

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

PRINTED: 04/10/2024
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 10/21/2021
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 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. Survey Date : 10/22/2021 Census : 95 Sample Size : 20 + 9 = 29	F 000			
F 658 SS=E	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, and record review, it was determined that the facility failed to obtain a Physician Order (PO) for a self-releasing seatbelt. This deficient practice was identified for one of 21 residents reviewed, (Resident #9) for professional standards of clinical practice and was 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 professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by	F 658	Resident #9 was reassessed by nursing and therapy. A Physician Order for NJ Exec. Order 26:4.b.1 was obtained and placed on the residents electronic chart. This deficiency can affect any resident in the center that has a self release seatbelt. One other resident in the facility has a self-releasing seatbelt and was assessed to ensure that physician orders were present in their electronic chart. All nurses will be inserviced on the need to obtain physician orders for self-releasing seatbelts. The facility will conduct interdisciplinary clinical rounds at least three times a week for eight weeks. The interdisciplinary team includes but it not limited to the Administrator, Director of Nursing, and	11/17/21	

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

TITLE

(X6) DATE

Electronically Signed

11/04/2021

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 658	<p>Continued From page 1</p> <p>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 casefinding; 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 10/12/21 at 9:42 AM and on 10/15/21 at 10:39 AM, the surveyor observed Resident #9 seated in a high back wheelchair in the second-floor day room engaged in activities. The surveyor further observed that the resident had a blue seat belt secured around his/her abdominal area (belly).</p> <p>The surveyor reviewed the medical record for Resident #9.</p> <p>Review of the resident's Admission Record (An Admission Summary) reflected that the resident had resided at the facility for NJ Exec. Order 26:4.b.1 and had diagnoses which included but were not limited to NJ Exec. Order 26:4.b.1</p> <p>Review of the resident's most recent quarterly Minimum Data Set (MDS), and assessment tool used to facilitate the management of care dated</p>	F 658	<p>Unit Managers. The facility will review patient records and ensure that all self-releasing seatbelts have a physician order. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

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F 658	<p>Continued From page 2</p> <p>[REDACTED], reflected that the resident's cognitive skills for decision making were [REDACTED]. A further review of the resident's MDS, Section P - Restraints and Alarms indicated that the resident did [REDACTED] used in chair or out of bed.</p> <p>Review of the resident's October 2021 Clinical Physician Orders reflected a PO dated [REDACTED], after surveyor inquiry for a [REDACTED] and supervised activities.</p> <p>Review of the resident's October 2021 Medication Administration Record and Treatment Administration Record printed and reviewed on [REDACTED] at 10:48 AM did not reflect that there was a PO for the [REDACTED] or that the nurses were signing for the use of the [REDACTED].</p> <p>Review of the resident's Care Plan (CP) revised [REDACTED] reflected a focus area that the resident was at [REDACTED] related to [REDACTED], and [REDACTED]. The goal of the resident's CP was the resident would have [REDACTED] in the next 90 days. The interventions of the resident's CP included [REDACTED] to wheelchair, [REDACTED] and supervised activities and [REDACTED].</p> <p>On 10/18/21 at 11:05 AM, the surveyor interviewed the resident's Certified Nursing Aide (CNA) who stated that the resident was [REDACTED] and could [REDACTED]. For example, the resident could tell staff when he/she needed to use the bathroom. The CNA further stated that the resident had the [REDACTED].</p>	F 658			

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F 658	Continued From page 3 [REDACTED] for, "awhile" to [REDACTED] NJ Exec. Order 26:4.b.1. On 10/18/21 at 11:25 AM, the surveyor observed Resident #9 seated in a high back wheelchair in the second-floor day room. The surveyor further observed that the resident had a blue seat belt secured around her abdominal area. The surveyor asked the resident's Licensed Practical Nurse (LPN) to ask the resident to remove his/her seatbelt. The surveyor observed that the resident was able to remove the seat belt upon request. At that time the surveyor interviewed the LPN who stated the resident should have a PO for a [REDACTED] NJ Exec. Order 26:4.b.1. On 10/19/21 at 9:45 AM, the surveyor interviewed the Registered Nurse/Unit Manager who stated that if the resident was wearing a [REDACTED] NJ Exec. Order 26:4.b.1 there should have been a PO for it. Review of the facility's Medication and Treatment Orders Policy and Procedure updated 10/2019 indicated, "Orders for medications and treatments will be consistent with principles of safe and effective order writing." NJAC 8:39-11.2(b)	F 658			
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F 692		11/17/21	

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F 692	<p>Continued From page 4</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to collaborate as a multidisciplinary team and implement appropriate interventions for a resident with a history of NJ Exec. Order 26:4.b.1. This deficient practice was identified for one of six residents reviewed, (Resident #42) for NJ Exec. Order 26:4.b.1 and was evidenced by the following:</p> <p>On 10/12/21 at 9:30 AM, the surveyor observed Resident #42 sitting upright in bed with a carton of 2 % milk in front of him/her. The surveyor attempted to interview the resident. The resident was able to tell the surveyor his/her name and stated, "yes" when the surveyor asked the resident if he/she had been sent to the hospital.</p> <p>On 10/13/21 at 12:25 PM, the surveyor observed the resident seated in a wheelchair in his/her room with a lunch tray in front of him/her. The surveyor further observed that the resident's eyes were open, and the resident was leaning his/her head on their hand and not attempting to eat the</p>	F 692	<p>Resident #42 was reassessed by the physician/designee and a NJ Exec. Order 26:4.b.1 routine weights were ordered to monitor patient's weight status.</p> <p>All current residents were reassessed for significant weight changes to ensure that physician orders were obtained as needed.</p> <p>All nurses will be inserviced on the weight assessment and intervention and medication reconciliation.</p> <p>The facility will conduct interdisciplinary clinical rounds at least three times a week for eight weeks. The interdisciplinary team includes but it not limited to the Administrator, Director of Nursing, Unit Managers, and the Dietitian. The facility will review patient records and ensure that significant weight changes are assessed appropriately, and any orders related to nutrition that are necessary for the patient are present. All findings will be reported and reviewed by the QAPI committee</p>		

