

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

PRINTED: 07/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2025
NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		
(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 NJ #'s: 170485, 171460, 171463, 175528, 176079, 182187, 182553, 184884, and 185001 Survey Dates: 4/16/25 to 4/24/25 Census: 117 Sample size: 25 + 3 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 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint: #NJ184884 #NJ 170485 Based on interview, record review, and review of facility documents, it was determined that the facility failed to: a.) maintain an accurate accountability for the management and administration of a NJ Ex Order 26. 4B1 [REDACTED] were completed accurately upon admission, per physician's order, and according to the facility policy when a new NJ Ex Order 26.4(b)(1)	F 658	483.21(b)(3) Comprehensive Care Plans 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 179 NJ Ex Order 26.4(b)(1) in the facility. Resident 178 NJ Ex Order 26.4(b)(1) in the facility. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice:	5/22/25	

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

TITLE

(X6) DATE

Electronically Signed

05/14/2025

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 658	<p>Continued From page 1 was identified.</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #179) reviewed for a change in condition and for 1of 5 residents (Resident # 178) reviewed for NJ Ex Order 26. 4B1 and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 4/16/25 at 1:14 PM, the surveyor reviewed the electronic health record (EHR) for Resident #179.</p>	F 658	<p>All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director or Nursing or designee in-serviced licensed nursing staff regarding creation of the comprehensive care plan, maintaining an accurate accountability for the management of NJ Ex Order 26. 4B1 , and accurate and timely completion of skin assessments.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Director of Nursing or designee will audit 5 random residents for timely and accurate completion of skin checks. The Director of Nursing or designee will audit 5 random residents' charts for completion of comprehensive care plans. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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F 658	<p>Continued From page 2</p> <p>A review of the Admission Record , an admission summary, revealed the resident had diagnoses which included, but were not limited to, [REDACTED].</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], included the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated the resident's [REDACTED]. Further review of the MDS revealed the resident received [REDACTED].</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated [REDACTED], that the resident had an [REDACTED] at a set rate and [REDACTED] in accordance with physician's orders), Notify [REDACTED] of significant abnormalities...</p> <p>A review of the Order Summary Report (OSR), dated as of [REDACTED], included the following physician orders (PO):</p> <p>A PO, dated [REDACTED], for [REDACTED].</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>A PO, dated [redacted], for <i>NJ Ex Order 26. 4B1</i></p> <p>[redacted].</p> <p>A PO, dated [redacted], <i>NJ Ex Order 26. 4B1</i></p> <p>[redacted].</p> <p>A PO, dated [redacted], <i>NJ Ex Order 26. 4B1</i></p> <p>[redacted].</p> <p>A review of the Progress Notes (PN) included a Nurse's Note (NN), dated [redacted] at 11:50 PM, that was written by the Registered Nurse Unit Manager (RN/UM) #1 included: [redacted]</p> <p>[redacted]</p> <p>A review of a PN dated [redacted] at 9:09 AM, that was written by RN/UM #1 included: <i>NJ Ex Order 26. 4B1</i></p> <p>[redacted].</p> <p>A review of a PN dated [redacted] at 9:30 AM, that was written by RN/UM #1 included: On call <i>U.S. FOIA (b) (6)</i> [redacted] <i>NJ Ex Order 26. 4B1</i>.</p> <p>A review of a PN dated [redacted] at 3:29 PM, that was written by RN/UM #1 included: [redacted]</p>	F 658		

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F 658	Continued From page 4 <i>NJ Ex Order 26. 4B1</i> [REDACTED] A review of a PN dated <i>NJ Ex Order 26.4</i> at 7:20 PM, that was written by RN/UM #1 included: <i>NJ Ex Order 26. 4B1</i> [REDACTED] A review of a PN dated <i>NJ Ex Order 26.4(d)</i> at 12:10 AM, that was written by Registered Nurse (RN) #1 included: <i>NJ Ex Order 26. 4B1</i> [REDACTED] A review of a PN dated <i>NJ Ex Order 26.4(d)</i> at 1:19 AM, that was written by RN #1 included: the resident was <i>NJ Ex Order 26. 4B1</i> [REDACTED] A review of a PN dated <i>NJ Ex Order 26.4(d)</i> at 6:33 AM, that was written by RN #1 included: <i>NJ Ex Order 26. 4B1</i> [REDACTED] A review of a PN dated <i>NJ Ex Order 26.4(d)</i> at 9:20 AM, that was written by Licensed Practical Nurse (LPN) #3 included: This nurse received call from the <i>NJ Ex Order 26. 4B1</i> [REDACTED] ...	F 658			

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F 658	Continued From page 5 A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR) revealed the following: NJ Ex Order 26. 4B1 [REDACTED] : -On NJ Ex Order 26.4(b) at both 10:00 AM and 2:00 PM, LPN #3 documented NA in the space provided for the volume of NJ Ex Order 26. 4B1 [REDACTED]. -On NJ Ex Order 26.4(b) at 6:00 PM, a volume of NJ Ex Order 26.4(b) was documented. -On NJ Ex Order 26.4(b) at 10:00 PM, a volume of NJ Ex Order 26. 4 was documented. -On NJ Ex Order 26.4(b) at 2:00 AM, a volume of NJ Ex Order 26. 4 was documented. -On NJ Ex Order 26.4(b) at 6:00 AM, a volume of NJ Ex Order 26. 4 was documented. -On NJ Ex Order 26.4(b) at both 10:00 AM and 2:00 PM, LPN #3 documented NA in the space provided for the volume of NJ Ex Order 26. 4B1 [REDACTED]. -On NJ Ex Order 26.4(b) at 6:00 PM, NJ Ex Order 26. 4 was documented. -On NJ Ex Order 26.4(b) at 10:00 PM, NJ Ex Order 26. 4 was documented. -On NJ Ex Order 26.4(b) at 2:00 AM, NJ Ex Order 26. 4B1 was documented. -On NJ Ex Order 26.4(b) at 6:00 AM, NJ Ex Order 26. 4B1 was documented. -On NJ Ex Order 26.4(b) at 10:00 AM, 19 hours (hr) was documented, instead of the volume of NJ Ex Order 26. 4B1 [REDACTED]. -On NJ Ex Order 26.4(b) at 2:00 PM, 16 hr was documented, instead of the volume of NJ Ex Order 26. 4B1 [REDACTED]. -On NJ Ex Order 26.4(b) at 6:00 PM, 14 hr was documented, instead of the volume of NJ Ex Order 26. 4B1 [REDACTED].	F 658			

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F 658	<p>Continued From page 6</p> <p>-On [redacted] at 10:00 PM, 10 hr was documented, instead of the volume of <i>NJ Ex Order 26. 4B1</i> [redacted].</p> <p>-On [redacted], at 2:00 AM, [redacted] was documented.</p> <p>-On [redacted] at 6:00 AM, [redacted] was documented.</p> <p>-On [redacted] at 10:00 AM, [redacted] was documented, instead of the volume of <i>NJ Ex Order 26. 4B1</i> [redacted].</p> <p>-On [redacted] at 2:00 PM, NA was documented in the space provided for the volume of [redacted].</p> <p>-On [redacted] at 6:00 PM, [redacted] was documented.</p> <p>-On [redacted] at 10:00 PM, [redacted] was documented.</p> <p>A review of an eMAR (electronic Medication Administration Record) dated [redacted] at 6:38 AM, revealed, "<i>NJ Ex Order 26. 4B1</i> [redacted]." There was no further documentation that indicated when the bag of [redacted] was changed.</p> <p>-On [redacted] at 2:00 AM, [redacted] was documented.</p> <p>-On [redacted] at 6:00 AM, [redacted] was documented.</p> <p>-On [redacted] at 10:00 AM, [redacted] was documented.</p> <p>-On [redacted] at 2:00 PM, [redacted] was documented.</p> <p>-On [redacted] at 6:00 PM, [redacted] was documented.</p> <p>-On [redacted] at 10:00 PM, [redacted] was documented.</p> <p>A review of the <i>NJ Ex Order 26.4(b)(1)</i> Medication Administration Record (MAR) revealed the following: <i>NJ Ex Order 26. 4B1</i> [redacted]</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>-On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, 6 hours (H) 20 minutes (M) was documented. -On [redacted] at 2:00 PM, 6 H 20 M was documented. -On [redacted] at 6:00 PM, 30 H was documented. -On [redacted] at 10:00 PM, [redacted] was documented.</p> <p>-On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, 5 hr 50 M was documented. -On [redacted] at 10:00 PM, 2 H 30 M was documented.</p> <p>-On [redacted] at 2:00 AM, 2 H 30 M was documented. -On [redacted] at 6:00 AM, 24 H was documented. -On [redacted] at 10:00 AM, 24 H was documented. -On [redacted] at 2:00 PM, 24 H was documented. -On [redacted] at 6:00 PM, 20 H was documented. -On [redacted] at 10:00 PM, 9 H was documented.</p> <p>-On [redacted] at 2:00 AM, 2 H was documented. -On [redacted] at 6:00 AM, 30 H was documented. -On [redacted] at 10:00 AM, 30 H was documented. -On [redacted] at 2:00 PM, 30 H was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at at 10:00 PM, [redacted] was documented.</p> <p>-On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented.</p>	F 658		

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F 658	Continued From page 8 -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at 10:00 PM, [redacted] was documented. -On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at 10:00 PM, [redacted] was documented. -On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at 10:00 PM, [redacted] was documented. -On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at 10:00 PM, [redacted] was documented. -On [redacted] at 2:00 AM, [redacted] was documented. -On [redacted] at 6:00 AM, [redacted] was documented. -On [redacted] at 10:00 AM, [redacted] was documented. -On [redacted] at 2:00 PM, [redacted] was documented. -On [redacted] at 6:00 PM, [redacted] was documented. -On [redacted] at 10:00 PM, [redacted] was documented. On [redacted] at 2:00 AM, [redacted] was documented. On [redacted] at 6:00 AM, [redacted] was documented. On [redacted] at 10:00 AM, [redacted] was documented. On [redacted] at 2:00 PM 18 H was documented. On [redacted] at 6:00 PM, [redacted] was documented.	F 658			

