [redacted] NJ Exec Order 26.4b1 therapy. The [redacted] U.S. FOIA (b) (6) [redacted] stated that there should be a CP for [redacted] NJ Exec Order 26.4b1 therapy.</p> <p>On 1/4/24 at 02:00 PM, the team met with administration: [redacted] U.S. FOIA (b) (6) [redacted], [redacted] U.S. FOIA (b) (6) [redacted] and [redacted] U.S. FOIA (b) (6) [redacted].</p>	F 656	QAPI.		

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F 656	<p>Continued From page 16</p> <p>U.S. FOIA (b) (6) and discussed the abovementioned issues and concerns.</p> <p>The facility policy with the reviewed date of 2/2023 stated under "Procedure: 2) Include such initial needs/problems such as ADLs, falls, skin tears, risk for skin breakdown, nutritional status, behaviors, pacemaker, anticoagulants, psychotropic medication use, etc. Include a care plan related to the resident's primary diagnosis."</p> <p>2. On 01/03/24 at 10:00 AM, the surveyor conducted the group meeting with seven residents. During the meeting, Resident #102 informed the surveyor that he/she had no use of NJ Exec Order 26.4b1. The resident verbalized being upset that his/her meal trays were at times, delivered on his/her bedside meal tray table, without NJ Exec Order 26.4b1 and without disinfecting the table. The resident admitted to not informing the staff as he/she felt that they NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the medical records for Resident #102.</p> <p>A review of the resident's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1.</p>	F 656			

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F 656	<p>Continued From page 17</p> <p>NJ Exec Order 26.4b1</p> <p>According to the admission Minimum Data Set (aMDS), an assessment tool used to facilitate management of care dated, NJ Exec Order 26.4b1, the resident was documented as having a Brief Interview for Mental Status score of NJ Exec Order 26.4b1 out of 15, indicating that the resident was NJ Exec Order 26.4b1.</p> <p>A review of the resident's Progress Notes (PN) included the following:</p> <p>NJ Exec Order 26.4b1 at 10:48 PM, reflected a nursing documentation of the reason for the resident's stay NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1 at 1:40 PM, social services documented that a meeting was held, for the development of the resident's baseline person-centered care plan. The attendees included the nurse, social service, and rehabilitation services.</p> <p>NJ Exec Order 26.4b1 at 3:25 PM, Registered Nurse (RN #1) documented NJ Exec Order 26.4b1, with a history of NJ Exec Order 26.4b1.</p> <p>NJ Exec Order 26.4b1 at 4:01 AM, a nursing documentation reflected the resident had NJ Exec Order 26.4b1 with a history NJ Exec Order 26.4b1.</p> <p>-On NJ Exec Order 26.4b1 at 12:00 AM, the physician documented that the resident was being followed by an NJ Exec Order 26.4b1 for NJ Exec Order 26.4b1. The resident's NJ Exec Order 26.4b1 result indicated the resident had a NJ Exec Order 26.4b1 with a history of NJ Exec Order 26.4b1.</p>	F 656			

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F 656	<p>Continued From page 18</p> <p>A review of the NJ Exec Order 26.4b1) Evaluation and Plan of Treatment dated NJ Exec Order 26.4b1, the initial assessment for the resident included that the resident had a history of NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 for the NJ Exec Order 26.4b1 indicated the resident NJ Exec Order 26.4b1 than NJ Exec Order 26.4b1.</p> <p>A review of the NJ Exec Order 26.4b1 Discharge Summary dated NJ Exec Order 26.4b1, included that the resident had a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 baseline and discharge score of NJ Exec Order 26.4b1 out of a 100 which indicated the resident was NJ Exec Order 26.4b1.</p> <p>A review of the Screen/Referral form dated NJ Exec Order 26.4b1, indicated the resident's NJ Exec Order 26.4b1 showed NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 documented that NJ Exec Order 26.4b1 would be deferred pending a physician consult.</p> <p>A review of the resident's CP did not reflect a focus, goal or intervention for the resident's NJ Exec Order 26.4b1, the resident's NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1.</p> <p>On 1/4/24 at 12:00 PM, the surveyor walked to Resident #102's room and observed the resident's meal tray was next to the NJ Exec Order 26.4b1 that was on the left-hand side of bedside meal tray table. The meal tray table was also located on the left-hand side of the resident's bed. The NJ Exec Order 26.4b1 was empty and had visible small amount of liquid residue.</p> <p>On 1/4/24 at 12:03 PM, the U.S. FOIA (b) (6) and the surveyor entered the</p>	F 656			

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F 656	<p>Continued From page 19</p> <p>resident's room, and both observed the resident's meal tray was next to the [REDACTED] that was on the left-hand side of bedside meal tray table. The [REDACTED] removed the [REDACTED] and cleaned the table.</p> <p>At that time, the resident could not inform the [REDACTED] and the surveyor who had placed the [REDACTED] on his/her meal tray table. The [REDACTED] and the surveyor exited the resident's room.</p> <p>On 1/4/24 at 12:04 PM, the surveyor interviewed the [REDACTED] next to the [REDACTED] medication cart. The [REDACTED] stated that the [REDACTED] next to the resident's meal tray was inappropriate and unsanitary. The [REDACTED] and the surveyor reviewed the electronic Medical Record (eMAR) for the resident. The [REDACTED] stated that they were trying to promote [REDACTED] for the resident who had use of [REDACTED] and thought he/she [REDACTED] but could not locate the order.</p> <p>At that time, the [REDACTED] stated that the resident moved the [REDACTED] around his/her room and that she had just emptied the [REDACTED] but could not recall where she had placed it last. The [REDACTED] was not in the CP.</p> <p>On 1/4/24 at 1:19 PM, during a follow-up interview with the resident, the resident stated I do not want to get my Certified Nursing Assistant (CNA) in trouble but felt the staff should have been aware of his/her [REDACTED]</p> <p>On 1/4/24 at 2:01 PM, in the presence of the survey team met with the [REDACTED], the [REDACTED], and the [REDACTED], the surveyor discussed the concern regarding Resident #102's</p>	F 656			

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F 656	<p>Continued From page 20</p> <p>meal tray that was served next to the resident's urinal on the meal tray table.</p> <p>On 1/5/24 at 10:05 AM, during an interview with the surveyor, the CNA could not recall passing the tray to Resident #102. The CNA confirmed she was familiar with the resident and received direction from the nurse regarding the resident's CP.</p> <p>On 1/5/23 at 10:22 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) confirmed that there were no care plans for the resident's NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) confirmed that the CP should have been patient centered for Resident #102's needs. The U.S. FOIA (b) (6) informed the surveyor that she would speak with the resident and the U.S. FOIA (b) (6).</p> <p>At that time, the U.S. FOIA (b) (6) stated all nurses were responsible for updating the resident's CP.</p> <p>On 1/5/24 at 11:22 AM, during an interview with the surveyor, the U.S. FOIA (b) (6) stated that she was not part of the CP creation since she was NJ Exec Order 26.4b1, the resident was admitted.</p> <p>At that time, the U.S. FOIA (b) (6) stated the NJ Exec Order 26.4b1 should have been care planned at admission, and updated when the resident was found to have a NJ Exec Order 26.4b1. "It should have been care planned."</p> <p>On 1/5/24 at 12:00 PM, the facility did not provide additional information regarding the concerns discussed yesterday.</p>	F 656			

