

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/17/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315237</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN LAKE HEALTHCARE AT SOUTHGATE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>449 S PENNSVILLE-AUBURN ROAD</b> <b>CARNEYS POINT, NJ 08069</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint #: NJ186169, NJ186357  Census: 143  Sample Size: 3  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		6/16/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/17/2025

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.

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F 755	<p>Continued From page 1</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ186169</p> <p>Based on interviews, review of the Medical Records (MR), and pertinent facility documents on 5/22/2025, it was determined that the facility failed to ensure that the medication ordered by the physician was received and available to be administered for 1 out of 3 sampled residents (Resident #2). The deficient practice was evidenced by the following:</p> <p>According to Resident #2's MR, Resident #2 had diagnoses which included but were not limited to NJ Exec Order 26.4b1 [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, Resident #2 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, indicating Resident #2 was NJ Exec Order 26.4b1.</p> <p>A review of Resident #2's Order Summary Report (OSR) received on NJ Exec Order 26.4b1 from the US FOIA (b)(6) [REDACTED], indicated, NJ Exec Order 26.4b1 [REDACTED] give 1 tablet by mouth one time a day for NJ Exec Order 26.4b1 [REDACTED] with [REDACTED].</p>	F 755	<p>Corrective Action: On 5/22/25, notified PCP that Resident #2 missed a dose of NJ Exec Order 26.4b1; no new orders were given. NJ Exec Order 26.4b1 [REDACTED] from not receiving medication. Resident #2 resumed the medication as ordered on NJ Exec Order 26.4b1 [REDACTED].</p> <p>On 5/23/25, director of nursing received approval from medical director to have NJ Exec Order 26.4b1 [REDACTED] added to back up box.</p> <p>An audit was conducted on 6/11/25, by the director of nursing on all EMAR progress notes of medications not administered. Discrepancies identified, addressed, individual counseling with each nurse.</p> <p>Identification of Residents at Risk: All residents prescribed medication(s) have the potential to be affected by this deficient practice; residents can be identified by reviewing physician's orders.</p> <p>Systemic Change: Facility wide in-service on proper procedure on requesting a refill for medication in a timely manner &amp; when a prescribed medication is not available was conducted on 6/11/25 with all nurses, by the director of nursing.</p>		

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F 755	<p>Continued From page 2 an order date of [NJ Exec Order 26.4b1]</p> <p>A review of Resident #2's Medication Administration Report (MAR) schedule for [NJ Exec Order 26.4b1] indicated a blank and there was no [NJ Exec Order 26.4b1] administered on [NJ Exec Order 26.4b1] for the 3:00 p.m. to 11:00 p.m. shift.</p> <p>During an interview with the surveyor on 5/22/25 at 1:52 p.m., the [US FOIA (b)(6)] stated, if a medication was ordered for a resident and it was not available on the medication cart, the nurse is expected to look in the back up [NJ Exec Order 26.4b1] /filing cabinet, contact pharmacy to see if and when the medication was coming. If there is a missed dose, the nurse should call the doctor and make doctor aware."</p> <p>During an interview with the surveyor on 5/22/25 at 2:38 p.m., the [US FOIA (b)(6)] nurse stated, "we attempted to borrow, but none was available on any other unit."</p> <p>During the Exit Conference with surveyor on 5/22/25, the [US FOIA (b)(6)] indicated that the [US FOIA (b)(6)] only worked on [NJ Exec Order 26.4b1]</p> <p>A review of Resident #2's progress note revealed no documentation on [NJ Exec Order 26.4b1], that the doctor was notified of the missed dose of [NJ Exec Order 26.4b1].</p> <p>A review of facility's "E-Rx Resupply" for Resident #2's [NJ Exec Order 26.4b1], indicated a Message Type "RESUPP" (Resupply) with Message Date/Time on [NJ Exec Order 26.4b1] 18:18" from Point Click Care (PCC). The same document revealed that the dispense date from the contracted Pharmacy was on [NJ Exec Order 26.4b1].</p>	F 755	<p>"Medication Not Available" form initiated to be completed by nurses and turned into the director of nursing.</p> <p>Quality Assurance: Unit managers, or designee, will conduct an audit on EMAR progress notes to assure proper procedure taken on any medication not administered. Audits will be completed weekly x 2 months, then monthly for 1 year. Any discrepancies will be corrected/ addressed immediately. These audits will be turned into the director of nursing.</p> <p>The results of the EMAR audits will be reviewed by the DON, or designee, weekly x 2 months, then monthly. The findings will be reported to the LNHA and QAA committee quarterly for one year. The QAA committee will review the effectiveness of the implemented corrective actions and determine if further action is needed. If necessary, adjustments to protocols or corrective actions to assure continued compliance and improvement.</p>		

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F 755	Continued From page 3  A review of facility's "Manifest: Autumn Lake at Southgate - [redacted] Floor" revealed a staff signed manually that Resident #2's [redacted] NJ Exec Order 26.4b1 was received from the contracted Pharmacy on [redacted] NJ Exec Order 26.4b1  A review of facility's "Manifest: Autumn Lake at Southgate - [redacted] Floor" revealed a staff signed electronically that Resident #2's [redacted] NJ Exec Order 26.4b1 [redacted] was received from the contracted Pharmacy on [redacted] NJ Exec Order 26.4b1  A review of the facility's policy titled "Physician Orders" updated in April 2024 revealed, ".... All nurses will follow physician orders and recommendations."  NJAC 8:39-27.1(a)	F 755			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315237	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/17/2025	Y2	Y3
NAME OF FACILITY AUTUMN LAKE HEALTHCARE AT SOUTHGATE			STREET ADDRESS, CITY, STATE, ZIP CODE 449 S PENNSVILLE-AUBURN ROAD CARNEYS POINT, NJ 08069		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0755	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/16/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/22/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		