

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

PRINTED: 07/22/2024
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 C 04/16/2024
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	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ152984, NJ153495, NJ154033, NJ154126, NJ158379, NJ159283, NJ160194, NJ160725, NJ165366, NJ165534</p> <p>Survey Dates: 04/08/24 - 04/16/24</p> <p>Survey Census: 146</p> <p>Sample Size: 32</p> <p>A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health from 04/08/24 through 04/16/24. The facility was found to not be in substantial compliance with 42 CFR 483 subpart B.</p> <p>On 04/11/24 at 5:00 PM, the [US FOIA (b)(6)] was notified and provided with the IJ template of a past noncompliance immediate jeopardy (IJ) situation in the following area: 42 CFR 483.12 F600 J for [NJ Exec Orde] as the facility failed to ensure residents were [NJ Exec Order 26.4b1].</p> <p>The IJ began on [NJ ex order 26.4b1] when the survey team identified [NJ ex order 26.4b1].</p> <p>[NJ ex order 26.4b1]</p> <p>Record review revealed R346 was admitted to the facility in [NJ ex order 26.4b1] with the diagnoses, amongst others, of [NJ ex order 26.4b1].</p> <p>[NJ ex order 26.4b1]</p> <p>Minimum Data Set (MDS) revealed the resident</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

05/07/2024

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

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F 000	<p>Continued From page 1</p> <p>had a Brief Interview for Mental Status (BIMS) score of NJ ex order 26.4b1 out of 15 indicating their NJ ex order 26.4b1</p> <p>Record review revealed R347 was admitted to the facility in NJ ex order 26.4b1 with the diagnoses, amongst others, of NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 R347's NJ ex order 26.4b1 MDS revealed the resident had a BIMS score of NJ ex order 26.4b1 out of 15 indicating NJ ex order 26.4b1</p> <p>Record review revealed R348 was admitted to the facility in NJ ex order 26.4b1 with the diagnosis of NJ ex order 26.4b1 R348's 01/20/22 MDS revealed the resident has a BIMS score of NJ ex order 26.4b1 out of 15 indicating their NJ ex order 26.4b1</p> <p>Record review of the facility's investigation of the NJ ex order 26.4b1 incident revealed R346 and R347's assigned nurse knocked on their room door several times NJ Exec Order 26.4b1. The nurse entered the room and witnessed NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>The facility provided an acceptable removal plan on 04/11/24 at 6:59 PM. The removal plan included review of documentation, training, and interviews. The survey team verified all elements of the facility's past noncompliance IJ removal plan on-site. The past noncompliance IJ removal plan was confirmed to be in compliance on 04/11/24 at 7:15 PM.</p>	F 000			

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F 600 F 600 SS=J	Continued From page 2 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 record review, review of facility documents and policy and interviews, the facility failed to ensure one resident (Resident (R) 346) was protected from NJ Exec Order 26.4b1 (R347). The facility then placed resident (R348) at NJ Exec Order 26.4b1 by placing R347 in R348's room following the NJ Exec Order 26.4b1 . On 04/11/24, a past-noncompliance immediate jeopardy (IJ) situation was determined to exist related to the facility's failure to ensure residents were safe from NJ Exec Order 26.4b1 . The IJ was determined to exist on NJ ex order 26.4b1 . The IJ was removed on NJ ex order 26.4b1 when R347 NJ ex order 26.4b1 . The US FOIA (b)(6) was informed and provided the IJ template on 04/11/24 at 5:00 PM that the past	F 600 F 600	Past noncompliance: no plan of correction required.		

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F 600	<p>Continued From page 3</p> <p>noncompliance IJ situation existed . The facility provided an IJ Removal Plan that was accepted on 04/11/24 at 6:59 PM. The survey team validated implementation of the Removal Plan through interviews and review of training records on 04/11/24 at 7:15 PM. Based on the facility's implementation of corrective actions, the IJ was determined to be Past Non-Compliance (PNC) and the IJ was removed, with substantial compliance achieved on 04/05/22.</p> <p>The deficient practice was determined to be past noncompliance related to the facility identifying the IJ and implementing interventions to prevent reoccurrence of the situation, completed on [redacted]. The facility's actions included the following:</p> <ol style="list-style-type: none"> 1. NJ ex order 26.4b1 [redacted]. 2. The resident was moved to a private room. 3. NJ ex order 26.4b1 [redacted]. 4. Staff were in-serviced on [redacted] NJ Exec Order prevention. 5. NJ ex order 26.4b1 [redacted]. 6. NJ ex order 26.4b1 [redacted]. 7. NJ ex order 26.4b1 [redacted]. 8. NJ ex order 26.4b1 [redacted]. <p>Findings include:</p> <p>Review of the facility's investigation on facility letterhead, dated [redacted] NJ ex order 26.4b1, indicated " ...Summary of Incident: On [redacted] NJ ex order 26.4b1 around 7:00 PM nurse for [R346 and R347] knocked on their</p>	F 600			

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F 600	<p>Continued From page 4</p> <p>room door several times, NJ Exec Order 26.4b1 she entered the room and found [R347] NJ ex order 26.4b1 [R346's] NJ ex order 26.4b1 [R346's] NJ ex order 26.4b1 [R347 had R346's] NJ ex order 26.4b1 [R346] NJ ex order 26.4b1 [R347] was interviewed ...and NJ ex order 26.4b1 [R347] NJ ex order 26.4b1 [R348] NJ ex order 26.4b1 His [sic] NJ ex order 26.4b1 "</p> <p>Review of the facility's undated form titled "Individual Statement Form" stated, "...Where and when did the incident occur? NJ ex order 26.4b1 7PM NJ ex order 26.4b1. Tell us step by step, in your own words, what happened ...I went to give [R347] his HS (at bedtime) sandwich. The door to his room was closed. I knocked a few times NJ Exec Order 26.4b1 I opened the door and found [R347] NJ ex order 26.4b1 [R346] NJ ex order 26.4b1 [R346's] NJ ex order 26.4b1 [R347] NJ ex order 26.4b1 ...Signature: [Licensed Practical Nurse (LPN) 1] ..."</p> <p>Review of R347's EMR under the "Progress Notes" tab from the date of R347's NJ ex order 26.4b1 NJ ex order 26.4b1 through the day NJ ex order 26.4b1 NJ ex order 26.4b1</p>	F 600			

