STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315522	A. BUILDING _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

(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 #s NJ 161955, 168225, 168886, 169291, 169881, 172462, 174092, 174553, 174731, 177778 STANDARD SURVEY: 11/21-11/27/24 CENSUS: 75 SAMPLE SIZE: 20+2 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long-Term Care Facilities. Complaint investigations were also completed during this survey. Deficiencies were cited for this survey.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility	F 550		1/13/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/2024

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F 550	Continued From page 1 must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Complaint # NJ00169291 Based on observation, interview, and record review it was determined that the facility failed to maintain the dignity of 3 of 20 residents reviewed (Resident # 62, Resident # 34, Resident #35). This deficient practice was found with 3 Certified Nursing Aides (CNA) observed during the survey. The deficient practice was evidenced by the following: 1. On 11/22/24 at 1:15PM, the surveyor observed Resident # 62's representative ask CNA # 1 to help the resident. At that time CNA # 1 walked up to the representative and stood about 12 inches	F 550	1. Corrective Action of Areas Affected: The concerns for residents #62 , #34 and #35 were addressed. CNA□s #1 and #2 were re-educated on resident rights , customer service, and addressing resident□s concerns in a proper manner. The [US FOIA (b)] for resident #34 was re-educated in these areas and also received US FOIA (b)(6). Resident #34 care plan was updated to address [NJ EX (redacted)] 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice.	

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F 550	Continued From page 2 away from the representative. The CNA # 1 stated in a loud voice that she cannot help that resident right now as that resident NJ Ex Order 26.4b1 since the resident is NJ Ex Order 26.4b1. The surveyor interviewed the CNA # 1 who stated that the resident NJ Ex Order 26.4b1 and the resident refuses care. The CNA # 1 did not acknowledge that the response she had with the resident's representative was considered undignified. At 2:30PM, the surveyor discussed the above concerns with the US FOIA (b)(6)), who stated that this behavior was unacceptable. 2. On 11/22/24 at 11:08 AM, during the resident council meeting, Resident #34 stated that she/he had NJ Ex Order 26.4b1 about a NJ Exec Order 26.4b1. Resident # 34 stated that they put their call light on last night at approximately midnight to call the nurse for NJ Ex Order 26.4b1. The staff did not answer the call light so at approximately 1:30 AM, the resident stated he/she went out into the hallway and asked the nurse for NJ Ex Order 26.4b1. Resident #34 stated that the nurse replied, "Don't make me NJ Ex Order 26.4b1." The surveyor reviewed the medical record for Resident #34. A review of the Admission Record reflected Resident #34 was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4b1 A review of the quarterly Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26.4 reflected Resident #34 had a Brief Interview for Mental Status (BIMS) score of "NJ E out of 15"	F 550	Interviewable residents or family members/Responsible Party's of non-interviewable residents, have been interviewed to identify and immediately address other potential resident rights concerns. 3. Systemic Changes to Prevent Future Occurrences: Licensed nurses and CNAs have been re-inserviced on Resident Rights and Customer Service. Managers function as resident Partners by frequently visiting residents. Partners have been re-educated on the various specific Resident Rights under the Federal/State regulations. They have conducted Resident Rights inquiries with all interviewable residents or family/Responsible Party of non-interviewable residents regarding potential resident rights violations and any concerns have been addressed through the facility's Grievance process. 4. Monitoring of Corrective Action: The resident "Partners" will interview a minimum of 5 alert residents or family members/Responsible Party of cognitively impaired residents weekly x4 weeks, then monthly x2 months. Results of the audits/Grievances will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	

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F 550	Continued From page 3 which indicated the resident was NJ Ex Order 26.4b1 [redacted] A review of the Individualized Care Plans (CP) reflected Resident # 34 did not have a CP that addressed their NJ Ex Order 26.4b1. On 11/22/24 at 1:19 PM, the survey team met with the administration to discuss the above concern. On 11/25/24 at 9:12 AM, the surveyor interviewed the US FOIA (b) [redacted] who confirmed that the US FOIA (b)(6) [redacted] behavior was unacceptable and that the US FOIA [redacted] would receive training on acceptable customer service. The US FOIA (b) [redacted] further confirmed that Resident #34 should have had a CP in place which addressed their NJ Ex Order 26.4b1. On 11/26/24 at 10:00 AM, the surveyor conducted a phone interview with the US FOIA (b)(6) [redacted] who had been assigned to Resident #34's care. The US FOIA [redacted] stated that she would never want to be rude to any resident, and planned to apologize to Resident #34. 3. On 11/22/24 at 11:43 AM, the surveyor observed an interaction between Resident #35 and a staff member. Resident #35 walked up the nursing station with an envelope in his/her hand. Resident #35 spoke to the staff person who was seated behind the desk at the nursing station. The resident asked for assistance with taping the envelope closed and obtaining a stamp. The staff person raised her head from the	F 550		

