STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER: Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 111-115 Gates Avenue Montclair, NJ 07042	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 19106 Based on observation, interview, and record review it was determined that the facility failed to ensure the resident's call light was readily accessible. The deficient pratice was identified for 1 resident (#34) of 9 reviewed for accommodation of need and evidenced by the following. On 4/01/24 at 10:05 AM and 04/02/24 9:20 AM the surveyor observed the resident alert in bed with eyes open. The residents' speech was garbled. On both days the call light cord was tied to the right hand rail, hanging down, and resting on the floor. A review of the medical record revealed the following information. The Admission Record indicated the resident had dementia without behavioral disturbance and adult failure to thrive. The Quarterly Minimum Data Set (MDS) assessment tool indicated the resident had long and short term memory deficits and impaired decision making skills. On 4/03/24 at 11:38 AM the surveyor interviewed Certified Nursing Assistant #1 (CNA #1) who confirmed the call bell should be within reach of the resident. On 4/03/24 at 11:39 AM the surveyor interviewed CNA #2 who was the regular CNA for the resident and had not been worked on 4/1/24 and 4/2/24. She stated she always puts the call bell in the resident's hand. On 4/03/24 at 1:26 PM the surveyor discussed the inaccessibility of the the call light cord for Resident #34 with the Director of Nursing and the Administration. On 4/04/24 at 10:26 AM the Administrator responded that nurses and CNAs were educated to check call bell placement more frequently. NJAC 8:39-27.1(a); 4.1

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montclair Care Center	111-115 Gates Avenue Montclair, NJ 07042

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition 19106 Based on observation, interview and record review it was determined that the facility failed to complete a Significant Change in Status Assessment (SCSA) Minimum Data Set (MDS) assessment for 1 of 12 residents reviewed (Resident #34). The deficient practice was evidenced by the following. On 4/1/24 at 10:05 AM, the surveyor observed the resident in bed receiving a feeding through a gastrostomy tube (a tube placed endoscopically into the stomach). A review of the medical record revealed the following information. The Admission Record included diagnoses of gastrostomy and adult failure to thrive. The Nursing Progress Note of 1/11/2024 at 10:01 AM indicated the resident was transferred to the hospital for a planned insertion of a gastrostomy feeding tube. The Nursing Progress Note of 1/16/2024 at 10:39 AM indicated the resident was readmitted to the facility after having had a gastrostomy inserted. The tracking of completed MDS assessments listed a Discharge Return Anticipated on 1/11/24 (indicating when the resident was transferred to the hospital for gastrostomy placement), an Entry on 1/16/24 (indicating when the resident was readmitted from the hospital), and a Medicare - 5 Day on 1/23/24. On 4/3/24 at 10:20 AM, the surveyor interviewed the MDS Coordinator (MDSC) on the telephone. The MDSC explained that when the resident was readmitted with a new gastrostomy on 1/16/24 he should have completed a SCSA assessment along with the 5 day MDS. He stated he made a mistake. On 4/3/24 at 1:41 PM the surveyor discussed the omission of a SCSA with the Administrator and the Director of Nursing (DON). NJAC 8:39-11.2(i)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 48781 Based on the interview and record review, it was determined that the facility failed to complete and submit electronically the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment and in accordance with the Center's for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual. This deficient practice was identified for 14 residents sampled (Resident #11, 16, 22, 26, 27, 33, 36, 39, 50, 117, 9, 30, 45, and #41) and reviewed for resident assessment. According to the Long-Term Care RAI 3.0 User's Manual Version 1.18.11, updated October 2023, the MDS is a comprehensive tool and a federally mandated process for clinical assessment of all residents. It must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS within 14 days of the assessment being completed. This deficient practice was evidenced by the following: On 4/3/24, at 2:35 PM, the survey team reviewed the facility task that included residents' MDS assessments, which was triggered under the survey facility task as MDS record over 120 days old. 1. Resident #11's medical record review in the Electronic Health Record (EHR) reflected an Annual MDS (AMDS) with an Assessment Reference Date (ARD) of 2/9/24, was due to be transmitted to CMS no later than 3/8/24. However, the AMDS was not submitted to CMS and still in progress. 