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F 600	<p>Continued From page 5</p> <p>Review of R347's EMR under the "Progress Notes" tab indicated [redacted] around 7:00 PM LPN1 found R347 [redacted] R346. R347 [redacted]</p> <p>[redacted] R347 [redacted]</p> <p>[redacted] R347 [redacted]</p> <p>[redacted] R348 [redacted]</p> <p>Resident 347 [redacted]</p> <p>[redacted] R347 [redacted]</p> <p>Review of facility's policy titled, "Abuse Prevention," initiated 03/13, revealed "Policy: The facility will not tolerate any form of resident abuse ...by another resident. The facility will have an abuse prevention program that protects residents from physical ...abuse ...Sexual Abuse: Any inappropriate physical contact of a resident in an sexual manner ...Key components of systemic approach to prevent abuse ...Train ...The facility during its orientation program and through an ongoing training program provide all employees with information regarding abuse and neglect and related reporting requirements including prevention, intervention and detection ...Protect The facility must protect individuals from abuse ...during investigation of any allegations of abuse and neglect ...Investigate The facility ensures, in a timely and thorough manner, objective investigation of all allegations of abuse ...Report/Respond The facility must assure that any incidents of substantial abuse ...are reported and analyzed and the appropriate corrective ...action occurs ..."</p> <p>Review of R346's "Face Sheet" located under the "Profile" tab of the electronic medical record (EMR) revealed R346 was [redacted]</p>	F 600		

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F 600	<p>Continued From page 6</p> <p>on ^{NJ ex order 26.4b1} with the ^{NJ ex order 26.4b1}</p> <p>^{NJ ex order 26.4b1}</p> <p>Review of R346's EMR under the "Minimum Data Set (MDS)" tab with an Assessment Reference Date (ARD) of ^{NJ ex order 26.4b1}, indicated R346 ^{NJ ex order 26.4b1}</p> <p>^{NJ ex order 26.4b1} The MDS showed a Brief Interview for Mental Status (BIMS) score of ^{NJ ex order 26.4b1} out of 15 indicating R346 was ^{NJ ex order 26.4b1}</p> <p>Review of R347's "Face Sheet" located under the "Profile" tab of the EMR revealed R347 was ^{NJ ex order 26.4b1} with the ^{NJ ex order 26.4b1}</p> <p>^{NJ ex order 26.4b1}</p> <p>Review of R347's EMR under the "MDS" tab with an ARD of ^{NJ ex order 26.4b1}, indicated R347 ^{NJ ex order 26.4b1}</p> <p>^{NJ ex order 26.4b1} The MDS showed a BIMS score of ^{NJ ex order 26.4b1} out of 15 indicating R347 was ^{NJ ex order 26.4b1}</p> <p>Review of R348's "Face Sheet" located under the "Profile" tab EMR revealed R348 was ^{NJ ex order 26.4b1} on ^{NJ ex order 26.4b1}</p> <p>^{NJ ex order 26.4b1}</p> <p>Review of R348's EMR under the "MDS" tab with</p>	F 600		

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F 600	<p>Continued From page 7</p> <p>an ARD of [redacted] indicated R348 [redacted]</p> <p>[redacted]</p> <p>The MDS showed a BIMS score of [redacted] out of 15 indicating R348 [redacted].</p> <p>Review of the facility's undated form titled, "Resident Check for Safety" indicated documentation of R34 [redacted]</p> <p>[redacted] at 3:00 PM.</p> <p>Review of the facility's in-service sheet titled, "Abuse Prevention," dated 01/24/22, indicated 18 Nurses and Certified Nursing Assistants attended the in-service.</p> <p>Review of the R347's EMR under the "Progress Notes" tab, dated [redacted], revealed "On [redacted] around 2:30 PM [R347] [redacted]"</p> <p>Review of the document from the "Superior Court of New Jersey Law Division: Criminal Part Ocean County Complaint #: [redacted]</p> <p>[redacted] dated [redacted] revealed " [redacted]</p>	F 600			

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F 600	<p>Continued From page 8</p> <p>person or the community ...The Court fashions a NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>at 9:00 AM ..."</p> <p>Review of the facility's undated contract titled, "[R347] Contract" revealed "In an effort to ensure the safety of the residents of [Facility Name] Care Center, and to protect [R347's] NJ ex order 26.4b1</p> <p>[R347's NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>NJ ex ord</p> <p>... NJ ex order 26.4b1</p> <p>Review of R347's care plan, initiated on NJ ex order 26.4b1, indicated the "Need" on NJ ex order 26.4b1 of NJ ex order 26.4b1</p>	F 600		

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F 600	<p>Continued From page 9</p> <p>NJ ex order 26.4b1</p> <p>...</p> <p>Review of R347's EMR under the "Progress Notes" tab, dated NJ ex order 26.4b1, indicated the facility US FOIA (b)(6) notified R347's US FOIA (b)(6) that R347 NJ ex order 26.4b1</p> <p>US FOIA (b)(6). The facility's US FOIA (b)(6) and the US FOIA (b)(6) discussed with R347 the rules/guidelines he would have to adhere to remain in the facility. The US FOIA (b)(6) stated he would relay this information to the US FOIA (b)(6)</p> <p>Review of the R347's EMR under the "Progress Notes" tab, dated NJ ex order 26.4b1 indicated NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>During an interview on 04/09/24 at 2:20 PM the US FOIA (b)(6) stated NJ ex order 26.4b1</p> <p>During an interview on 04/10/24 at 9:31 AM Detective (D) 1, stated he did remember the case. NJ ex order 26.4b1</p>	F 600		

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F 600	<p>Continued From page 10</p> <p>NJ ex order 26.4b1</p> <p>During an interview on 04/10/24 at 10:03 AM, the US FOIA (b)(6) NJ ex order 26.4b1 explained that prior to coming to [Facility Name], R347 NJ ex order 26.4b1 confirmed, at the time of the incident, R346 NJ ex order 26.4b1 stated NJ ex order 26.4b1</p> <p>During an interview on 04/10/24 at 10:33 AM, LPN1 confirmed she entered the room of R346 and NJ ex order 26.4b1 LPN1 stated following the incident NJ ex order 26.4b1 LPN1 NJ ex order 26.4b1 the incident was a total surprise to her. LPN1 stated she did provide care for R347 prior to and after the incident.</p> <p>During an interview on 01/10/24 at 1:45 PM, Certified Nursing Assistant (CNA) 1 stated she worked for the facility for NJ Exec Order 26.4b1. CNA1 stated she did not work on the unit where R347 was residing, but remembered the incident and received an in-service regarding NJ Exec Order 26.4b1 following the incident.</p> <p>During an interview on 01/10/24 at 1:51 PM, CNA2 stated she worked for the facility for NJ ex order 26.4b1 CNA2 remembered the incident and did provide care for R347 around the time of the</p>	F 600			

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F 600	Continued From page 11 incident. CNA2 denied having an indication that NJ ex order 26.4b1 CNA2 stated NJ ex order 26.4b1	F 600			
F 640 SS=D	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.	F 640		5/7/24	

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F 640	<p>Continued From page 12</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, interview, and review of the Resident Assessment Instrument (RAI manual), the facility failed to ensure that two residents (Resident (R) 2 and R65) out of 32 sampled residents' Minimum Data Set (MDS) assessments were completed and transmitted in a timely manner.</p> <p>Findings include:</p> <p>Review of "Center for Medicare and Medicaid Services (CMS) Long-term Care Facility Assessment Instrument 3.0 User's Manual,"</p>	F 640	<p>F640</p> <ol style="list-style-type: none"> 1. None of the residents whose MDS were submitted late were negatively affected. 2. All residents MDS were reviewed to assure that all were submitted within appropriate timeframe. 3. Director of MDS re-in-serviced members of the IDT about timely completion of all residents MDS assessments within the appropriate 		

