STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315500	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Autumn Lake Healthcare at Voorhees	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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that one out of three resident (Resident (R) 79) with a Level I PASARR (Preadmission Screening and Resident Review), who later was identified with a serious mental disorder, was evaluated through the Level II PASARR process in a total sample of 38 residents. This deficient practice resulted in R79 not being evaluated for and/or provided specialized care and treatment for a serious mental illness. Findings include: Review of a Resident Face Sheet found in R79's electronic medical record (EMR) under the Profile tab indicated the resident was admitted to the facility on [DATE]. Review of a document titled New Jersey Department of Human Services . Pre- admission Screening and Resident Review (PASRR) Level 1 Screen. located under the Misc (Miscellaneous) tab dated 9/17/20 indicated the resident was negative for mental health screening. Review of R79s' EMR tab titled Med (Medical) Diag (Diagnosis) indicated the resident was diagnosed with borderline personality disorder on 05/30/25. Review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/12/25 indicated R79 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which revealed the resident was cognitively intact. Review of R79's EMR titled Behavioral Solutions, P.C. dated 03/31/25 revealed the resident was diagnosed with borderline personality disorder. Review of R79's EMR failed to contain a referral for Level II PASARR. During an interview conducted on 07/24/25 at 9:00 AM, the Director of Social Services (DSS) stated if there was a new mental health diagnosis that a Level II referral would be made to ensure that the resident received appropriate services. During an interview conducted on 07/24/25 at 10:56 AM the Director of Nursing (DON) confirmed she was not aware of R79's new diagnosis of borderline personality disorder and a referral for a Level II should have been done and confirmed the referral was not completed.NJAC 8:39-5.1(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