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F 692	<p>Continued From page 5</p> <p>meal in front of him/her. The lunch tray consisted of two cups of pudding, cranberry juice, pasta, mashed potatoes, broccoli, a piece of yellow pastry, pink ice cream, and 2% reduced fat milk. The surveyor did not observe meat on the resident's lunch tray.</p> <p>On 10/15/21 at 10:41 AM, the surveyor observed the resident seated in a wheelchair in the day room with his/her eyes closed. The recreation aide was overhead talking about the Fall Season, Halloween and Trick or Treating. The resident was observed to be unengaged.</p> <p>The surveyor reviewed the medical record for Resident #42.</p> <p>Review of the resident's Admission Record reflected that the resident had resided at the facility since [NJ Exec. Order 26:4.b.1] and had been re-admitted to the facility at the end of [NJ Exec. Order 26:4.b.1] after a hospital stay for [NJ Exec. Order 26:4.b.1]. The diagnoses on the resident's Admission Record included but were not limited to [NJ Exec. Order 26:4.b.1]</p> <p>[REDACTED]</p> <p>Review of the resident's most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [NJ Exec. Order 26:4.b.1], reflected that the resident had</p>	F 692	monthly.		

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F 692	<p>Continued From page 6</p> <p>NJ Exec. Order 26:4.b.1 skills for daily decision making which meant the resident had NJ Exec. Order 26:4.b.1 skills and supervision was NJ Exec. Order 26:4.b.1. A review of Section G - Functional Status for activities of daily living reflected that the resident NJ Exec. Order 26:4.b.1 for eating. A further review of the resident's MDS, Section K - Swallowing/Nutritional Status reflected that the resident NJ Exec. Order 26:4.b.1 pounds (lbs.), the resident had NJ Exec. Order 26:4.b.1 in body weight in the last month or NJ Exec. Order 26:4.b.1 in the last six month and was not on a physician prescribed NJ Exec. Order 26:4.b.1 regimen.</p> <p>Review of the resident's Weights and Vital Summary revealed the following:</p> <p>On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. significant weight NJ Exec. Order 26:4.b.1 of NJ Exec. Order 26:4.b.1 from NJ Exec. Order 26:4.b.1.</p> <p>On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. weight NJ Exec. Order 26:4.b.1.</p> <p>There was no documented weight for July 2021. On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. weight NJ Exec. Order 26:4.b.1 from June 2021 to August 2021.</p> <p>On NJ Exec. Order 26:4.b.1, upon re-admission to the facility the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. significant NJ Exec. Order 26:4.b.1 after hospitalization.</p> <p>On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. significant weight NJ Exec. Order 26:4.b.1 in a ten-day period.</p> <p>On NJ Exec. Order 26:4.b.1, the resident weighed NJ Exec. Order 26:4.b.1 lbs. This indicated a NJ Exec. Order 26:4.b.1 lbs. significant weight NJ Exec. Order 26:4.b.1 from September 2021 to October 2021 and a NJ Exec. Order 26:4.b.1 (%) significant weight NJ Exec. Order 26:4.b.1 from April 2021 to October 2021.</p>	F 692			

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F 692	<p>Continued From page 7</p> <p>Review of the resident's Nutritional Assessment completed by the Registered Dietician (RD) dated [REDACTED] indicated that the resident had a significant weight [REDACTED] of [REDACTED] lbs. and [REDACTED] in one month. The RD indicated that the recent weight of [REDACTED] lbs., needed to be added to the resident's electronic medical record. At that time the resident was receiving [REDACTED] NJ Exec. Order 26:4.b.1 times daily. The RD documented in the resident's Nutrition Plan that the current diet and supplement regimen was not likely meeting the resident's needs due to the resident's varied food intake. As an intervention, the RD recommended to increase [REDACTED] NJ Exec. Order 26:4.b.1 times a day for the resident, monitor weights, supplement, and meal acceptance. The nutrition goals for the resident were to consume at least [REDACTED] of all meals, accept [REDACTED] of supplements, and weight maintenance of [REDACTED] lbs. during the review period.</p> <p>Review of the resident's Nutritional Assessment completed by the RD dated [REDACTED] indicated that the resident weighed [REDACTED] lbs. and that the resident had a significant weight [REDACTED] related to mea [REDACTED]. The Nutritional Assessment revealed that the resident was receiving [REDACTED] three times a day which provided an extra [REDACTED] calories and [REDACTED] grams of protein for the resident. The RD documented that according to the Medication Administration Record (MAR), the resident accepted [REDACTED] of the [REDACTED] NJ Exec. Order 26:4.b.1 that were provided to him/her. A further review of the Nutritional Assessment reflected a plan to continue the current diet as ordered and, "recommend [REDACTED] NJ Exec. Order 26:4.b.1] consult for [REDACTED] affected [REDACTED] NJ Exec. Order 26:4.b.1." Nutritional interventions included, "collaborate to review [REDACTED] NJ Exec. Order 26:4.b.1</p>	F 692			