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F 640	<p>Continued From page 13</p> <p>version 1.181, dated 10/23 revealed, "Chapter 2: Assessments for the Resident Assessment Instrument, 2.6: Required OBRA Assessments for the MDS ...RAI OBRA-required assessment summary for quarterly assessment ...MDS completion date (Z0500B) no later than assessment reference date (ARD) + 14 calendar days ...Transmission date MDS completion date + 14 calendar days."</p> <p>1. Review of R2's "Face Sheet" under the "Profile" tab in the electronic medical record (EMR) indicated that R NJ ex order 26.4b1</p> <p>Review of R2's quarterly "MDS" assessment under the "MDS" tab in the EMR with an ARD of NJ ex order 26.4b1 revealed NJ ex order 26.4b1</p> <p>Review of the "MDS Summary" under the "MDS" tab in the EMR, dated NJ ex order 26.4b1, revealed NJ ex order 26.4b1</p> <p>Review of the "Assessment History" under the "MDS" tab in the EMR, dated NJ ex order 26.4b1, revealed NJ ex order 26.4b1</p> <p>2. Review of R65's "Face Sheet" under the "Profile" tab in the EMR indicated that R65 was NJ ex order 26.4b1</p> <p>Review of R65's quarterly "MDS" assessment under the "MDS" tab in the EMR with an ARD of</p>	F 640	<p>timeframe. The Director of MDS will do monthly audit for 4 months to ensure compliance. Director of MDS will report findings to DON/ADON</p> <p>4. DON/ADON will report findings to QA.</p>		

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F 640	Continued From page 14 NJ ex order 26.4b1 Review of the "MDS Summary" under the "MDS" tab in the EMR, dated NJ ex order 26.4b1 , revealed NJ ex order 26.4b1 Review of the "Assessment History" under the "MDS" tab in the EMR, dated NJ ex order 26.4b1 , revealed NJ ex order 26.4b1 During an interview on 04/11/24 at 1:40 PM, the US FOIA (b)(6) confirmed that neither assessments were completed and submitted within the appropriate timeframe.	F 640			
F 656 SS=E	NJAC 8:39-11.2 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required	F 656		5/7/24	

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F 656	<p>Continued From page 15</p> <p>under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, interviews, and facility policy review, the facility failed to ensure that five of 12 residents (Resident (R) 17, R19, R61, R128 and R297) reviewed for [redacted] had a comprehensive care plan developed that addressed the use of [redacted] of 32 sampled residents.</p> <p>Findings include:</p>	F 656	<p>1. All residents effected care plans were reviewed and updated. None was negatively affected by not having NJ Ex Order 26.4b1 care plan. Effective 4/12/2024</p> <p>2. All residents who could potentially be affected by not having individualized side rails care plans were reviewed and</p>		

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F 656	<p>Continued From page 16</p> <p>Review of facility's undated policy titled, "Comprehensive Person-Centered Care Plans," revealed "[name of the facility] will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. A plan of care is something that describes in an easily accessible way the services and support being provided and should be put together and agreed with the person through the process of care planning and review."</p> <p>1. Review of R17's "Face Sheet" under the "Profile" tab in the electronic medical record (EMR) indicated that R17 NJ ex order 26.4b1 [REDACTED].</p> <p>During an observation and interview on 04/08/24 at 10:30 AM, R17 was sitting up in her bed with NJ ex order 26.4b1 in the up position. During this observation, R17 NJ ex order 26.4b1 [REDACTED]. At 12:15 PM, R17 was sitting up in bed eating lunch with NJ ex order 26.4b1 [REDACTED].</p> <p>During further observation on 04/10/24 at 6:30 PM, R17 was in bed with upper NJ ex order 26.4b1 [REDACTED].</p> <p>Review of R17's annual "Minimum Data Set (MDS)" with "Assessment Reference Date (ARD)" of NJ ex order 26.4b1 [REDACTED] indicated a "Brief Interview for</p>	F 656	<p>updated. Effective 4/12/2024</p> <p>3. Director of Nursing/ ADON re-in-serviced members of the IDT about resident's individualized side rails care plan. Unit managers will review individualized care plans of residents monthly using OBRA schedule and report their findings to DON/ADON monthly for 4 months. Effective 4/12/2024</p> <p>4. DON/ADON will present findings at the QA meetings for the next 4 quarters.</p>		

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F 656	<p>Continued From page 17</p> <p>Mental Status (BIMS)" was ^{NJ ex} out of 15, which indicated R17 ^{NJ ex order 26.4b1}.</p> <p>Review of R17's Care Plan's under the EMR "Care Plan" tab, dated ^{NJ ex order 26.4b1}, revealed ^{NJ ex orde} [REDACTED]</p> <p>2. Review of R19's "Face Sheet" under the "Profile" tab in the EMR indicated that R19 was ^{NJ ex order 26.4b1}, with a ^{NJ ex order 26.4b1} [REDACTED]</p> <p>During initial tour observation on 04/08/24 at 10:00 AM, R19 was in bed asleep with her ^{NJ ex order 26.4b1} [REDACTED]</p> <p>Review of R19's undated "Care Plan" under the EMR "Care Plan" tab, revealed ^{NJ ex order 26.4b1} [REDACTED].</p> <p>3. Review of R61's "Face Sheet" under the "Profile" tab in the EMR indicated that R61 was ^{NJ ex order 26.4b1} with a ^{NJ ex order 26.4b1} [REDACTED]</p> <p>During an observation on 04/08/24 at 10:05 AM, R61 was sitting up in her bed with ^{NJ ex order 26.4b1} [REDACTED]. Further observation on 04/11/24 at 9:00 AM, R61 was sitting up in her bed with ^{NJ ex order 26.4b1}.</p> <p>Review of R61's "Care Plan" under the EMR "Care Plan" tab, dated ^{NJ ex order 26.4b1}, indicated ^{NJ ex orde} [REDACTED]</p>	F 656			

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F 656	<p>Continued From page 18</p> <p>4. Review of R128's "Face Sheet" under the "Profile" tab in the EMR indicated that R128 NJ ex order 26.4b1 with a diagnosis of NJ ex order 26.4b1.</p> <p>During the initial observational tour of the facility on 04/08/24 at 10:00 AM, R128 was laying in her bed with NJ ex order 26.4b1. At 12:00 PM, R128 was sitting up in her bed with NJ ex order 26.4b1.</p> <p>Review of R128's "Care Plan" under the "Care Plan" tab in the EMR, dated NJ ex order 26.4b1, indicated NJ ex order 26.4b1.</p> <p>5. Review of R297's "Face Sheet" under the "Profile" tab in the EMR indicated that R297 was NJ ex order 26.4b1.</p> <p>During observation on 04/08/24 at 10:20 AM, R297 was in bed, with NJ ex order 26.4b1. At 12:20 PM, R297 was sitting up in her bed, eating lunch with NJ ex order 26.4b1.</p> <p>During further observation on 04/10/24 at 10:00 AM and 6:37 PM, R297 was in her bed with NJ ex order 26.4b1.</p> <p>Review of R297's "Care Plan" under the "Care Plan" tab in the EMR, dated NJ ex order 26.4b1, indicated NJ ex order 26.4b1.</p>	F 656			

