STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peace Care St Ann's	198 Old Bergen Road Jersey City, NJ 07305

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315413	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peace Care St Ann's	198 Old Bergen Road Jersey City, NJ 07305

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Complaint #: 413630Based on interviews, medical record review, and review of other pertinent facility documentation on 8/21/2025, it was determined that the facility nursing staff failed to consistently document on the Medication Administration Record (MAR) according to the acceptable standards of nursing practice for 2 of 5 residents (Resident #3 and Resident #4) reviewed for medication administration documentation. This deficient practice was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.1. According to the admission Record (AR), Resident # 3 was admitted to the facility with diagnoses which included but were not limited to: Major Depressive Disorder, Anxiety Disorder, and Asthma.According to the Quarterly Minimum Data Set (MDS), an assessment tool dated 6/5/2025, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated the resident was unable to complete the interview.A review of Resident #3's Order Summary Report (OSR) with active orders as of 8/21/2025 reflected the following Physician's Order (PO):-Tylenol Extra Strength Oral Tablet 500 mg (acetaminophen). Give one tablet by mouth every eight hours for pain, dated 12/3/2024.A review of Resident #3's August 2025 MAR revealed a blank space for the above corresponding PO on 8/18/22025 at 1400.A review of Resident #3's August 2025 Progress Notes (PNs) did not reveal documentation that the PO was administered.2. According to the AR, Resident #4 was admitted to the facility with diagnoses which included but were not limited to: Anemia, Diabetes, and Hypertension.According to the Quarterly MDS, an assessment tool dated 8/12/2025, Resident #4 had a BIMS score of 3, which indicated the resident's cognition was severely impaired.A review of Resident #4's OSR with active orders as of 8/21/2025 reflected the following PO:- Clobetasol Propionate External cream 0.05%. Apply to affected areas topically every day and evening shift for wound care until 8/26/2025 23:59, dated 8/6/2026.A review of Resident #4's August 2025 MAR revealed blank spaces for the above corresponding PO on 8/16/2025 and 8/18/2025 on day shift.A review of Resident #4's August 2025 Progress Notes (PNs) did not reveal documentation that the PO was administered.On 8/21/2025 at 9:22 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that once a medication was given it was signed out on the MAR. She further stated that if a resident had refused their medications or if it was held, the nurses had to document the reason on the MAR. She further indicated that the MAR could not be left blank.On 8/21/2025 at 1:16 PM, the surveyor interviewed the Director of Nursing (DON) who stated that the MAR was signed after the nurse administered medications to the resident. She further stated that if a resident refused a medication, the nurse would document a refusal code on the MAR. The DON confirmed that Resident #3 and Resident #4's MARs had blank spaces. She indicated that that the expectation was that there was not supposed to be any blank spaces on the MAR. The DON stated that it was important that the nurses sign out the MAR as it revealed whether the medication was administered or not.A review of the facility's undated policy titled Medication Administration, revealed under Policy, medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice. Under Policy Explanation and Compliance Guidelines, 20. Sign MAR after administered. 22. Report and document any adverse side effects or refusals.NJAC