

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

PRINTED: 05/21/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2021
NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		
(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 STANDARD SURVEY: CENSUS: 136 SAMPLE: 30 + 2 closed records The facility was not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility staff failed to ensure that resident's were free from verbal abuse for 1 of 30 residents reviewed for abuse, (Resident #93). This deficient practice was evidenced by the following:	F 600	F600 1. Resident #93 was not negatively affected by CNA use of the word weirdo. The resident when interviewed said did not hear the CNA say weirdo and when monitored showed no signs of emotional	12/7/21	

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

TITLE

(X6) DATE

Electronically Signed

12/07/2021

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 600	<p>Continued From page 1</p> <p>On 11/15/2021 at 10:17 AM, the surveyor was standing at the nurses station on the [REDACTED] unit. A staff member, later identified as a Certified Nursing Assistant (CNA #1), was in the lobby area of the unit with a resident, later identified as Resident #93. The surveyor heard CNA #1 say to the resident "You don't shake your soda you weirdo". At approximately 10:35 AM, the surveyor reported this to the Administrator and Director of Nursing (DON). The DON said this was not appropriate. The Administrator said he would immediately go and start an investigation.</p> <p>A review of the medical record revealed Resident #93 was admitted to the facility with diagnoses including but not limited to; NJ EX Order. 264b1 NJ EX Order. 264b1.</p> <p>According to the Minimum Data Set (MDS) an assessment tool, dated [REDACTED] Resident #93 had a Brief Interview for Mental Status score of [REDACTED] indicating Resident #93 had [REDACTED] NJ EX Order. 264b1</p> <p>During an interview with the surveyor on 11/15/2021 at 11:30 AM, the administrator said CNA #1 would be writing a statement and meeting with the DON and then be sent home. The Administrator also said he had reported this to the New Jersey Department of Health (NJDOH) and the Office of the Ombudsman.</p> <p>During an interview with the surveyor on 11/16/2021 at 08:04 AM, the DON said that CNA #1 was still suspended and admitted it was improper to call the resident a "weirdo" and didn't mean it. The DON went on to say CNA #1 thought it was a joke and the DON believed it was</p>	F 600	<p>distress.</p> <p>2. No other residents were negatively affected.</p> <p>3. 3. The CNA was suspended for 3 days. Upon return, the CNA was taken off of resident #93 assignment. The CNA has undergone training in facilities abuse and neglect policy. All staff member were reinserviced on the facility policy of abuse prevention. Social services director developed a team of staff that will survey residents about abuse concerns. Residents will be interviewed monthly for 4 months and thereafter quarterly. Effective date 11/19/2021</p> <p>4. Director of social services will report her findings to the administrator monthly and administrator will report to Quarterly QA.</p>		

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F 600	<p>Continued From page 2</p> <p>seriously not appropriate to say this. The DON again said CNA #1 knew she was wrong. The DON further stated that on interview Resident #93 didn't recall the CNA calling he or she a weirdo and did not want to get the aide in trouble.</p> <p>A review of the facility investigation revealed a handwritten statement, dated N/A at 10:20 AM and signed by CNA #1. The statement indicated that Resident #93 started to shake the can of soda and she said to the Resident, "Don't shake the can you weirdo, your gonna make it explode everywhere."</p> <p>A review of a summary of investigation revealed Resident #93 was interviewed by the Administrator and DON and did not remember the conversation and didn't hear the staff call him/her a weirdo.</p> <p>During an interview with the surveyor on 11/16/2021 at 11:45 AM, Resident #93 said no staff has been disrespectful to him/her and that the staff "treats me good." Resident #93 said he/she did not recall the incident.</p> <p>A review of facility provided written material for the Understanding Abuse and Neglect education, undated, revealed under Section 2; Recognizing, Reporting and Preventing Abuse, Verbal Abuse includes talking disrespectfully....</p> <p>A review of a facility provided policy titled Abuse Prevention with an initiated date of March 2013, revealed under Policy: The facility will not tolerate any form of resident abuse, neglect, or exploitation by staff members....</p> <p>NJAC 8:39-4.1(a)(5)</p>	F 600			