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F 656	Continued From page 19 During an interview on 04/10/24 at 3:45 PM, the US FOIA (b)(6) confirmed that R17, R19, R61, R128, and R297 NJ ex order 26.4b1	F 656			
F 700 SS=E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interviews, and facility policy review, the facility failed to attempt to use appropriate alternatives prior to installing NJ Exce Order 26.4b1 ; failed to assess the residents	F 700	F700 1. Residents R17, R19, R61, R128, R297, R6, R23, R54 R57, R196 AND R197 NJ ex order 26.4b1	5/31/24	

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F 700	<p>Continued From page 20</p> <p>for the NJ Exec Order 26.4b1 from the NJ Exec Order 26.4; failed to review the risks and benefits of the NJ Exec with the resident or resident representative; and failed to obtain informed consent prior to installation or use of the NJ ex order 26.4b1 of 11 of 11 residents (Resident (R) 17, R19, R61, R128, R297, R6, R23, R54, R57, R196, and R197) reviewed for accident hazards of 32 sampled residents.</p> <p>Findings include:</p> <p>Review of facility's undated policy titled, "Side Rail Assessment," revealed "Purpose: 1. Every resident will be assessed for the need for side rails upon admission or re-admission. 2. When side rail usage is determined to be necessary and side rails meet the definition of a restraint whether to restrict movement for safety, a physician's order should be obtained, and the side rail should be addresses as an approach to a problem/need on the resident's plan of care. 3. The need for side rails will initially be determined upon admission by the admitting nurse, conferring with the resident and family members. Physical and mental status, resident wishes and history will all assist in determining initial side rail usage. 4. A screening form will be used to assist in determining the need of rationale for side rail usage. A new screen may be indicated by functional ability changes as noted by the Minimum Data Set (MDS). 5. The resident or family representative will be asked to sign a consent form upon admission. If after the screening process, bed rail usage changes or at any time thereafter, the family representative will be notified."</p> <p>Review of facility provided documentation titled,</p>	F 700	<p>NJ ex order 26.4b1</p> <p>2. All residents were assessed for appropriate alternative to side rails usage, consents were obtained from residents/representative when side rails used as a restraint. Residents/representatives were educated about risks and benefits of side rails usage and all residents <input type="checkbox"/> plan of cares were updated where necessary for indication of use.</p> <p>3. Director of Nursing/ ADON re-in-serviced members of the IDT about residents need for alternative interventions to beside side rails usage. To obtains consents, to educate residents/ representatives about risks vs benefits of side rails usage and to care plan appropriately. Unit managers will do a monthly audit of all residents to ensure appropriate alternative interventions are used instead of side rails for compliance and report their findings to DON/ADON monthly for 4 months. DON/designee formed a QAPI to formulate a plan to monitor alternate usage of side rails, consents and family education of risk vs benefits. QAPI team will meet monthly times 4 months and then quarterly.</p> <p>4. DON/ADON will report findings to QA.</p>		

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

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FORM APPROVED
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F 700	<p>Continued From page 21</p> <p>"Side Rail Screen," revised 08/15, revealed "Patient Name: __Unit: __Room number: __1. Is the patient ambulatory? 2. Is the patient comatose or semi-comatose? 3. Does the patient have alteration in safety awareness? 4. Does the patient have a history of frequent falls? 5. Does the patient have difficulty moving in bed? 6. Does the patient have difficulty sitting on or moving to the side of the bed? 7. Does the patient have difficulty with balance or poor trunk control? 8. Does the patient take any medication that would require an increase in safety precautions? 9. Is the patient currently using side rails for independent positioning or to assist with positioning? 10. Has the patient asked to have the side rails raised while in bed? Alternate to Side Rails: 1. Frequent toileting 2. Reminders to use call bell 3. Restorative care to enhance independence 4. Other: Yes/No (circle) Side rails are indicated to: 1. Provide safety 2. Promote independence of positioning of transfers 3. Fulfill resident's request Yes/No (circle) Side Rails are not indicated at the present time. Yes/No (circle) Evaluation will continue to determine the appropriateness. Comments: __ Side Rails Utilization: __One __Both __1/2 Rail __3/4 Rails Signature: __ Date: __"</p> <p>1. Review of R17's "Face Sheet" under the "Profile" tab in the electronic medical record (EMR) indicated that R17 NJ ex order 26.4b1</p> <p>Review of R17's annual "Minimum Data Set (MDS)" with "Assessment Reference Date (ARD)" of NJ ex order 26.4b1 indicated a "Brief Interview for</p>	F 700			

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F 700	<p>Continued From page 22</p> <p>Mental Status (BIMS)" was ^{NJ ex} out of 15, which indicated R17 ^{NJ ex order 26.4b1}.</p> <p>During an observation and interview on 04/08/24 at 10:30 AM, R17 was sitting up in her bed with ^{NJ ex order 26.4b1}. During this observation, R17 stated that ^{NJ ex order 26.4b1}. At 12:15 PM, R17 was sitting up in bed eating lunch with ^{NJ ex order 26.4b1}.</p> <p>During further observation on 04/10/24 at 6:30 PM, R17 was in bed with ^{NJ ex order 26.4b1}.</p> <p>Review of "Order Summary Report" under the "Orders" tab in the EMR, dated ^{NJ ex order 26.4b1}, indicated ^{NJ ex order 26.4b1}.</p> <p>Review of "Assessments" under the "Evaluation" tab in the EMR indicated no evidence of a side rail assessment.</p> <p>Review of "Consent" under the "Miscellaneous" tab in the EMR indicated no evidence of a side rail consent and/or alternatives prior to side rail use.</p> <p>2. Review of R19's "Face Sheet" under the "Profile" tab in the EMR indicated that R19 was ^{NJ ex order 26.4b1} with ^{NJ ex order 26.4b1}.</p> <p>During initial tour observation on 04/08/24 at 10:00 AM, R19 was in bed asleep with her ^{NJ ex order 26.4b1}.</p>	F 700			