2. Resident #16's medical record review in the EHR reflected a Quarterly MDS (QMDS) with an ARD of 2/2/24 was due to be transmitted to CMS no later than 3/1/24. However, the QMDS was not submitted to CMS and still in export ready. 3. Resident #22's medical record review in the EHR reflected a QMDS with an ARD of 2/9/24, was due to be transmitted to CMS no later than 3/8/24. However, the QMDS was not submitted to CMS and still in progress. 4. Resident #26's medical record review in the EHR reflected a QMDS with an ARD of 2/9/24, was due to be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montclair Care Center	111-115 Gates Avenue Montclair, NJ 07042

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	transmitted to CMS no later than 3/8/24. However, the QMDS was not submitted to CMS and still in progress. 5. Resident #27's medical record review in the EHR reflected a QMDS with an ARD of 2/16/24, was due to be transmitted to CMS no later than 3/15/24. However, the QMDS was not submitted to CMS and still in progress. 6. Resident #33's medical record in the EHR reflected a Significant Change MDS (SCMDS) with an ARD of 2/23/24, was due to be transmitted to CMS no later than 3/23/24. However, the SCMDS was not submitted to CMS and still in progress. 7. Resident #36's medical record review in the EHR reflected a QMDS with an ARD of 2/2/24 was due to be transmitted to CMS no later than 3/1/24. However, the QMDS was not submitted to CMS and still in progress. 8. Resident #39's medical record review in the EHR reflected a QMDS with an ARD of 2/2/24 was due to be transmitted to CMS no later than 3/1/24. However, the QMDS was not submitted to CMS and still in progress. 9. Resident #50's medical record review in the EHR reflected a QMDS with an ARD of 2/9/24, was due to be transmitted to CMS no later than 3/8/24. However, the QMDS was not submitted to CMS and still in progress. 10. Resident #117's medical record review in the EHR reflected an Admission/5Day MDS with an ARD of 3/11/24, was due to be transmitted to CMS no later than 4/1/24. However, the Admission/5Day MDS was not submitted to CMS and still in progress. On 4/3/24 at 10:18 AM, the survey team interviewed the MDS coordinator on the telephone. He stated, The Admission/5 Day MDS should not be in progress. An MDS with an ARD of 3/11/24 should be completed by March 18 and submitted per MDS regulations 14 days later. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/3/24 at 1:38 PM, another surveyor discussed with the License Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Representative concerns about Resident #117's late completion and submission. 34033 11. The surveyor reviewed the medical record for Resident #9. A review of the MDS submissions revealed that there was a Quarterly MDS submission dated 2/16/24 in progress which was 33 days overdue for submission. The last MDS submission was dated 11/16/23 indicating that the MDS was over 120 days old. 12. The surveyor reviewed the closed medical record for Resident #30. A review of the MDS submissions revealed that there was a Quarterly MDS submission in progress dated 2/16/24 which was 32 days overdue for submission. The last MDS submission was dated 11/17/23 indicating that the MDS was over 120 days old. 13. The surveyor reviewed the closed medical record for Resident #45. A review of the electronic Progress Notes (ePN) revealed that the resident was admitted to the hospital on 2/8/24. A review of the MDS submissions revealed that there was a discharge return anticipated in progress dated 2/8/24 which was 41 days overdue. On 4/3/24 at 2:13 PM, the survey team met with the facility Administrative team to review the MDS submissions that were in progress. The Regional Director of Operations (RDO) stated that the previous MDS Coordinator had not been working for a while for a personal reason and then had resigned which caused a backup in submissions. The RDO added that currently the MDS submissions were being done by an agency. The RDO also stated that he had not realized how far behind the MDS submissions were. 46889 14. Resident #41's medical record review in the EHR reflected a QMDS with an ARD of 2/23/24, which was due to be transmitted to CMS no later than 3/7/24. However, the QMDS was not submitted to CMS and is still in progress. On 4/3/24 at 2:22 PM, the survey team discussed the late MDS assessments in February with the LNHA, Regional Director of Operations, RN/DON, and incoming DON. The Regional Director of Operations stated that they were ready to outsource hiring and training a new nurse for the MDS position. He added that during that time in February 2024, the MDS Coordinator was sick and resigned in March 2024. On 4/4/24 at 10:45 AM, the facility offered no further information other than MDS completions and late submissions due to a lack of staffing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montclair Care Center	111-115 Gates Avenue Montclair, NJ 07042

