

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER New Community Extended Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 266 S Orange Ave Newark, NJ 07103	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>19106</p> <p>Complaint NJ00166888</p> <p>Based on interview and record review it was determined the facility failed to notify a resident's responsible party of a change in condition and a room change for 1 (#11) of 16 residents reviewed.</p> <p>The deficient practice is as follows.</p> <p>The surveyor reviewed Resident #11's electronic progress notes during the period of 8/23/23 through 9/4/23.</p> <p>The nurse documented in an 8/23/23 electronic progress note that the resident had tested positive for COVID 19 and was on isolation precautions. The resident was noted to be residing on the second floor at that time.</p> <p>An 8/25/23 nurse progress note indicated the resident was relocated to the third floor and continued on isolation precautions. There was no documentation in the progress notes that the responsible party had been notified of the resident's COVID 19 status or of the change to another nursing unit.</p> <p>A 9/4/23 progress note written by the social worker indicated the resident's daughter had been notified that her mother would be transferred back to her room on the second floor nursing unit.</p> <p>On 2/04/25 at 11:33 AM, the surveyor interviewed the Registered Nurse Charge Nurse who stated when a resident is to be moved to another room, the responsible party is notified of the reason for the move and when the move will occur. She stated this is done by either the unit nurse or the social worker.</p> <p>On 2/05/25 at 9:51 AM, the surveyor interviewed the Social Worker. She stated either the social worker or the nurse notifies the responsible party of a room change. She stated it is usually done by phone prior to the change.</p> <p>The surveyor interviewed the Licensed Nursing Home Administrator (LNHA) on 2/10/25 at 11:32 AM. The LNHA stated she remembered the resident's daughter had come to her complaining that she was not notified of her mother's room change. The LNHA stated the resident's daughter was notified when her mother tested positive for COVID 19, however, she did not provide evidence that the responsible party received notification of the positive COVID result.</p> <p>(continued on next page)</p>

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
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