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F 686 SS=D	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other facility documentation it was determined that the facility failed to provide care consistent with professional standards necessary to prevent the risk of an infection from developing during a [REDACTED] care observation, on 1 of 3 residents investigated for pressure ulcers, (Resident #61).</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/10/2021 at 9:40 AM, during a [REDACTED] care observation for Resident #61's left heel pressure ulcer, the surveyor observed the Unit Manager (UM) use a pair of scissors to cut and remove a wound dressing that revealed a date of [REDACTED]. After cutting the dressing, the UM placed the scissors into her shirt pocket without cleaning them.</p> <p>On the same date at 9:51 AM, the surveyor observed the UM remove the scissors from her</p>	F 686	<p>F686</p> <ol style="list-style-type: none"> 1. Resident #61 was not negatively affected by the scissors that was not cleaned. The [REDACTED] showed no signs of infection. 2. All resident that has [REDACTED] can potentially be affected by nurses not following proper standard of [REDACTED] care, therefore all nurses were re-inserviced on [REDACTED] care policy and were competency tested on wound care. Effective date 11/19/2021. 3. 3. Staff educator will observe nurses wound care weekly for the next three months and will share her findings with the Director of Nursing. Staff educator will inservice all nurses of policy on wound care and competency test all nurses quarterly and report findings to DON. Effective date 11/19/2021 	12/7/21	

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F 686	<p>Continued From page 4</p> <p>pocket and used them to cut NJ EX Order, 264b1 NJ EX Order, 264b1. After cutting the NJ EX Order, 264b1, she applied it to the base of the NJ EX Order, 264b1. The UM did not clean the scissors before cutting the NJ EX Order, 264b1.</p> <p>A review of the Quarterly Minimum Data Set (an assessment tool) dated NJ EX Order, 264b1 revealed Resident #61 had a NJ EX Order, 264b1.</p> <p>A review of the Physician's orders revealed an order active from NJ EX Order, 264b1 to cleanse the NJ EX Order, 264b1 with NJ EX Order, 264b1 solution, apply NJ EX Order, 264b1 (medicine that removes NJ EX Order, 264b1 from NJ EX Order, 264b1) and NJ EX Order, 264b1 with a clean, dry dressing daily.</p> <p>A review of the care plan revised NJ EX Order, 264b1, revealed Resident #61 was at risk to develop complications related to NJ EX Order, 264b1 such as NJ EX Order, 264b1, and NJ EX Order, 264b1 care plan further revealed a need to remain free from infection through the review date of NJ EX Order, 264b1.</p> <p>A review of the care plan revised on NJ EX Order, 264b1 revealed Resident #61 had NJ EX Order, 264b1 to the NJ EX Order, 264b1. The care plan further revealed that Resident #61 wished to remain free from infection for the next 90 days through the review date NJ EX Order, 264b1.</p> <p>During an interview with the surveyor on 11/10/2021 at 10:01 AM, the UM said she should have cleaned the scissors.</p> <p>A review of a facility policy titled "NJ EX Order, 264b1 Prevention/Management Program" initiated</p>	F 686	4. DON will report Staff educators <input type="checkbox"/> findings quarterly with the QA.	

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F 686	Continued From page 5 3/2013 and revised 8/2020, did not address cleaning scissors during wound care. A review of an undated and untitled facility documentation provided by the Administrator on [REDACTED] at 10:28 AM, included steps of [REDACTED] care procedures under the headings of "Clean dressing of [REDACTED] Preparation", "Removing an old dressing", Cleaning and dressing the [REDACTED]", "After the procedure". There was no documentation to address cleaning of scissors during [REDACTED] care.	F 686			
F 812 SS=E	N.J.A.C. 8:39-27.1(a) 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		12/7/21	