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/4/24 at 1:25 PM, the survey team met with the facility Administrative team. There was no further documentation provided by the facility regarding the MDS late submissions. On 4/5/24 at 9:19 AM, the surveyor reviewed the facility policy and procedure titled Timeframe for Completion of the MDS, revised June 2023, reflected To complete the standardized resident assessment instrument .according to federal and state regulatory requirements. NJAC 8:39 - 11.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 46889 Based on the interview and record review, it was determined that the facility failed to code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, accurately for 2 of 12 residents reviewed (Resident #41, and #116). The deficient practice was evidenced by the following: 1. On 4/2/24 at 11:14 AM, the surveyor observed Resident #41 sitting in the wheelchair, who returned from the activity room, and was wheeled by the staff. The surveyor reviewed Resident #41's hybrid (combination of paper and electronic) medical record as follows: The Admission Record (an admission summary) documented that Resident #41 was admitted to the facility with diagnoses that included but were not limited to Alzheimer's disease (impairment of memory). The resident's most recent Annual MDS (AMDS) assessment, dated 11/24/23, reflected that Resident #41 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, indicating severe cognition impairment. The AMDS with an ARD of 11/24/23 Section D Resident Mood Interview (PHQ-9), signed by the MDS Coordinator (MDSC)/Registered Nurse (RN) on 12/13/23, revealed the assessment record written in a paper copy of Section C Cognitive Patterns was given and done by the Social Worker (SW). The document revealed that the interview with the handwritten date of 11/20/23 was done five (5) days before the ARD of 11/24/23. On 4/3/24 at 10:03 AM, the surveyor interviewed the MDSC/RN over the phone, who left the position on 3/22/24. The MDSC/RN revealed that he was completing all sections except K, the dietitian, part of Section O, and GG, the rehab, while sections C, D, E, & Q for the SW. If the SW cannot complete it that day, he will put sections C, D, E, and Q in MDS. The interview process for PHQ-9 should be done within a 7-14-day lookback period on the ARD. On 4/4/24 at 10:08 AM, the surveyor interviewed SW regarding the assessment process of PHQ-9. The SW stated she did the assessment early on 11/20/23 before the ARD of 11/24/23 because she didn't realize that she couldn't do it earlier than the ARD date. 2. The surveyor reviewed Resident #116's hybrid medical record, who no longer resided in the facility, which revealed. The AR documented that Resident #116 was admitted to the facility with diagnoses that included but were not limited to cellulitis (skin infection) of the left lower limb. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montclair Care Center	111-115 Gates Avenue Montclair, NJ 07042

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident's most recent AMDS assessment, dated 9/1/23, reflected that Resident #116 had a BIMS score of 9 out of 15, indicating moderately impaired cognition. Section O Special Treatments, Procedures, and Programs revealed that Resident #116, the Influenza/Pneumococcal (which helps protect against serious illnesses like pneumonia and meningitis) (Pneumovax) vaccine, was Not assessed/no information. The electronic immunization record indicated Resident #116 received the Influenza vaccine on 10/14/22 and the Pneumovax on 10/28/21. Both were given in the community (historical). On 4/4/24 at 10:14 AM, the team of surveyors met with the administration. The director of operations stated that the MDSC/RN did not capture the immunization because it was not in the electronic medical record as yet. The surveyor showed the administration that the vaccine was historical and should be documented in section O of the AMDS assessment. NJAC 8:39 - 11.