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F 692	<p>Continued From page 8</p> <p>NJ Exec. Order 26:4.b.1</p> <p>The goal was for the resident to consume at least NJ Exec. Order 26:4.b.1 of meals and NJ Exec. Order 26:4.b.1 of supplements, weight maintenance between NJ Exec. Order 26:4.b.1 lbs. with no further weight NJ Exec. Order 26:4.b.1.</p> <p>Review of the resident's Progress Notes (PN) dated NJ Exec. Order 26:4.b.1 and timed at 13:48 (1:48 PM) indicated, "RD recommendation for a NJ Exec. Order 26:4.b.1 as resident has been frequently NJ Exec. Order 26:4.b.1. Per RD conversation with unit manager, refusals likely caused by NJ Exec. Order 26:4.b.1.</p> <p>Review of a Timeline completed by the facility indicated that the resident was seen by a Nurse Practitioner (NP) on NJ Exec. Order 26:4.b.1 who did not want the resident to be seen by a NJ Exec. Order 26:4.b.1 and ordered the NJ Exec. Order 26:4.b.1. This indicated that the resident was not assessed by a clinician until one week after the RD made the recommendation for the NJ Exec. Order 26:4.b.1.</p> <p>A further review of the resident's Timeline indicated that the resident was admitted to the hospital on NJ Exec. Order 26:4.b.1 and re-admitted to the facility on NJ Exec. Order 26:4.b.1. The Timeline reflected that NJ Exec. Order 26:4.b.1 was not reordered on readmission; NJ Exec. Order 26:4.b.1 was NJ Exec. Order 26:4.b.1 by MD and the clinician wanted to wait till the resident's NJ Exec. Order 26:4.b.1.</p> <p>A further review of the resident's PN completed by the Registered Nurse (RN) dated NJ Exec. Order 26:4.b.1 and timed at 8:04 AM, indicated the resident was receiving NJ Exec. Order 26:4.b.1 daily due to NJ Exec. Order 26:4.b.1 and weight NJ Exec. Order 26:4.b.1. The PN further indicated that</p>	F 692			

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F 692	<p>Continued From page 9</p> <p>the medication was initiated because non-pharmacological interventions for the resident were [REDACTED] and a [REDACTED] [REDACTED] for the medication was not recommended because the resident had a [REDACTED] and then began to [REDACTED] and by [REDACTED]. This PN contradicts the information provided on the Timeline provided by the facility. A complete review of the resident's PN from [REDACTED] did not provide a rationale as to why the [REDACTED] or [REDACTED] for the resident upon re-admission to the facility.</p> <p>Review of the resident's Nutritional Assessment completed by the RD dated [REDACTED] indicated that the resident was noted to have a weight [REDACTED] on readmission due to increase in [REDACTED] from [REDACTED] in the hospital. The Nutritional Assessment further indicated that the resident was [REDACTED] and made recommendations for a [REDACTED]. Further nutritional interventions included to collaborate to review [REDACTED] acceptance. The nutritional goals for the resident included to consume at least [REDACTED] of meals; accept [REDACTED], and no further weight [REDACTED]</p> <p>Review of the resident's August 2021 Medication Administration Record revealed a Physician's Order (PO) dated [REDACTED] for the medication, [REDACTED], give one tablet by mouth one time a day for [REDACTED] weeks, then increase to [REDACTED]. A further review of the August 2021 MAR indicated that the resident was receiving [REDACTED] times a day, which provided</p>	F 692			

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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 692	<p>Continued From page 10</p> <p>an extra [redacted] and [redacted] grams of protein for the resident. Review of the August 2021 MAR for the [redacted] NJ Exec. Order 26:4.b.1 indicated blanks on [redacted] NJ Exec. Order 26:4.b.1 at 2000 (8:00 PM), on [redacted] NJ Exec. Order 26:4.b.1 at 1000 (10:00 AM), 1600 (4:00 PM), and 2000, on [redacted] NJ Exec. Order 26:4.b.1 at 1000, 1600, and 2000. The August 2021 MAR reflected that the resident consumed [redacted] NJ Exec. Order of the [redacted] NJ Exec. Order 26:4.b.1 most of the time it was administered to him/her.</p> <p>Review of the September 2021 MAR reflected a PO dated [redacted] NJ Exec. Order 26:4.b.1 for the medication, [redacted] NJ Exec. Order 26:4.b.1 one time a day for [redacted] NJ Exec. Order 26:4.b.1. A further review of the September 2021 MAR reflected a PO dated [redacted] NJ Exec. Order 26:4.b.1 for the medication, [redacted] NJ Exec. Order 26:4.b.1. There was no documentation on the September 2021 MAR that the resident was receiving a [redacted] NJ Exec. Order [redacted].</p> <p>Review of the October 2021 MAR reflected that the resident was receiving the [redacted] NJ Exec. Order 26:4.b.1 [redacted] at bedtime with no refusals. A further review of the October 2021 MAR reflected a PO dated [redacted] NJ Exec. Order 26:4.b.1 for [redacted] NJ Exec. Order 26:4.b.1 times a day at 1400 (2:00 PM) and 2000.</p> <p>Review of the Report of Consultation for [redacted] NJ Exec. Order [redacted] indicated that the resident was eating and drinking and since the resident had the ability to eat and drink [redacted] NJ Exec. Order 26:4.b.1 [redacted]. The physician made recommendations for the RD to provide [redacted] NJ Exec. Order 26:4.b.1 as a supplement to increase [redacted] NJ Exec. Order 26:4.b.1 [redacted], offer resident food preferences that he/she liked, and to continue to monitor weight.</p>	F 692			