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F 656	<p>Continued From page 21</p> <p>3. On 12/28/23 at 12:15 PM, the surveyor observed the resident #54 walking in their room and sitting down on their bed. The resident is [REDACTED], but they had a [REDACTED] on their overhead table to [REDACTED]. The resident wrote on the [REDACTED] that they have been in the facility for a [REDACTED] due to their [REDACTED].</p> <p>The surveyor noted a [REDACTED] on the bedside table and the [REDACTED] on the back of their wheelchair.</p> <p>On 12/29/23 at 12:10 PM, the surveyor observed the resident sitting up on her bed with [REDACTED].</p> <p>The resident was [REDACTED] and watching television. The resident [REDACTED], [REDACTED].</p> <p>The surveyor completed a record review of the EHR:</p> <p>The resident received [REDACTED] care for [REDACTED]. The resident's diagnoses are [REDACTED], [REDACTED].</p> <p>The surveyor reviewed the physician orders and found [REDACTED] every shift for [REDACTED] ordered [REDACTED], [REDACTED] as needed, every 8 hours as needed for [REDACTED] ordered [REDACTED]; [REDACTED] every shift post treatment, evaluate [REDACTED], and [REDACTED].</p>	F 656			

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
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F 656	<p>Continued From page 22</p> <p>NJ Exec Order 26.4b1, ordered as needed for NJ Exec Order 26.4b1 ordered as needed for care ordered</p> <p>The surveyor reviewed the NJ Exec Order 26.4b1 MDS completed on for care. The BIMS score was which indicated and use was coded in the MDS.</p> <p>The surveyor reviewed the care plan. The surveyor received copies of the resident's original care plan from the U.S. FOIA (b) (6) on 1/2/24, which revealed no care plan for The surveyor noted the intervention added to the care plan on 1/3/24 after surveyor inquiry.</p> <p>On 01/02/24 at 11:20 AM, the surveyor observed resident lying in bed with glasses on and at NJ Exec Order 26.4b1 is and</p> <p>On 01/02/24 at 11:25 AM, the surveyor interviewed the U.S. FOIA on the second floor, who has been working at the facility NJ Exec Order 26.4b1. The nurse stated, NJ Exec Order 26.4b1 was changed to as needed because the resident is NJ Exec Order 26.4b1."</p> <p>On 01/02/24 at 11:50 AM, the surveyor interviewed the CNA, who has been working in the facility for NJ Exec Order 26.4b1. The CNA stated, "The resident NJ Exec Order 26.4b1 every day."</p> <p>On 01/03/24 at 10:40 AM, the surveyor observed the resident leaving with spouse for an appointment. The resident was sitting on the wheelchair with NJ Exec Order 26.4b1 on, near the elevators.</p>	F 656			

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F 656	<p>Continued From page 23</p> <p>On 01/03/24 at 10: 55 AM, the surveyor interviewed the [U.S. FOIA], and she stated, "The resident is on the [NJ Exec Order 26.4b1] because the resident was in [NJ Exec Order 26.4b1] a while back and came back from the hospital with [NJ Exec Order 26.4b1]. The resident is using [NJ Exec Order 26.4b1] every day. The UM does the care plans, and we can update them. [NJ Exec Order 26.4b1] should be part of the comprehensive care plan."</p> <p>On 01/03/24 at 11:02 AM, the surveyor interviewed the [U.S. FOIA] who stated, "The [U.S. FOIA] and I complete the care plans. They get updated during care conferences. The residents should have [NJ Exec Order 26.4b1] care plans if they have [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1]."</p> <p>On 01/03/24 at 11:40 AM, the surveyor reviewed the facility Policy and Procedure for Care Plan dated 2/2023 and it stated, "the facility will develop a comprehensive, resident centered care plan for each resident."</p> <p>On 01/04/24 at 02:00 PM, the surveyor met with the facility administration: [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)], to inform them of the failure to care plan for [NJ Exec Order 26.4b1].</p> <p>A review of the provided facility provided policy titled Care Plans, Comprehensive Person-Centered updated 10/2023, included the following. Policy Statement, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical psychosocial and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 2. The care plan interventions are derived from a</p>	F 656			

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F 656	Continued From page 24 thorough analysis of the information gathered as part of the comprehensive assessment. 9. Areas of concern that are identified during the resident assessment will be evaluated before interventions are added to the care plan. 13. Assessment of residents are ongoing and care plans are revised as information about the residents and the residents' condition change.	F 656			
F 658 SS=D	NJAC 8:39- 11.2(d),(e) 1,2; 27.1(a) 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: Based on observation, interview, record review, and other pertinent facility documents, it was determined that the facility failed to a) follow the physician's order and b) carry out the recommendation of another consultant for [REDACTED] [REDACTED] consult for one (1) of two (2) residents, Resident #51, reviewed for [REDACTED] use according to adherence to accepted standards of clinical practice, as evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered	F 658	1) Resident # 51 had an appointment immediately scheduled as ordered. 2) All residents have the potential to be affected by this deficient practice. All resident orders were checked to ensure appointments have been scheduled as ordered. 3) Licensed nurses and unit secretaries have been educated on scheduling appointments per physicians orders. 4) An audit of 3 residents that require outpatient appointments will be conducted by the DON or designee weekly x 3 months. Results will be discussed at QAPI		1/23/24

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F 658	<p>Continued From page 25</p> <p>professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 01/03/24 at 8:53 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] regarding the resident's current medical status. The [U.S. FOIA (b) (6)] stated that the resident was on [NJ Exec Order 26.4b1] (for all patient care - perform hand hygiene, use personal protective equipment (PPE) whenever there is an expectation of possible exposure) for history [NJ Exec Order 26.4b1]</p> <p>At that same time, the [U.S. FOIA (b) (6)] further stated that the resident had a [NJ Exec Order 26.4b1]</p>	F 658	meeting monthly.		

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F 658	<p>Continued From page 26</p> <p>NJ Exec Order 26.4b1</p> <p>onsult regarding a NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>On 01/03/24 at 8:57 AM, the surveyor observed the resident seated in a regular chair.</p> <p>The surveyor reviewed the hybrid medical records(include paper-based, scanned, and electronic medical records) of Resident #51.</p> <p>The resident's Admission Record (or face sheet; an admission summary) revealed that the resident was admitted to the facility with diagnoses that included but were not limited to</p> <p>NJ Exec Order 26.4b1</p> <p>According to the most recent comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care with an assessment reference date (ARD) of NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1 which indicated that the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The cMDS also showed that the resident had NJ Exec Order 26.4b1.</p> <p>The Admission Nurse to Nurse Report showed that the admission date was on NJ Exec Order 26.4b1 with a chief complaint/diagnosis of a NJ Exec Order 26.4b1</p>	F 658			

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F 658	<p>Continued From page 27</p> <p>NJ Exec Order 26.4b1). Information also included that there was a NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and f/u (follow up) NJ Exec Order 26.4b1 Assessment/Plan: NJ Exec Order 26.4b1 was placed in the ED (Emergency Department), when removed, the patient failed the NJ Exec Order 26.4b1 and will be d/c (discharged) with a NJ Exec Order 26.4b1 until seen per NJ Exec Order 26.4b1) for new NJ Exec Order 26.4b1</p> <p>A review of the Order Summary Report for NJ Exec Order 26.4b1 showed an active order dated NJ Exec Order 26.4b1 for follow-up with NJ Exec Order 26.4b1</p> <p>The personalized care plan (CP) with a focus on NJ Exec Order 26.4b1: NJ Exec Order 26.4b1 with a revision date of NJ Exec Order 26.4b1</p> <p>The Nursing Home Visit under Progress Notes dated NJ Exec Order 26.4b1 of the U.S. FOIA (b) (6) included that the NJ Exec Order 26.4b1 to stay in place until NJ Exec Order 26.4b1 was placed and that a NJ Exec Order 26.4b1 appointment was needed for NJ Exec Order 26.4b1 placement.</p> <p>A review of the Physician's Progress Notes (PNN) showed that on NJ Exec Order 26.4b1, the physician documented that the A/P (assessment/plan): NJ Exec Order 26.4b1 appointment.</p> <p>A review of the NJ Exec Order 26.4b1 consult showed a recommendation for referred to NJ Exec Order 26.4b1 consult</p>	F 658			