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 19106 Based on observation, interview, and record record review it was determined that the facility failed to consistently assess a resident's vital signs and dialysis access site prior to leaving and when returning from the dialysis clinic. The deficient practice was identified for 1 of 1 resident, #117, reviewed for dialysis care and services and is evidenced by the following. On 4/1/24 at 10:01 AM, the surveyor observed the resident seated in a side chair in their room. The resident stated they go to the dialysis clinic 3 times a week. The resident stated the Certified Nurse Assistant (CNA) gets the resident ready and brings the resident down to meet the transport driver. The resident stated the nurse does not assess the resident before leaving or when returning from the dialysis clinic. 04/2/24 at 1:15 PM, the surveyor observed the resident in their room talking with the CNA. At 1:30 PM the CNA brought the resident out of the room and into the hallway. The Licensed Practical Nurse (LPN) inquired if the resident had their dialysis communication book, the resident replied, and the CNA brought the resident into the elevator. The LPN did not assess the resident's vital signs or assess the access site (a right chest permacath catheter inserted into the heart for short term use as a dialysis access insertion site). A review of the medical record revealed the following information. The Admission Record indicated the resident was admitted in March 2014 with diagnoses including, but not limited to, end stage renal disease, dependence on renal dialysis, and type 2 diabetes mellitis. The 3/11/24 Admission Minimum Data Set (MDS) assessment tool coded the resident to have no memory or decision making deficits (the Brief Interview for Mental Status (BIMS) scored 15 of a possible 15). The Order Recap Reports for March and April 2024 included physician orders for dialysis 3 times a week on Tuesday, Thursday, and Saturday, blood pressure every shift on Mondays, and monitor right chest permacath. There were no orders for vitals signs and assessment of the permacath to be performed prior to leaving for the dialysis clinic or upon returning from the clinic. The electronic Nursing Progress Notes from the day of admission through 4/2/24 revealed that of 30 days of visits to the dialysis clinic, nurses documented 1 day (3/26/24) for both pre and post dialysis assessments. Nurses documented on 5 days for post dialysis assessments. On 4/3/24 at 8:27 AM the Director of Nuring (DON) provided the surveyor with the Dialysis policy and procedure, reviewed June 2023. Step 4 of Process Pre-Dialysis Care instructed staff to assess/evaluate the access site prior to transport to dialysis facility. Step 1 of Process Post-Dialysis Care instructed staff to assess the site upon return to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/3/24 at 9:42 AM the surveyor interviewed the Infection Preventionist (IP). She stated nurses should document pre and post dialysis assessments of the patient in the electronic Nursing Progress Notes. On 4/3/24 at 1:38 PM the surveyor discussed with the Administrator and DON concerns regarding inconsistent nurse documentation of assessments of the permacath and vital signs when the resident leaves for and returns from the dialysis clinic. On 4/4/24 at 10:28 AM the Administrator responded that nursing was educated to do pre/post vitals and access site checks and to document them in the electronic Nursing Progress Notes. NJAC 8:39-27.1(a); 2.9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 46889 Based on observation, interview, and record review, it was determined that the facility failed to: a.) assure that the physician responsible for supervising the care of residents signed and dated monthly physician's orders. This deficient practice was observed for 3 of 12 residents reviewed (Resident #41, #58 and #45), b.) document Physician Progress Notes (PPN) at least every 60 days with alternating Nurse Practitioner (NP) visits for 1 of 12 residents reviewed (Resident #45), and c.) document physician progress notes that reflect the physician's decisions about the continued appropriateness of the resident's current medical regimen for 1 of 12 resident reviewed (Resident #28). The deficient practices were evidenced by the following: 1. On 4/2/24 at 11:14 AM, the surveyor observed Resident #41 sitting in the wheelchair, returning from the activity room, wheeled by the staff. The surveyor reviewed Resident #41's hybrid medical records (paper and electronic). According to the Admission Record (an admission summary), Resident #41 was admitted to the facility with diagnoses that included but were not limited to Alzheimer's disease (impairment of memory). The surveyor reviewed the Order Summary Report (OSR) for Resident #41 which revealed the physician did not sign and date the monthly OSR for September 2023, October 2023, January 2024, and March 2024. On 4/2/24 at 1:11 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) and stated that the physician comes to the facility every other day and should sign the monthly orders electronically using their password. 