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F 692	<p>Continued From page 11</p> <p>Review of the resident's Care Plan revised on [NJ Exec. Order 26:4.b.1] revealed a focus area that the resident was a potential [NJ Exec. Order 26:4.b.1] related to significant weight [NJ Exec. Order 26:4.b.1], history of [NJ Exec. Order 26:4.b.1] by mouth intake, and history of [NJ Exec. Order 26:4.b.1]. The goal of the resident's Care Plan was that the resident would maintain a weight of [NJ Exec. Order 26:4.b.1] through review date. The interventions for the residents Care Plan included dietary evaluation and monitoring, recommended [NJ Exec. Order 26:4.b.1] or related to frequent meal refusals and weigh per policy and notify RD and MD of any significant changes.</p> <p>On 10/19/21 at 11:21 AM, the surveyor interviewed the resident's Certified Nursing Aide (CNA) who stated that she had been taking care of the resident for over a year, the resident was alert and oriented and able to communicate basic needs and perform tasks like turning on the television independently. The CNA further stated that the resident could feed himself/herself independently, liked his/her coffee and soda, but had been refusing food for a couple of months now. The CNA stated that she always provided the resident with encouragement to eat food and would be able to get the resident to eat two or three spoons full, but after that he/she would push the food away and say, "no." The CNA further stated that before the resident went to the hospital, he/she had received [NJ Exec. Order 26:4.b.1] and was drinking them and now he/she was not receiving the [NJ Exec. Order 26:4.b.1]. The CNA stated that [NJ Exec. Order 26:4.b.1] for the resident were provided not at mealtimes and came up to the unit separately on a tray from the dietary department.</p> <p>On 10/19/21 at 11:27 AM, the surveyor</p>	F 692			

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F 692	<p>Continued From page 12</p> <p>interviewed the resident's Licensed Practical Nurse (LPN) who stated the resident was alert to self, [REDACTED] NJ Exec. Order 26:4.b.1, and could make needs known. The LPN further stated that the resident did not have an appetite and she among other staff had offered the resident alternate foods he/she liked, but the resident still would not eat. The LPN stated that the resident was being followed by the RD for his/her recent weight [REDACTED] NJ Exec. Order 26:4.b.1 and had recently been seen by a physician for [REDACTED] NJ Exec. Order 26:4.b.1 which was declined. The LPN stated the process for when the RD made a recommendation was the RD would tell the Registered Nurse/Unit Manager (RN/UM) and the RN/UM would follow up with the resident's primary care physician. The LPN stated all recommendations were communicated to the resident's primary care physician daily and should be carried out immediately. The LPN stated that the resident was receiving a [REDACTED] NJ Exec. Order 26:4.b.1 but it was not on the MAR for her to sign.</p> <p>On 10/19/21 at 11:55 AM, the surveyor interviewed the RN/UM who stated that all [REDACTED] NJ Exec. Order 26:4.b.1 came from the kitchen. The RN/UM could not speak to if the resident was receiving a [REDACTED] NJ Exec. Order 26:4.b.1. The RN/UM stated that the CNAs would pass out the [REDACTED] NJ Exec. Order 26:4.b.1 and communicate to the nurses how much the resident consumed, and the nurses would document the amount of consumption on the MAR. The RN/UM further stated that if the RD made a recommendation, it would be e-mailed to her or the RD would write it on the physician's order sheet as a request and the physician would follow through with the order. The RN/UM stated that a lot of the times the nurses would speak to the physician verbally as well and carry out a</p>	F 692			

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F 692	<p>Continued From page 13</p> <p>verbal order from the physician. The RN/UM stated that the time frame for a recommendation to be followed through with was 24 - 48 hours.</p> <p>On 10/19/21 at 12:28 PM, the surveyor interviewed the Account Manager for Food Services (AM/FS) who stated that if a resident was to be administered a NJ Exec. Order 26:4.b.1, nursing would fill out a dietary requisition form which would indicate the NJ Exec. Order 26:4.b.1 desired for the resident, the dietary department would then process the delivery of the NJ Exec. Order 26:4.b.1 by putting the order into the computer system under the resident's name and the times the NJ Exec. Order 26:4.b.1 would be delivered to the unit. The AM/FS stated that the dietary department delivered NJ Exec. Order 26:4.b.1 to the resident's up to three times a day at 10:00 AM, 3:00 PM, and 7:00 PM. The surveyor reviewed Resident #42's dietary orders in the presence of the AM/FS and identified that the resident was not receiving NJ Exec. Order 26:4.b.1. This contradicted the surveyors interview with the resident's LPN.</p> <p>On 10/20/21 at 11:07 AM, the surveyor interviewed the RD who stated that she was familiar with the resident. The RD stated that the resident had a history of NJ Exec. Order 26:4.b.1 and NJ Exec. Order 26:4.b.1 which was not related to the inability to swallow. The RD stated that if she made a recommendation, she would make her, "suggestion" to nursing or the physician and they would carry out the request. The RD could not speak to how long it would take for a recommendation to be processed. The RD further stated that the physician had discontinued the NJ Exec. Order 26:4.b.1 for the resident upon re-admission to the facility. The surveyor inquired as to why a physician would discontinue a</p>	F 692			