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F 658	<p>Continued From page 28</p> <p>that was signed and acknowledged by the physician at the facility on [REDACTED] NJ Exec Order 26.4b</p> <p>Further review of the hybrid medical records showed that there were no further consultations that were done after the [REDACTED] NJ Exec Order 26.4b1 Consult. There was no documentation that the order on [REDACTED] NJ Exec Order 26.4b for [REDACTED] NJ Exec Order 26.4b1 Consult was followed or why it was not followed.</p> <p>On 01/03/24 at 11:55 AM, the surveyor asked the [REDACTED] U.S. FOIA (b) (6) regarding the resident's [REDACTED] NJ Exec Order 26.4b consult order and if there was documentation regarding the [REDACTED] NJ Exec Order 26.4b consult, and she stated that she will get back to the surveyor.</p> <p>On 01/03/24 at 01:25 PM, the survey team met with the [REDACTED] U.S. FOIA (b) (6), and [REDACTED] U.S. FOIA (b) (6). The surveyor notified the facility management of the above findings and concerns. The [REDACTED] U.S. FOIA stated that it was the resident's responsible party (RR) that set up the resident's appointments.</p> <p>At that same time, the surveyor then asked the facility management what was the facility's responsibility with regard to following the physician's order on [REDACTED] NJ Exec Order 26.4b and the consultant's recommendation on [REDACTED] NJ Exec Order 26.4b for [REDACTED] NJ Exec Order 26.4b consult to make sure it was done. The [REDACTED] NJ Ex Order stated that the facility should have followed up and documented. The [REDACTED] U.S. FOIA acknowledged that the facility staff should followed up and followed the physician's order and recommendations of another physician for the resident to be seen by the [REDACTED] NJ Exec Order 26.4b.</p>	F 658			

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F 658	Continued From page 29 A review of the facility's Attending Physician Responsibilities that was provided by the [U.S. FOIA (b) (6)] with a revised date of [NJ Exec Order 26.4b1] included that the attending physician will provide timely and appropriate medical orders. On 01/04/24 at 02:01 PM, the survey team met with the [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], and [U.S. FOIA (b) (6)]. The [U.S. FOIA (b) (6)] stated that there was no documented evidence that the facility staff followed up on the order for [NJ Exec Order 26.4b1] consult order and recommendation of the [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] confirmed that there was a note that was documented on [NJ Exec Order 26.4b1] that the RR was called by the [U.S. FOIA (b) (6)] to follow up about the [NJ Exec Order 26.4b1] consult after the surveyor's inquiry.	F 658			
F 678 SS=J	NJAC 8:39-11.2(b) Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on interview, review of facility records, and other pertinent facility documents on 12/29/23, it was determined that the facility failed to [NJ Exec Order 26.4b1] for a resident who was found [NJ Exec Order 26.4b1] and was designated by the facility as a [NJ Exec Order 26.4b1] [redacted] as well as failed to follow the facility policy titled; [NJ Exec Order 26.4b1]	F 678	1) Resident #112 [NJ Ex Order 26.4b1] by this deficient practice 2) All residents with Full code status have the potential to be affected by this practice. All resident medical records audited to ensure code status orders are in place and accurate. 3) All licensed nurses have been reeducated on the facilities policy for		1/23/24

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F 678	<p>Continued From page 30</p> <p>and failed to call emergency services/911. This deficient practice was identified for 1 of 2 residents who were reviewed for [NJ Exec Order 26.4b1] and were deemed a [NJ Exec Order 26.4b1] (Resident #112). On [NJ Exec Order 26.4b1] at 6:05 AM, Resident #112 was found by Licensed Practical Nurse (LPN #1) with [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]. The LPN #1 failed to [NJ Exec Order 26.4b1] and the resident was [NJ Exec Order 26.4b1] at 6:25 AM, [NJ Exec Order 26.4b1] the resident or call emergency services/911. This was not in accordance with the resident's wishes as documented in the medical record, as stated by the resident's physician, or according to the facility's policy. In addition, there was no documentation in the medical record to explain LPN #1's decision to [NJ Exec Order 26.4b1]. The facility's failure to honor the [NJ Exec Order 26.4b1] of a resident and [NJ Exec Order 26.4b1] posed a [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] to the [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] of Resident #112 and all other residents in the facility who were designated as [NJ Exec Order 26.4b1] status. This resulted in an Immediate Jeopardy (IJ) determination. The [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], and the [U.S. FOIA (b) (6)] were notified of the IJ and provided the IJ template on 12/29/23 at 4:20 PM. The IJ began on [NJ Exec Order 26.4b1] at 6:05 AM when Resident #112 was found [NJ Exec Order 26.4b1] by the LPN #1 assigned to the resident and continued until the initial removal was provided to the surveyor on 12/29/23 at 9:43 PM. The removal plan was adjusted and was verified on-site on 1/2/24 at 1:48 PM during survey.</p> <p>Reference: The American Heart Association (AHA) 2010... guidelines every five years for CPR and</p>	F 678	<p>initiating CPR (Cardiopulmonary Resuscitation), calling emergency services, and change in condition documentation.</p> <p>4) DON or designee will audit code status orders and facility deaths to ensure the policy for initiating Cardiopulmonary Resuscitation including alerting emergency services was initiated as appropriate. In addition, the DON/Designee will audit residents with a change of condition for required documentation and follow up. These audits will be conducted 2 times weekly x3 months. Results of the audits will be reviewed monthly during QAPI.</p>		

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F 678	<p>Continued From page 31</p> <p>Emergency Cardiovascular Care (ECC). These guidelines reflect global resuscitation science and treatment recommendations... In the guidelines, AHA has established evidenced-based decision-making guidelines for initiating CPR when cardiac or respiratory arrest occurs in or out of the hospital. AHA urges all potential rescuers to initiate CPR unless: 1) a valid Do Not Resuscitate (DNR) order is in place; 2) obvious clinical signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present; or 3) initiating CPR could cause injury or peril to the rescuer. AHA guidelines for CPR provide the standard for the American Red Cross, state EMS agencies, healthcare providers, and the general public. The evidence was as follows:</p> <p>On 12/29/23 11:29 AM, the surveyor reviewed the electronic and paper copies of the medical records for Resident #112 which revealed the following:</p> <p>The nurse's admission note was dated [redacted] at 4:50 PM. The note revealed "Patient (Pt) was admitted for the following reason(s): [redacted]</p> <p>Management The pt. had been hospitalized for greater [redacted]. Additional details about this note: resident [redacted] and [redacted] on [redacted] [redacted] noted. Neurological system reviewed Mental Status: [redacted] Vision [redacted] Reviewed Hearing and Speech reviewed [redacted]."</p> <p>A review of the note by the [redacted] U.S. FOIA (b) (6) [redacted] dated [redacted] at 10:45 PM,</p>	F 678			

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F 678	<p>Continued From page 32</p> <p>revealed Resident #112 was admitted with diagnoses that included but were not limited to NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>On NJ Exec Order 26.4b1 was treated in the hospital for NJ Exec Order 26.4b1</p> <p>A review of the Physician's Orders (PO) included an NJ Exec Order 26.4b1 order for NJ Exec Order 26.4b1</p> <p>A review of the nurses note by the NJ Exec Order 26.4b1 Floor Unit Manager/LPN (UM/LPN#2) dated NJ Exec Order 26.4b1 6:30 AM, read: "Patient found on rounds NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 RN notified. NJ Exec Order 26.4b1 notified." This note was electronically signed by UM/LPN #2 at 7:09 AM.</p> <p>On 12/29/23 at 01:55 PM, the surveyor interviewed Certified Nursing Assistant (CNA #1). The CNA #1 stated that they were the normal CNA for Resident #112 during the 11 PM to 7 AM shift. The CNA #1 further stated that during the shift on NJ Exec Order 26.4b1 at 4:30 AM, the Resident #112 rang their call bell, and upon entering the room, Resident #112 stated that NJ Exec Order 26.4b1 and the CNA #1 observed that the resident NJ Exec Order 26.4b1 on at that time. Also, the CNA #1 stated that the resident NJ Exec Order 26.4b1. The CNA #1 observed that the resident had an NJ Exec Order 26.4b1, which she stated was not normal for Resident #112, as they</p>	F 678			