19106 2. The surveyor observed Resident #58 awake and alert in bed on 4/1/24 at 10:00 AM. The surveyor reviewed the medical record of Resident #58 which revealed the following information. The resident was admitted in January 2004 with diagnoses including, but not limited to, fracture of the left femur. The April 2024 Clinical Physician Orders including the following statement: Next Order Review 2/1/2024 - 63 Days Overdue. A further review of the hybrid medical failed to reveal the physician had signed monthly physician orders for February and March 2024. On 4/03/24 at 2:34 PM the Administrator confirmed that the resident had no monthly physician's orders signed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/04/24 at 10:00 AM the Administrator stated the physician has frequently visited residents and has his own log in for the electronic medical enabling him to sign monthly orders electronically, however, no reason was given for why the physician did not sign monthly orders for February and March 2024. 34033 3. The surveyor reviewed the closed medical record for Resident #45. A review of the resident's Admission Record (a summary of information about the resident) revealed diagnoses that included but were not limited to epilepsy (a seizure disorder), heart failure and pulmonary hypertension (increased blood pressure in the arteries of the lungs). A review of the Order Review History revealed that monthly physician orders (PO) were electronically signed by the primary physician for the months of July 2023 and September 2023. There was no other monthly PO signed by the primary physician. A review of the electronic Progress Notes (ePN) revealed that the latest entry of a Physician Note by the primary physician was dated 2/12/24 as a Late Entry. The next primary physician entry was dated 12/22/22. On 4/3/2024 at 2:13 PM, the survey team met with the facility Administrative team. The Regional Director of Operations (RDO) stated that the physicians documented electronically. The RDO added that some physicians had their own computer software and transferred their reports to the facility electronic progress notes. The RDO stated that he was unaware that the physician progress notes were not entered. 49078 4. On 4/2/2024 at 12:30 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #28. A review of the resident's AR revealed diagnoses that included but were not limited to bipolar disorder (a psychiatric mood disorder), schizophrenia (a psychiatric mood disorder), essential hypertension (uncontrolled increased blood pressure) and type 2 diabetes mellitus (a disease in which the body does not produce enough insulin and results in high blood sugar levels). A review of the progress notes in the EMR revealed that the latest entry of a Physician Note by the attending physician was dated 11/19/2023 as a Late Entry with a created date of 12/10/2023. There were no further entries of Physician Note by the attending physician between that date and 4/2/2024. Further review of the progress notes revealed that the Physician Note with dates of 10/22/2023 and 11/19/2023 were also Late Entry with a created date of 12/10/2023 for each. On 4/3/2024 at 2:13 PM, the survey team met with the facility administrative team. The Director of Nursing (DON) stated he was unaware of missing progress notes and did not know why there were missing progress notes and that the attending physician comes to the facility monthly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/4/24 at 10:08, the survey team met with the administrative team. The RDO stated that he had reached out to the physicians regarding signing their physician orders and entering their progress notes. The RDO added that the physicians have been to the facility and communicate with the nurses frequently but had not documented. The RDO also stated that each physician has their own login to the electronic computer system that the facility uses. The RDO added that he had been checking from time to time that the physicians were documenting and was giving them a courtesy reminder. The RDO stated that the physicians were to do recapitulations and sign the monthly PO at the beginning of the month and complete progress notes when they performed their visits. On 4/4/24 at 1:25 PM, the survey team met with the administrative team. There was no further documentation provided by the facility. A review of the facility policy dated as reviewed June 2023, titled Medication Orders provided by the Licensed Nursing Home Administrator revealed The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders. Further review of the policy revealed under Supervision by a Physician that 1. Each resident must be under the care of a Licensed Physician authorized to practice medicine in this state and must be seen by the Physician at least every sixty (60) days. In addition, 4. Physician Orders/Progress Notes must be signed and dated every thirty (30) days. (Note: This may be changed to every sixty (60) days after the first ninety (90) days of the resident's admission, provided it is approved by the Attending Physician and the Utilization Review Committee.) NJAC 8:39-23.2(b)(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. 