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F 692	<p>Continued From page 14</p> <p>NJ Exec. Order 26:4.b.1 if the resident was not eating and NJ Exec. Order 26:4.b.1. The RD could not speak to that. The RD was unable to speak to why she documented for the resident to accept NJ Exec. Order 26:4.b.1 if the resident was not receiving them.</p> <p>On 10/20/21 at 11:35 AM, the surveyor interviewed the resident's NP and primary care physician in the presence of the survey team. The NP stated that if the facility made a recommendation for a resident it would be reviewed by her or the resident's primary care physician within 24 -48 hours. The NP stated that on 08/02/21 she had clinically assessed the resident related to his/her weight NJ Exec. Ord NJ Exec. Order 26:4.b.1, and started the resident on the NJ Exec. Order 26:4.b.1 medication, NJ Exec. Order 26:4.b.1 because the medication was an NJ Exec. Order 26:4.b.1 and an NJ Exec. Order 26:4.b.1.</p> <p>On 10/20/21 at 11:55 AM, the surveyor interviewed the resident's primary care physician in the presence of the survey team who stated that he did not discontinue the resident's NJ Exec. Order and sometimes when a resident was re-admitted to the facility, the POs were re-set and the dietary NJ Exec. Order 26:4.b.1 should have been continued for the resident, due to the resident's history of weight NJ Exec. Ord The primary care physician further stated that if the resident was capable of consuming liquids, it should have been offered to the resident.</p> <p>On 10/21/21 at 9:46 AM, the surveyor interviewed the Director of Nursing (DON) who stated that she has no documented evidence of the resident's physician, nurses, and RD's communication together regarding the</p>	F 692			

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F 692	Continued From page 15 discontinuation of the NJ Exec. Order 26:4.b.1 . The DON further stated that if the RD made a recommendation for an order, the time frame for following through with the order would be 24 hours. On 10/21/21 at 9:57 AM The Administrator stated if the doctor wanted to write an order for a NJ Exec. Order 26:4.b.1 , then he would have written an order. Review of the facility's undated Weight Assessment and Intervention Policy and Procedure indicated, "It is the policy of this facility to maintain accurate information about weight gain or loss. Weights will be recorded in electronic health record within 24-hours of admission, weekly times four weeks and/or monthly." The facility's Weight Assessment Policy and Procedure indicated that unplanned weight loss would be communicated to nursing, the RD, physician, and resident's responsible party. The Weight Assessment Policy and Procedure did not speak to time frame for interventions for weight loss	F 692			
F 804 SS=D	NJAC 8:39-27.1(a) Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing	F 804		11/10/21	

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F 804	<p>Continued From page 16</p> <p>temperature.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other pertinent facility documentation, it was determined that the facility failed to provide foods of resident preferred palatable temperatures. This deficient practice was identified on one of two nursing units during monitoring refrigerator temperatures, during an interview with one anonymous resident, with 5 of 5 residents who attended resident council meeting, and during a surveyor food temperature monitoring on one of two nursing units.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 10/12/21 at 10:15 AM, the surveyor interviewed an alert and oriented resident on the second floor who wished to remain anonymous who stated that food that was supposed to be served cold was served warm. The resident gave the example that he/she received a salad one time that was warm.</p> <p>On 10/12/21 at 11:10 AM, the surveyors observed the first floor Pantry Refrigerator with an internal temperature thermometer registering 52.0 degrees Fahrenheit (F) in the red zone, it was filled with resident personal food, four 2% milk, four labeled and covered containers of applesauce, non-dairy creamers, and single packet jellies. The Registered Nurse Practice Educator (RN/PE) was present and removed a 2% milk and tested the temperature. The temperature of the 2 % milk read 49.8 degrees F.</p> <p>The Food Service Director, the kitchen manager</p>	F 804	<p>All food that was present in the out of range refrigerator on the nursing unit was removed and discarded. The refrigerator was discarded and replaced with a new refrigerator that functions properly. The tray that was out of range with the eggs and the milk was discarded and replaced a new tray that was in appropriate temperature range.</p> <p>All residents on the nursing unit where refrigerator was located can be affected by this deficiency. All other refrigerators in the facility were observed to be in the appropriate temperature range. All other trays delivered were within appropriate temperature range.</p> <p>All dietary staff members will be inserviced on the policy for food storage, temperature logs, and acceptable food temperatures.</p> <p>The facility will audit all refrigerator temperatures at least three times a week to ensure refrigerators are being monitored appropriately for four weeks.</p> <p>The facility will audit random meal trays at least two times a week to ensure acceptable temperature ranges for four weeks. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

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F 804	<p>Continued From page 17</p> <p>in training (MIT), and Maintenance Director were asked to come to the Pantry. The Food Service Director stated that the kitchen was responsible to maintain the Pantry refrigerator temperature logs.</p> <p>On 10/12/21 at 11:41 AM, the MIT stated she checked the pantry refrigerator temperatures, "I try to get up here daily." She further stated she was told smaller refrigerators could be up to 45 degrees F.</p> <p>On 10/12/21 at 11:45 AM, Panty 1, per the FSD, the refrigerator temperature was 48 degrees F. The FSD used his calibrated thermometer to test the temperature of the 4 oz apple sauce which was 49.8 degrees F. The MIT stated food that should be kept cold could have bacteria breeding and the temperature of the milk made it potentially hazardous.</p> <p>On 10/12/21 at 12:01 PM, the food service district manager acknowledged refrigerator temperature logs were blank for 10/9/21, 10/10/21, 10/11/21 and 10/12/21.</p> <p>On 10/13/21 at 11:00 AM, the surveyors conducted Resident Council meeting with five residents who regularly attend the meetings. During the meeting two of the participants stated that meals were delivered to the floors but by the time staff were able to deliver them to the residents, the food was not always hot. The other three residents agreed.</p> <p>On 10/19/21 at 8:24 AM, surveyor observed the metal food carts which stored the breakfast trays waiting to be delivered on the second floor.</p>	F 804			