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F 658	<p>Continued From page 9</p> <p>On <u>NJ Ex Order 26.4B1</u> at 10:00 PM, <u>NJ Ex Order 26.4B1</u> was documented.</p> <p>On <u>NJ Ex Order 26.4B1</u> at 02:00 AM, hospital (H) was documented.</p> <p>On 4/22/25 at 11:33 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) #2 who stated that nursing should document that <u>NJ Ex Order 26.4B1</u>. RN/UM #2 further stated that staff did not always document the volume of <u>NJ Ex Order 26.4B1</u> but they should have. RN/UM #2 reviewed the Progress Notes and stated that if nursing documented in a PN that the resident's <u>NJ Ex Order 26.4B1</u>, they may not have necessarily documented the volume of <u>NJ Ex Order 26.4B1</u> at that time. RN/UM #2 stated that if a <u>NJ Ex Order 26.4B1</u>, then we were required to start a <u>NJ Ex Order 26.4B1</u>. RN/UM #2 further stated that if the <u>NJ Ex Order 26.4B1</u> were lost, then we notified the doctor and sent the resident out to the <u>NJ Ex Order 26.4B1</u>.</p> <p>On 4/22/25 at 12:16 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #4 who stated that the facility LPNs were required to monitor and document the volume of <u>NJ Ex Order 26.4B1</u> and the RNs changed the bags. LPN #4 stated that if the amount of <u>NJ Ex Order 26.4B1</u> remained the same after a four hour period, it was not infusing and she would have reported it right away.</p> <p>On 4/22/25 at 2:04 PM, the surveyor interviewed LPN #5 who stated that she recalled Resident #179 and stated that the resident had a <u>NJ Ex Order 26.4B1</u> which he/she carried in a pouch that</p>	F 658		

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F 658	<p>Continued From page 10</p> <p>resembled a [redacted NJ Ex Order 26.4(b)(1)]. LPN #5 stated that she was responsible to document [redacted NJ Ex Order 26.4(b)(1)] that remained in the [redacted NJ Ex Order 26.4(b)(1)] to ensure that there was enough medication. LPN #5 stated that the LPNs were not allowed to touch the [redacted NJ Ex Order 26.4(b)(1)] and were required to get the [redacted U.S. FOIA (b)(6)] if the [redacted NJ Ex Order 26.4(b)(1)] beeped. LPN #5 stated that she checked the [redacted NJ Ex Order 26.4(b)(1)] and it was always running.</p> <p>At that time, the surveyor asked LPN #5 why on [redacted NJ Ex Order 26.4(b)(1)] at 10:00 AM, and 4:00 PM, she documented that there was [redacted NJ Ex Order 26.4(b)(1)]. LPN #5 stated that the [redacted NJ Ex Order 26.4(b)(1)] would have [redacted NJ Ex Order 26.4(b)(1)] if it were not working, and it was a [redacted NJ Ex Order 26.4(b)(1)]. LPN #5 stated that if it [redacted NJ Ex Order 26.4(b)(1)] then she would alert the [redacted U.S. FOIA (b)(6)], as it meant that the [redacted NJ Ex Order 26.4(b)(1)] was not working. LPN #5 stated that since the [redacted NJ Ex Order 26.4(b)(1)] had not [redacted NJ Ex Order 26.4(b)(1)] it meant that the resident received their medication. LPN #5 stated that she had not noted that the numbers that she recorded remained unchanged to reflect that the medication had [redacted NJ Ex Order 26.4(b)(1)].</p> <p>On 4/22/25 at 2:29 PM, the surveyor interviewed the [redacted U.S. FOIA (b)(6)] who stated that the resident came to the facility with a [redacted NJ Ex Order 26.4(b)(1)] and their own [redacted NJ Ex Order 26.4(b)(1)] from the hospital and then we put them on our own [redacted NJ Ex Order 26.4(b)(1)] with our own bag of [redacted NJ Ex Order 26.4(b)(1)] that was preset by the pharmacy. The [redacted U.S. FOIA (b)(6)] stated that the assigned nurse documented the [redacted NJ Ex Order 26.4(b)(1)] that remained in the [redacted NJ Ex Order 26.4(b)(1)] to ensure that it had not run dry every shift. The [redacted U.S. FOIA (b)(6)] stated that if the amount of [redacted NJ Ex Order 26.4(b)(1)] that was documented was repeated multiple times, then it meant that it was a documentation issue. The [redacted U.S. FOIA (b)(6)] stated that [redacted NJ Ex Order 26.4(b)(1)] would [redacted NJ Ex Order 26.4(b)(1)] to indicate malfunction if it had not infused properly. The [redacted U.S. FOIA (b)(6)] stated that the nurses were taught to monitor the bag to ensure that it did not run dry.</p>	F 658			

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F 658	<p>Continued From page 11</p> <p>The [U.S. FOIA (b)] stated that the LPNs were taught to never touch the bag of [NJ Ex Order 26. 4B1], because it was an [U.S. FOIA] duty to change the bag. The [U.S. FOIA (b)] stated, " [NJ Ex Order 26. 4B1] "</p> <p>At that time, the [U.S. FOIA (b)] stated that on [NJ Ex Order 26] at 3:29 PM, RN/UM #1 documented that when the resident's [NJ Ex Order 26. 4B1], he phoned the hospital to arrange for [NJ Ex Order 26. 4B1] and [NJ Ex Order 26.4(b)(1)] a [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b)] stated that on [NJ Ex Order 26] at 7:20 PM, the line [NJ Ex Order 26.4(b)(1)] and RN/UM #1 documented that it was too late to have the company come out to [NJ Ex Order 26. 4B1], so he sent the resident out on [NJ Ex Order 26.4(b)] at 12:45 AM. The [U.S. FOIA (b)] confirmed that according to the documentation in the PN, it appeared that the resident had no [NJ Ex Order 26. 4B1] after 7:20 PM, until he/she was sent out to the [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b)] further stated that RN/UM #1's documentation had not indicated that he alerted the doctor or the [U.S. FOIA (b) (6)] of the situation at that time. The [U.S. FOIA (b)] stated that she was notified that the resident's [NJ Ex Order 26. 4B1] and the staff were not able to [NJ Ex Order 26.4(b)(1)], so they were instructed to send the resident out to the [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b)] stated that everybody knew that the resident could not be without the medication and had to go out. The [U.S. FOIA (b)] stated, " [NJ Ex Order 26. 4B1] "</p> <p>On 4/23/25 at 12:41 PM, the surveyor interviewed he [U.S. FOIA (b) (6)] who stated that the [U.S. FOIA (b) (6)] was responsible to oversee the documentation of [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b) (6)] stated that it was important that all documentation was</p>	F 658		

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

PRINTED: 07/16/2025
FORM APPROVED
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F 658	<p>Continued From page 12</p> <p>accurate for safe general patient care.</p> <p>On 4/23/25 at 12:50 PM, the surveyor interviewed RN/UM #1 via telephone who stated that he was the supervisor from [NJ Ex Order 26. 4B1], and the resident had a [NJ Ex Order 26. 4B1] which had come out. RN/UM #1 stated that he tried to place a [NJ Ex Order 26. 4B1] going, but was unable to get it at first. RN/UM #1 stated that he stayed late and got an [NJ Ex Order 26. 4B1] the resident, but it [NJ Ex Order 26.4(b)(1)] again and the resident was sent out to the [NJ Ex Order 26. 4B1]. RN/UM #1 stated that he believed that he told the [U.S. FOIA (b) (6)]. RN/UM #1 stated that he may have not documented the successful [NJ Ex Order 26. 4B1]. RN/UM #1 stated that the resident was [NJ Ex Order 26.4(b)(1)] because of the [NJ Ex Order 26. 4B1] and voiced that he/she wanted to go to the [NJ Ex Order 26. 4B1] after [NJ Ex Order 26.4(b)(1)] the [NJ Ex Order 26. 4B1].</p> <p>On 4/24/25 at 9:54 AM, the surveyor interviewed the [U.S. FOIA (b) (6)] in the presence of the survey team who stated that the facility acknowledged RN/UM #1's lack of documentation, and indicated that though the documentation did not reflect it, the resident still had [NJ Ex Order 26. 4B1]. The [U.S. FOIA (b) (6)] who was present at that time, stated that a [NJ Ex Order 26. 4B1] was [NJ Ex Order 26.4(b)] at approximately 7:00 PM, and [NJ Ex Order 26.4] until 11:45 PM, and that was when the [U.S. FOIA (b) (6)] called the doctor. The [U.S. FOIA (b) (6)] stated that it was important to document so that anyone who read the record could tell what was done. There was no documented evidence within the resident's EHR or MAR to indicate that the resident received [NJ Ex Order 26. 4B1] between 7:00 PM and 11:45 PM on [NJ Ex Order 26. 4B1] as indicated by the [U.S. FOIA (b) (6)].</p> <p>On 4/23/25 at 1:16 PM, the surveyor interviewed</p>	F 658			

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F 658	<p>Continued From page 13</p> <p>the <i>U.S. FOIA (b) (6)</i> who stated that if a <i>NJ Ex Order 26. 4B1</i> <i>NJ Ex Order 26.4(b)(1)</i>, he would have expected the facility to insert an <i>NJ Ex Order 26. 4B1</i> until they could get a <i>NJ Ex Order 26. 4B1</i> established. The <i>U.S. FOIA</i> stated that he would have expected for <i>NJ Ex Order 26. 4B1</i> to have been notified, preferably, to see what they wanted done. The <i>U.S. FOIA</i> stated, "<i>NJ Ex Order 26. 4B1</i>."</p> <p>2. The surveyor reviewed the medical record for Resident #178.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to, <i>NJ Ex Order 26. 4B1</i></p> <p>A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <i>NJ Ex Order 26.4(b)(1)</i>, included the Brief Interview for Mental Status (BIMS) was not assessed <i>NJ Ex Order 26. 4B1</i>. A staff assessment for Mental Status included that the resident had <i>NJ Ex Order 26. 4B1</i>. Further review of the MDS revealed the resident was <i>NJ Ex Order 26. 4B1</i> and was</p>	F 658		

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F 658	<p>Continued From page 14</p> <p><i>NJ Ex Order 26. 4B1</i>. Section <i>NJ Ex Order 26.4(b)(1)</i> revealed that the resident was at risk for <i>NJ Ex Order 26. 4B1</i></p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated <i>NJ Ex Order 26.4(b)(1)</i>, that the resident was at risk of <i>NJ Ex Order 26. 4B1</i></p> <p>A review of the Order Summary Report (OSR), dated <i>NJ Ex Order 26.4(b)(1)</i> through <i>NJ Ex Order 26.4(b)(1)</i>, included the following physician orders (PO):</p> <p>A PO, dated <i>NJ Ex Order 26.4(b)(1)</i> for admission second day <i>NJ Ex Order 26.4(b)(1)</i>; <i>NJ Ex Order 26. 4B1</i></p> <p>A PO, dated <i>NJ Ex Order 26.4(b)(1)</i> ...for weekly <i>NJ Ex Order 26.4(b)(1)</i>: <i>NJ Ex Order 26. 4B1</i></p> <p>A PO, dated <i>NJ Ex Order 26.4(b)(1)</i>, for a <i>NJ Ex Order 26. 4B1</i></p> <p>A PO, dated <i>NJ Ex Order 26.4(b)(1)</i> for <i>NJ Ex Order 26. 4B1</i>.</p> <p>A PO, dated <i>NJ Ex Order 26. 4B1</i>, to <i>NJ Ex Order 26. 4B1</i></p>	F 658		