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F 812	<p>Continued From page 6</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 11/17/2021 from 11:19 AM to 12:09 PM the surveyor, accompanied by the Food Service Manager (FSM) observed the following in the kitchen:</p> <p>1. Upon entry to the dish room, the surveyor observed the dietary aide (DA) loading the high temperature dish machine with racks of dirty dishes. The DA then proceeded to walk over to the clean side of the dish machine to unload cleaned and sanitized dishes. The surveyor asked the DA if she should handle the cleaned and sanitized dishes after handling the dirty dishes. The DA stated, "I can't touch the cleaned dishes because I will cross contaminate." The DA then proceeded to go to the designated hand washing sink to perform hand hygiene. The DA was observed to turn on running water via the foot pedal. The DA then placed their hands under the running water for 5 seconds. The DA then turned off the running water via the foot pedal and proceeded to don a pair of disposable gloves with their hands still wet. The DA did not apply soap to their hands or perform vigorous hand washing for 20 seconds and the DA did not dry their hands before proceeding to don gloves. The DA then went to the cleaned and sanitized dishes that had just exited the high temperature dish machine. The surveyor interrupted the DA and asked them not to touch the cleaned and sanitized dishes with their gloved hands. The surveyor requested that</p>	F 812	<p>F812</p> <ol style="list-style-type: none"> No resident was negatively affected by the staff not performing proper hand washing as the employee did not touch the sanitized dishes. The involved staff was re-inserviced on facility policy on hand washing and was competency tested by the Infection Prevention Nurse. IP nurse will observe this staff member and all staff members on proper hand washing weekly for the next three months. All staff were re-inserviced on proper hand washing by the I.P Nurse and Staff Educator. 11/19/2021 DON will report findings to the QA quarterly. 		

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F 812	<p>Continued From page 7</p> <p>the DA perform hand hygiene again before having contact with the cleaned and sanitized dishes. The DA then proceeded to doff their gloves and place them in the waste basket located at the designated hand washing sink. The DA then turned on the water via the foot pedal and wet their hands under running water. The DA then applied hand soap and proceeded to wash their hands vigorously under the running water for approximately 20 seconds. Upon the 20 second mark the DA had no noticeable soap lather on their hands as the running water had effectively washed the soap off. The DA then proceeded to turn off the water and dry their hands with a hand towel. The DA then attempted to don a new pair of gloves; however, the surveyor again questioned the DA whether they had performed hand hygiene according to the facility policy and procedure. The DA became agitated and walked away from the surveyor. On interview the FSM stated, "She has been in-serviced on hand hygiene by foodservice and our infection control nurse."</p> <p>The surveyor reviewed the facility provided policy titled Hand Washing, copyright 2019. The following was revealed under the heading Procedure:</p> <p>2. How to wash hands:</p> <p>a. Turn on the faucet using a paper towel to avoid contaminating the faucet.</p> <p>b. Wet hands and forearms with warm water (minimum 110 F) and apply an antibacterial soap.</p> <p>c. Scrub well with soap and additional water as needed, scrubbing all areas thoroughly. Pay close</p>	F 812			

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F 812	<p>Continued From page 8</p> <p>attention to the fingernails using a brush as needed. Scrub for a minimum of 10 to 15 seconds within the 20-second hand washing procedure. Apply vigorous friction between the fingers and fingertips. Rinse with clean, running warm water.</p> <p>d. Rinse thoroughly.</p> <p>e. Dry hands with paper towel or use a hand blow dryer.</p> <p>f. Use the paper towel to turn the faucet off and open the door if needed, and then discard it.</p> <p>3. Staff will be educated on the importance of hand washing and retrained and reminded as necessary on the above guidelines.</p> <p>4. Hand washing procedures will be posted by each hand-washing sink.</p> <p>The surveyor reviewed the facility provided Hand Washing Competency for the DA, dated 9/14/2021. Review of the competency revealed that the DA had successfully met the required hand washing competencies on 9/14/2021.</p> <p>N.J.A.C. 18:39-17.2(g)</p>	F 812			