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F 804	<p>Continued From page 18</p> <p>On 10/19/21 at 8:33 AM, the Certified Nursing Assistant (CNA), who was delivering breakfast trays, stated the staff would deliver the trays to the residents who could eat independently and bring the trays to the residents who had to be fed last. The CNA pointed out a breakfast tray that would be delivered last to a resident who was required to be fed.</p> <p>On 10/19/21 at 8:36 AM, the Food Service Director (FSD) arrived on the second floor. In the presence of the surveyor, the FSD stated his thermometer had been calibrated. The FSD went to a tray still on the food cart, opened the milk carton and obtained a temperature of 51.6 degrees F. The FSD stated the temperature of the milk should be 41.0 degrees F or lower. The FSD next removed the plate cover and checked the temperature of the puree eggs. The temperature the FSD obtained was 132.0 degrees F. The FSD stated the hot food should be at least 135.0 degrees F. The FSD stated it was important for foods to be kept at the proper temperatures to prevent illness.</p> <p>Review of the facility provided, "Refrigerators and Freezers" policy revised 12/2008, included but was not limited to the facility will ensure safe refrigerator and freezer maintenance, temperatures, and sanitation. Acceptable temperatures should be 35 degrees F to 40 degrees F for refrigerators. Food Service Supervisors or designated employees will check and record refrigerator and freezer temperatures daily.</p> <p>Review of the facility provided, "Food Storage: Cold Foods" policy and procedure revised 4/2018, included but was not limited to all</p>	F 804			

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F 804	Continued From page 19 perishable foods will be maintained at a temperature of 41.0 F or below. A written record of daily temperatures will be recorded. Review of the facility provided, "Food: Quality and Palatability", policy and procedure revised 9/2017, included but was not limited to food will be palatable, attractive, and served at a safe and appetizing temperature. Food should be at the appropriate temperature as determined by the type to ensure resident's satisfaction. NJAC 8:39 - 17.4(a)(2)	F 804			

New Jersey Department of Health

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S 000	Initial Comments THE FACILITY WAS 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	S 560	No residents were immediately affected by this deficiency. All residents have the potential to be affected by this deficiency. The Director of Nursing or designee will review the CNA daily staffing sheets on a daily basis for eight weeks to ensure the staffing requirements are met. The Director of Nursing or designee will inservice the nursing department on ensuring patient's beds are made in a timely manner. The Director of Nursing or designee will	11/4/21

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

TITLE

(X6) DATE

Electronically Signed

11/04/21

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 10/21/2021
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) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21.</p> <p>1. a. Notwithstanding any other staffing 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:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(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</p> <p>(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</p> <p>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.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(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.</p>	S 560	<p>audit staffing levels three times a week for eight weeks. The Director of Nursing will audit random rooms to ensure beds are made in a timely manner three times a week for eight weeks. The Director of Nursing will report findings to the QAPI committee monthly. The QAPI committee will determine the effectiveness of the plan and if further monitoring and evaluation is required.</p>	

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S 560	<p>Continued From page 2</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to 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>On 10/12/21, 10/13/21, 10/14/21, 10/15/21, 10/18/21, 10/19/21, and 10/20/21, the surveyors observed three to five Certified Nursing Aides (CNA)s working on the first and second floors of the facility. These CNAs provided direct care to the residents who resided at the facility.</p> <p>Review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the weeks of 09/26/21 and 10/03/21 revealed that the facility was deficient in CNA staffing for 14 of 14-day shifts, deficient in total staff for residents on 1 of 14 evening shifts, deficient for CNAs to total staff on 3 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 shifts as follows:</p> <p>09/26/21 had 6.5 CNAs for 93 residents on the day shift, required 12 CNAs. 09/26/21 had 4.5 CNAs to 9.5 total staff on the evening shift, required 5 CNAs, 09/27/21 had 9.5 CNAs for 93 residents on the day shift, required 12 CNAs. 09/27/21 had 8 total staff for 93 residents on the evening shift, required 10 CNAs. 09/28/21 had 9.5 CNAs for 93 residents on the day shift, required 12 CNAs. 09/29/21 had 9.5 CNAs for 93 residents on the</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>day shift, required 12 CNAs. 09/29/21 had 4 CNAs to 9 total staff on the evening shift, required 5 CNAs. 09/30/21 had 9.5 CNAs for 94 residents on the day shift, required 12 CNAs. 10/01/21 had 6.5 CNAs for 94 residents on the day shift, required 12 CNAs. 10/01/21 had 5.5 CNAs to 11.5 total staff on the evening shift, required 6 CNAs. 10/02/21 had 9.5 CNAs for 94 residents on the day shift, required 12 CNAs. 10/03/21 had 8 CNAs for 97 residents on the day shift, required 13 CNAs. 10/04/21 had 8.5 CNAs for 96 residents on the day shift, required 12 CNAs. 10/05/21 had 8.5 CNAs for 91 residents on the day shift, required 12 CNAs. 10/06/21 had 8.5 CNAs for 90 residents on the day shift, required 12 CNAs. 10/06/21 had 6.5 total staff for 90 residents on the overnight shift, required 9 total staff. 10/07/21 had 7 CNAs for 90 residents on the day shift, required 12 CNAs. 10/08/21 had 8 CNAs for 90 residents on the day shift, required 12 CNAs. 10/09/21 had 7.5 CNAs for 90 residents on the day shift, required 12 CNAs.</p> <p>Tuesday, October 12, 2021. Census (number of resident's who resided in the facility) was 95. 7:00 AM - 3:00 PM, 7.5 (.5 is indicative of CNAs that worked half of a shift) CNAs scheduled to work. 95 (census) / (divided by the number of CNAs working 7.5 = 12.6 (number of resident's the CNAs had on their direct care assignments). 3:00 PM - 11:00 PM, 5 CNAs scheduled to work. 95/5 = 19 11:00 PM - 7:00 AM 2 CNAs scheduled to work. 95/2 = 47.5</p>	S 560		