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F 678	<p>Continued From page 33</p> <p>were NJ Exec Order 26.4b1. The CNA #1 informed the LPN #1 of the NJ Exec Order 26.4b1. The CNA #1 stated that they last checked on Resident #112 at 6 AM and the resident was observed sleeping and NJ Exec Order 26.4b1.</p> <p>On 12/29/23 at 2:19 PM, the surveyor interviewed the LPN #1 who stated that Resident #112 had been a NJ Exec Order 26.4b1. The LPN #1 stated that the CNA #1 had informed him of the resident's NJ Exec Order 26.4b1 but could not provide an explanation of why an assessment was not completed at that time. The LPN #1 stated, "I was going to give him/her their morning medications and noted NJ Exec Order 26.4b1. I told the Registered Nurse Supervisor (RN #1) that the resident NJ Exec Order 26.4b1. The RN #1 said he/she NJ Exec Order 26.4b1. The RN #1 checked the resident's NJ Exec Order 26.4b1 was performed because he/she NJ Exec Order 26.4b1. The RN #1 said NJ Exec Order 26.4b1. 911 was not called."</p> <p>On 12/29/23 at 2:25 PM, the surveyor interviewed RN #1. The RN #1 stated, "The LPN #1 informed me of the patient's status. The patient NJ Exec Order 26.4b1. I am aware he/she NJ Exec Order 26.4b1. I was thinking to go get the NJ Exec Order 26.4b1 because of NJ Exec Order 26.4b1 status, but changed my mind as I determined the resident NJ Exec Order 26.4b1 and [there was] NJ Exec Order 26.4b1 I checked everything, there was NJ Exec Order 26.4b1." The surveyor asked, "as an RN when do you initiate NJ Exec Order 26.4b1. The RN #1 stated, "when the patient is NJ Exec Order 26.4b1 and you think NJ Exec Order 26.4b1. In this case [resident's name] NJ Exec Order 26.4b1 I don't know why we didn't do NJ Exec Order 26.4b1 It looked like [resident's name] had NJ Exec Order 26.4b1. On that night I was</p>	F 678			

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F 678	<p>Continued From page 34</p> <p>assigned as a nurse because we had callouts. The UM/LPN#2 came in, they took care of the notes and contacting the family."</p> <p>On 12/29/23 at 2:40 PM, the survey team interviewed the UM/LPN #2. The UM/LPN #2 stated, "The resident was [REDACTED], but [REDACTED] was performed because [REDACTED] would have been [REDACTED]." The surveyor asked which nurse [REDACTED]. The UM/LPN #2 stated, RN #1 [REDACTED] and I wrote the progress notes." The UM/LPN #2 was unable to explain why 911 was not called.</p> <p>On 12/29/23 at 4:20 PM, the surveyor interviewed the [REDACTED] (U.S. FOIA (b) (6)) in the presence of the surveyor team as well as the [REDACTED] and [REDACTED]. The [REDACTED] stated, "All resident's [REDACTED] need to be followed as ordered. In the case of Resident #112, the staff should have performed [REDACTED] and called 911."</p> <p>On 12/29/23 at 4:25 PM, the surveyor reviewed the facility's policy and procedure titled, "Cardiopulmonary Resuscitation (CPR)" dated 2/2023. Under Policy it reads; "It is the policy of this facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement guidelines regarding cardiopulmonary resuscitation (CPR)." Under "Policy Explanation and Compliance Guidelines" it reads; "1. The facility will follow current American Heart Association (AHA) guidelines regarding CPR. 2. If a resident experiences a cardiac arrest, facility staff will provide basic life support, including CPR, prior to the arrival of emergency medical services, and: a. In accordance with the resident's advance directives."</p>	F 678			

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F 678	Continued From page 35 The IJ was identified on 12/29/23 and the [REDACTED] was notified of the IJ at 4:20 PM. A removal plan was received the same day at 9:43 PM. It included: all licensed nurses being educated on the facility's policy and procedure for initiating [REDACTED] alerting emergency services, residents' [REDACTED] NJ Exec Order 26.4b1, audits on new admissions to compare the resident's [REDACTED] NJ Ex Order 26.4(b)(1) to the physician orders for accuracy, the facility updated all resident wrist bands with the new process of [REDACTED] identification, and all resident [REDACTED] orders being verified. The implementation of the Removal Plan was verified on-site on 1/2/24, through observations, interviews with facility staff, and a review of in-service education and revised facility's Cardiopulmonary Resuscitation policy. The F689 continues at a "D" level, for no actual Harm with potential for more than minimal Harm that is not Immediate Jeopardy.	F 678			
F 695 SS=D	NJAC 8:39-4.1(31)iii NJAC 8:39-9.6(g) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences,	F 695			1/23/24

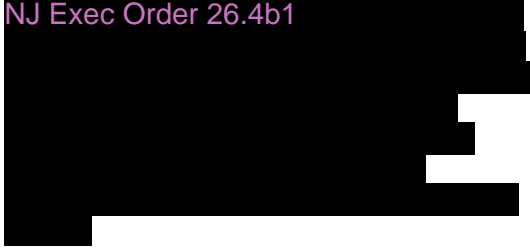
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F 695	<p>Continued From page 36 and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other pertinent provided facility documents, it was determined that the facility failed to ensure that:</p> <p>a) NJ Exec Order 26.4b1 care and services were provided according to the standard of clinical practice and b) the physician orders were followed for one (1) of two (2) residents (Resident #38) reviewed for NJ Exec Order 26.4b1 care.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/27/23 at 11:59 AM, the surveyor observed Resident #38 asleep, w NJ Exec Order 26.4b1 [REDACTED]</p> <p>On 12/29/23 at 11:36 AM, the surveyor observed the resident in bed watching TV (television) with NJ Exec Order 26.4b1 [REDACTED]</p> <p>On 01/03/24 at 8:47 AM, the surveyor observed Resident #38 seated in a wheelchair, on NJ Exec Order 26.4b1 [REDACTED]</p> <p>The surveyor reviewed the medical records of Resident #38.</p> <p>The resident's Admission Record (or face sheet; an admission summary) revealed that the resident was admitted to the facility with diagnoses that included but were not limited to NJ Exec Order 26.4b1 [REDACTED]</p>	F 695	<p>1) Resident #38 immediately received NJ Exec Order 26.4b1 that was properly labeled and at the NJ Exec Order 26.4b1 setting as ordered by the physician.</p> <p>2) All residents that receive oxygen therapy can be affected by this deficient practice. All other residents that receive oxygen were confirmed to have had tubing labeled properly and settings checked to ensure compliance with the physician's order.</p> <p>3) All licensed nursing staff have been reeducated on the proper labeling of oxygen tubing and following physician's orders for oxygen administration.</p> <p>4) An audit of 5 residents on oxygen therapy will be completed by the DON or designee one time per week for 3 months to ensure that the oxygen tubing is properly labeled and at the setting per the provider's order. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

