

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

PRINTED: 01/29/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER CONCORD HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKWOOD, NJ 08701		
(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 #: 179262, 180212 Survey Date: 12/20/24 Census: 98 Sample: 22 +2 Closed Records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 812		12/23/24	
			F812		

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

TITLE

(X6) DATE

Electronically Signed

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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 812	<p>Continued From page 1</p> <p>review, it was determined that the facility failed to maintain kitchen equipment in a clean, safe, and sanitary manner and was evidenced by the following:</p> <p>On 12/16/24 at 09:45 AM, in the presence of the U.S. FOIA (b)(6) the surveyor observed the ice machine which had a black sediment on the interior of the ice machine dispenser shoot. When the surveyor asked the U.S. FOIA what it was, the U.S. FOIA responded it was "Black Mold" and he would have it cleaned immediately.</p> <p>On 12/16/24 at 10:20 AM, the surveyor interviewed the U.S. FOIA (b)(6) who stated the ice machine was cleaned quarterly "but it seems to be needed more often." The U.S. FOIA (b)(6) acknowledged that the interior of the dispensing shoot had black sediment in it. The U.S. FOIA further stated that the ice machine is responsible for the food tray line and the ice coolers on the nursing units that provide ice to the residents. The U.S. FOIA (b)(6) stated he would have all the ice chests pulled from the nursing units to be cleaned.</p> <p>On 12/17/24 at 9:50 AM, the survey team met with the U.S. FOIA (b)(6) to discuss the ice machine findings. The U.S. FOIA (b)(6) acknowledged the black sediment in the surveyors findings.</p> <p>On 12/20/24 at 10:09 AM, the surveyor interviewed the U.S. FOIA (b)(6), who confirmed that the ice machine was cleaned quarterly and had just been done in the beginning of November. After reviewing the pictures, the U.S. FOIA (b)(6) acknowledged the black sediment found on the interior of the</p>	F 812	<ol style="list-style-type: none"> 1. Staff responsible for maintaining the ice machine were notified of the findings and provided with immediate education. The Ice Machine dispenser shoot identified in statement of deficiencies was immediately cleaned and sanitized on 12/16/24. 2. The US FOIA (b)(6) was re-educated on how to maintain the Ice machine. The facility revised the cleaning schedule for the ice machine to monthly and as needed which includes the dispenser shoot. All residents have the potential to be affected by this deficient practice. 3. The facility will receive feedback from the Food Service Director for the next 3 months to see if there are any issues with the cleanliness of the ice machine dispenser shoot. 4. Administrator or designee will complete Ice Machine audits weekly x4 and then monthly x3. Results of these audits will be reported by the Administrator at the QAPI meetings. QAPI meetings are held Quarterly at the facility. Date of completion was 12/23/24. 		

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F 812	<p>Continued From page 2 dispensing shoot.</p> <p>On 12/20/24 at 10:30 AM, the survey team met with the U.S. FOIA (b)(6) and both acknowledged the surveyors findings.</p> <p>A review of the Ice Machines and Ice Storage Chests, dated revision January 2024, revealed ... Policy: Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice. Policy Interpretation and Implementation: 1) Ice making machines, ice storage chests/ containers, and ice can all become contaminated by: c) colonization by microorganisms. 2) To help prevent contamination of ice machines, ice storage chest/containers or ice, staff shall follow these precautions: Clean and sanitize the tray and the scoop daily. 3) cleaning interior according to manufacture instructions.</p> <p>A review of the manufacturers cleaning, sanitation and maintenance user manual, date 12/2018, revealed ... The ice machine requires 3 types of maintenance: 1) remove the buildup of mineral scales from the ice machine's water system and sensors. 2) Sanitize the ice machines water system and the storage bin or dispenser. 3) Clean or replace the air filter and clean the air cooled condenser It is the user's responsibility to keep the ice machine and ice storage bin in a sanitary condition. Without humane intervention, sanitation will not be maintained. Ice machines also require occasional cleaning of their water systems.</p>	F 812			

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F 812	Continued From page 3 NJAC 8:39-17.2(g)	F 812		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/20/2024
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NAME OF PROVIDER OR SUPPLIER CONCORD HEALTHCARE & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKEWOOD, NJ 08701
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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on interview and review of pertinent facility documents, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 4 of 14 day shifts reviewed. This deficient practice was evidenced by the following: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which	S 560	S560 Staffing 1. It is the intent of Concord Healthcare and Rehabilitation Center to maintain staffing requirement in compliance with all state and federal regulation. Efforts to hire facility staff will continue until there are adequate staff to serve all residents. Until that time, the facility will utilize staffing agencies to fill any open spots in the schedule. 2. All residents have the potential to be affected by this practice. 3. Contracts with staffing agencies have been secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments, pay for	12/23/24