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S 560	<p>Continued From page 4</p> <p>Wednesday, October 13, 2021. Census was 95. 7:00 AM - 3:00 PM, 9.5 CNAs scheduled to work. 95/9.5 = 10 3:00 PM - 11:00 PM, 5 CNAs scheduled to work. 95/5 = 19 11:00 PM - 7:00 AM, 2 CNAs scheduled to work. 95/2 = 47.5</p> <p>Thursday, October 14, 2021. Census was 95. 7:00 AM - 3:00 PM, 8.5 CNAs scheduled to work. 95/8.5 = 11.1 3:00 PM - 11:00 PM, 5 CNAs scheduled to work. 95/5 = 19 11:00 PM - 7:00 AM, 3 CNAs scheduled to work 95/3 = 31.6</p> <p>Friday, October 15, 2021. Census was 97. 7:00 AM - 3:00 PM, 9 CNAs scheduled to work. 97/9 = 10.7 3:00 PM - 11:00 PM, 5 CNAs scheduled to work. 97/5 = 19.4 11:00 PM - 7:00 AM, 3 CNAs scheduled to work 97/3 = 32.3</p> <p>Saturday, October 16, 2021. Census was 96. 7:00 AM- 3:00 PM, 8 CNAs scheduled to work. 96/8 = 12 3:00 PM - 11:00 PM, 5.5 CNAs scheduled to work. 96/5.5 = 17.4 11:00 PM - 7:00 AM, 2 CNAs scheduled to work. 96/2 = 48</p> <p>Sunday, October 17, 2021. Census 93. 7:00 AM- 3:00 PM, 6.5 CNAs scheduled to work. 93/6.5 = 14.7 3:00 PM - 11:00 PM, 6 CNAs scheduled to work. 93/6 = 6 11:00 PM - 7:00 AM, 2 CNAs scheduled to work. 93/3 = 31</p>	S 560		

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S 560	<p>Continued From page 5</p> <p>Monday, October 18, 2021. Census 92. 7:00 AM- 3:00 PM, 7 CNAs scheduled to work. 92/7 = 13.1 3:00 PM - 11:00 PM, 5.5 CNAs scheduled to work. 92/5.5 = 16.7 11:00 PM - 7:00 AM, 2 CNAs scheduled to work. 92/4 = 23</p> <p>Tuesday, October 19, 2021. Census 93. 7:00 AM- 3:00 PM, 7.5 CNAs scheduled to work. 93/7.5 = 12.4 3:00 PM - 11:00 PM, 4.5 CNAs scheduled to work. 93/5.5 = 16.9 11:00 PM - 7:00 AM, 3.5 CNAs scheduled to work. 93/3.5 = 26.5</p> <p>Wednesday, October 20, 2021. Census 92. 7:00 AM- 3:00 PM, 8 CNAs scheduled to work. 92/8 = 11.5 3:00 PM - 11:00 PM, 7.5 CNAs scheduled to work. 92/7.5 = 12.2 11:00 PM - 7:00 AM, 4 CNAs scheduled to work. 92/4 = 23</p> <p>Thursday, October 21, 2021. Census 93. 7:00 AM- 3:00 PM, 6.5 CNAs scheduled to work. 93/6.5 = 14.3 3:00 PM - 11:00 PM, 5 CNAs scheduled to work. 93/5 = 18.6 11:00 PM - 7:00 AM, 4 CNAs scheduled to work. 93/4 = 23.25</p> <p>On 10/12/21 at 9:18 PM, the surveyor interviewed the Registered Nurse (RN) on the first floor who stated that the census was 38 and there were three CNAs working. This indicated that the CNAs had 12 -13 residents on their care assignments.</p> <p>On 10/12/21 at 9:19 AM, the surveyor interviewed</p>	S 560			

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S 560	<p>Continued From page 6</p> <p>the Licensed Practical Nurse (LPN) on the second floor who stated that the census was approximately 52 to 53 resident's and there were four CNAs working. This indicated that there were approximately 13 residents on each CNAs care assignments. The LPN further stated that the second floor usually had four CNAs scheduled to work the 7:00 AM - 3:00 PM shift, three CNAs scheduled to work the 3:00 PM - 11:00 PM shift and one to two CNAs scheduled to work the 11:00 PM - 7:00 AM shift.</p> <p>On 10/12/21 at 10:08 AM, the surveyor interviewed two alert residents on the second floor who wished to remain anonymous because they stated they didn't want to cause problems or get people in trouble. The residents stated that the facility was short on staffing.</p> <p>On 10/13/21 at 10:41 AM, the surveyor interviewed Resident #29 during the resident council meeting who stated that the staffing varied and when the facility was short staffed it made it harder for the staff to answer call bells in a timely manner. The resident further stated that the staff would work a lot of Over Time (OT) to help provide care to the residents.</p> <p>On 10/13/21 at 11:13 AM, the surveyor conducted a follow up interview with the two residents on the second floor who wished to remain anonymous. The resident's stated, "something needed to change" regarding staffing. The residents stated that their beds had not been made yet due to the short staffing. The surveyor observed that the resident's beds had not been made.</p> <p>On 10/20/21 at 10:45 AM to 11:30 AM, the surveyor interviewed the 7:00 AM - 3:00 PM CNAs throughout the facility regarding their</p>	S 560			