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F 700	<p>Continued From page 23</p> <p>Review of "Order Summary Report" under the "Orders" tab in the EMR, dated ^{NJ ex order 26.4b1} [REDACTED] indicated NJ ex order 26.4b1 [REDACTED].</p> <p>Review of "Assessments" under the "Evaluations" tab in the EMR indicated no evidence that R19 NJ ex order 26.4b1 [REDACTED].</p> <p>Review of "Consent" under the "Miscellaneous" tab in the EMR indicated no evidence of a side rail consent and/or alternatives prior to side rails being used.</p> <p>3. Review of R61's "Face Sheet" under the "Profile" tab in the EMR indicated that R61 was NJ ex order 26.4b1 [REDACTED] with diagnoses NJ ex order 26.4b1 [REDACTED].</p> <p>During an observation on 04/08/24 at 10:05 AM, R61 was sitting up in her bed NJ ex order 26.4b1 [REDACTED]. During further observation on 04/11/24 at 09:00 AM, R61 was sitting up in her bed NJ ex order 26.4b1 [REDACTED].</p> <p>Review of "Order Summary Report" under the "Orders" tab in the EMR, dated ^{NJ ex order 26.4b1} [REDACTED], indicated NJ ex order 26.4b1 [REDACTED]."</p> <p>Review of "Assessments" under the "Evaluations" tab in the EMR NJ ex order 26.4b1 [REDACTED].</p> <p>Review of "Consent" under the "Miscellaneous" tab in the EMR indicate NJ ex order 26.4b1 [REDACTED].</p>	F 700		

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 C 04/16/2024
NAME OF PROVIDER OR SUPPLIER TALLWOODS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		
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F 700	<p>Continued From page 24</p> <p>4. Review of R128's "Face Sheet" under the "Profile" tab in the EMR indicated that R128 was NJ ex order 26.4b1 with NJ ex order 26.4b1</p> <p>During the initial observational tour of the facility on 04/08/24 at 10:00 AM, R128 was lying in her bed with NJ ex order 26.4b1. At 12:00 PM, R128 was sitting up in her bed with NJ ex order 26.4b1.</p> <p>Review of "Order Summary Report" under the "Orders" tab in the EMR, dated NJ ex order 26.4b1 indicated NJ ex order 26.4b1</p> <p>Review of "Assessments" under the "Evaluations" tab in the EMR indicated no evidence of a side rail assessment.</p> <p>Review of "Consent" under the "Miscellaneous" tab in the EMR indicated no evidence of a side rail consent and/or no evidence of alternatives completed prior to side rails applied.</p> <p>5. Review of R297's "Face Sheet" under the "Profile" tab in the EMR, indicated that R297 was NJ ex order 26.4b1</p> <p>During observation on 04/08/24 at 10:20 AM, R297 NJ ex order 26.4b1. At 12:20 PM, R297 was sitting up in her bed, eating lunch NJ ex order 26.4b1</p>	F 700		

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

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F 700	<p>Continued From page 25</p> <p>During further observation on 04/10/24 at 10:00 AM and 6:37 PM, R297 was in her bed [redacted]</p> <p>Review of "Order Summary Report" under the "Orders" tab in the EMR, dated [redacted] indicated NJ ex order 26.4b1</p> <p>Review of "Admit/Readmit Screener" under the "Evaluations" tab in the EMR, dated [redacted] indicated NJ ex order 26.4b1 however, [redacted]</p> <p>Further review revealed [redacted]</p> <p>Review of "Consent" under the [redacted]</p> <p>During an interview on 04/10/24 at 3:45 PM, the US FOIA (b)(6) [redacted] indicated that all beds had [redacted], and these [redacted] were built into the bed. She stated that [redacted] were used for [redacted] and/or [redacted]. She indicated that [redacted] should have been assessed quarterly during the care conference; however, they were only being assessed upon admission and/or re-admission. The [redacted] confirmed that R17, R19, R61, R128, and R297 NJ ex order 26.4b1</p> <p>6. Review of R6's quarterly MDS with an ARD of [redacted] revealed she had a BIMS score of [redacted] out of 15 indicating she NJ ex order 26.4b1</p>	F 700			

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F 700	<p>Continued From page 26</p> <p>Review of R6's physician orders located in the "Orders" tab of the electronic medical record (EMR) NJ ex order 26.4b1</p> <p>Review of the "Admit/Readmit screener," dated NJ ex order 26.4b1, under the "Evaluation" tab of the EMR revealed NJ ex order 26.4b1</p> <p>R6's EMR was reviewed in its entirety and was absent documentation to show what alternatives were attempted prior to the use of the NJ ex order 26.4b1 documentation to show the risks and benefits of NJ Exec Order 26.4b1 was reviewed with the resident or resident representative, or that informed consent was obtained prior to installation of the NJ Exec Order 26.4b1</p> <p>During an observation on 04/09/24 at 8:57 AM and on 04/11/24 at 7:37 AM, R6 was observed in NJ ex order 26.4b1.</p> <p>7. Review of R23's quarterly MDS with an ARD of NJ ex order 26.4b1 revealed she had a BIMS score of NJ ex order 26.4b1 out of 15 indicating NJ ex order 26.4b1.</p> <p>Review of R23's physician's orders in the "Orders" tab of the EMR revealed NJ ex order 26.4b1</p> <p>Review of the NJ ex order 26.4b1, dated NJ ex order 26.4b1, under the "Evaluation" tab of the EMR revealed NJ ex order 26.4b1</p>	F 700			

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F 700	<p>Continued From page 27</p> <p>NJ ex order 26.4b</p> <p>R23's EMR was reviewed in its entirety and was absent documentation to show what alternatives were attempted prior to the use of the NJ Exec Order 26.4b, documentation to show the risks and benefits of NJ Exec Order 26.4b was reviewed with the resident or resident representative, or that informed consent was obtained prior to installation of the NJ Exec Order 26.4b.</p> <p>During an observation on 04/09/24 at 8:58 AM, 9:54 AM, and 5:05 PM and on 04/11/24 at 7:37 AM, R23 was observed in bed NJ ex order 26.4b1</p> <p>8. Review of R54's admission MDS with an ARD of NJ ex order 26.4b1 revealed she had a BIMS score of out of 15 indicating NJ ex order 26.4b1</p> <p>Review of R54's physician's orders in the "Orders" tab of the EMR revealed she had a NJ ex order 26.4b1</p> <p>Review of the "NJ ex order 26.4b1", dated NJ ex order 26.4b under the "Evaluation" tab of the EMR revealed NJ ex order 26.4b1</p> <p>R54's EMR was reviewed in its entirety and was absent documentation to show what alternatives were attempted prior to the use of the NJ Exec Order 26.4b, documentation to show the risks and benefits of NJ Exec Order 26.4b was reviewed with the resident or resident representative, or that informed consent</p>	F 700			

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F 700	<p>Continued From page 28</p> <p>was obtained prior to installation of the [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>During observations on 04/08/24 at 10:45 AM, 1:33 PM; on 04/09/24 at 6:53 PM; on 04/10/24 at 10:26 AM; and on 04/11/24 at 6:15 AM and 7:39 AM, R54 NJ ex order 26.4b1 [redacted]</p> <p>9. Review of R57's quarterly MDS with an ARD of [redacted] NJ ex order 26.4b1 revealed she had a BIMS score of [redacted] NJ ex out of 15 indicating NJ ex order 26.4b1 [redacted]</p> <p>Review of R57's physician's orders in the "Orders" tab of the EMR revealed [redacted] NJ ex order 26.4b1 [redacted]</p> <p>Review of the "NJ ex order 26.4b1," dated [redacted] NJ ex order 26.4b1, under the "Evaluation" tab of the EMR was blank for the use of the [redacted] NJ Exec Order 26.4b1 [redacted].</p> <p>R57's EMR was reviewed in its entirety and was absent documentation to show [redacted] NJ ex order 26.4b1 [redacted], documentation to show the risks and benefits of [redacted] NJ Exec Order 26.4b1 was reviewed with the resident or resident representative, or that informed consent [redacted] NJ ex order 26.4b1 [redacted]</p> <p>During observation on 04/09/24 at 8:58 AM and on 04/11/24 at 7:38 AM, R57 was observed in bed with [redacted] NJ ex order 26.4b1 [redacted]</p> <p>10. Review of R196's admission MDS with an</p>	F 700			