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

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S 560	<p>Continued From page 1</p> <p>established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>The surveyor reviewed the facility completed Nurse Staffing Reports which revealed the following:</p> <p>For the 2 weeks of staffing prior to survey from 12/01/2024 to 12/14/2024, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/01/24 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/07/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -12/08/24 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -12/14/24 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. <p>On 12/19/24 at 12:36 PM, the Licensed Nursing Home Administrator (LNHA) in the presence of</p>	S 560	<p>experience, online job listings, job fairs, shift differentials and referral bonuses are being utilized to become more competitive in the marketplace. Wage increases for CNAs went into effect January 1st, 2025.</p> <p>4. The Administrator or Designee will review staffing schedules weekly to ensure adequate staffing for all shifts. The results of these reviews will be submitted to the QAPI committee through June 2025. Based on the results of these audits, a decision will be made regarding the need for continued submission and reporting. QAPI is held on a quarterly basis.</p>	

New Jersey Department of Health

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S 560	Continued From page 2 the Director of Nursing (DON), Infection Preventionist (IP), Regional Clinical Consultant, LNHA in training, and the survey team, was able to verbalize the regulations. The LNHA also stated that when staffing deficient they utilize an "alert system" and contact agency nurses to fill any call outs.	S 560		
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315275	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/22/2025	Y3
NAME OF FACILITY CONCORD HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKEWOOD, NJ 08701		

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 F0812	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/23/2024	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 12/20/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061519	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/22/2025
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NAME OF FACILITY CONCORD HEALTHCARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKEWOOD, NJ 08701
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This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/23/2024	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 12/20/2024		<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		

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E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/18/2024, 12/19/2024 and 12/20/2024. Concord Healthcare and Rehabilitation Center was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Concord Healthcare and Rehabilitation Center is a single story Type V Unprotected building with a partial basement that was built in March 1989. The facility was divided into 7 smoke zones. The facility had an external diesel power generator that services 100% of the building according to the U.S. FOIA (b)(6) . There were 1 wet, 2 dry and 1 antifreeze, fire sprinkler systems protecting the facility. The facility has 120 certified beds. At the time of survey the census was 98.	K 000			
K 342 SS=F	Fire Alarm System - Initiation CFR(s): NFPA 101 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system	K 342		12/23/24	

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K 342	<p>Continued From page 1</p> <p>alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 12/19/2024 in the presence of the U.S. FOIA (b)(6) [REDACTED]. In Training (AIT), it was determined the facility failed to ensure each manual fire alarm box on a system was accessible, unobstructed and visible in accordance with NFPA 101: 2012 Edition, Sections 19.3.4.2.1, 9.6.2.7 and NFPA 72: 2010 Edition, Section 17.14.5. This deficient practice had the potential to affect 98 residents and was evidenced by the following:</p> <p>An observation at 12:30 PM of the facilities kitchen revealed 1 of 2 fire alarm pull boxes had a free standing steel table in front of the device, blocking it. The table was being used as an extension of the dishwashing machine table and had dishes and cups to be washed on it.</p> <p>In an interview at the time, the U.S. FOIA (b)(6) [REDACTED] confirmed the observation.</p> <p>The facilities U.S. FOIA (b)(6) [REDACTED] was informed of the deficient practice at the Life Safety Code exit conference on 12/20/2024 at 12:26 PM.</p>	K 342	<p>K342</p> <ol style="list-style-type: none"> 1. The facility Conducted a comprehensive inspection of all fire alarm pull stations to identify and ensure that all the fire alarm pull stations are accessible, unobstructed and visible per NFPA standards. The identified area in the kitchen were repaired on 12/23/24 by Allied fire and Safety. The maintenance director and Administrator inspected the area to ensure it meets NFPA standards. 2. All maintenance personnel were educated on the importance of maintaining an accessible, unobstructed and visible clear path in front of any fire alarm pull stations and the impact on resident safety. All residents have the potential of being affected by this. The facility will Keep detailed records of fire alarm pull stations, including dates and any issues discovered. 3. The facility Conducts monthly drills to ensure staff and residents are familiar with emergency procedures which includes fire alarm pull stations. All staff at the facility are educated annually in life 		

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K 342	Continued From page 2 N.J.A.C. 8:39-31.2 (e) NFPA 72	K 342	safety regulations which includes maintaining an accessible, unobstructed and visible clear path for the fire alarm pull station. 4. The facility will conduct monthly life safety audits on all fire alarm pull stations for the next 3 months to ensure the facility is in accordance with NFPA standards. The results of these audits will be communicated with the QAPI team for the next 2 quarters. Based on the results the QAPI team will decide to conclude or continue with these audits. The QAPI team meets on a quarterly basis.		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315275	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 1/22/2025	Y3
NAME OF FACILITY CONCORD HEALTHCARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 963 OCEAN AVE LAKEWOOD, NJ 08701		

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 _____ Reg. # NFPA 101 LSC K0342	Correction Completed 12/23/2024	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

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 12/20/2024		<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		