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S 560	<p>Continued From page 7</p> <p>staffing assignments.</p> <p>CNA#1 on the first floor stated that he/she had been working at the facility for [REDACTED] NJ Exec. Order 26:4.b.1, picked up OT based on availability and usually had eight to 10 residents on his/her assignment during the 7:00 AM - 3:00 PM shift. CNA#1 further stated that all the residents on his/her assignment were total care, he/she had a hard time finishing his/her work and had to rely on other staff for help.</p> <p>CNA#2 on the first floor stated that he/she had been working at the facility for [REDACTED] NJ Exec. Order 26:4.b.1, worked OT on the 11:00 PM -7:00 AM shift, and usually had 10 - 12 residents on his/her assignment during the 7:00 AM - 3:00 PM shift.</p> <p>CNA#3 on the first floor stated that he/she had worked at the facility for [REDACTED] NJ Exec. Order 26:4.b.1, occasionally worked OT on the 3:00 PM - 11:00 PM shift, and usually had eight - 10 residents on his/her care assignment on the 7:00 AM - 3:00 PM shift. CNA#3 stated that at times he/she had a hard time finishing his/her assignment and was able to ask other CNAs working for help if needed.</p> <p>CNA#4 on the second floor stated that he/she had worked at the facility for [REDACTED] NJ Exec. Order 26:4.b.1, worked OT based on availability, and had 14 residents on his/her care assignment that day during the 7:00 AM - 3:00 PM shift. CNA#4 further stated that five of the residents on his/her assignment were total care and his/her workload had increased because of the COVID-19 Pandemic.</p> <p>CNA#5 on the second floor stated that he/she had worked at the facility for [REDACTED] NJ Exec. Order 26:4.b.1, frequently worked OT on the 3:00 PM - 11:00 PM shift, and currently had 14 residents on his/her care</p>	S 560		

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S 560	<p>Continued From page 8</p> <p>assignment that day during the 7:00 AM - 3:00 PM shift. CNA#5 further stated that 12 residents on his/her assignment were total care with activities of daily living.</p> <p>On 10/21/21 at 10:02 AM, the surveyor interviewed the facility's Administrator (LNHA) who stated that the minimum staffing requirements related to CNAs for the state of New Jersey were one CNA per eight residents during the 7:00 AM -3:00 PM shift, one CNA per 10 residents during the 3:00 PM - 11:00 PM shift, and one CNA per 14 residents during the 11:00 PM - 7:00 AM shift.</p> <p>NJAC 8:39-5.1(a)</p>	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/21/2021	Y3
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 F0658	Correction	ID Prefix F0692	Correction	ID Prefix F0804	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(g)(1)-(3)	Completed	Reg. # 483.60(d)(1)(2)	Completed
LSC	11/17/2021	LSC	11/17/2021	LSC	11/10/2021
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 <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 10/21/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 062106	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/21/2021
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/04/2021	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 10/21/2021		<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			

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

PRINTED: 04/10/2024
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2021
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E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS	K 000			
K 341 SS=D	<p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 10/19/2021. Brakeley Park was found to be in noncompliance 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>Brakeley Park is a three story Type II Protected building that was built in September 1992. The facility is divided into 10 smoke zones.</p> <p>Fire Alarm System - Installation CFR(s): NFPA 101</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity.</p>	K 341		11/5/21	

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

TITLE

(X6) DATE

Electronically Signed

11/04/2021

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315316	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/21/2021
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	
K 341	<p>Continued From page 1 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, in the presence of facility management, it was determined that the facility failed to provide notification by audible and visible signals for one of one enclosed courtyards reviewed in accordance with NFPA 101, 2012 LSC Edition , Section 19.3.4.3.1, 9.6.3, 9.6.3.2, 9.6.3.6 and NFPA 72, 2010 LSC Edition, Section 18.5, 18.5.2.4, 24.4.2.20.9</p> <p>The deficient practice was evidenced by the following:</p> <p>On 10/19/2021, during the building tour with the facility Administrator and Maintenance Director at 11:02 AM, the surveyor observed that the enclosed courtyard did not have any occupant notification devices (horn/strobe tied into the fire alarm system). The findings were verified and confirmed by the Maintenance Director during the observations.</p> <p>The Administrator was notified of the finding at the Life Safety Code exit conference at 1:46 PM.</p> <p>NJAC 8:39-31.2(a)</p>	K 341	<p>No residents were immediately affected by this deficiency. All building occupants have the potential to be affected by this deficiency. The facility's fire alarm vendor installed an occupant notification device with horn and strobe in the enclosed courtyard on 11/05/2021. The facility will monitor the fire alarm system functionality in all required areas of the facility by conducting monthly fire drills. All findings will be reported and reviewed by the QAPI committee monthly.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315316	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 12/21/2021	Y3
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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0341	11/05/2021	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 <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 10/21/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <div style="float: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			