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F 700	<p>Continued From page 29</p> <p>ARD of ^{NJ ex order 26.4b1} stated she had a BIMS score of ^{NJ ex order 26.4b1} out of 15 indicating ^{NJ ex order 26.4b1}.</p> <p>Review of R196's physician's orders in the "Orders" tab of the EMR revealed ^{NJ ex order 26.4b1} NJ ex order 26.4b1</p> <p>Review of the "Admit/Readmit screener," dated ^{NJ ex order 26.4b1} under the evaluation tab of the EMR reveal ^{NJ ex order 26.4b1} NJ ex order 26.4b1</p> <p>R196's EMR was reviewed in its entirety and was absent documentation to show what alternatives were attempted prior to the use of the ^{NJ ex order 26.4b1} documentation to show the risks and benefits of ^{NJ Exec Order 26.4b1} was reviewed with the resident or resident representative, or that informed consent was obtained prior to installation of the ^{NJ ex order 26.4b1}</p> <p>During observation on 04/09/24 at 6:52 PM, R196 was observed in bed with ^{NJ ex order 26.4b1} in ^{NJ ex order 26.4b1} on the top portion of the bed.</p> <p>11. Review of R197's admission MDS with an ARD of ^{NJ ex order 26.4b1} revealed she had a BIMS score of ^{NJ ex order 26.4b1} out of 15 indicating ^{NJ ex order 26.4b1}</p> <p>Review of R197's physician's orders in the "Orders" tab of the EMR, revealed she had a physician's order for ^{NJ ex order 26.4b1}</p>	F 700			

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F 700	<p>Continued From page 30</p> <p>Review of the "Admit/Readmit screener," dated [redacted] and located under the "Evaluation" tab of the EMR revealed [redacted].</p> <p>R197's EMR was reviewed in its entirety and was silent for documentation to show what alternatives were attempted prior to the use of the [redacted] and for documentation to show the risks and benefits of [redacted] was reviewed with the resident or resident representative, or that informed consent was obtained prior to [redacted].</p> <p>During observations on 04/08/24 at 10:51 AM and on 04/09/24 at 5:01 PM, R197 was observed in bed with [redacted] on the top of the bed. On 04/08/24 at 10:51 AM the resident stated she only used the [redacted] to attach her phone cords and call cord to so she could reach them.</p> <p>During an interview on 04/10/24 at 4:00 PM, the [redacted] was interviewed, and the above records were reviewed with her. She was unable to find any information related to alternatives attempted prior to putting the [redacted] in place; or documentation to show the residents and/or the residents' representatives were informed of the risk and benefits prior to using the [redacted]. She stated they did not have consent for the use of the [redacted] for the above residents.</p> <p>NJAC 8:39-27.1(a)</p>	F 700			
F 812 SS=F	<p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p>	F 812		5/7/24	

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F 812	<p>Continued From page 31</p> <p>§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.</p> <p>§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: Based on observation, interview, record review, and facility policy review, the facility failed to ensure the dish washer sanitizer level was maintained at a level required to sanitize the dishes. This had the potential to affect 146 of 146 residents in the facility.</p> <p>Findings include:</p> <p>Review of the undated facility's policy titled, "Dish Machine Policy and Procedure" revealed it was the facility policy to test the chlorine level using test strips. According to the policy the chlorine level should be 50 to 100 PPM and should be tested at the start of running the dish machine.</p> <p>During an observation and interview on 04/08/24 at 9:52 AM, the US FOIA (b)(6) stated the dish washer was being used as a low temperature dish machine because the booster</p>	F 812	<ol style="list-style-type: none"> None of the residents were negatively affected. The malfunctioned dish washer sanitizer tube was replaced and chemical levels test was done. Effective 4/9/24 FSD immediately re-in-serviced all dietary staff about the proper testing of chemicals for the dish washer. A new log form was created to be used by the staff. FSD/Cooks will do a weekly audit of log sheet and checking the function of the dish washer for 4 weeks then monthly times 4. FSD will present findings at the QA meetings for the next 4 quarters. 		

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F 812	<p>Continued From page 32</p> <p>went out on 03/28/24. He stated the employee was using it to wash breakfast dishes. He tested the chlorine sanitizer level of the dish washer rinse water, and it tested zero (0) parts per million (ppm). He stated it was supposed to be testing at 50 to 100 ppm. The dish washer was ran and tested two additional times and each time the sanitizer level of the rinse water was zero ppm. The hose running from the bottle of sanitizer was examined while the dish washer was running, and the sanitizer was not running through the hose.</p> <p>During an observation and interview on 04/08/24 at 10:10 AM, Dietary Aide (DA) 1 was asked what he did prior to washing the breakfast dishes and he stated he checked the temperatures on the two thermometers located on the top of the machine and wrote the temperatures on the log that was hanging on the wall across from the dish washer. The log was examined and did not contain an area to document the chemical level of the chlorine. The [REDACTED] was present and verified the chlorine level was not being documented. DA1 was asked if he checked the chemical level, and he did not appear to understand so the container of test strips was handed to him, and he opened the container took out half the strips and threw them into the dishwasher tank. The strips did not change color again indicating there was no chlorine in the rinse water. The [REDACTED] was present during the observation and verified the employee did not understand how to check the chlorine level of the sanitizer.</p> <p>Review of the manufacturer's information posted on the back of the gallon bottle of "Santec Three" sanitizer used to sanitize the dishes for the dish washer stated to prepare sanitizing solution to an initial concentration of 100 ppm available</p>	F 812			

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F 812	<p>Continued From page 33</p> <p>chlorine. The instructions stated the chlorine level must be tested and adjusted periodically to ensure the available chlorine did not drop below 50 ppm.</p> <p>During an observation and interview on 04/09/24 at 9:15 AM the level of the chlorine sanitizer was checked in the rinse water of the dish washer, and it was 50 ppm. The [REDACTED] provided documentation titled "Cleanslate" "Kitchen Service Report," dated 04/08/23 and timed 2:30 PM. According to the report the professional technician came to the facility to complete a preventative maintenance call. The report revealed he recalibrated the sanitizer on the dish machine and made sure chemicals were at the right levels. The [REDACTED] stated that the service technician from "Cleanslate" told him the tubing was clogged and he replaced the tubing and rearranged/recalibrated the sanitizer and now it was running at 50 to 100 PPM. He stated that he retrained staff, and he produced a new log for them to record the chemical level of the sanitizer.</p> <p>NJAC 8:39-17.2(g) NJAC 8:39-19.7(d)</p>	F 812			