19106 Based on interview and record review it was determined that the facility failed to ensure that 5 of 5 licensed nurses were assessed to have the required competencies to meet the care needs of residents residing at the facility. The deficient practice is evidenced as follows. On 4/04/24 at 10:44 AM the surveyor requested from the Director of Nursing (DON) 5 randomly selected nurses' annual nurse competencies. Later that day the DON provided 5 Nursing Performance Appraisals for the 5 nurses. The Appraisals did not address specific nursing tasks. Many of the Appraisals covered non-care areas, such as demonstrates knowledge of resident's bill of rights, completing the 24 hour report, maintaining residents' dignity, responding to residents' calls for assistance, ensures safety of personal possessions, willing to work under supervision, knowledge with carrying out daily nursing tasks, applies restraints according to manufacturers instruction and plan of care, and carry out proper infection control techniques. The Appraisals that addressed nursing tasks failed to list the specific required steps required to complete the task competently. On 04/04/24 at 12:28 PM the DON confirmed that nurse competencies were not done for any of the nurses employed at the facility. The DON stated that going forward nurse competencies will be completed for all nurses. On 4/05/24 at 9:48 AM the Administrator confirmed there were no nurse competencies performed by facility administration except for the Medication Pass Observation which is performed by the facility's Consultant Pharmacist. On 4/5/24 the Administrator provided the surveyor with the Staff Performance Evaluation Policy, reviewed June 2023. The second guideline of the policy indicated an employee should receive a performance evaluation that includes satisfactory demonstration of applicable competencies. NJAC 8:39- 9.3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 111-115 Gates Avenue Montclair, NJ 07042	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident’s drug regimen must be free from unnecessary drugs. 49078 Based on interview, review of the electronic medical record and other pertinent medical records, the facility failed to ensure that 1 of 5 residents reviewed for unnecessary medications (Resident #28) was free of an unnecessary medication by failing to follow the Consultant Pharmacist (CP) recommendations and failing to provide adequate diagnosis, indications and documentation supporting the use of a medication. The deficient practice was evidenced by the following: On 4/2/2024 at 12:30 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #28. The resident's EMR reflected a physician's order dated 12/27/2023 for Linzess Capsule (a medication used to treat irritable bowel syndrome with constipation or chronic idiopathic constipation) two-hundred ninety (290) micrograms (mcg) with directions give one (1) capsule by mouth every twenty-four (24) hours as needed (PRN) for constipation. The resident's EMR reflected documentation from the CP dated 1/2/2024 that reflected a request to clarify Linzess. On 04/2/2024 at 1:17 PM the surveyor interviewed the Director of Nursing (DON). The surveyor requested information on how the CP recommendations are addressed. Additionally, the surveyor requested copies of the printed CP recommendation from 1/2/2024 and any physician notes addressing the recommendation. On 04/3/2024 at 9:20 AM the DON provided CP documentation entitled Therapeutic Suggestions for Resident #28 for 1/2/24. It reflected three recommendations from the CP. One recommendation indicated Please comment on the effectiveness of Linzess PRN and the clinical rationale for use. It is usually given routinely to be effective. The documentation also reflected a handwritten signature on the line titled 'accepted' which the DON identified as the signature of the attending physician dated 1/2/24. The word 'continue' was handwritten on the line labeled reason for not accepting. The DON did not provide any further documentation from the attending physician. On 04/03/2024 at 10:40 AM the surveyor reviewed the physician's progress notes section of the resident's EMR. The surveyor did not observe any physician progress