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F 658	<p>Continued From page 15</p> <p>[REDACTED].</p> <p>A review of the Nursing Admission/ Readmission Evaluation, dated [REDACTED] at 8:52 PM, revealed that the resident's [REDACTED]. The [REDACTED] assessment did not include [REDACTED].</p> <p>A review of the Weekly Skin check, dated [REDACTED] and [REDACTED], revealed that the resident's [REDACTED]. The [REDACTED] did not include [REDACTED].</p> <p>A review of the History and Physical note (H&P), dated [REDACTED] at 2:33 PM, which included on [REDACTED] the resident underwent [REDACTED]. The resident was transferred to a [REDACTED].</p> <p>Further review of the H&P revealed that the resident had a [REDACTED]. The H&P did not indicate that the resident had [REDACTED].</p> <p>Further review of the Progress Notes included a Physician note (PN) dated [REDACTED] at 10:13 AM, that the resident had a [REDACTED].</p> <p>A PN dated [REDACTED] and [REDACTED] revealed the resident had [REDACTED].</p> <p>A review of the Progress Notes, including the Nurses' Notes (NN), from [REDACTED] until [REDACTED] did not include documentation that the resident had [REDACTED]. Further review of the Progress Notes did not include a [REDACTED] NN of [REDACTED].</p> <p>A review of the electronic medical record (EMR)</p>	F 658		

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F 658	<p>Continued From page 16</p> <p>did not include a [redacted] assessment from [redacted] after [redacted] was observed or weekly [redacted] assessments as ordered after the [redacted] assessment.</p> <p>A review of the Progress Notes included a NN, dated [redacted] at 9:16 AM, which included that [redacted].</p> <p>On 4/22/25 at 12:58 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated [redacted] assessments were completed on admission, weekly and if a new [redacted] was identified. If a resident was admitted with staples to an incision that should be documented on the admission [redacted] assessment. The [redacted] further stated if a new [redacted] was identified, a progress note and a [redacted] assessment should be completed. An incident report would be completed if the [redacted] was [redacted] and not just [redacted]. The [redacted] assessment should include the [redacted] [redacted] and [redacted].</p> <p>On 4/22/25 at 1:24 PM, the surveyor interviewed the [redacted] who stated [redacted] assessments were completed on admission, the second day of admission, weekly and if a new [redacted] was identified. The [redacted] further stated that if a new [redacted] was identified, the nurse would complete a [redacted] assessment, an incident report, write a progress note, notify the doctor and the family. The [redacted] further stated that if a resident was admitted with staples to an incision, it should be documented on the admission [redacted] assessment. The [redacted] stated the [redacted] assessment should include the [redacted] and if any [redacted]. The [redacted].</p>	F 658		

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F 658	<p>Continued From page 17</p> <p>stated it was important to complete skin assessments per policy so appropriate interventions could be put into place.</p> <p>On 4/23/25 at 1:33 PM, in the presence of the <u>U.S. FOIA (b) (6)</u> and the survey team, the surveyor reviewed the above <u>NJ Ex Ord</u> assessment concerns.</p> <p>On 04/24/25 at 9:45 AM, in the presence of the <u>U.S. FOIA (b) (6)</u> and the survey team, the <u>U.S. FOIA (b) (6)</u> provided the surveyor with an incident report, dated <u>NJ Ex Order 26.4(b)(1)</u>, for the <u>NJ Ex Order 26. 4B1</u>. The <u>U.S. FOIA (b) (6)</u> confirmed that the incident report was not part of the medical record and that a <u>NJ Ex Ord</u> assessment should have been completed on <u>NJ Ex Order 26.4(b)(1)</u>. The <u>U.S. FOIA (b) (6)</u> further stated that the <u>NJ Ex Order 26. 4B1</u> should have been documented on the <u>NJ Ex Ord</u> assessments and weekly <u>NJ Ex Ord</u> assessment should have been documented in the EMR per policy.</p> <p>A review of the facility's "Administration of Inotropic Agents" policy, revised 3/28/18, included: ...Procedure: ...Documentation in the medical record includes, but is not limited to: ...Rate, route and total dose administered, Patient assessment and response to therapy, Complications and interventions...</p> <p>A review of the facility's "Charting and Documentation" policy, revised July 2017, included, Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p>	F 658			

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F 658	Continued From page 18	F 658			
F 677 SS=D	<p>A review of the facility's "Skin Assessment" policy, revised [redacted] NJ Ex Order 26.4(b), included that a full body, or head to toe, [redacted] NJ Ex Order 26.4(b)(1) assessment will be conducted by a licensed or registered nurse upon admission/readmission, daily for three days and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified [redacted] NJ Ex Order 26.4(b)(1)</p> <p>NJAC 8:39-13.1(d), 27.1 (a)</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint # NJ176079, #NJ182553</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure a resident was provided a [redacted] NJ Ex Order 26.4 as scheduled.</p> <p>This deficient practice was identified for 1 of 5 residents (Resident #122) reviewed for [redacted] NJ Ex Order 26.4B1 and was evidenced by the following:</p> <p>On 4/17/25 at 10:00 AM, a resident council meeting was conducted with six (6) [redacted] NJ Ex Order 26.4(b) and [redacted] NJ Ex Order 26.4(b) residents (Residents #19, #33, #39, #52 and #122), Resident # 122 stated that he/she was supposed to receive a [redacted] NJ Ex Order 26.4(b) the day before (4/16/25) and was [redacted] NJ Ex Order 26.4B1. Resident</p>	F 677	<p>483.24(a)(2) ADL Care Provided for Dependent Residents</p> <p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 122 was assessed by the Director of Nursing on 04/17/25. R122 was offered a [redacted] NJ Ex Order 26.4 at that time, accepted, and received a [redacted] NJ Ex Order 26.4(b) R122 did not present any additional concerns when asked.</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into</p>	5/22/25	

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F 677	<p>Continued From page 19</p> <p>#122 further stated that their [redacted] days were [redacted] and stated, [redacted] NJ Ex Order 26. 4B1</p> <p>"</p> <p>On 4/17/25 at 11:33 AM, the surveyor observed Resident #122 [redacted] and [redacted] sitting in their room, [redacted] appeared [redacted]. Resident #122 stated that he/she [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]. The resident further stated, [redacted] NJ Ex Order 26. 4B1" The resident stated he/she did not have to ask for a [redacted] NJ Ex Order 26. 4B1, but that staff usually would come and get him/her on their scheduled [redacted] day.</p> <p>The surveyor reviewed the medical record for Resident #122.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to, [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]</p> <p>A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted] NJ Ex Order 26. 4B1, included the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's [redacted] NJ Ex Order 26. 4B1. Further review of the MDS revealed the resident [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus are, dated [redacted] NJ Ex Order 26. 4B1, that the resident had [redacted] NJ Ex Order 26. 4B1</p> <p>[redacted]</p>	F 677	<p>place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Director of Nursing or designee in-serviced licensed nursing staff and certified nursing aides on the center's policy for offering and providing showers to all residents.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>The Director of Nursing or designee with conduct audits on 10 residents to confirm that they were offered and received their showers. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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

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FORM APPROVED
OMB NO. 0938-0391

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F 677	<p>Continued From page 20</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>_____.</p> <p>A review of the Order Summary Report, dated as of <i>NJ Ex Order 26.4f</i>, included the following physician orders (PO):</p> <p>A PO, dated <i>NJ Ex Order 26.4f</i>, for <i>NJ Ex Order 26.4(b)(1)</i> care twice a week. Document refusals <i>NJ Ex Order 26. 4B1</i> every evening shift every <i>NJ Ex Order 26. 4B1</i> for <i>NJ Ex Order 26.4(b)</i>.</p> <p>A review of the <i>U.S. FOIA (b) (6)</i> Documentation Report included documentation by a <i>U.S. FOIA (b)</i> that the resident had received a <i>NJ Ex Order 26. 4B1</i> at 7:55 PM.</p> <p>A review of the <i>NJ Ex Order 26.4(b)(1)</i> Treatment Administration Record (TAR) did not indicate that the resident <i>NJ Ex Order 26. 4B1</i>.</p> <p>On 4/17/25 at 11:40 AM, the surveyor interviewed CNA #2 who stated the residents should not have to ask for a <i>NJ Ex Order 26.4f</i> on their scheduled <i>NJ Ex Order 26.4f</i> days, but the <i>U.S. FOIA</i> should automatically tell the resident it's their <i>NJ Ex Order 26.4f</i> day and then give the resident a <i>NJ Ex Order 26.4(b)</i> If the resident refused the <i>NJ Ex Order 26.4(b)</i> the <i>U.S. FOIA (b)</i> would tell the <i>U.S. FOIA (b)</i>.</p> <p>On 4/17/25 at 11:43AM, the surveyor interviewed the Licensed Practical Nurse (LPN #2) who stated that the residents should automatically be given their <i>NJ Ex Order 26.4f</i> on their scheduled <i>NJ Ex Order 26.4f</i> day and as needed or requested. The <i>U.S. FOIA</i> further stated that if a resident refused the <i>NJ Ex Order 26.4(b)</i> the nurse would document it in the electronic medical record (EMR). <i>NJ Ex Order 26. 4B1</i></p>	F 677			

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F 677	<p>Continued From page 21</p> <p><i>NJ Ex Order 26. 4B1</i> _____."</p> <p>On 4/17/25 at 1:27 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i> _____ who stated that residents were scheduled for a <i>NJ Ex Order 26.4)</i> _____ twice a week and that the residents should not have to ask for the shower on their scheduled <i>NJ Ex Order 26.4)</i> _____ day. The <i>U.S. FOIA (b) (6)</i> _____ further stated that the CNA's would know the residents' <i>NJ Ex Order 26.4)</i> _____ schedule because it was in the <i>NJ Ex Order 26.4)</i> _____ book and in the tasks section of the EMR. The <i>U.S. FOIA (b) (6)</i> _____ stated her expectation was that the residents received their <i>NJ Ex Order 26.4(b))</i> _____ as scheduled.</p> <p>On 4/23/25 at 1:33 PM, in the presence of the <i>U.S. FOIA (b) (6)</i> _____ and the survey team, the surveyor reviewed the above shower concern.</p> <p>On 4/24/25 at 9:45 AM, the <i>U.S. FOIA (b) (6)</i> _____ and the survey team, acknowledged that Resident #122's <i>NJ Ex Order 26.4)</i> _____ was missed on <i>NJ Ex Order 26.4)</i> _____.</p> <p>A review of the facility's "Bath, Shower/Tub" policy, revised February 2018, included that the purpose of this procedure was to promote cleanliness, provide comfort to the residents and to observe the condition of the resident's skin. Documentation includes the date and time of the shower was performed and to notify the supervisor if the resident refused a shower/tub bath.</p>	F 677		