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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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on 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. 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 nursing homes. The following ratio(s) were	S 560	1. No residents were identified to be negatively affected not meeting the staffing levels mandated by State of New Jersey. 2. All resident has the potential to be affected 3. The facility has implemented a significant above market rate of pay for C.N.A. TWCC offers referral, sign on bonuses and expediate oriented process for new hires. Facility has contracted with multiple staffing agencies. Director of Nursing or designee will review any CNA call outs daily and proactively make every effort to replace.	5/7/24

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

Electronically Signed

TITLE

(X6) DATE

05/07/24

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 C 04/16/2024
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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
S 560	<p>Continued From page 1</p> <p>effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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</p> <p>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>1. For the 2 weeks of Complaint staffing from 01/16/2022 to 01/29/2022, the facility was deficient in CNA staffing for residents on 11 of 14 day shifts as follows:</p> <p>-01/16/22 had 15 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-01/17/22 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-01/18/22 had 17 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-01/19/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-01/20/22 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/21/22 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/22/22 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/23/22 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-01/27/22 had 17 CNAs for 148 residents on the</p>	S 560	<p>4. The Director of nursing/designee will monitor CNA staffing ratios daily and report weekly to x 4 weeks then monthly. The audit will be presented to the Administrator. Administrator will share findings with QA for next 4 quarters.</p>	

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 C 04/16/2024
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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 2</p> <p>day shift, required at least 19 CNAs. -01/28/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -01/29/22 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>2. For the 5 weeks of Complaint staffing from 03/20/2022 to 04/23/2022, the facility was deficient in CNA staffing for residents on 19 of 35 day shifts as follows:</p> <p>-03/20/22 had 15 CNAs for 164 residents on the day shift, required at least 20 CNAs. -03/21/22 had 16 CNAs for 164 residents on the day shift, required at least 20 CNAs. -03/22/22 had 19 CNAs for 164 residents on the day shift, required at least 20 CNAs. -03/23/22 had 19 CNAs for 163 residents on the day shift, required at least 20 CNAs. -03/27/22 had 15 CNAs for 158 residents on the day shift, required at least 20 CNAs. -03/28/22 had 15 CNAs for 157 residents on the day shift, required at least 20 CNAs. -03/29/22 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. -04/02/22 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs. -04/03/22 had 15 CNAs for 159 residents on the day shift, required at least 20 CNAs. -04/04/22 had 17 CNAs for 156 residents on the day shift, required at least 19 CNAs. -04/09/22 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs. -04/10/22 had 15 CNAs for 158 residents on the day shift, required at least 20 CNAs. -04/11/22 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs. -04/12/22 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs. -04/16/22 had 18 CNAs for 155 residents on the</p>	S 560		

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 C 04/16/2024
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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
S 560	<p>Continued From page 3</p> <p>day shift, required at least 19 CNAs. -04/17/22 had 18 CNAs for 155 residents on the day shift, required at least 19 CNAs. -04/18/22 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs. -04/19/22 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs. -04/23/22 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from 09/11/2022 to 09/23/2022, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-09/11/22 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs. -09/12/22 had 19 CNAs for 160 residents on the day shift, required at least 20 CNAs. -09/13/22 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs. -09/14/22 had 19 CNAs for 159 residents on the day shift, required at least 20 CNAs. -09/15/22 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/16/22 had 16 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/17/22 had 16 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/18/22 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/19/22 had 18 CNAs for 158 residents on the day shift, required at least 20 CNAs. -09/20/22 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/21/22 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/22/22 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs. -09/23/22 had 17 CNAs for 157 residents on the</p>	S 560		

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 C 04/16/2024
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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
S 560	<p>Continued From page 4</p> <p>day shift, required at least 20 CNAs. -09/24/22 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>4. For the 4 weeks of Complaint staffing from 10/30/2022 to 11/26/2022, the facility was deficient in CNA staffing for residents on 27 of 28 day shifts as follows:</p> <p>-10/30/22 had 15 CNAs for 157 residents on the day shift, required at least 20 CNAs. -10/31/22 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/01/22 had 17 CNAs for 153 residents on the day shift, required at least 19 CNAs. -11/02/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/03/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/04/22 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/05/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/06/22 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/07/22 had 16 CNAs for 151 residents on the day shift, required at least 19 CNAs. -11/08/22 had 16 CNAs for 150 residents on the day shift, required at least 19 CNAs. -11/09/22 had 18 CNAs for 150 residents on the day shift, required at least 19 CNAs. -11/10/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/12/22 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/13/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/14/22 had 15 CNAs for 152 residents on the day shift, required at least 19 CNAs. -11/15/22 had 18 CNAs for 151 residents on the</p>	S 560		

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 C 04/16/2024
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S 560	<p>Continued From page 5</p> <p>day shift, required at least 19 CNAs. -11/16/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/17/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/18/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/19/22 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/20/22 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/21/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/22/22 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/23/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/24/22 had 18 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/25/22 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs. -11/26/22 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>5. For the 3 weeks of Complaint staffing from 12/11/2022 to 12/31/2022, the facility was deficient in CNA staffing for residents on 18 of 21 day shifts as follows:</p> <p>-12/11/22 had 15 CNAs for 153 residents on the day shift, required at least 19 CNAs. -12/12/22 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -12/13/22 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -12/15/22 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs. -12/16/22 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs. -12/17/22 had 17 CNAs for 152 residents on the</p>	S 560		

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 C 04/16/2024
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S 560	<p>Continued From page 6</p> <p>day shift, required at least 19 CNAs.</p> <p>-12/18/22 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-12/19/22 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-12/21/22 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>-12/22/22 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs.</p> <p>-12/23/22 had 17 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-12/24/22 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-12/25/22 had 15 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-12/26/22 had 17 CNAs for 148 residents on the day shift, required at least 18 CNAs.</p> <p>-12/28/22 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs.</p> <p>-12/29/22 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-12/30/22 had 17 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-21/31/22 had 17 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>6. For the 4 weeks of Complaint staffing from 06/18/2023 to 07/15/2023, the facility was deficient in CNA staffing for residents on 25 of 28 day shifts as follows:</p> <p>-06/18/23 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-06/20/23 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>-06/21/23 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>-06/22/23 had 18 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-06/23/23 had 18 CNAs for 157 residents on the</p>	S 560		

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 C 04/16/2024
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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 7</p> <p>day shift, required at least 20 CNAs.</p> <p>-06/24/23 had 15 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-06/25/23 had 18 CNAs for 154 residents on the day shift, required at least 19 CNAs.</p> <p>-06/26/23 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs.</p> <p>-06/27/23 had 16 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-06/28/23 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-06/29/23 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-06/30/23 had 18 CNAs for 152 residents on the day shift, required at least 19 CNAs.</p> <p>-07/01/23 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-07/02/23 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-07/05/23 had 17 CNAs for 145 residents on the day shift, required at least 18 CNAs.</p> <p>-07/06/23 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/07/23 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/08/23 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/09/23 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/10/23 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/11/23 had 15 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-07/12/23 had 16 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-07/13/23 had 17 CNAs for 149 residents on the day shift, required at least 19 CNAs.</p> <p>-07/14/23 had 18 CNAs for 151 residents on the day shift, required at least 19 CNAs.</p> <p>-07/15/23 had 17 CNAs for 151 residents on the</p>	S 560		

