

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

PRINTED: 11/29/2024
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 09/25/2024
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	INITIAL COMMENTS Complaint #s: NJ00176509, NJ00171054 Census: 113 Sample: 5 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 810 SS=D	Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined that on 09/24/24 the facility failed to: (a) ensure a [NJ Ex Order 26.4b] and a [NJ Ex Order 26.4(b)(1)] was provided to a resident during a meal service, (b) follow this intervention as deemed necessary in the resident's Comprehensive Care Plan (CCP), and (c) provide supervision or assistance [NJ Ex Order 26.4b1] the resident. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for need of [NJ Ex Order 26.4b1] and was evidenced as follows: According to Resident #2's Admission Record (AR), Resident #2 had the following diagnoses but not limited to [NJ Ex Order 26.4(b)(1)] [redacted], [NJ Ex Order 26.4(b)(1)]	F 810	1. Resident number 2 was affected by this deficient practice. Resident number 2 orders were reviewed and an order was confirmed to be in place for [NJ Ex Order 26.4b] [redacted] Also center reviewed the level of [NJ Ex Order 26.4b1] resident currently required was correct. 2. All residents have the potential to be affected by this deficient practice. 3. All residents who require assistance with meals and or adaptive equipment were audited to ensure their feeding practices and adaptive equipment remained appropriate for each individual		10/18/24

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

TITLE

(X6) DATE

Electronically Signed

10/16/2024

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 810	<p>Continued From page 1</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>According to the Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's NJ Ex Order 26.4(b)(1), dated NJ Ex Order 26.4(b)(1), Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) indicating her/his Cognitive Skills was NJ Ex Order 26.4(b)(1). Resident #2 MDS further revealed in Section NJ Ex Order 26.4(b)(1) that Resident was NJ Ex Order 26.4(b)(1) on staff for the completion of his/her ADLs such as NJ Ex Order 26.4(b)(1), and was NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1).</p> <p>On 09/24/2024 at 12:29 pm, the surveyor observed Resident #2 in bed in her/his hospital gown in room with lunch tray on a over bed tray table in front of her/him. Resident #2 was noted picking food from her/his plate with her/his right hand and feeding self. Her/his head of bed was raised, and Resident was seen NJ Ex Order 26.4(b)(1) while eating. NJ Ex Order 26.4(b)(1) were observed on her/his NJ Ex Order 26.4(b)(1). The surveyor noted Resident #2's NJ Ex Order 26.4(b)(1) appeared NJ Ex Order 26.4(b)(1). No staff member was in the room beside or near the Resident NJ Ex Order 26.4(b)(1). Surveyor attempted to interview the Resident. Resident was NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1). On Resident #2's tray, surveyor observed a regular white dish in warmer plate, a regular coffee cup, and a liquid supplement in carton. At that point, a Certified Nursing Assistant (CNA) #1 went inside the Resident's room appeared to be picking up trays. When asked by surveyor, CNA</p>	F 810	<p>resident and orders in place if required. Dietary staff were inserviced on ensuring the proper adaptive equipment is provided on each resident's tray. All applicable staff were inserviced on checking the tray for ordered adaptive equipment at mealtime, and providing the level of feeding assistance each resident requires.</p> <p>4.DON/ Designee to audit adaptive equipment orders for each resident 1 time per week for 1 month, and monthly for 2 months. Dietary Manager/ or designee will audit 2 trays per week for 1 month and monthly for 2 months. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

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F 810	<p>Continued From page 2</p> <p>#1 stated Resident #2 needed [REDACTED] NJ Ex Order 26.4(b)(1). CNA #1 further stated she was the Aide assigned to Resident #2. She said Resident #2 can [REDACTED] NJ Ex Order 26.4(b)(1) at times and that she [CNA #1] would oversee [REDACTED] NJ Ex Order 26.4(b)(1) every now and then.</p> <p>A review of Resident #2 Care Plan (CP) initiated [REDACTED] NJ Ex Order 26.4(b)(1) showed Focus: ADL self-care performance deficit r/t [related to] [REDACTED] NJ Ex Order 26.4(b)(1) and under the Interventions: "...Provide [Resident's name] with [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) as needed; can [REDACTED] NJ Ex Order 26.4(b)(1) at times". Furthermore, the CP revealed under same Interventions: [REDACTED] NJ Ex Order 26.4(b)(1) with meals: [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) with date initiated on [REDACTED] NJ Ex Order 26.4(b)(1) and revision on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of Order Summary Report (OSR) Active Orders As Of: [REDACTED] NJ Ex Order 26.4(b)(1), the OSR revealed a physician order of [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1) all trays for [REDACTED] NJ Ex Order 26.4(b)(1) with Order and Start Date of [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #2's document Kardex, a comprehensive list of plans of care for residents, indicated under Communication: [REDACTED] NJ Ex Order 26.4(b)(1) with meals: [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>On 09/24/2024 at 3:14 pm [afternoon], the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) and the [REDACTED] U.S. FOIA (b) (6)). The [REDACTED] U.S. FOIA (b) (6) stated, together with [REDACTED] U.S. FOIA (b) (6) would assess and evaluate need for [REDACTED] NJ Ex Order 26.4(b)(1) for the residents. [REDACTED] U.S. FOIA (b) (6) stated the [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1). The function of the [REDACTED] NJ Ex Order 26.4(b)(1) would [REDACTED] NJ Ex Order 26.4(b)(1).</p>	F 810			

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F 810	<p>Continued From page 3</p> <p>enable the resident to scoop food whereas the NJ Ex Order 26.4(b)(1) is a NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) She further stated the NJ Ex Order 26.4(b)(1) is indicated for residents who frequently have NJ Ex Order 26.4(b)(1) The U.S. F affirmed that Resident #2 uses NJ Ex Order 26.4 and NJ Ex Order 26.4(b)(1) as NJ Ex Order 26.4(b)(1) while and during NJ Ex Order 26.4(b)(1) Furthermore, U.S. F stated Resident #2 required NJ Ex Order 26.4(b)(1) during NJ Ex Order 26.4(b)(1) as reflected in the Section NJ Ex O of the Resident's recent MDS.</p> <p>On 09/25/2024 at 3:08 pm, the surveyor interviewed the U.S. FOIA (b) (6) who stated each resident had a meal slip ticket that indicated which type of diet the resident was to receive, portion size, the menu items and any adaptive equipment required. The U.S. F would give the updated diet slips and U.S. FOIA would enter in the system computer and print out. The U.S. FOIA added the dietary aides were responsible for adding the adaptive equipment to the meal trays. The surveyor reviewed the Resident NJ Ex Order 26.4(b)(1) Report the U.S. FOIA provided. The list showed Resident #2 was on the list with her/his NJ Ex O and the NJ Ex Order 26.4(b)(1) as follows: NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)</p> <p>A review of the facility Policy on Adaptive Feeding Equipment revised August 2024 under "Policy Explanation and Compliance Guidelines: ...5. Appropriate utensils should be placed on the resident's food tray, at each meal, and returned to the dietary department, on the food tray, for sanitization."</p>	F 810			

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F 810	Continued From page 4 NJAC 8:39-27.5 (b)	F 810			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/21/2024
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 F0810	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(g)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/18/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 9/25/2024		<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			