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F 677	Continued From page 22 N.J.A.C. 8:39-27.2 (g)(h)	F 677			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure that an [redacted] NJ Ex Order 26.4(b)(1) was accurately set according to the resident's [redacted] NJ Ex Order 26.4 This deficient practice was identified for 1 of 5 residents (Resident #32) reviewed for [redacted] NJ Ex Order 26.4B1 and was evidenced by the following: On 4/17/25 at 9:53 AM, the surveyor observed Resident #32 lying in bed awake on an [redacted] NJ Ex Order 26.4B1 was noted on the foot of the bed and it was set at [redacted] NJ Ex Order 26.4B1. When interviewed, the resident stated that they [redacted] NJ Ex Order 26.4B1. The resident stated that they had [redacted] NJ Ex Order 26.4B1 that resulted prior to admission after [redacted] NJ Ex Order 26.4B1. The	F 686		5/22/25	
			Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 32 was assessed by the [redacted] U.S. FOIA (b) (6) [redacted] room to ensure the [redacted] NJ Ex Order 26.4B1 setting was corrected. The [redacted] U.S. FOIA (b) (6) [redacted] completed a [redacted] NJ Ex Order 26.4B1 on R32. It was unremarkable with no signs of [redacted] NJ Ex Order 26.4(b)(1). The Director of Nursing and Unit Managers conducted a facility wide audit to ensure that all low air loss mattresses were set to the correct settings with no findings of any additional low air loss mattresses being on the wrong setting.		

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F 686	<p>Continued From page 23</p> <p>resident stated that he/she NJ Ex Order 26. 4B1 [REDACTED].</p> <p>On 4/22/25 at 12:32 PM, the surveyor observed Resident #32 lying in bed. The resident stated that he/she had NJ Ex Order 26. 4B1 [REDACTED]. The resident then stated that the NJ Ex Order 26. 4B1 [REDACTED], and the staff had already changed it once. The surveyor noted that the weight setting was still set at NJ Ex Order 26. 4B1 [REDACTED].</p> <p>On 4/22/25 at 12:37 PM, the surveyor reviewed the medical record for Resident #32.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, NJ Ex Order 26. 4B1 [REDACTED].</p> <p>[REDACTED]</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1 [REDACTED], included the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26. 4B1 [REDACTED] out of 15, which indicated the resident's NJ Ex Order 26. 4B1 [REDACTED]. Further review of the assessment revealed that the resident was admitted to the facility with NJ Ex Order 26. 4B1 [REDACTED].</p>	F 686	<p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing or designee in-serviced licensed nursing staff and certified nursing aides on the centers policy for support services, low air loss mattresses being set to the correct weight setting, and confirming the settings being checked through documentation.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Director of Nursing or designee will conduct audits on 10 residents on low air loss mattresses to ensure all are set on the correct settings. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>	

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F 686	<p>Continued From page 24</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>[REDACTED]</p> <p>A review of the resident's individual comprehensive care plan (ICCP) included a focus area, dated <i>NJ Ex Order 26.4(b)</i> <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Interventions included: <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the Order Summary Report (OSR), dated as of <i>NJ Ex Order 26.4(b)</i> [REDACTED], for <i>NJ Ex Order 26. 4B1</i> [REDACTED]: Check <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED] and function every shift.</p> <p>A review of the Treatment Administration Record (TAR) revealed an entry dated <i>NJ Ex Order 26.4(b)</i> [REDACTED] for <i>NJ Ex Order 26. 4B1</i> [REDACTED]: Check <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED] and function every shift. The entry was signed out as completed on day, evening and night shifts with the exception of both the evening and night shifts on 4/23/25.</p> <p>A review of the resident's Weekly <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED] dated <i>NJ Ex Order 26.4(b)</i> [REDACTED] indicated that the resident had no new <i>NJ Ex Order 26. 4B1</i> [REDACTED]. Further review of the assessment indicated that the resident had <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the <i>NJ Ex Order 26.4(b)</i> [REDACTED] and <i>NJ Ex Order 26.4(b)</i> [REDACTED] Summary revealed that the resident's <i>NJ Ex Order 26.4(b)</i> [REDACTED] as follows:</p> <p>On <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED], <i>NJ Ex Order 26. 4B1</i> [REDACTED] (Manual)</p> <p>On <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED], <i>NJ Ex Order 26. 4B1</i> [REDACTED] (Manual)</p> <p>On <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED], <i>NJ Ex Order 26. 4B1</i> [REDACTED] (Manual)</p> <p>On <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED], <i>NJ Ex Order 26. 4B1</i> [REDACTED] (Manual)</p>	F 686		

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F 686	<p>Continued From page 25</p> <p>(Manual) On <small>NJ Ex Order 26.4(b)(1)</small>, <small>NJ Ex Order 26. 4B1</small> [REDACTED]</p> <p>(Manual) On <small>NJ Ex Order 26.4(b)(1)</small>, <small>NJ Ex Order 26. 4B1</small> [REDACTED]</p> <p>(Manual) On <small>NJ Ex Order 26.4(b)(1)</small>, <small>NJ Ex Order 26. 4B1</small> [REDACTED]</p> <p>...Mistaken Entry</p> <p>On 4/22/25 at 12:40 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #11 who stated that she had just completed the resident's <small>NJ Ex Order 26. 4B1</small>. LPN #11 stated that the resident's <small>NJ Ex Order 26. 4B1</small>. LPN #11 further stated resident was admitted to the facility with the <small>NJ Ex Order 26. 4B1</small>.</p> <p>On 4/23/25 at 10:55 AM, the resident was not in their room at time of observation. The setting on the <small>NJ Ex Order 26. 4B1</small>.</p> <p>On 4/23/25 11:02 AM, the surveyor interviewed the acting Licensed Practical Nurse/Unit Manager (LPN/UM) #1 who confirmed that the resident had an <small>NJ Ex Order 26. 4B1</small>. LPN/UM #1 accompanied the surveyor into the resident's room and the <small>NJ Ex Order 26. 4B1</small> settings were reviewed. LPN/UM #1 stated that the <small>NJ Ex Order 26. 4B1</small> should have been set to the resident's current <small>NJ Ex Order 26. 4B1</small> but instead it was set to <small>NJ Ex Order 26. 4B1</small>. LPN/UM #1 stated that it was important that the <small>NJ Ex Order 26. 4B1</small> was to set to the correct <small>NJ Ex Order 26. 4B1</small> to ensure it was properly <small>NJ Ex Order 26. 4B1</small>. LPN/UM #1 stated that we checked the <small>NJ Ex Order 26. 4B1</small> and verified that the settings were correct and documented the check on the TAR. LPN/UM #1 stated that stated if the resident's current <small>NJ Ex Order 26. 4B1</small>, it should be set at <small>NJ Ex Order 26. 4B1</small>. LPN/UM #1 then proceeded to change the setting on the <small>NJ Ex Order 26. 4B1</small> from <small>NJ Ex Order 26. 4B1</small>, and he then stated that it should <small>NJ Ex Order 26. 4B1</small>. The</p>	F 686		

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F 686	<p>Continued From page 26</p> <p>mattress appeared very [redacted].</p> <p>On 4/23/25 at 11:23 AM, the surveyor interviewed the [redacted] who stated that the [redacted] setting was determined by the resident's [redacted]. The [redacted] stated that nursing should go into the rooms routinely and check the settings because the [redacted] could get bumped. The [redacted] stated that if the setting was [redacted] the resident could develop a [redacted] if the [redacted] was not set at the correct [redacted]. The [redacted] further stated that maintenance was to be notified if the bed was uncomfortable to determine if it needed to be replaced.</p> <p>On 4/23/25 at 12:09 PM, the surveyor interviewed the [redacted] who stated that an air mattress was ordered for resident's with known [redacted] and the pump was set according to the resident's [redacted]. The [redacted] stated that it was important not to go over the resident's [redacted] because it was no longer an [redacted] and it may be too tight, and would not help [redacted]. The [redacted] stated that the purpose of the [redacted] being set at the correct setting was to prevent [redacted].</p> <p>On 4/23/25 at 12:45 PM, the surveyor interviewed the [redacted] who stated that it was important to ensure the [redacted] was set to the resident's correct [redacted] for [redacted] purposes.</p> <p>On 4/24/25 at 10:06 AM, The surveyor interviewed the [redacted] who stated that when staff signed the order for the [redacted] check,</p>	F 686			

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F 686	Continued From page 27 they confirmed that they checked to see that the [redacted] was [redacted] and was set at the proper setting. The [redacted] further stated, if staff signed it, they confirmed that the [redacted] setting was correct. A review of the facility's "Use of Support Surfaces" policy, reviewed/revised 12/3/24, included: Support surfaces will be used in accordance with evidence-based practice for residents with or at risk for pressure injuries. Support surfaces will be chosen by matching the potential therapeutic benefit with the resident's specific situation. Considerations for utilizing specialized support surfaces:...Size and weight (i.e., allows for turning without contact with side rails, enhanced features for residents with obesity)..Support surfaces will be utilized in accordance with manufacturer recommendations (including considerations for contraindications).	F 686			
F 695 SS=D	NJAC 8:39-27.1 (a) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documents, it was	F 695	Respiratory/Tracheostomy Care and Suctioning	5/22/25	