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 C 04/16/2024
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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
S 560	<p>Continued From page 8</p> <p>day shift, required at least 19 CNAs.</p> <p>7. For the 2 weeks of staffing prior to survey from 03/24/2024 to 04/06/2024, the facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -03/24/24 had 15 CNAs for 144 residents on the day shift, required at least 18 CNAs. -03/25/24 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs. -03/30/24 had 15 CNAs for 147 residents on the day shift, required at least 18 CNAs. -03/31/24 had 14 CNAs for 147 residents on the day shift, required at least 18 CNAs. -04/02/24 had 16 CNAs for 144 residents on the day shift, required at least 18 CNAs. 	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315462	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/5/2024	Y3
NAME OF FACILITY TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		

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 F0640	Correction	ID Prefix F0656	Correction	ID Prefix F0700	Correction
Reg. # 483.20(f)(1)-(4)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(n)(1)-(4)	Completed
LSC	05/07/2024	LSC	05/07/2024	LSC	05/31/2024
ID Prefix F0812	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/07/2024	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	

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 4/16/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 656005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/5/2024
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	05/07/2024	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 <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 4/16/2024	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2024
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
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	
E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 04/16/2024. The facility was found to be in compliance with 42 CFR 483.73	K 000			
K 223 SS=F	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:	K 223		5/7/24	

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

TITLE

(X6) DATE

Electronically Signed

05/07/2024

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315462	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
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	
K 223	Continued From page 1 * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the door to the boiler room was equipped with an automatic door closure in accordance with NFPA 101 Life Safety Code (2010 Edition) Section 19.3.21.1.3. This deficient practice had the potential to affect all 147 residents who resided at the facility. Findings include: An observation on 04/16/24 at 12:45 PM revealed the door for the boiler room was not equipped with an automatic door closure. During an interview at the time of the observations, the US FOIA (b)(6) confirmed the door was not equipped with an automatic door closure.	K 223	1. None of the residents were negatively affected. The boiler room had a self-closer applied. see attached 2. All doors requiring self-closers were checked to ensure that they have a proper self-closer. 3. Maintenance Director/Designee will do a monthly audit on all doors that require a self-closer to ensure that they are functioning properly. 4. Maintenance Director will report his finding at QA meetings for the next 4 quarters.		
K 345 SS=F	NJAC 8:39-31.2(e) Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system	K 345		5/25/24	

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K 345	<p>Continued From page 2</p> <p>acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview, and record review, the facility failed to ensure smoke detection sensitivity testing of the smoke detectors was completed every alternate year in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 147 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's "Inspection and Testing Reports," dated 12/26/23, provided by the US FOIA (b)(6), revealed the report had no reference to a smoke detection sensitivity test.</p> <p>Observations on 04/16/24 from 11:30 AM to 1:45 PM revealed the smoke detectors were provided in the corridors at the smoke barrier and other concealed areas throughout the building.</p> <p>During an interview at the time of the observations, the US FOIA (b)(6) confirmed the smoke sensitivity testing was not completed on the smoke detectors.</p> <p>NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72</p>	K 345	<ol style="list-style-type: none"> The DM (Director of Maintenance) contacted the fire alarm company and scheduled the sensitivity testing of the smoke detectors. see attached detailed report. No residents were negatively affected. Fire alarm company will complete the test by 5/25/2024 All residents had the potential to be affected. Maintenance Director will include in preventive maintenance program a quarterly audit to ensure that all smoke detectors testing is being done Maintenance Director/Designee will report his finding at QA meetings for the next 4 quarters. 		
K 761 SS=F	<p>Maintenance, Inspection & Testing - Doors</p> <p>CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors</p>	K 761		5/24/24	

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K 761	<p>Continued From page 3</p> <p>Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, and interviews, the facility failed to ensure fire doors were inspected annually in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 147 residents who resided at the facility.</p> <p>Findings include:</p> <p>A review of the facility's untitled fire safety binder provided by the facility revealed no documented evidence that the facility's fire doors were inspected.</p> <p>Observations of the facility's fire doors on 04/16/24 from 12:15 PM to 2:00 PM revealed the doors lacked the required inspection tags to be placed on the doors after completed inspections.</p> <p>During an interview at the time of each observation, the US FOIA (b)(6) confirmed the fire doors had not been inspected annually.</p>	K 761	<ol style="list-style-type: none"> 1. The DM (Director of Maintenance) conducted an inspection on all doors. see attached. No residents were negatively affected by deficient practice. 2. All residents had the potential to be affected 3. Maintenance Director will include in preventive maintenance program a quarterly audit to ensure that all doors are inspected and tested. 4. Maintenance Director/Designee will report his finding at QA meetings for the next 4 quarters. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315462	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
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K 761	Continued From page 4	K 761			
K 919 SS=F	<p>NJAC 8:39-31.1(c), 31.2(e) NFPA 80</p> <p>Electrical Equipment - Other CFR(s): NFPA 101</p> <p>Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the emergency generator was equipped with a remote manual stop station in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 5.6.5.6. This deficient practice had the potential to affect all 147 residents who resided at the facility.</p> <p>Findings include:</p> <p>An observation on 04/16/24 at 11:47 AM revealed that the external emergency generator was not equipped with a remote manual stop station (Emergency Stop Switch) anywhere on the premises.</p> <p>During an interview at the time of observation, the US FOIA (b)(6) confirmed the generator was not equipped with a remote manual stop station.</p>	K 919	<ol style="list-style-type: none"> 1. The facility generator company was immediately contacted and they scheduled the installation of a remote emergency shut off. see attached picture of install. No residents were negatively affected. 2. All residents and staff have the potential to be affected. 3. DM (Director of Maintenance) will include in his preventative maintenance program a quarterly audit ensuring the remote generator shut off switch is operational 4. DM will present his findings at the QA meetings for the next 4 quarters 	7/3/24	

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

PRINTED: 08/02/2024
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2024
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K 919	Continued From page 5 NJAC 8:39-31.2(e) NFPA 99, 110	K 919			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315462	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 7/5/2024	Y3
NAME OF FACILITY TALLWOODS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 BUTLER BOULEVARD BAYVILLE, NJ 08721		

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 _____ Reg. # NFPA 101 LSC K0223	Correction Completed 05/07/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0345	Correction Completed 05/25/2024	ID Prefix _____ Reg. # NFPA 101 LSC K0761	Correction Completed 05/24/2024
ID Prefix _____ Reg. # NFPA 101 LSC K0919	Correction Completed 07/03/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

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 4/16/2024

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO