

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315500	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2025
NAME OF PROVIDER OR SUPPLIER  Autumn Lake Healthcare at Voorhees		STREET ADDRESS, CITY, STATE, ZIP CODE  1086 Dumont Circle Voorhees, NJ 08043	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>Based on interviews, record reviews, and review of pertinent facility documentation, it was determined that the facility failed to ensure that services were delivered by qualified staff with the necessary skills, experience, and knowledge. As a result, care was not provided in accordance with the resident's assessed needs and plan of care. This deficiency was identified in 1 of 3 residents reviewed (Resident #1). This deficient practice was evidenced by the following: During an interview with the surveyor on 11/07/25 at 11:10 AM, the Director of Nursing (DON) explained that the Resident #1's family pays for a private sitter (PS) to be with the resident from 3:00 PM to 8:00 PM, Sunday through Saturday. The facility did not provide any training to the PS before she began working with the resident. The DON reported that the PS is not permitted to provide care such as feeding, bathing, transferring, or assisting with incontinence, and is expected to report any care needs to facility staff. Despite this, the PS has been counseled multiple times for providing care. The DON discussed the issue with the resident's family, and the resident's daughter stated she would address it with the PS. The DON has no documentation of these conversations. During an interview with the surveyor on 11/07/2025 at 1:40 PM, the Licensed Practical Nurse (LPN) reported that she had worked at the facility for over one year and had observed the PS feeding Resident #1 and holding the resident's hand during care provided by the CNAs. She stated that she was unsure whether the PS had received any training and was not aware of any facility policy regarding PS or companions. During an interview with the surveyor on 11/07/2025 at 2:11 PM, the Licensed Nursing Home Administrator (LNHA) explained that Resident #1's family hired the PS to provide therapeutic support for the resident. The family arranged for the PS to be with the resident 5-7 days a week from 3:00 PM to 8:00 PM, and when the PS was not present, the resident's daughter or another family member remained at the bedside. The LNHA reported that the family did not allow the facility to have any involvement with the PS and would not permit the facility to speak with her. A review of Resident #1's admission record, an admission summary, revealed the resident was admitted to the facility with diagnoses including, but not limited to, dementia (conditions that affect the brain and lead to a decline in cognitive abilities), and osteoarthritis (protective cartilage on the ends of bones in a joint breaks down, leading to pain, stiffness, and reduced mobility. A review of Resident #1's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate care management, dated 05/26/2025, included a Brief Interview for Mental Status (BIMS) score of 0 out of 15, indicating severe cognitive impairment. A review of Resident #1's individual comprehensive care plan, dated 04/27/2025, identified focus areas related to an increased need for assistance with activities of daily living (ADLs), transfers, impulsiveness, unsteady gait, and safety awareness. Interventions included one staff assistance and the provision of appropriate equipment to help the resident complete tasks and ADLs. The care plan did not indicate that the resident had a PS. A review of a facility policy undated titled, Private Duty Nurse, Aide, or Caregiver Services, revealed that, Caregivers/Companions may help with social or basic care needs but cannot perform nursing or aides duties. NJAC 8:39-11.2(b)</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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