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F 695	<p>Continued From page 28</p> <p>determined that the facility failed to a.) label, date, and store ^{NJ Ex Order 26.4(b)(1)} equipment in a sanitary manner and b.) clarify a physician's order.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #88) reviewed for ^{NJ Ex Order 26.4B1} and was evidenced by the following:</p> <p>On 4/16/2025 at 10:10 AM, the surveyor observed resident #88 resting in bed, ^{NJ Ex Order 26.4} and ^{NJ Ex Order 26.4}. The ^{NJ Ex Order 26.4B1} was draped over the resident's nightstand, open to air, and unused.</p> <p>At that time, the resident stated that he/she last used the ^{NJ Ex Order 26.4B1} and the doctor was trying to ^{NJ Ex Order 26.4B1} them off the ^{NJ Ex Order 26.4B1}.</p> <p>As the surveyor exited Resident #88's room, a ^{NJ Ex Order 26.4B1} was noted on the resident's wheelchair (W/C) in the bathroom. The ^{NJ Ex Order 26.4B1} was draped over the W/C and the part of the ^{NJ Ex Order 26.4B1} that would be applied under the resident's ^{NJ Ex Order 26.4B1} was touching the floor.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses that included, but were not limited to, ^{NJ Ex Order 26.4B1}.</p> <p>A review of the resident's comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated ^{NJ Ex Order 26.4(b)(1)}, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of ^{NJ Ex Order 26.4B1} out of 15, which indicated the resident's ^{NJ Ex Order 26.4B1}.</p>	F 695	<p>CFR(s): 483.25(i) 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.</p> <p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 88 no longer resides in the facility. On 04/17/25, The Assistant Director of Nursing replaced the ^{NJ Ex Order 26.4B1}, labeled and dated it appropriately.</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing or designee in-serviced all licensed nursing staff on ensuring oxygen tubing is stored in bags when not in use and to replace it if it is observed on the floor or not in a bag.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Director of Nursing or designee will conduct audits on 10 residents with ^{NJ Ex Order 26.4B1} to make sure it is stored appropriately. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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F 695	<p>Continued From page 29</p> <p>NJ Ex Order 26. 4B1 . Further review of the MDS revealed that the resident was on NJ Ex Order 26. 4B1 .</p> <p>A review of the resident's individual comprehensive care plan (ICCP), dated NJ Ex Order 26.4(b)(1) , included a focus area that the resident was on NJ Ex Order 26. 4B1 .</p> <p>A review of the Order Summary Report (OSR), dated as of 4/16/2025, included the following physician orders (PO):</p> <p>A PO, dated NJ Ex Order 26.4(b)(1) , to keep NJ Ex Order 26 in a bag when not in use.</p> <p>A PO dated NJ Ex Order 26.4(b)(1) to change and date NJ Ex Order 26 every Monday on the night shift.</p> <p>A PO, dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26. 4B1 .</p> <p>A PO, dated NJ Ex Order 26.4(b)(1) , to NJ Ex Order 26. 4B1 .</p> <p>On 4/17/2025 at 12:07 PM, the surveyor interviewed U.S. FOIA (b) (6) #9, who stated that the NJ Ex Order 26. 4B1 should be labeled and dated and stored in a bag when not in use, for infection control purposes.</p> <p>On 4/17/2025 at 12:31 PM, the surveyor interviewed the U.S. FOIA (b) (6) , who stated that the NJ Ex Order 26. 4B1 should be dated and initialed. He</p>	F 695			

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F 695	Continued From page 30 further stated that the [redacted] should be stored in a bag labeled with the resident's room number, their name, and the date, when it was not in use. On 4/17/2025 at 12:37 PM, the surveyor interviewed the [redacted], who stated there was a bag that the [redacted] was stored in. She also stated the [redacted] should be dated, initialed and placed in the bag when it was not in use. On 4/17/2025 at 12:41 PM, the surveyor and the [redacted] entered the resident's room. Upon exiting the room, the [redacted] confirmed that the [redacted] on the resident's W/C was undated and was touching the bathroom floor. The [redacted] stated that she would replace the [redacted]. On 4/22/2025 at 3:54 PM, the surveyor interviewed the [redacted], who stated the [redacted] should be stored in a bag when not in use and the [redacted] should be labeled with the date and initials. She further stated that the PO to wean the resident [redacted] and the order should have been clarified to include [redacted]. On 4/24/25 at 12:11 PM, the [redacted] stated that the facility did not have a policy or a written protocol addressing [redacted]. A review of the facility's undated "Oxygen Administration" policy did not address dating and storing the [redacted].	F 695			
F 725 SS=D	NJAC 8:39-27.1(a) Sufficient Nursing Staff	F 725		5/22/25	

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F 725	<p>Continued From page 31 CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint NJ #'s: 171463, 176079, and 182553</p> <p>Based on interview, record review, and review of pertinent facility documentation, it was determined the facility failed to ensure sufficient nursing staff and call bells were answered timely without waiting a long period of time for 1 of 3 residents (Residents #182) reviewed for sufficient</p>	F 725	<p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) 483.35(a) Sufficient Staff. 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 182 NJ Ex Order 26.4(b)(1) in the</p>		

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F 725	<p>Continued From page 32 nurse staffing.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the Call bell Audit Report for Resident #182 from NJ Ex Order 26. 4B1.</p> <p>The section under "Response" reflected the following dates and response times greater than (>)15 minutes):</p> <p>On NJ Ex Order 26.4 at 10:32 AM, response time was 16 minutes (mins) and 38 seconds (secs)</p> <p>On NJ Ex Order 26.4 at 1:39 PM, response time was 15 mins and 58 secs</p> <p>On NJ Ex Order 26.4(b) at 1:28 AM, response time was 15 mins and 25 secs</p> <p>On NJ Ex Order 26.4(b) at 7:18 AM, response time was 15 mins and 42 secs</p> <p>On NJ Ex Order 26.4(b) at 7:29 PM, response time was 17 mins and 13 secs</p> <p>On NJ Ex Order 26.4(b) at 12:34 PM, response time was 17 mins and 38 secs</p> <p>On NJ Ex Order 26.4 at 12:41 AM, response time was 17 mins and 39 secs</p> <p>A review of Resident #182's electronic medical records (EMR) revealed the following:</p> <p>A review of Admission Record, an admission summary, revealed the resident had diagnosis which included, NJ Ex Order 26. 4B1</p> <p>[REDACTED]</p>	F 725	<p>facility.</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Nursing Home Administrator or designee conducted in-servicing on call lights were answered timely. The Nursing Home Administrator or designee will conduct audits on timely call light response, toileting timely, receiving medications timely, receiving meals timely, and timely assistance with dressing.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Nursing Home Administrator or Director of Nursing will conduct audits on 10 residents for timely call light response, weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>	

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F 725	<p>Continued From page 33</p> <p>A review of the resident's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated ^{NJ Ex Order 26.4(b)} included the resident had a Brief Interview for Mental Status (BIMS) score of ^{NJ Ex} out of 15, which indicated the resident's ^{NJ Ex Order 26. 4B1}. Further review of the MDS revealed the resident was ^{NJ Ex Order 26. 4B1}.</p> <p>On 4/22/25 at 12:53 PM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that call bells should be answered within five (5) minutes.</p> <p>On 4/22/25 at 12:58 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that the call bells should be answered as soon as someone sees the call bell ringing.</p> <p>On 4/22/25 at 1:24 PM, the surveyor interviewed the ^{U.S. FOIA (b) (6)} who stated that her expectation would be that the call bells should be answered within a 15-minute period. The ^{U.S. FOIA (b)} stated that the staff could be busy with other residents and felt that the call bell being answered within 15 minutes was appropriate time. The ^{U.S. FOIA (b)} further stated that it was important to answer a residents' call bell timely because you never know what the resident may need or how much of an emergency it could be.</p> <p>On 4/23/24 at 1:33 PM, the survey team met with the ^{U.S. FOIA (b) (6)} and reviewed the above concerns and findings about call bell response time as mentioned</p>	F 725			

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F 725	<p>Continued From page 34 above. The [REDACTED] stated that her expectation on call bell response time would be less than 15 minutes.</p> <p>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 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. 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 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>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the two-week period beginning [REDACTED] and ending [REDACTED] revealed the facility was not in compliance with the State of New Jersey minimum staffing requirements for residents on 3 of 14 day shifts as follows:</p> <p>[REDACTED] had 11 CNAs for 93 residents on the</p>	F 725			

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F 725	Continued From page 35 day shift, required at least 12 CNAs. [REDACTED] had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. [REDACTED] had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. A review of the facility's "Answering the Call Light" policy, revised September 2022, included the purpose of this procedure is to ensure timely responses to the residents' request and needs. The policy also included to answer the residents call system immediately.	F 725			
F 755 SS=D	NJAC 8:39-25.2(a,b) 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	F 755		5/22/25	

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F 755	<p>Continued From page 36 the facility.</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 NJ #171463</p> <p>Based on observation, interview, record review and review of facility documentation, it was determined that the facility failed to a.) administer medications in accordance to the physician's orders for Resident #177, b.) ensure that the declining NJ Ex Order 26.4(b)(1) count was signed for two (2) residents (Resident #20 and #58) on one (1) of three (3) medication carts (cart #3) checked during the medication storage task, and c.) ensure that the NJ Ex Order 26.4(b) shift to shift was not presigned on one (1) of three (3) medication carts checked during the Medication storage task.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 4/23/25 at 2:00 PM, the surveyor reviewed the medical record for Resident #177.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had NJ Ex Order 26.4B1 [REDACTED].</p> <p>A review of the comprehensive Minimum Data</p>	F 755	<p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) 483.45 Pharmacy Services 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 177 NJ Ex Order 26.4(b)(1) in the facility. Resident 20 was NJ Ex Order 26.4(b)(1). Resident was interviewed and stated they received their medications accordingly. Resident 58 was NJ Ex Order 26.4(b)(1). Resident was interviewed and stated they received their medications accordingly. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice. 3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing or designee conducted in-servicing on timely</p>	

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F 755	<p>Continued From page 37</p> <p>Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], included the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident's [redacted].</p> <p>A review of the individual comprehensive care plan (ICCP) included a focus area, dated [redacted], that the resident had [redacted].</p> <p>A review of the Order Summary Report (OSR), included a physician's order (PO), dated [redacted], for [redacted].</p> <p>A review of [redacted] and [redacted] Medication Administration Audit Report (MAAR - a report that shows the time that the medication was documented as being administered) revealed that the 9:00 AM dose of [redacted] was administered outside of the prescribed time on the following dates and times:</p> <p>On [redacted] at 10:33 AM On [redacted] at 11:43 AM On [redacted] at 12:20 PM On [redacted] at 11:01 AM On [redacted] at 10:13 AM On [redacted] at 11:09 AM On [redacted] at 1:26 PM On [redacted] at 2:48 PM On [redacted] at 10:40 AM</p> <p>A review of the OSR, included a PO, dated</p>	F 755	<p>medication administration based on the providers order, ensuring documentation of controlled substance medications accurately reflect the disposition and administration times, and accurate shift to shift narcotic counts.</p> <p>Education will continue until all nursing staff have received the in-servicing. Staff will received the in-servicing prior to working their next scheduled shift. Newly hired staff will receive the in-servicing in orientation when they are hired prior to working the floor.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Director of Nursing or designee will conduct audits on 10 resident charts to confirm medications were administrated timely. Director of Nursing or designee will initiate audits on 5 residents who received controlled medication to ensure documentation accurately reflects disposition and medication administration times. Director of Nursing or designee will initiate audits on 2 random nurses shift to shift narcotic reports to ensure timely and accurate completion. All Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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F 755	<p>Continued From page 38</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>[REDACTED]</p> <p>A review of the <i>NJ Ex Order 26.4(b)(1)</i>, <i>NJ Ex Order 26</i> and <i>NJ Ex Order 26.4(b)(1)</i> MAAR revealed that the 9:00 AM dose of <i>NJ Ex Order 26. 4B1</i> was administered outside of the prescribed time on the following dates and times:</p> <p>On <i>NJ Ex Order 26. 4B1</i> at 11:28 AM On <i>NJ Ex Order 26. 4B1</i> at 12:13 PM On <i>NJ Ex Order 26. 4B1</i> at 10:21 AM On <i>NJ Ex Order 26. 4B1</i> at 2:23 PM On <i>NJ Ex Order 26. 4B1</i> at 10:25 AM On <i>NJ Ex Order 26. 4B1</i> at 10:40 AM On <i>NJ Ex Order 26. 4B1</i> at 11:56 PM On <i>NJ Ex Order 26. 4B1</i> at 12:02 PM On <i>NJ Ex Order 26. 4B1</i> at 10:46 AM</p> <p>On 4/22/25 at 1:52 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i>, who stated medications should be administered as per the PO. She further stated that the medication could be administered one (1) hour before or one (1) hour after the scheduled time, and any time outside of that would require a PO to be administered at that time.</p> <p>At that time, the surveyor reviewed the MAAR with the <i>U.S. FOIA (b) (6)</i>, who confirmed that the <i>NJ Ex Order 26. 4B1</i> was not administered in accordance with the PO.</p> <p>A review of the facility's undated "Administering Medications" policy included, "Medications are administered in accordance with the prescriber orders, including any required time frame."</p>	F 755			

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F 755	<p>Continued From page 39</p> <p>2.) On 4/22/25 at 9:16 AM, a medication storage inspection was conducted in the presence of LPN #10, the following was observed on the [redacted] cart #3:</p> <p>Upon reviewing the [redacted] binder located on the medication cart, the surveyor observed that the [redacted] NJ Ex Order 26.4(b)(1) Count Shift Change Signature Log was presigned for the [redacted] 3:00 PM outgoing slot.</p> <p>At that time, the surveyor interviewed LPN #10, who stated that this morning [redacted] she made a mistake and presigned the outgoing slot. She further stated that it should be signed when the [redacted] count was being done together with the incoming 3 PM to 11 PM [redacted].</p> <p>3.) Further review of the [redacted] book revealed that the Declining [redacted] NJ Ex Order 26.4(b)(1) Count log for Resident #58 indicated that there were [redacted]</p> <p>The surveyor observed there were [redacted] NJ Ex Order 26.4B1 in the cart.</p> <p>At that time, the surveyor interviewed LPN #10, who stated that she gave Resident #58 [redacted] NJ Ex Order 26.4B1 at 9:00 AM, but did not sign it out. She further stated that the declining inventory sheet should be signed immediately after the medication was administered.</p> <p>Further review of the narcotic book revealed that the Individual Patient [redacted] NJ Ex Order 26.4(b)(1) Administration Record for Resident #20 indicated that there were [redacted] NJ Ex Order 26.4B1 [redacted]. The surveyor observed there were [redacted].</p>	F 755		

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

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F 755	Continued From page 40 only 27 tablets in the cart. At that time, the surveyor interviewed LPN #10, who stated that she did not sign it out when she administered it to Resident #20 NJ Ex Order 26. 4B1 by mistake. On 4/22/25 at 2:36 PM, the surveyor interviewed the NJ Ex Order 26. 4B1 , who stated that the NJ Ex Order 26.4(b) count should be done together with the incoming and outgoing nurses. He further stated that, once the NJ Ex Order 26.4(b) was out of the package, it was signed out on the declining sheet log. On 4/22/25 at 3:29 PM, the surveyor interviewed the U.S. PHIA M , who stated the outgoing and incoming nurses count the NJ Ex Order 26.4(b)(1) together and then the shift to shift log should be signed at that time. She further stated that the NJ Ex Order 26.4(b)(1) should be signed off on the resident's declining inventory log at the time the medication was administered. A review of the facility's undated "Controlled Substances" policy revealed, "The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services."	F 755			
F 757 SS=D	NJAC 8:39-27.1(a) NJAC 8:39-29.7(c) Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from	F 757		5/22/25	

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F 757	<p>Continued From page 41</p> <p>unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to appropriately administer NJ Ex Ord medications in accordance with physician orders.</p> <p>This deficient practice was identified for one (1) of five (5) residents (Resident #20) reviewed for unnecessary medications and was evidenced by the following:</p> <p>On 4/23/25 at 10:12 AM, the surveyor observed Resident #20 in bed with their eyes closed.</p> <p>On 4/23/25 at 10:19 AM, the surveyor reviewed the medical records for Resident #20.</p>	F 757	<p>Drug Regimen is Free from Unnecessary Drugs</p> <p>CFR(s): 483.45(d)(1)-(6)</p> <p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 20 was not affected. Resident was interviewed and stated NJ Ex Order 26. 4B1</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to</p>		

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F 757	<p>Continued From page 42</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, NJ Ex Order 26. 4B1.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b)(1), included the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated the resident's NJ Ex Order 26. 4B1.</p> <p>A review of the individual comprehensive care plan (ICCP) included a focus area, dated NJ Ex Order 26.4(b)(1), that the resident had NJ Ex Order 26. 4B1.</p> <p>A review of the Order Summary Report (OSR), dated as of NJ Ex Order 26.4(b)(1), included the following physician orders (PO):</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26. 4B1.</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26. 4B1.</p> <p>A review of the NJ Ex Order 26.4(b)(1) Medication Administration Record (MAR), revealed Resident #20 was administered NJ Ex Order 26. 4B1 on</p>	F 757	<p>ensure that the deficient practice will not recur:</p> <p>Director of Nursing or designee in-serviced licensed nursing staff on documenting appropriate pain rating based on pain medication physician orders.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Director of Nursing or designee will audit 5 resident charts who received pain medications to determine that pain medications are administered appropriately in accordance with physician orders. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>	

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F 757	<p>Continued From page 43</p> <p>the following dates when the [redacted] rating was not in accordance with the PO:</p> <p>On [redacted] at 12:24 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:59 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:30 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 8:22 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:28 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:19 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 1:40 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:55 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:36 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 12:52 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 1:16 PM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 8:26 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 1:14 PM, the [redacted] level was documented as a [redacted].</p> <p>A review of the [redacted] Medication Administration Record (MAR), revealed Resident #20 was administered [redacted] on the following dates when the [redacted] level was not in accordance with the PO:</p> <p>On [redacted] at 8:06 AM, the [redacted] level was documented as a [redacted].</p> <p>On [redacted] at 8:32 AM, - the [redacted] level was</p>	F 757			

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F 757	<p>Continued From page 44</p> <p>documented as a [redacted]. On [redacted] at 10:06 AM, the [redacted] level was documented as a [redacted].</p> <p>A review of the [redacted] Medication Administration Record (MAR), revealed Resident #20 was administered [redacted] on the following dates when the [redacted] level was not in accordance with the PO:</p> <p>On [redacted] at 11:15 PM, the [redacted] level was documented as a [redacted]. On [redacted] at 9:35 AM, the [redacted] level was documented as a [redacted]. On [redacted] at 2:53 PM, the [redacted] level was documented as a [redacted]. On [redacted] at 11:02 PM, the [redacted] level was documented as a [redacted]. On [redacted] at 3:05 AM, the [redacted] level was documented as a [redacted]. On [redacted] at 9:53 AM, the [redacted] level was documented as a [redacted]. On [redacted] at 2:50 PM, the [redacted] level was documented as a [redacted]. On [redacted] at 8:37 AM, the [redacted] level was documented as a [redacted]. On [redacted] at 11:32 PM, the [redacted] level was documented as a [redacted]. On [redacted] at 7:32 AM, the [redacted] level was documented as a [redacted]. On [redacted] at 11:37 AM, the [redacted] level was documented as a [redacted].</p> <p>On 4/23/25 at 10:19 AM, the surveyor interviewed the [redacted] #8, who stated that before administering as needed (PRN) [redacted] medication, she would ask the resident their [redacted] level, using the [redacted] scale [redacted] to [redacted] being the [redacted] and then she would</p>	F 757			

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F 757	<p>Continued From page 45</p> <p>document it on the MAR. When asked what she would do if the resident stated that their ^{NJ Ex Ord} level was a ^{NJ Ex Order} " she replied, "NJ Ex Order 26. 4B1" LPN #8 further stated that the resident could say that she was withholding their medications, so she administered it to them as long as they could get it at the time they ask.</p> <p>LPN #8 stated that she followed the PO when administering medications and would follow any parameters included in the order.</p> <p>At that time, the surveyor showed LPN #8 the MAR for Resident #20, indicating the resident received ^{NJ Ex Order 26. 4B1}. She confirmed that the resident stated they were not ^{NJ Ex Order 26} that morning before administering the ^{NJ Ex Order 26. 4B1}. She further stated that she probably should not have given the medication this morning (^{NJ Ex Order 26. 4B1}), and she should have called the ^{U.S. FOIA (b) (6)}.</p> <p>On 4/23/25 at 10:36 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)} who stated, the ^{NJ Ex Ord} scaled 1 to 3 was considered ^{NJ Ex Order 28.4(b)(1)}, 4 to 6 was ^{NJ Ex Order 28.4(b)(1)} and anything above 6 was ^{NJ Ex Order 28.4(b)(1)}. He further stated the PO should be followed, and if the resident did not have ^{NJ Ex Ord} and was requesting ^{NJ Ex Ord} medication, the ^{U.S. FOIA (b) (6)} should be notified.</p> <p>On 4/23/25 at 11:57 AM, the surveyor interviewed the ^{U.S. FOIA (b) (6)}, who stated that the PO should be followed according to any parameters. She further stated that when a resident asks for ^{NJ Ex Ord} medication and was not ^{NJ E} he/she should be educated on the reason for the ^{NJ Ex Ord} medication and the ^{U.S. FOIA (b) (6)} should be notified.</p>	F 757			

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F 757	Continued From page 46 A review of the facility's undated "Administering Medications" policy revealed, "4. Medications are administered in accordance with the prescriber orders, including any required time frames."	F 757			
F 761 SS=D	NJAC 8:39-27.1(a) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Complaint NJ#: 171460	F 761		5/22/25	
			Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)		

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	<p>Continued From page 47</p> <p>Based on observation, interview, and review of facility documents, it was determined that the facility failed to store medications properly.</p> <p>This deficient practice was identified on one (1) of two (2) units (NJ Ex Order 26. 4B1) and evidenced as follows:</p> <p>On 4/16/25 at 11:05 AM, during the initial tour, the surveyor entered Resident #10's room and observed NJ Ex Order 26. 4B1 [REDACTED] on the resident's overbed table.</p> <p>At 11:11 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #7, who stated that medications were stored in the medication cart and should never be left in the resident's room at the bedside.</p> <p>At that time, LPN #7 was informed that the NJ Ex Order 26. 4B1 [REDACTED] was in the resident's room. LPN #7 stated that she would follow up and was observed going into the resident's room.</p> <p>On 4/16/25 at 1:44 PM, the surveyor conducted a follow-up interview with LPN #7. LPN #7 stated that the NJ Ex Order 26. 4 [REDACTED] was removed from the resident's bedside and discarded because it was empty. She further stated that she did not know how the resident obtained the NJ Ex Order 26. 4 [REDACTED].</p> <p>At that time, the surveyor looked in the medication cart (cart #3) and did not see the NJ Ex Order 26. 4B1 [REDACTED]. LPN #7 stated she used the last dose this morning (NJ Ex Order 26. 4B1 [REDACTED]) and discarded the empty container.</p>		<p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 10 was NJ Ex Order 26.4(b)(1) [REDACTED]. Resident was interviewed and stated they received their medications accordingly.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nursing or Designee in-serviced licensed nursing staff on proper medication storage.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Director of Nursing or designee will conduct audits on 5 random residents to ensure that medication are stored properly and not at bedside. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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F 761	<p>Continued From page 48</p> <p>On 4/22/2025 at 9:23 AM, the surveyor made a follow-up visit to Resident #10's room and observed a <u>NJ Ex Order 26. 4B1</u> in a bag that was hung on the resident's <u>NJ Ex Order 26.4B1</u>.</p> <p>On 4/22/25 at 3:29 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated that medications should be stored in the medication cart and never left at the resident's bedside. She stated that empty medication containers should also never be left at the bedside. She further stated that a resident could be assessed to self-medicate, which would require a physician's order. The <u>U.S. FOIA (b) (6)</u> then stated even then, the resident would be given a key to lock the medication up appropriately. She stated that all staff must inform the <u>U.S. FOIA (b) (6)</u> if any medicines were observed at the bedside. The <u>U.S. FOIA (b) (6)</u> confirmed that Resident #10 was not assessed to <u>NJ Ex Order 26. 4B1</u>.</p> <p>At that time, the surveyor showed the <u>U.S. FOIA (b) (6)</u> a picture of the <u>NJ Ex Order 26. 4B1</u> observed at the bedside. The <u>U.S. FOIA (b) (6)</u> stated that at 9:39 AM, staff informed her that it was there and removed it. She also stated that before the morning meeting at 9:00 AM, everyone was assigned to a resident room and report anything found. She stated that education was provided upon hire that medication was not to be left at the bedside.</p> <p>A review of the facility's undated "Medication Labeling and Storage" policy included, "Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems."</p>	F 761			

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F 761	Continued From page 49	F 761			
F 806 SS=D	<p>NJAC 8:39-29.4(h)</p> <p>Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5)</p> <p>§483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Complaint NJ #171463</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure that resident's dietary preferences were accurately implemented for 1 of 1 resident (Resident #20) reviewed for dining and was evidenced by the following:</p> <p>On 4/22/25 at 8:50 AM, the surveyor observed Resident #20 sitting upright in their bed with a breakfast tray on the overbed table. The resident's diet slip indicated a Western omelette, home-fried potatoes, margarine, two cold cereals, yogurt, coffee with cream and sugar. Instead of an omelet, the resident's breakfast tray included scrambled eggs, one cold cereal, and no yogurt.</p> <p>At that time, the surveyor interviewed the resident, who stated that NJ Ex Order 26. 4B1</p>	F 806	<p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 20 was interviewed by the Food Service Director on whether they were served a diet taking into consideration their preferences and what they received for meals.</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Food Service Director or designee in-serviced the dietary department staff on providing meals as ordered that meet resident preferences.</p>	5/23/25	

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F 806	<p>Continued From page 50</p> <p>On 4/22/25 at 12:00 PM, the surveyor reviewed the medical record for Resident #20.</p> <p>A review of the Admission Record, an admission summary, revealed that the Resident #20 had a diagnosis that included, <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated <i>NJ Ex Order 26.4(b)(1)</i>, included the resident had a Brief Interview for Mental Status (BIMS) score of <i>NJ Ex</i> out of 15, which indicated the resident's <i>NJ Ex Order 26. 4B1</i>.</p> <p>A review of the individual comprehensive care plan (ICCP) included a focus area, dated <i>NJ Ex Order 26.4(b)(1)</i>, that the resident had <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>A review of the Order Summary Report (OSR), dated as of <i>NJ Ex Order 26.4(b)(1)</i>, included <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>On 4/22/25 at 1:06 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i> [REDACTED], who stated that the food trays should be accurate as shown on the ticket.</p> <p>On 4/22/25 at 2:30 PM, the surveyor interviewed the <i>U.S. FOIA (b) (6)</i> [REDACTED], who stated that the physician's order excludes <i>NJ Ex Order 26</i> or extra cereal. He stated those items would be included on the diet slip, which informed the staff what should be on each</p>	F 806	<p>The Food Service Director or designee will audit meal trays to ensure the prescribed diet is followed and served, and that the food served meets the resident's preferences.</p> <p>The Food Service Director or designee will interview residents to ensure they receive the correct diet and that their preferences are met.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Resident 20 will be interviewed by the Food Service Director or Designee on whether they have received their meals as ordered weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p> <p>The Food Service Director or designee will audit 10 meal trays to ensure the prescribed diet is followed and served and that the food meets the residents' preferences. Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p> <p>The Food Service director or Designee will interview 10 residents to ensure they receive the correct diet and that their preference are met.</p> <p>Audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The</p>		

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F 806	Continued From page 51 resident's meal tray. He further stated the tray would then be checked for accuracy. On 4/23/25 at 11:47 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> , who stated that staff distributed the meal trays and were expected to check the contents to ensure residents were receiving an accurate diet and everything that was ordered. A review of the facility's undated "Resident Food Preferences" policy included: "Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will be ordered with the resident's or representative's consent.	F 806	results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.		
F 812 SS=E	NJAC 8:39-17.4(e) 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	F 812		5/22/25	

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F 812	<p>Continued From page 52</p> <p>serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe consistent manner to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 4/16/25 from 9:37 AM to 10:33AM, the surveyor observed the following in the presence of the Food Service Director (FSD #1):</p> <p>The Dry Storage Room</p> <ol style="list-style-type: none"> 1. Plastic portion cup lids spilling out of the plastic bag, not covered. The FSD #1 stated that the lids should be covered and in the plastic bag. 2. A box of white plastic fork utensils spilling out of the plastic bag, not covered. FSD #1 stated that that the plastic forks should be covered and stored in the plastic bag. <p>Reach in Refrigerator</p> <ol style="list-style-type: none"> 1. A half empty blue sports drink bottle not dated or labeled. FSD #1 stated that the bottle could have belonged to a staff member or a resident and should not have been in the refrigerator. FSD #1 discarded the blue sports drink bottle. <p>The kitchen floor by the stove and food prep area had NJ Ex Order 26. 4B1. The bottom shelf of the food prep area had debris and NJ Ex Order 26. 4B1. FSD #1 stated that the floors were cleaned every shift by the staff.</p>	F 812	<p>Food Procurement, Store/Prepare/Serve-Sanitary</p> <ol style="list-style-type: none"> 1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified nor immediately affected. All areas of concern were addressed immediately by the Food Service Director and Nursing Home Administrator. The items in the dry storage were covered right away, the floor was immediately cleaned, the beverage in the refrigerator was immediately removed, the floor in front of the stove was immediately cleaned, and the staff hair nets were fixed immediately. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Food Service Director or designee in-serviced dietary department staff on the facility policy on sanitation, employee hygiene including hair nets and dry food storage. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: 		

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F 812	<p>Continued From page 53</p> <p>On 4/22/25 at 10:49 AM, the surveyor observed the lunch meal tray line and observed the following:</p> <ol style="list-style-type: none"> 1. Dietary Aide's (DA #1) hair not fully covered under the hair net with had a long strand of black hair outside the hair net. 2. DA #2's hair not fully covered under the hair net. <p>On 4/22/25 at 11:25 AM, the surveyor interviewed FSD #2 who stated that hair nets should include all the hair on the head and should not have any hair out of the hair net.</p> <p>On 4/23/25 at 1:33 PM, in the presence of the <i>U.S. FOIA (b) (6)</i> and the survey team, the surveyor reviewed the above kitchen concerns.</p> <p>A review of the "Sanitation" policy, revised November 2022, included that all kitchens, kitchen area and dining area are kept clean, free from garbage and debris.</p> <p>A review of the "Preventing Foodborne illness-Employees Hygiene and Sanitary" policy, revised November 2022, included hair nets or caps and /or beard restraints are worn when cooking, preparing or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens.</p> <p>A review of the facility's "Food Receiving and Storage" policy, revised November 2022 included</p>	F 812	The Food Service Director or designee will audit dry storage supplies, sanitation, and employee hygiene via audits to be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.		

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F 812	Continued From page 54 under 'Dry Food Storage' 1.) "Non-refrigerated foods, disposable dishware and napkins are stored in a designated "dry storage" unit which is temperature and humidity controlled, free of insects and rodents and kept clean." 3.) "Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use."	F 812			
F 880 SS=D	NJAC 8:39-17.2(g) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880		5/22/25	

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F 880	<p>Continued From page 55</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 56</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to maintain proper infection control practices to prevent the spread of infection.</p> <p>This deficient practice was identified for 2 of 2 Licensed Practical Nurses (LPN #6, and #7) observed during the medication observation task and was evidenced by the following:</p> <p>On 4/17/2025 at 8:49 AM, the surveyor observed Licensed Practical Nurse (LPN #6) administer the medication to Resident #112. After administering the medication and performing hand hygiene, she went into an unsampled resident's room to assist the resident. She touched the resident's mattress, then proceeded to wash her hands. After washing her hands, she turned off the faucet with her bare hand.</p> <p>At that time, the surveyor interviewed LPN #6, who stated that she should have turned the faucet off with a dry paper towel.</p> <p>On 4/17/2025 at 9:49 AM, the surveyor observed LPN #7 administer medication to Resident #226, immediately following the administration, LPN #7 washed her hands then turned the faucet off with her bare hands.</p> <p>At that time, the surveyor interviewed the LPN, who stated that she should have turned the faucet off with a paper towel instead of her bare hands.</p>	F 880	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) 483.80 Infection Control</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident 112 was [redacted] Resident 226 was [redacted] Resident 41 was [redacted]</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Director of Nursing or designee in-serviced all licensed nursing staff regarding handwashing during medication pass and assisting residents.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Director of Nursing or designee will conduct audits on three random staff members to ensure proper hand washing. These audits will be conducted weekly x 4 weeks, then every other week for 4 weeks, and then monthly x 3 months. The results of the audit will be reported to the facility QAPI committee until compliance is determined to be sustained.</p>		

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F 880	<p>Continued From page 57</p> <p>On 4/17/2025 at 12:25 PM, the surveyor observed LPN #7 administer ^{NJ Ex Order 26, 4B1} to Resident #41. Immediately after administering the ^{NJ Ex Order 26, 4B1}, LPN #7 washed her hands, grabbed a paper towel, and took one small stroke to dry her hands. She then used the same damp towel to turn the faucet off. After turning the faucet off, she grabbed a couple more paper towels to dry her hands.</p> <p>On 4/22/2025 at 3:46 PM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u>, who stated that the proper way to perform hand hygiene was to wet the hands, obtain soap, rub hands together for 20 seconds, then rinse with fingertips pointing downward, dry the hands with a paper towel, and then grab a new paper towel to turn the faucet off.</p> <p>On 4/23/25 at 10:00 AM, the surveyor interviewed the <u>U.S. FOIA (b) (6)</u> who stated, when performing hand hygiene, the staff should turn on the faucet, wet their hands, get soap, lather hands, scrub hands thoroughly for at least 30 seconds outside the stream of water, rinse hands one at a time under the water, grab a paper towel to dry hands and throw it away, grab a new paper towel to turn off the faucet and throw it away. She further stated that the process prevents the hands from being contaminated.</p> <p>A review of the facility's undated "Handwashing/Hand Hygiene" policy revealed, "Washing Hands 1. Wet hands first with warm water, then apply an amount of product recommended by the manufacturer to hands. ...3. Rinse hands with water and dry thoroughly</p>	F 880			

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F 880	Continued From page 58 with a disposable towel. 4. Use towel to turn off the faucet." NJAC 8:39- 19.4(n)	F 880			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096
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(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) COMPLETE DATE
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: Complaint NJ#'s: 171463, 176079 and 182553 Based on observation, interviews, and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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	S 560	The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were identified nor immediately affected by the failure to provide minimum staffing levels as mandated by the State of New Jersey. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be	5/23/25

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

Electronically Signed

TITLE

(X6) DATE

05/14/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096
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S 560	<p>Continued From page 1</p> <p>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 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>1. For the week of Complaint staffing from 01/14/2024 to 01/20/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-01/14/24 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>2. For the 2 weeks of Complaint staffing from 07/14/2024 to 07/27/2024, the facility was deficient in CNA staffing for residents on 3 of 14 day shifts as follows:</p> <p>-07/14/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -07/20/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p>	S 560	<p>affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Administrator was educated on S560 by Regional Director of Labor Management and Recruitment. Human Resources and Staffing Director was educated on S560 by the Administrator. Recruitment efforts continue to include: wage analysis and adjustments, vacant shift bonuses, online job listings, ongoing onsite job fairs, on-demand orientation classes, daily interviews to walk-ins, shift differentials and referral bonuses.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Administrator or designee will review staffing schedules weekly to ensure adequate staffing for all shifts. Any findings will be followed up and documented and then reported during the quarterly QAPI meetings for one years' time, or until staffing levels are no longer an issue.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096
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(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) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>-07/21/24 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>3. For the 2 weeks of staffing prior to survey from 03/30/2025 to 04/12/2025, the facility was deficient in CNA staffing for residents on 2 of 14 day shifts as follows:</p> <p>-03/30/25 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -04/05/25 had 12 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>On 4/22/25 at 12:23 PM, the surveyor interviewed the Staffing Coordinator (SC) who stated she was aware of the staffing ratios. The SC stated they did not utilize agency staff and that she contacted the nurses and CNAs to ensure they met the staffing ratios each shift. She further stated that she filled in as a CNA as well.</p> <p>On 4/22/25 at 1:38 PM, the surveyor interviewed the Director of Nursing (DON) who stated to address the low weekend staffing the facility offered bonuses, the managers had on-call rotations, and they were always hiring. The DON stated they no longer had agency staff and staffing was better now. She further stated to prevent call outs they made it easier for staff to get time off.</p> <p>A review of the facility's "Staffing, Sufficient and Competent Nursing Policy" revision date August 2022, included, "Our facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all</p>	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 08008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
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NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096
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S 560	Continued From page 3 residents6. Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care."	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315521	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/4/2025	Y3
NAME OF FACILITY ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		

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 F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	05/22/2025
ID Prefix F0695	Correction	ID Prefix F0725	Correction	ID Prefix F0755	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(a)(1)(2)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	05/22/2025
ID Prefix F0757	Correction	ID Prefix F0761	Correction	ID Prefix F0806	Correction
Reg. # 483.45(d)(1)-(6)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	05/23/2025
ID Prefix F0812	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	05/22/2025	LSC	05/22/2025	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 4/24/2025		<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		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315521	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/4/2025	Y3
NAME OF FACILITY ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix F0677	Correction	ID Prefix F0725	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. # 483.35(a)(1)(2)	Completed
LSC	05/22/2025	LSC	05/22/2025	LSC	05/22/2025
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 4/24/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 08008	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing		DATE OF REVISIT 6/4/2025	Y3
NAME OF FACILITY ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		

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 _____	05/23/2025	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 _____	

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 4/24/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 08008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/4/2025
Y1	Y2	Y3
NAME OF FACILITY ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB		STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096

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	05/23/2025	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 4/24/2025		<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		

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

PRINTED: 07/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		
(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	
E 000	Initial Comments	E 000			
K 000	INITIAL COMMENTS Atlas Post Acute at Woodbury was in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.	K 000			
K 291 SS=F	A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/23/2025 to 04/24/2025 and Atlas Post Acute Care of Woodbury was found to be in non-compliance 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. Atlas Post Acute Care of Woodbury is a one-story Type II Protected building that was built in 2016. The facility is divided into 10 smoke zones. The facility has a 400 Kilo-Watt Emergency Generator that supplies electrical power to 100 percent of the building. Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 04/23/2025 in the presence of facility U.S. FOIA (b) (6) , it was determined that the	K 291	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient	5/23/25	

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

TITLE

(X6) DATE

Electronically Signed

05/14/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		
(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	
K 291	<p>Continued From page 1</p> <p>facility failed to provide a functioning battery backup emergency lighting for 1 of 1 emergency generators transfer switch location, independent of the building's electrical system and emergency generator in accordance with NFPA 101:2012 - 7.9, 19.2.9.1. This deficient practice had the potential to affect 117 residents and was evidenced by the following:</p> <p>An observation at approximately 9:18 AM an inspection in the Main Electrical room where the emergency generators transfer switch was located, revealed no evidence of a battery backed-up emergency light for the generator transfer switch independent of the emergency generator.</p> <p>In an interview at the time, the [U.S. FOIA (b)] confirmed the observation.</p> <p>The [U.S. FOIA (b)] were informed of the deficient practice during the Life Safety Code survey exit on 04/24/2025 at approximately 11:50 AM.</p> <p>NJAC 8:39-31.2(e) NFPA 99, 110</p>	K 291	<p>practice:</p> <p>A functioning battery emergency light was installed at the emergency transfer switch location. Battery is independent of the buildings electrical system and emergency generator system.</p> <p>2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The [U.S. FOIA (b)] was educated on K291 to ensure compliance is maintained by the Administrator.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Administrator or Designee will ensure that the emergency backup light at transfer switch is and remains operational. Audits will be conducted on a monthly basis. Findings will be reported to the QAPI committee meeting until compliance has been met.</p>		
K 918 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a</p>	K 918		6/11/25	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		
(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	
K 918	<p>Continued From page 2</p> <p>process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 04/23/2025 in the presence of the facility's U.S. FOIA (b) (6), it was determined that the facility failed to ensure a remote manual stop station for 1 of 1 emergency generators was installed in accordance with the requirements of NFPA 110, 2010 Edition, Section 5.6.5.6 and 5.6.5.6.1. This deficient practice had the potential to affect 117 residents and was</p>	K 918	<p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: A remote manual stop station for 1 of 1 of emergency generators was installed in accordance with NFPA 110, 2010 Edition Section 5.5.6 and 5.6.5.6.1.</p> <p>2.Address how the facility will identify</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/24/2025
NAME OF PROVIDER OR SUPPLIER ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB			STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096		
(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	
K 918	<p>Continued From page 3 evidenced by the following:</p> <p>In an interview on 04/23/2025 at approximately 8:40 AM, the [U.S. FOIA (b)] stated they had one (1) 400 KW (Kilowatt) Diesel Emergency Generator.</p> <p>An observation at approximately 9:27 AM outside of the building where the 400 KW Emergency Generator was located, revealed the emergency generator had the emergency stop button located on the metal housing of the generator.</p> <p>The surveyor observed no evidence of a remote emergency stop button for the 400 KW Diesel Emergency Generator.</p> <p>In an interview at the time, the [U.S. FOIA (b)] confirmed the observation and stated they did not have a remote emergency stop button for the generator.</p> <p>The [U.S. FOIA (b) (6)] were informed of the deficient practice during the Life Safety Code survey exit on 04/24/2025 at approximately 11:50 AM.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99,110</p>	K 918	<p>other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected by this deficient practice.</p> <p>3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: [U.S. FOIA (b) (6)] was educated on K918 to ensure compliance is maintained by the Administrator.</p> <p>4.Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: Administrator or Designee will ensure that the remote manual stop for 1 of 1 emergency generator is installed and remains operational. Audits will be conducted on a monthly basis. Findings will be reported monthly to the QAPI committee meeting until substantial compliance has been met.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315521	MULTIPLE CONSTRUCTION A. Building 01 - ATRIUM POST ACUTE WOODBURY B. Wing	DATE OF REVISIT 6/13/2025
Y1	Y2	Y3
NAME OF FACILITY ATLAS POST ACUTE AT WOODBURY COUNTRY CLUB		STREET ADDRESS, CITY, STATE, ZIP CODE 467 COOPER STREET WOODBURY, NJ 08096

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 _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0291	05/23/2025	LSC K0918	06/11/2025	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 4/24/2025		<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		