STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. 40039 Based on interview and record review, it was determined that the facility failed to complete a comprehensive Minimum Data Set (MDS), an assessment tool, within 14 days of resident admission to the facility. This deficient practice was identified for 1 of 25 sampled residents, (Resident #241) and was evidenced by the following: On 10/24/2024 at 09:55 AM, the surveyor reviewed the electronic medical record (EMR) for Resident #241. The surveyor accessed the MDS tab in the EMR and reviewed the following: 10/17/2024 Admission/Medicare - 5 Day Status: In Progress In addition, review of the Next Tracking/Dischrg bar revealed that Resident #241's ARD (assessment reference date) was 10/24/2024 and was 5 days overdue. On 10/29/2024 at 09:42 AM, the surveyor conducted an interview with the facility MDS coordinator. The surveyor asked the MDS coordinator what the timeframe for completion of a comprehensive admission assessment for residents was admitted to the facility. The MDS coordinator told the surveyor that the residents admitted are either mostly Medicare or private insurance. We do get some Medicaid. The MDS coordinator went on to explain that a 5-day assessment must be completed within 14 days of admission. The surveyor asked the MDS coordinator to look up Resident #241's comprehensive admission assessment in the EMR. The MDS coordinator after viewing Resident #241's MDS admission assessment told the surveyor, I haven't completed the admission assessment. The surveyor asked the MDS coordinator if the MDS admission assessment was overdue and the MDS coordinator replied, Yes, according to the admitted , the admission assessment should've been completed on 10/24/2024. On 10/29/2024 at 1:20 PM, the Regional Director of Nursing confirmed to the surveyor that the admission assessment should have been completed on or before the 17th (of October) and stated that they had a MDS coordinator recently had resign. A review of the facility policy titled MDS 3.0 Completion, undated, revealed the following: 2. Types of OBRA (Omnibus Budget Reconciliation Act of 1987) Assessments: b. Admission Assessment - completed within 14 days of admission counting the day of admission as day #1 when: (continued on next page)

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
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	i. The resident has no prior admission, or ii. The prior admission was less than 14 days and no admission assessment was completed during the prior admission, or iii. Prior admission ended with a Discharge Return Not Anticipated; or iv. Prior admission ended with a Discharge Return Anticipated and re-entry occurred > 30 days after the discharge date . NJAC 8:39-11.2(e)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted 34423 Based on observation, interview, review of the Electronic Medical Record (EMR) and review of other facility documentation, it was determined that the facility failed to develop and implement a baseline care plan (BCP) within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident. This deficient practice was identified for 2 of 25 sampled residents (Resident #90, #241) and was evidenced by the following: 1.) According to the Admission Record, Resident #90 was admitted to the facility with diagnoses including but not limited to: Malignant Neoplasm of the Mandible, Type 2 Diabetes, unspecified Protein-Calorie Malnutrition, and Tracheostomy (a surgical procedure that creates an opening in the neck to provide an airway and help with breathing). A review of the [facility initials] Baseline Care Plan -V4 revealed that there are seven (7) sections to the baseline care plan as follows: 1. General Information and Initial Goals 2. Functional abilities 3. Health conditions 4. Dietary 5. Therapy 6. Social Services 7. BCP summary and signatures. A review Resident #90's baseline care plan revealed that section #2 and #3 were not completed within 48 hours of admission. The BCP summary was incomplete, Signature of Resident and Representative was blank, as well as representative signature and date. The only staff who signed was the Director of Rehab and Director of Social Services. 40039 2.) On 10/23/2024 at 11:24 AM during the initial tour of the facility Resident #241 told the surveyor that he/she had a urinary catheter, but they removed it yesterday and I haven't gone to the bathroom yet. It's been almost 24 hours. According to the Admission Record Resident #241 was admitted to the facility with the following but not limited to diagnoses: Rhabdomyolysis (a condition in which damaged skeletal muscle breaks down rapidly), sepsis (a condition in which the body responds improperly to infection), type 2 diabetes mellitus, urinary tract infection and pressure ulcer of sacral region. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the [facility initials] Baseline Care Plan - V4 revealed that there are seven (7) sections to the baseline care plan as follows: 1. General Information and Initial Goals 2. Functional Status 3. Health Conditions 4. Dietary 5. Therapy 6. Social Services 7. BCP Summary and Signatures. On 10/24/2024 at 10:13 AM, the surveyor reviewed the baseline care plan for Resident #241. During the review of the baseline care plan on this date revealed that sections 1-7 were not completed within 48 hours of admission. On 10/29/2024 the surveyor again reviewed the baseline care plan for Resident #241 via the EMR. On this date the baseline care plan revealed that sections 1-7 had been completed on 10/24/2024. During an interview with the surveyor on 10/28/2024 at 12:27 PM, Licensed Practical Nurse (LPN #1) When is the baseline care plan to be completed. LPN #1 said LPN's don't do the care plans. The Unit Manager is responsible for the care plans. During an interview with the surveyor on 10/28/2024 at 12:33 PM, Licensed Practical Nurse/Unit Manager (LPN/UM #1) said baseline care plan should be initiated by the admitting nurse. I will then go in and make corrections as needed. We have up to 48 hours for base line to be completed. Dietary, therapy and nursing complete this and I make sure it is signed and completed. I make sure the whole baseline care is appropriate and then I sign as completed. During an interview with the survey team on 10/29/2024 at 01:44 PM, the Director of Nursing (DON) was asked when is the baseline care plan to be completed. The DON replied within 48 hours of admission. The Regional Registered Nurse confirmed the timeframe of 48 hours for completion of the baseline care plan. The surveyor questioned what is expected to be on a baseline care plan. The DON replied initial assessment and care needs until comprehensive cae plan is done. It does not carry over to the comprehensive care plan, it is a tool and some of the items trigger and then carry over to comprehensive care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of a facility policy titled Baseline Care Plan with revised date of October 2022 revealed under the Policy Statement section The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care. Under the Policy Interpretation and implementation section 1. The baseline care plan will: a. Be developed within 48 hours of a resident's admission., b. Include the minimum healthcare information necessary to properly care for a resident including but not limited to: i. Initial goals based on admission orders. ii. Physician orders. iii. Dietary orders iv. Therapy Services. v. Social services Under 3. A supervising nurse shall verify within 48 hours that a baseline care plan has been developed. NJAC 8:39-11.2(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40039 Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to develop an individualized person-centered comprehensive care plan to address the needs of the resident for 4 of 25 sampled residents (Resident #1, #6, #96, and #99). This deficient practice was evidenced by the following: 1). On 10/23/2024 at 11:04 AM during the initial tour of the facility the surveyor observed Resident #1 who was seated on their bed eating breakfast. According to the admission record Resident #1 was admitted to the facility with the following but not limited to diagnoses: Type 2 diabetes mellitus. alcohol abuse, anxiety disorder, encounter for surgical aftercare following surgery on the circulatory system, and acute embolism and thrombosis of right tibial vein (conditions that disrupt blood flow). A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 09/29/2024, revealed under section Section V the following areas were to be care planned as checked off in column B: ADL/Functional Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Psychosocial Well-Being, Mood State, Activities, Falls, Nutritional Status, Pressure Ulcer, Psychotropic Drug Use, and Pain. On 10/28/2024 at 10:38 AM the surveyor conducted a review of the electronic medical record (EMR) of Resident #1. The EMR revealed under the care plan tab that Resident #1 had a comprehensive care plan that consisted of pain. The comprehensive care plan had the following Focus: The resident has (Specify: acute/chronic) pain r/t (related to) Date Initiated: 09/23/2024. Resident #1's care plan Goal was the resident will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date. Date Initiated: 09/23/2024 Target Date: 10/08/2024 Cancelled Date: 10/29/2024.A further review of the comprehensive care plan (CP) revealed that Resident #1 had no care planned interventions for pain. There were no other Focus areas on the CP for Resident #1 prior to discharge from the facility. 2.) Resident #99 was reviewed by the surveyor for activities of daily living. On 10/24/2024 at 12:43 PM the surveyor reviewed Resident #99's EMR. A review of the Admission Record revealed that Resident #99 was admitted to the facility with the following but not limited to diagnoses: Cardiac arrest, fracture of right foot, fall, pain in left knee, protein-calorie malnutrition, and type 2 diabetes mellitus. A review of the MDS dated [DATE], revealed that according to Section V of the MDS, Resident #99 was triggered and proceeded to care plan for the following care areas according to column B: ADL (activities daily living) Functional/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, and Pressure Ulcer. On 10/24/2024 at 01:02 PM, the surveyor reviewed Resident #99's individualized comprehensive care plan. The care plan revealed that Resident #99 had only one (1) care planned area (nutritional status). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	41442 3.) On 10/23/2024 at 11:50 AM, during the initial tour, Resident #6 was identified by the nurse as having advanced dementia. A review of Resident #6's Admission Record revealed that he/she had a diagnosis that included but not limited to, Dementia, Depression, Chronic Kidney Disease, Urinary Tract Infection, Cognitive Communication deficit, and history of Transient Ischemic Attacks and Cerebral Infarction. A review of the most recent comprehensive MDS dated [DATE], under section V: Care Area Assessment (CAA) Summary; the following care areas were identified as problems to address in the Individual Comprehensive Care Plan: Cognitive Loss/Dementia, Communication, Urinary Incontinence and Indwelling Catheter, Falls, Nutritional Status, Pressure Ulcer, and Psychotropic Drug Use. A review of Resident #6's Individualized Comprehensive Care Plan with an initiation date 09/25/2024, only included the following focus areas: [resident name] is at risk for behavior symptoms r/t Alzheimer's disease/dementia, mental illness, inappropriate comments. The CP further showed a Focus area of Nutritional status [resident name] is at nutrition risk due to inadequate oral intakes. 34423 4.) A review of Resident # 96's EMR was completed on 10/30/2024 at 08:35 AM, as follows: According to the Admission Record Resident #96 was admitted to the facility with diagnoses including but not limited to: Traumatic Subarachnoid Hemorrhage (bleeding in the brain), Pulmonary Embolism (blood clot in the lung), Type 2 Diabetes Mellitus with Diabetic Neuropathy, and colostomy status. A review of the most recent comprehensive MDS dated [DATE], revealed under section V the CAA Summary under A. Care Area Triggered the following areas were triggered Cognitive Loss/Dementia, ADL Function/Rehabilitation Potential, Urinary Incontinence and Indwelling Catheter, Psychosocial well-being, Activities, Falls, Nutritional Status, Pressure Ulcer, and Psychotropic Drug Use. Under B. Care Planning Decision Of the triggered areas, the CP decision was marked as yes for all except psychosocial well-being. A review of Resident #96's Individualized Comprehensive Care Plan revealed a Focus area of [resident name] has a potential nutritional problem r/t Diet restrictions for diabetes and weight gain. The CP also showed a Focus area of [resident name] is independent in his/her recreational choice. There were no other Focus areas that were identified in section V for care planning decision. There were no other Focus areas prior to Resident #96's discahrge from the facility. During an interview with the surveyor on 10/28/2024 at 12:33 PM, the Licensed Practical Nurse /Unit Manager (LPN/UM #1) said I was told to open it (CP) once the base line care plan is closed out within 48 hours of admission and then the comprehensive care plan is opened. LPN/UM #1 confirmed that the baseline care plan is closed out 48 hours after admission. When questioned as to what should be on the CP LPN/UM #1 said that is done as related to patient. If they are on psychotropic meds, anticoagulant, diagnoses and whatever else arises while they are here. LPN/UM #1 went on to say also Skin, ADL's, pain, catheter, ostomies, ABT, PICC line. I believe it is with in 21 days of patient being here the comprehensive care plan needs to be completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the surveyor on 10/29/2024 at 11:36 AM, LPN/UM #2, stated that the Comprehensive Care Plan is due after 26 days. The LPN/UM #2 was unable to speak to the Care Area Assessment (CAA) Summary or its role in developing the Comprehensive Care Plan. On 10/29/2024 at 01:53 PM, the surveyors team conducted an interview with the facility administrative staff which included the Licensed Nursing Home Administrator, Director of Nursing, and two (2) Regional Directors of Nursing (RDON). When interviewed both RDON's agreed that any Care Area Assessment (CAA) areas that are triggered should be care planned. The RDON's told the surveyors that comprehensive care plans should be completed within 7 days after the comprehensive assessment (MDS). A review of a facility policy on 10/29/2024 at 10:07 AM, an undated facility policy titled, Care Plans, Comprehensive Person-Centered, under #2: The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. NJAC 8:39-11.2(f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315513	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Subacute at Autumn Lake Healthcare	113 Route 73 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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 34423 Based on interview and review of facility documentation, it was determined that the facility failed to ensure that the Infection Preventionist was at 1 of 1 Quality Assurance Performance Improvement (QAPI) quarterly meeting and that QAPI meetings were held on a quarterly basis . This deficient practice was identified for 1 of the last 3 quarters and 2 of the last 3 quarters and was evidenced by the following: During a review of the facility QAPI 2024 book on 10/29/2024 at 08:44 AM, there was a sign in sheet with the topic of QAPI/QA Quarter 3. There was no signature or name for the Infection Preventionist. On 10/29/2024 at 09:25 AM the surveyor requested all of the last 3 quarter sign in sheets from the Regional DON (RDON) who said I came to the building in April and I asked where is the QAPI. There was nothing done since last year for QAPI. I have a QAPI that identified this concern for there being no QAPI. I provided all department heads and staff with education and power points to all staff on QAPI requirements in April of 2024. As new department heads and staff start they get trained and CNA's as well. We also have a QAPI board so families can see what we are doing. I sat with each department and assisted them to identify concerns, use audits, and process and structure changes. We met weekly for 1st month to make sure they are capturing the data and then we moved to monthly. When asked was there a quarterly meeting in July, the RDON said I guess we could have had a quarterly but the team wasn't there yet. A review of the facility policy titled Quality Assurance and Performance Improvement (QAPI) undated revealed 2. the QAA committee shall be interdisciplinary and shall: a. consists at a minimum of: i. The Director of Nursing ii. The Medical director iii. At least 3 other members of facility staff, at least one of which must be the Administrator, owner, a Board Member or other individual in a leadership role and the Infection Preventionist. must meet at least quarterly, develop and implement appropriate plans of action to correct identified quality deficiencies. NJAC 8:39-33.1(b)