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F 695	<p>Continued From page 37</p> <p>NJ Exec Order 26.4b1</p>  <p>According to the most recent comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care with an assessment reference date (ARD) of NJ Exec Order 26.4b1 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex which indicated that the resident's NJ Exec Order 26.4b1 was NJ Exec Order 26.4b1. The cMDS also showed that the resident had used NJ Exec Order 26.4b1 while a resident.</p> <p>A review of the NJ Exec Order 26.4b1 Order Summary Report showed that there was an active order for NJ Exec Order 26.4b1, every shift for NJ Exec Order 26.4b1 with an order date of NJ Exec Order 26.4b1. In addition, there was an active order for NJ Exec Order 26.4b1 weekly, label each component with date and initials, every day shift every Tue (Tuesday), label each component with date and initials with an order date of NJ Exec Order 26.4b1.</p> <p>Further review of the above orders revealed that the order for NJ Exec Order 26.4b1 weekly was transcribed to the electronic Treatment Administration Record (eTAR) and was signed by Licensed Practical Nurse #1 (LPN #1) on NJ Exec Order 26.4b1 (Tuesday).</p> <p>The personalized care plan (CP) with a focus on the resident had NJ Exec Order 26.4b1 r/t (related to) NJ Ex Order 26.4(b)(1)</p>	F 695			

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F 695	<p>Continued From page 38</p> <p>NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>[REDACTED] created on NJ Exec Order 26.4b1. The CP interventions included NJ Ex settings at NJ Exec Order 26.4b1 with a revision date of NJ Exec Order 26.4b1.</p> <p>On 01/03/24 at 9:12 AM, the surveyor observed LPN#2, the assigned nurse of Resident #38 in front of her med (medication) cart, next to the resident's room, and informed the surveyor that she was busy at that time and cannot help the surveyor for inquiries.</p> <p>On that same date and time, the surveyor asked the U.S. FOIA (b) (6) where was the U.S. FOIA (b) (6) of the NJ Ex-floor unit, and the U.S. FO stated that the U.S. FOIA (b) (6) was busy at that time.</p> <p>On 01/03/24 at 9:15 AM, both the surveyor and the U.S. FOIA (b) (6) went inside the resident's room. The surveyor asked the U.S. FOIA (b)(6) to check what was the NJ Exec Order 26.4b1 of the resident. The U.S. FOIA (b) (6) checked, informed the surveyor that it was set at NJ Exec Order, and showed the surveyor the tape that was wrapped around the NJ Ex dated NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) confirmed to the surveyor that the NJ Exec Order date was NJ Exec Order 26.4b1. Then, LPN #2 entered the resident's room and set up the NJ Exec Order 26.4b1 machine.</p> <p>Afterward, both the surveyor and the U.S. FOIA (b) (6) went outside the resident's room. In the NJ Ex-floor nursing station, the surveyor asked the U.S. FOIA (b) (6) what was the resident's order for NJ Ex and if it was</p>	F 695			

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F 695	<p>Continued From page 39</p> <p>in the care plan. The [U.S. FOIA (b) (6)] checked the order in the electronic records and stated that the order was [NJ Exec Order 26.4b1] ordered on [NJ Exec Order 26.4b1]. She further stated that the care plan was [NJ Exec Order 26.4b1].</p> <p>At that same time, the surveyor asked the [U.S. FOIA (b) (6)] why the [NJ Exec Order 26.4b1] was on [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] stated that it was ultimately the responsibility of the assigned nurse to make sure the order was followed for [NJ Exec Order 26.4b1] and did not know why it was on [NJ Exec Order 26.4b1]. The [U.S. FOIA (b) (6)] further stated that the order and care plan for [NJ Exec Order 26.4b1] should have been followed.</p> <p>At that time, the [U.S. FOIA (b) (6)] went back to the resident's room and assessed the resident. The [U.S. FOIA (b) (6)] informed the surveyor that there was [NJ Exec Order 26.4b1] on the resident and the vital signs were [NJ Exec Order 26.4b1].</p> <p>After exiting the resident's room, in the presence of the [U.S. FOIA (b) (6)], the surveyor interviewed the assigned LPN regarding the resident's [NJ Exec Order 26.4b1] LPN #1 stated that when she came in this morning, the resident's [NJ Exec Order 26.4b1] was at [NJ Exec Order 26.4b1]. At that time, both the surveyor and the [U.S. FOIA (b) (6)] notified the LPN that it was at [NJ Exec Order 26.4b1] when both observed it. The surveyor also notified both the [U.S. FOIA (b) (6)] and LPN #2 that it was previously observed at [NJ Exec Order 26.4b1] by another surveyor on two different dates.</p> <p>On 01/03/24 at 01:25 PM, the survey team met with the [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)], and [U.S. FOIA (b) (6)]. The surveyor notified the facility management of the above findings and concerns.</p> <p>On 01/04/24 at 10:19 AM, LPN #1 called back</p>	F 695			

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F 695	<p>Continued From page 40</p> <p>and was interviewed by the surveyor in the presence of the survey team. The LPN informed the surveyor that she was a regular nurse at the 7-3 shift in the [REDACTED] floor unit, and she was off today. The LPN stated that as per facility policy and standard of practice, the 7-3 shift nurse [REDACTED] the [REDACTED] every Tuesday where she writes the date and time when she [REDACTED] the [REDACTED] and wrapped it around the [REDACTED]. She acknowledged that she worked on [REDACTED].</p> <p>On that same date and time, the surveyor notified LPN #1 of the above concerns regarding the [REDACTED] that was dated [REDACTED] when the surveyor and the [REDACTED] observed the resident on [REDACTED]. The surveyor asked the LPN why the [REDACTED] was dated [REDACTED] when she signed the eTAR on [REDACTED], and the LPN stated that she probably did not change the tape. Then the surveyor asked the LPN why she had to change the tape if their facility policy and practice was to change the [REDACTED] set up weekly. The LPN had a long pause and stated later on "I don't know."</p> <p>A review of the facility's Oxygen Administration Policy that was provided by the [REDACTED] with an updated date of 02/2023 included that the purpose of this procedure is to provide guidelines for safe O2 administration. Preparation: Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for O2 administration. Review the resident's care plan to assess for any special needs of the resident. Steps in the procedure included to observe the resident upon setup and periodically thereafter to be sure O2 is being tolerated.</p>	F 695			

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F 695	Continued From page 41 On 01/04/24 at 02:01 PM, the survey team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6) and U.S. FOIA (b) (6). The surveyor followed up if the facility management regarding the above findings and concerns that were mentioned on NJ Exec Order 26.4b1 regarding the resident's NJ Exec Order 26.4b1. The U.S. FOIA (b) (6) stated that "we went in and talked to the resident" and found out that it was the resident who changed the NJ Exec Order 26.4b1 setting from NJ Exec Order 26.4b1 because the resident thought the order was at NJ Exec Order 26.4b1 and that the facility did not know until surveyor's inquiry. The U.S. FOIA (b) (6) acknowledged that the nurse should followed the orders for NJ Exec Order 26.4b1 and changed the NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 as ordered. She further stated that the nurses should have checked the resident's NJ Exec Order 26.4b1 setup as ordered as they signed the eTAR and had recognized that the NJ Exec Order 26.4b1 was not in NJ Exec Order 26.4b1.	F 695			
F 698 SS=E	NJAC 8:39-25.2(c)3 Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to a.) provide ongoing assessment for complications upon return from the NJ Exec Order 26.4b1 center and b.) failure to monitor NJ Exec Order 26.4b1 for 1 of 1 resident (Resident #35) reviewed for NJ Exec Order 26.4b1 care.	F 698	1) Resident #35 was immediately assessed, vitals were NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 had NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 noted. 2) All residents who receive dialysis services have the potential to be affected by this deficient practice. The facility has		1/23/24

