

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER Autumn Lake Healthcare at Salem County		STREET ADDRESS, CITY, STATE, ZIP CODE 438 Salem-Woodstown Road Salem, NJ 08079	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. COMPLAINT# 3043799, 3045753 Based on interviews, review of medical records and other pertinent facility documentation on 6/22/26, it was determined that the facility failed to follow professional standards of practice when they: a) failed to implement Provider's verbal wound treatment order for Nystatin and b) transcribe the verbal order for Nystatin onto the resident's Treatment Administration Record (TAR). This deficient practice was identified for 1 of 3 residents reviewed (Resident #1), and was evidenced by the following: Resident #1 was not at the facility at the time of the survey. A closed record review was conducted. According to the admission Record, Resident #1 was admitted with diagnoses that included, but were not limited to: encephalopathy (brain dysfunction), cachexia (a condition that causes significant weight loss and muscle loss), and hyperlipidemia. A review of Resident #1's comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated 3/19/26, revealed a Brief Interview of Mental Status (BIMS) of 5 out of 15, which indicated that the resident's cognition was severely impaired. A review of Resident #1' medical record revealed a document titled, AUTM Medical Visit 1.0 - V 3, dated 6/4/26 at 9:59 PM, which revealed that the resident was, .noted with fungal rash to sacrum and anus, will add nystatin cream and wound consult. The evaluation further revealed an order as follows: Nystatin cream to the sacrum and anus [twice daily] x7days and wound care consult. A review of Resident #1's Order Summary Report did not reveal the physician's or provider's order for Nystatin. A review of Resident #1's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for June 2026, did not include an order for Nystatin. A review of Resident #1's progress notes did not reveal nursing documentation related to the provider's evaluation of the resident's sacral fungal rash. An interview was conducted on 6/22/26 at 1:01 PM with the Nurse Practitioner (NP), who reviewed the evaluation referenced above in the presence of the surveyor. NP confirmed that she evaluated Resident #1 on 6/4/26. She stated she was contacted by the assigned nurse on the day shift, who asked her to assess the resident's bottom. NP further stated that she gave a verbal order to the nurse. NP could not recall any additional details regarding the notification. A review of the medical record revealed that Licensed Practical Nurse (LPN #1) was assigned to the resident on that shift. Surveyor attempted to reach LPN #1 during the survey but was not successful. An interview was conducted on 6/22/26 at 1:34 PM with the Director of Nursing (DON), who stated that she expected that nurses document and implement verbal orders given by a treating provider. In the presence of the surveyor, the DON reviewed the above NP's evaluation and stated that LPN #1 should have documented and implemented the verbal order. A review of the facility's Physician Orders policy, revised April 2024, revealed that nurses were to follow physician/practitioner orders. A review of the facility's Documentation in Medical Record policy, revised April 2026, revealed that the medical record should reflect an accurate representation of the resident's experience and that the documentation should be complete and accurate. N.J.A.C. 8:39-27.1(a)		

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.

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

TITLE

(X6) DATE