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.	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 interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 10 of 14-day shifts reviewed. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	Plan of correction 560 1. No residents were identified to be negatively affected not meeting the staffing levels mandated by State of New Jersey. 2. All residents have the potential to be affected. 3. The facility implemented higher rates of pay for CNAs. Facility conducted job fairs, referral and sign on bonuses. DON or designee will review staffing callouts daily and make every effort to replace. License nurses will assist in covering open CNA shifts when needed. flyers and staffing emailed to DOH 4. The Director of nursing/designee will monitor CNA staffing ratios daily and	12/7/21

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

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S 560	<p>Continued From page 1</p> <p>nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nursing Staffing Report" completed by the facility for the weeks of 10/24/2021 and 10/31/21, the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>The facility was deficient in CNA staffing for 10 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> - 10/24/21 had 13 CNAs for 139 residents on the day shift, required 18 CNAs. - 10/25/21 had 16 CNAs for 137 residents on the day shift, required 18 CNAs. - 10/26/21 had 15 CNAs for 136 residents on the day shift, required 17 CNAs. - 10/30/21 had 15 CNAs for 136 residents on the day shift, required 17 CNAs. - 10/31/21 had 13 CNAs for 136 residents on the day shift, required 17 CNAs. - 11/01/21 had 13 CNAs for 134 residents on the day shift, required 17 CNAs. - 11/02/21 had 16 CNAs for 133 residents on the day shift, required 17 CNAs. 	S 560	<p>report weekly for 4 weeks and then monthly to the Administrator. Administrator will share findings with QA Quarterly.</p>	
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New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721
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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) COMPLETE DATE
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S 560	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 11/03/21 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. - 11/04/21 had 15 CNAs for 133 residents on the day shift, required 17 CNAs. - 11/06/21 had 14 CNAs for 133 residents on the day shift, required 17 CNAs. <p>During an interview on the initial tour of the facility on 11/08/2021 at 11:20 AM the Licensed Practical Nurse (LPN) assigned to the Pine Unit stated, "Our census today is 28 and we have 3 CNA's and 2 LPN's."</p> <p>During the initial tour on 11/08/2021 at 11:22 AM the surveyor interviewed CNA #2. The surveyor asked CNA #2 how many residents were on her assignment for the day shift. The CNA responded, "I have 9 residents." The surveyor questioned if this was a normal assignment for the day shift. The CNA responded, "That's typical. 8 or 9 is usual. On the weekends I may have 9 to 10."</p> <p>During an interview with the surveyor on 11/17/21 at 10:47 AM, the Staffing Coordinator (SC) was asked if she was familiar with the minimum staffing requirements for nursing homes, implemented on 2/1/2021. The SC stated, "Yes, I am familiar with the mandated staffing requirements that were implemented in February of 2021. 7-3 is 1 to 8 residents, 3-11 is 1 to 10 residents, and 11-7 is 1 to 14 residents." The surveyor questioned the SC if the facility is meeting the requirements. The SC responded, "For the most part we are meeting the requirement. There are days that we don't always make it."</p> <p>During an interview with the surveyor on</p>	S 560		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2021
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NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721
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S 560	<p>Continued From page 3</p> <p>11/17/2021 at 1:50 PM, the facility Director of Nursing (DON) and Administrator, the DON stated, "7 to 3 is 1 to 8, 3 to 11 is 1 to 10, and 11-7 is 1 to 12." The facility administrator then corrected the DON and stated, 11 to 7 is 1 CNA for 14 residents." The DON further stated, "We have done so much to try and recruit CNA's. Most of the time we meet the requirements. I would say 90% of the time we meet the requirement."</p> <p>The surveyor reviewed an undated facility provided policy titled with the facility name. The policy revealed the following:</p> <p>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>	S 560		
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 656005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2021
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NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 656005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/12/2022
NAME OF FACILITY TALLWOODS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721	

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 _____	12/07/2021	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 11/18/2021		<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		