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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 698	<p>Continued From page 42</p> <p>The deficient practice was evidenced by the following:</p> <p>On 1/4/24 at 9:35 AM, the surveyor observed Resident #35 sitting in the wheelchair, [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] the surveyor's inquiry.</p> <p>On 1/4/24 at 9:45 AM, the Licensed Practical Nurse (LPN #1) stated that Resident #35 goes to the [NJ Exec Order 26.4b1] clinic every Monday, Tuesday, and Wednesday. The LPN #1 stated that an assessment of the resident's vital signs and an assessment of the [NJ Exec Order 26.4b1] before leaving for the [NJ Exec Order 26.4b1] clinic and upon return from the [NJ Exec Order 26.4b1] clinic was documented in the electronic treatment administration record.</p> <p>The surveyor reviewed the hybrid medical record for Resident #35.</p> <p>A review of the resident's admission record revealed diagnoses that included but were not limited to [NJ Exec Order 26.4b1]</p> <p>A review of the quarterly Minimum Data Assessment (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date of [NJ Exec Order 26.4b1], reflected that the resident had a brief interview for mental status (BIMS) score of [NJ Exec Order 26.4b1] out of 15, indicating that the resident had [NJ Exec Order 26.4b1]</p> <p>The Order Summary Report with an order date of [NJ Exec Order 26.4b1] revealed a physician order for [NJ Exec Order 26.4b1] M-W-F at [Name Redacted]."</p> <p>There was no order to monitor the [NJ Exec Order 26.4b1]</p>	F 698	<p>no other residents who receive dialysis at this time.</p> <p>3) All licensed nursing staff have been educated on post dialysis assessments and documentation.</p> <p>4) An audit of all dialysis residents will be conducted weekly x3 months to ensure that post dialysis documentation including assessment is completed. Results of the audits will be reviewed at QAPI meeting monthly.</p>		

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F 698	Continued From page 44 The facility policy titled "Dialysis Management (Hemodialysis)" with the revised date of 8/2023 stated under "Procedure: If dialysis is provided at off-site Dialysis Center: 8. Post dialysis, assess access site every hour for 4 hours. Document bleeding, pain, redness and swelling" and "14. Evaluate and document Arteriovenous Fistula daily for thrill and bruit and any signs and symptoms of infection. Evaluate CV catheter daily for any signs and symptoms of infection and document."	F 698			
F 711 SS=E	NJAC 8:39-2.9 Physician Visits - Review Care/Notes/Order CFR(s): 483.30(b)(1)-(3) §483.30(b) Physician Visits The physician must- §483.30(b)(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; §483.30(b)(2) Write, sign, and date progress notes at each visit; and §483.30(b)(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that	F 711	1) Residents # 115, 79, 35, and 51 had physician orders immediately signed by	1/23/24	

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F 711	<p>Continued From page 45</p> <p>the residents' primary physician signed and dated monthly physician orders to ensure that the residents' current medical regimen was appropriate. This deficient practice was observed for 4 of 27 residents (Resident #115, 79, 35, 51) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyors reviewed the hybrid medical records (paper and electronic) for the residents listed above which revealed the residents' primary physician had not hand signed the Order Summary Reports (monthly physician's orders) located in the residents chart. In addition, electronic signatures under the physician's orders in the electronic medical record were inconsistent for the following residents:</p> <ol style="list-style-type: none"> 1. Resident #115's hybrid medical records revealed the resident's physician had electronically signed the monthly physician's orders for [NJ Exec Order 26.4b1]. The physician did not sign for [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]. 2. Resident #79's hybrid medical records revealed the resident's physician had not hand-signed or electronically signed the monthly physician's orders from [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1]. 3. Resident #35's hybrid medical records revealed the resident's physician had not hand-signed or electronically signed the monthly physician's orders from [NJ Exec Order 26.4b1] to [NJ Exec Order 26.4b1]. 	F 711	<p>the Provider.</p> <ol style="list-style-type: none"> 2) All residents have the potential to be affected by this deficient practice. All residents have been reviewed to ensure monthly orders have been signed. 3) Licensed nursing staff have been re-educated on the requirement of the provider signing the orders monthly. 4) An audit will be conducted on 5 resident charts monthly x 3 months to ensure compliance with signing of monthly physician orders. Results will be discussed at QAPI meeting monthly. 		

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F 711	<p>Continued From page 46</p> <p>4. Resident #51's hybrid medical records revealed the resident's physician had not hand-signed or electronically signed the monthly physician's orders from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1.</p> <p>On 01/03/24 at 12:01 PM, the surveyor interviewed the U.S. FOIA (b) (6) in the NJ Exec Order 26.4b1-floor nursing station in the presence of the U.S. FOIA (b) (6). The surveyor asked the process of the facility regarding signing off the monthly orders of the resident and who was responsible to ensure that the orders were signed monthly. The U.S. FOIA (b) (6) stated that she found out only yesterday NJ Exec Order 26.4b1 and cannot remember who told her that the monthly orders should be printed out so the doctor can sign them, especially for the resident's group of doctors. She further stated that she started to work at the facility last NJ Exec Order 26.4b1 and that she was not aware that the monthly orders should have been printed out and signed by the doctor.</p> <p>At that time, the U.S. FOIA (b) (6) informed the surveyor in the presence of the U.S. FOIA (b) (6) that she was "only" told also yesterday by Human Resources that it was her responsibility as U.S. FOIA (b) (6) to print out the orders. The U.S. FOIA (b) (6) further stated that she was unsure when she had to print the orders because that information was not provided to her. The U.S. FOIA (b) (6) informed the surveyor that she started working at the facility in NJ Exec Order 26.4b1.</p> <p>Furthermore, both the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) stated that they were not aware of the facility's practice</p>	F 711			

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F 711	<p>Continued From page 47</p> <p>of printing the orders and have the doctor sign the orders not until yesterday. The [REDACTED] confirmed that the last signed Order Summary Report (or physician's orders) was on [REDACTED] for Resident #51 which was the admission orders and that there were no further signed monthly orders.</p> <p>A review of the facility's Attending Physician Responsibilities Policy that was provided by the [REDACTED] with a revised date of August 2014 did not include information about monthly signed orders.</p> <p>On 01/04/24 at 02:01 PM, the survey team met with the [REDACTED], the [REDACTED], and the [REDACTED]. The surveyor notified the facility management of the above findings and concerns that the monthly orders of Resident #51 for [REDACTED] and [REDACTED] were not signed.</p> <p>NJAC 8:39-23.2(b)</p>	F 711			
F 759 SS=E	<p>Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)</p> <p>§483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the medication observation on 1/3/24, the surveyors</p>	F 759	<p>1) No residents were affected by this deficient practice 2) All residents have the potential to be affected by this deficient practice. 3) All licensed nurses have been</p>		1/23/24

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F 759	<p>Continued From page 48</p> <p>observed three (3) nurses administer medications to four (4) residents. There were thirty-three (33) opportunities, and five (5) errors were observed, which calculated a medication administration error rate of 15.1%. This deficient practice was identified for three (3) of three (3) unsampled residents and one (1) sampled resident #38, who were administered medications by three (3) of three (3) nurses who were observed.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 1/3/24 at 8:07 AM, during the morning medication pass, the surveyor observed the Licensed Practical Nurse (LPN #1) preparing eleven (11) medications which included [REDACTED] of [REDACTED] NJ Exec Order 26.4b1 for unsampled resident #1. The surveyor observed LPN #1 select a stock bottle of [REDACTED] NJ Exec Order 26.4b1 from the medication cart, remove 1 tablet and place the tablet in a plastic medication dose cup. As LPN #1 turned and entered the doorway to the resident's room, the surveyor stopped LPN #1 and asked LPN #1 if they were confident that they had the correct dose and or medications for the resident and if they wished to continue. LPN #1 stated that they were unsure of the [REDACTED] NJ Exec Order 26.4b1 tablet. The surveyor observed LPN #1 remove the [REDACTED] NJ Exec Order 26.4b1 tablet from the medication dose cup, waste the tablet and state that they would clarify the medication with another nurse. The surveyor observed LPN #1 proceed to administer the remaining medications to the resident.</p> <p>At the conclusion of the observation, the surveyor</p>	F 759	<p>re-educated on medication administration.</p> <p>4) Medication administration evaluations will be completed on three licensed nurses weekly by DON or designee for 3 months. Results will be reviewed at QAPI meeting monthly.</p>		

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F 759	<p>Continued From page 49</p> <p>observed LPN #1 clarify the medication order for NJ Exec Order 26.4b1 with their unit manager. LPN #1 stated to the surveyor that they gave the resident NJ Exec Order 26.4b1 per the physician's order.</p> <p>A review of the Order Summary Report (OSR) for unsampled resident #1 revealed a physician order (PO) for the following:</p> <p>NJ Exec Order 26.4b1 tablet "give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1" with a start date of NJ Exec Order 26.4b1. "house stock".</p> <p>A review of the electronic Medication Administration Record (eMAR) revealed consistency with the above PO.</p> <p>2. On 1/3/24 at 8:33 AM, during the morning medication pass, the surveyor observed the Licensed Practical Nurse (LPN #2) preparing six (6) medications which included eight NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 for unsampled resident #2. The surveyor observed LPN #2 select a bottle of NJ Exec Order 26.4b1 and pour the medication into a plastic medication dose cup. The surveyor observed that the plastic medication dose cup reflects graduated measurement markings of NJ Exec Order 26.4b1. As LPN #2 turned to enter the resident's room, the surveyor stopped LPN #2 and asked LPN #2 if they were confident in administering the correct dose of NJ Exec Order 26.4b1 to this resident and if NJ Exec Order 26.4b1 could be accurately measured in the plastic medication dose cup. LPN #2 stated that she was unsure of the measured dose and would</p>	F 759			

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F 759	<p>Continued From page 50</p> <p>clarify it with the MD. The surveyor observed LPN #2 waste the poured amount of [REDACTED] liquid. The surveyor observed LPN #2 proceed to administer the remaining medications to the resident.</p> <p>At the conclusion of the observation, LPN #2 was able to locate in the medication cart, a graduated medication [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The surveyor observed that the graduated medication dosing [REDACTED] reflected markings that would allow for a measurement of [REDACTED] NJ Exec Order 26.4b1 [REDACTED]. The surveyor observed LPN #2 measure [REDACTED] NJ Exec Order 26.4b1 [REDACTED] with the graduated medication dosing [REDACTED] and administer the dose to the resident.</p> <p>A review of the OSR for unsampled resident #2 revealed a PO for the following:</p> <p>NJ Exec Order 26.4b1 [REDACTED]</p> <p>[REDACTED] by mouth two times a day for [REDACTED] NJ Exec Order 26.4b1 [REDACTED] administer NJ Exec Order 26.4b1 [REDACTED] with a start date of [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>A review of the eMAR revealed consistency with above PO.</p> <p>On 1/3/24 at 11:40 AM the U.S. FOIA (b) (6) [REDACTED] provided the surveyor with the facility policy for Medication Administration adopted 11/2023. The policy reflects, under "Policy Explanation and Compliance Guidelines", #11, "Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time."</p>	F 759			

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F 759	<p>Continued From page 51</p> <p>On 1/2/24 at 1:30 PM the survey team met with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) to discuss medication observation results. No further information was provided by the facility.</p> <p>3. During the medication pass on 1/3/24 from 8:19 AM until 8:36 AM, the surveyor observed LPN #3 administer medications to Resident #38.</p> <p>On 1/3/24 at 8:30 AM, the surveyor observed that LPN #3 NJ Exec Order 26.4b1 the medication NJ Exec Order 26.4b1. The package instructions from the bottle indicated not to NJ Exec Order 26.4b1 the medication. At the same time, LPN #3 crushed the NJ Exec Order 26.4b1 before administering the medication to Resident #38. The printed cautionary on the bubble pack for NJ Exec Order 26.4b1 revealed, NJ Exec Order 26.4b1.</p> <p>On 1/3/24 at 8:33 AM, the surveyor observed LPN #3 instruct the resident to NJ Ex Order 26.4b1. Then, the nurse administered NJ Exec Order 26.4b1 and asked the resident to NJ Exec Order 26.4b1 through the NJ Exec Order 26.4b1. After giving the medication, LPN #3 covered the NJ Exec Order 26.4b1 and returned it to the cart. LPN #3 did not offer Resident #38 water to NJ Ex Order 26.4b1.</p> <p>The surveyor reviewed the electronic medical record for Resident #38.</p> <p>A review of the resident's admission record revealed diagnoses that included but were not limited to NJ Exec Order 26.4b1.</p>	F 759			

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F 759	<p>Continued From page 52</p> <p>NJ Exec Order 26.4b1</p> <p>A review of the quarterly Minimum Data Assessment (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date of NJ Exec Order 26.4b1 reflected the resident had a brief interview for mental status (BIMS) score of NJ out of 15, which indicated that the resident had a NJ Exec Order 26.4b1</p> <p>The OSR with an order date of NJ Exec Order 26.4b1 revealed a PO for the following: NJ Exec Order 26.4b1 1 tablet by mouth one time a day for NJ Exec Order 26.4b1, NJ Exec Order 26.4b1 orally two times a day for NJ Exec Order 26.4b1, an NJ Exec Order 26.4b1 Give 1 tablet by mouth two times a day for NJ Exec Order 26.4b1 with an order date of NJ Exec Order 26.4b1.</p> <p>On 1/3/24 at 8:36 AM, the surveyor interviewed LPN #2, who stated that the warning label from the bingo card could barely be seen and did not provide further information.</p> <p>On 1/3/24 at 1:25 PM, the survey team met with the U.S. FOIA (b) (6) U.S. FOIA (b) (6) and U.S. FOIA (b) (6) regarding the above issues.</p> <p>The facility policy is titled "Crushed Medications" with the adopted date of 11/2023 under "Policy Explanation and Compliance Guidelines: 6. Medications that typically should not be crushed include but are not limited to: b. Enteric-coated medications, c. Sustained-release or extended-release medications."</p>	F 759			

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F 759	Continued From page 53 The facility policy is titled "Medication Administration" with the adopted date of 11/2023 under "Policy Explanation and Compliance Guidelines: 11. a. Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects, and 14. Administer medication as ordered in accordance with manufacturer specifications."	F 759			
F 812 SS=D	NJAC 8:39-11.2(b), 27.1(a), 29.2(a)(d) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 812			1/23/24

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

PRINTED: 07/18/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/05/2024
NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
(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 812	<p>Continued From page 54</p> <p>Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices as well as store, label, and discard potentially hazardous foods in a manner to prevent food borne illness.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 12/27/23 at 09:36 AM, the surveyor in the presence of the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) observed the following during the kitchen tour:</p> <p>1. In the dry storage area, the surveyor observed:</p> <ul style="list-style-type: none"> a. One, 28oz box of cream of wheat, the box was opened without an open or use by date label. b. Two, 5 lb. bags of egg noodles, both opened without an open or use by date label. c. One, 3lb bag of penne pasta, opened with an open date, but the date was unclear. The U.S. FOIA (b) (6) nor the U.S. FOIA (b) (6) could accurately say what the date was on the label. d. One, 3 lb. bag of breadcrumbs, the bag was opened without an open or use by date label. <p>U.S. FOIA (b) (6) stated, everything in the dry storage area should be labeled with the delivery date, open date and/or use by/discard date. No further explanation given for missing labels provided.</p> <p>2. In the walk in refrigerator, the surveyor observed:</p> <ul style="list-style-type: none"> a. Two fans with a black sticky substance. b. Deli ham wrapped in plastic wrap, without an open or use by date label. c. Swiss cheese wrapped in plastic wrap, without an open or use by date label. d. Two, one gallon whole milk, both opened 	F 812	<p>1) No residents were affected by this deficient practice. The unlabeled items in the dry storage room (box of cream of wheat, 2-5lb bags of egg noodles, 3lb bag of penne pasta, 3lb bag of breadcrumbs) were immediately disposed of. In the walk in refrigerator, the two fans with a black sticky substance were cleaned, the unlabeled deli ham, Swiss cheese, milk, and prune juice were immediately disposed of. The crates of milk were relocated to be stored appropriately on a shelf. The unlabeled pie crust in the walk-in freezer was immediately discarded. The 3 compartment sink sanitizer levels were immediately adjusted and will continue to be monitored for proper levels between 200-400PPM. All items displaying wet nesting were rewashed and placed on a designated drying rack to ensure thorough drying before being stored.</p> <p>2) All residents in the facility can be affected by these deficient practices. All other areas in the kitchen were inspected to ensure a clean and sanitary environment.</p> <p>3) All dietary staff have been reeducated on the proper manner to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>4) An audit will be completed by the food service director or his/her designee weekly for the three months. The audits will consist inspection of the receiving area, the dry storage area, proper food storage, storage and sanitation of the walk-in refrigerator, and proper cleaning</p>		

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F 812	<p>Continued From page 55</p> <p>without an open or use by date label.</p> <p>e. One, half gallon low fat milk, open without an open or use by date label.</p> <p>f. Three, 48 ounce prune juice bottles, open without an open or use by date label.</p> <p>g. 7 crates of assorted milk all stored on the floor.</p> <p>U.S. FOIA stated, the fans are cleaned by the maintenance staff and will alert them to clean the fans. Also, everything in the walk in refrigerator should be labeled with the delivery date, open date and/or use by/discard date and all items should be stored 6 inches from the ground and 18 inches from the ceiling. No further explanation given for missing labels provided.</p> <p>3. In the dishwashing area:</p> <p>a. the 3 compartment sink, surveyor observed a U.S. FOIA (b) (6) use a NJ Ex Order 26.4 sanitizing test strip to check the concentration of the sanitizer, which showed 500 parts per million (PPM). U.S. FOIA stated, "that's the normal concentration." U.S. FOIA stated, "the concentration should be between 200-400 ppm,"</p> <p>b. On a four shelf storage unit, the surveyor observed assorted pots, pans and utensils on the unit. U.S. FOIA stated, all items on this shelf unit are dry and ready for use. Surveyor observed 3 full tray pans with wet nesting.</p> <p>U.S. FOIA stated, the sanitizing concentration should be between 200-400 ppm and there should not be any wet nesting of the pots, pans and utensils on that storage unit.</p> <p>4. dual door standing freezer:</p> <p>a. One, open frozen pie crust, open without an open or use by date label.</p>	F 812	practices. The results of these audits will be reported at QAPI monthly.		

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F 812	<p>Continued From page 56</p> <p>U.S. FOIA stated, everything in the freezer should be labeled with the delivery date, open date and/or use by/discard date. No further explanation given for missing labels provided.</p> <p>On 12/28/23 at 1:45 PM the surveyor team met with the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6) to discuss initial concerns and request facility policies.</p> <p>On 12/29/23 at 9:14 AM, the U.S. FOIA (b) (6) provided the surveyor with copies of facility policies for Dining Service - Food Storage, Manual Warewashing, and Warewashing.</p> <p>A review of the facility policy titled, "Food Storage", with a revised date 2/2023 revealed under procedures section, 1. "All food items will be stored 6 inches above the floor and 18 inches below the sprinkler unit." 5. "All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination." A review of the facility policy titled, "Manual Warewashing" with a revised dated of 10/2022 revealed under the procedures section, 1. "The Dining Service staff will be knowledgeable in proper technique including: Chemical sanitizer testing and concentrations. 2. Appropriate test strips will be utilized to measure the concentration of the sanitizer solutions." A review of the policy titled, "Warewashing" with a revised dated 2/2023 revealed under the procedures section, 4. All dishware will be air dried and properly stored."</p> <p>NJAC 8:39-17.2(g)</p>	F 812			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

COMPLETE CARE AT BRAKELEY PARK, LLC

**290 RED SCHOOL LANE
PHILLIPSBURG, NJ 08865**

(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) COMPLETE DATE
S 000	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.	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: Based on observation, interview, and review of pertinent facility documentation, 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. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing	S 560	1) No residents were immediately affected by this deficient practice. 2) All residents have the potential to be affected by this deficient practice. 3) US FOIA (b)(6) has completed an in-service with Staffing Coordinator on appropriate staffing levels. Additional per diem, part-time and full-time were scheduled to meet minimum staff to resident ratios. The facility has advertised open jobs through online recruitment platforms. The facility has conducted job fairs and have partnered with local schools for newly licensed or certified staff. 4) The Director of Nursing or designee will audit staffing levels three times a week for	1/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/19/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 062106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/05/2024
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S 560	Continued From page 1 requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties: and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to	S 560	3 months. All findings will be reported and reviewed by the QAPI committee monthly.		

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the period beginning December 10, 2023 and ending December 23, 2023 revealed the following:</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements of CNAs during the 7:00 AM - 3:00 PM shift on 12/10/23, 12/11/23, 12/12/23, 12/14/23, 12/15/23, 12/16/23, 12/17/23, 12/18/23, 12/19/23, 12/20/23, 12/22/23 and 12/23/23.</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements of CNAs during the 3:00 PM - 11:00 PM shift on 12/23/23.</p> <p>The facility was not in compliance with the State of New Jersey minimum staffing requirements of CNAs during the 11:00 PM to 7:00 AM shift on 12/10/23 and 12/22/23.</p> <p>On 1/5/24 at 10:49 AM, the surveyor discussed the staffing ratio concerns with the Administrator, Director of Nursing and Regional Administrator who stated they were aware of the staffing ratio criteria and that they are actively trying to recruit more CNAs and are conducting their own classes to train and certify new CNAs. The Regional Administrator additionally stated that the geographical area has a shortage of CNAs.</p>	S 560			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT BRAKELEY PARK, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865		
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{F 000}	INITIAL COMMENTS An onsite revisit was conducted on 02/07/2024 to verify the facility's Plan of Correction (POC). Based on observation, interview and record review, the facility was found to be in compliance with their POC and 42 CFR Part 483, Requirements for Long-Term Care Facilities. Census: 112 Sample: 3	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/7/2024
NAME OF FACILITY COMPLETE CARE AT BRAKELEY PARK, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 RED SCHOOL LANE PHILLIPSBURG, NJ 08865	

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 F0557	Correction	ID Prefix F0565	Correction	ID Prefix F0656	Correction
Reg. # 483.10(e)(2)	Completed	Reg. # 483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	01/23/2024	LSC	01/23/2024	LSC	01/23/2024
ID Prefix F0658	Correction	ID Prefix F0678	Correction	ID Prefix F0695	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(3)	Completed	Reg. # 483.25(i)	Completed
LSC	01/23/2024	LSC	01/23/2024	LSC	01/23/2024
ID Prefix F0698	Correction	ID Prefix F0711	Correction	ID Prefix F0759	Correction
Reg. # 483.25(l)	Completed	Reg. # 483.30(b)(1)-(3)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	01/23/2024	LSC	01/23/2024	LSC	01/23/2024
ID Prefix F0812	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/23/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 1/5/2024

☐ 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 062106	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/7/2024
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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	01/23/2024	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	
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 1/5/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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E 000	Initial Comments	E 000			
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 01/02/2024 and Complete Care at Brakeley Park, LLC was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>Complete Care at Brakeley Park is a three-story Type II (111) construction that was built in 1992. The facility is fully sprinklered with smoke detection in resident rooms, corridor detection, and spaces opened to the corridor. The facility has 6 smoke compartments on the 2nd and 3rd floor.</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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01/27/2024

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