notes present in the EMR between the dates of 1/2/2024 through 4/1/2024 that addressed the use or indication for Linzess nor a response to the CP recommendation. On 04/4/24 at 9:15 AM the surveyor reviewed electronic progress notes and nursing notes for documentation indicating the resident experienced constipation or loose bowel movements. The surveyor did not observe documentation reflecting either condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER: Montclair Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 111-115 Gates Avenue Montclair, NJ 07042	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/4/24 at 12:24 PM the surveyor interviewed the attending physician (MD) by telephone. The MD stated that he recalled seeing the resident at the facility and that the resident had an order for Linzess. The MD stated the resident had a diagnosis of constipation. The MD stated this was a medication the resident used at home. The MD stated he did not recall changing the Linzess order to an 'as needed' order (PRN) and could not provide a rationale for PRN use. The MD stated he did not recall seeing the CP recommendation sheet for the 1/2/2024 visit. On 4/4/24 at 12:47 PM The surveyor interviewed the CP by telephone. The CP stated that she recalled the recommendation to the physician to address the use of Linzess as a PRN. The CP stated that when making recommendations, the facility is usually responsive and tries to have the concern addressed at that time. Recommendations for the MD are addressed as best as possible. The CP stated that she looks in the medical record for progress notes for responses to recommendations that were not immediately addressed. The surveyor reviewed the resident's admission record (an admission summary) which did not reflect diagnoses of irritable bowel syndrome with constipation (IBS-C) or chronic idiopathic constipation (CIC). The surveyor reviewed the manufacturer prescribing information (PI) for Linzess. The PI reflected indications and usage of irritable bowel syndrome with constipation (IBS-C) in adults and chronic idiopathic constipation (CIC) in adults. The PI reflected recommended dosage for IBS-C in adults as 290 mcg orally once daily and for CIC in adults as 145 mcg orally once daily. N.J.A.C. 8:39-11.2(b), 8:39-29.3(a)1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315363	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montclair Care Center	111-115 Gates Avenue Montclair, NJ 07042

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34421 Based on observation, interview, record review and policy review, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness, and b.) failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness. This deficient practice was evidenced by the following: On 4/3/24 at 9:45 AM, in the presence of the Food Service Director (FSD), the surveyor observed the following: 1. In the food preparation area, inside the ice machine, the surveyor observed a black colored build up along the seam and white colored matter inside the walls of the ice machine. The FSD stated that the dish machine was last cleaned about one month ago. 2. In the food preparation area, above the stove and grill cook tops, the surveyor observed 3 out of 5 sprinkler head nozzles and the pipes soiled with a brown colored substance. 3. In the food preparation area, the surveyor observed that 3 of 3 grill knobs were soiled with a brown colored substance, and 2 of 2 oven handles were soiled with a brown colored substance and the substance was able to be lifted with the tip of the FSD's pen. The FSD stated that the debris should have been cleaned. 4. In the standing refrigerator # 2, the surveyor observed a half opened half gallon carton of whole milk with an open date of 4/3/24 written on the carton. The stamped manufacturer expiration date was 4/1/24. 5. In the dry storage room, the surveyor observed two number 10 sized cans of diced peaches. One had a 1 inch sized dent on the upper lip and the second one had a 1.5 inch dent to the upper lip. The FSD stated that the dented cans should not have been on the shelf as they were in rotation for use. A review of the Dating and Labeling policy dated 1/24/17, revealed Kitchen will assure food safety by maintaining proper dates and labels to all goods and ready to eat food products, Foods marked with manufactures use by date may be used and stored until expiration date, and Discard all foods that expire immediately. A review of the Dented Can policy, dated 11/2023, revealed Unacceptable, dented canned goods will be reported and returned/discarded in a timely manner. On 4/3/24 at 2:30 PM, the surveyor discussed the above concerns with the Administrator and Director of Nursing. NJAC 8:39-17.2(g)