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F 550	Continued From page 4 computer screen, looked at the resident, but did not respond to the resident. A Rehabilitation staff person who was walking by and observed the interaction told the resident she would assist the resident. She guided the resident away from the nursing station. The surveyor approached the staff person, introduced herself, and asked for the name of the staff person. She responded with her name and stated she was a CNA (CNA #2). When asked why she did not respond to the resident when he/she asked for assistance, she stated she did not know where to get tape or stamps. She said she was sorry she did not respond to the resident. On 11/22/24 at 1:00 PM, the surveyor went to the resident's room and interviewed the resident. The resident said he/she received tape and a stamp from the US FOIA (b). On 11/22/24 at 1:26 PM, the surveyor relayed the above information to the US FOIA (b)(6) and the US FOIA (b). They stated CNA #2 should have responded to the resident and that CNA #2 would be re-educated.	F 550		
F 607 SS=E	NJAC 8:39-4.1(a) Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,	F 607		1/13/25

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F 607	Continued From page 5 §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined that the facility failed to implement their Abuse Prohibition policy by: a) ensuring a newly hired employee's criminal background investigation report (CBI) was reviewed in a timely manner by Administration prior to their date of hire for 1 of 10 employee records reviewed, Employee #4, and b) ensuring all newly hired employees were appropriately screened by conducting reference checks prior to their date of hire for 8 of 10 employee records, Employee #1, 3, 4, 5, 6, 7, 8, 9, reviewed. The deficient practice is evidenced by the following information.	F 607	1. Corrective Action of Areas Affected: Employee #4 was previously [NJ Ex Order 26.4b1] and references have been obtained for employee # 1, 3, 4, 5, 6, 7, 8, 9. The facility can not retroactively obtain any background checks or references on any employee no longer employed with the facility. The [US FOIA (b)(6)] re-inserviced on ensuring references and criminal background checks are obtained in accordance with Federal/State regulations in order to fully protect residents from potential abuse.	

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F 607	Continued From page 6 The surveyor performed the Abuse Prohibition Employee Pre-Screening Task on 11/27/24. The surveyor randomly selected 10 newly hired employees who began employment after the last standard recertification inspection. 1. A review of CBIs revealed 1 of 10 employees, Employee #4 - a US FOIA (b)(6) had a CBI which included NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 offenses during the time period of [redacted] through [redacted] The employee began their employment on [redacted] The CBI search for New Jersey Criminal and Other Offenses was noted to be conducted on [redacted] There were no offenses found for New Jersey. The CBI search for Other States' Criminal and Other Offenses was conducted on [redacted] days after the date of hire) and revealed NJ Exec Order 26.4b1) between [redacted] and [redacted] The CBI search for County Criminal and Other Offenses was conducted on [redacted] days after the date of hire)revealing NJ Exec Order 26.4b1 in [redacted]. An 8/30/24 facility interoffice email from the Human Resources Background Compliance Team to the Licensed Nursing Home Administrator indicated due to the offenses of [redacted] and [redacted] outlined in the CBI, the employee was to be suspended immediately. An additional facility document was reviewed which indicated the US FOIA (b)(6) employment was terminated effective [redacted] due to their background check. A review of actual days worked revealed the dietary aide worked 6 shifts in [redacted] and 5 shifts in [redacted] in the facility's kitchen. The surveyor interviewed the US FOIA (b)(6)	F 607	2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. An audit of all current in-house employee files has been conducted to verify background checks and references have been obtained and any items missing have been obtained. 3. Systemic Changes to Prevent Future Occurrences: A new hire checklist has been implemented to include background checks, and reference checks prior to employment. The Staffing Coordinator/HR is verifying items are obtained prior to employees beginning Orientation. 4. Monitoring of Corrective Action: The Staffing Coordinator/HR will complete a weekly audit of new employee hires to verify references and background checks have been completed x4 weeks, then monthly x2 months. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	

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F 607	Continued From page 7	F 607		

US FOIA (b)(6)) on 11/27/24 at 11:30 AM. He stated it is the practice of the facility to review all CBIs before hire date. He stated sometimes they come in a little late, a few days after employment. He stated the resident started employment on NJ Ex Order 26. . He was employed until NJ Ex Order 26 when the US FOIA (b)(6) received notification of the CBI findings from Human Resources.

2. A review of reference checks by previous employers for newly hired employees revealed none were not conducted for 8 of the 10 files reviewed, Employees #1, 3, 4, 5, 6, 7, 8, 9. There was no documentation in the files to indicate reference checks were attempted. On 11/27/24 at 10:50 AM the surveyor interviewed the US FOIA (b)(6) regarding employee reference checks. She stated she has been working with the new US FOIA (b)(6), who also in responsible for reference checks. The US FOIA (b)(6) has been employed for US FOIA (b)(6). The US FOIA (b) stated she is aware that reference checks had not been consistently done prior to 3 months ago.

A review of the facility's Abuse Prohibition policy, revised 10/24/22, noted in Section 3, the facility will screen potential employees for a history...attempting to obtain information from previous employers and/or current employers....Section 3.1 noted the facility will not employ individuals....who have been found guilty of...misappropriation of property...

A review of the facility's Hiring policy, revised 7/1/22, noted in the Pre-Offer section 1.2, the facility will check at least two professional references prior to hire.

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F 607	Continued From page 8 NJAC 8:39-13.4(c)	F 607		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: NJ Complaint #174731 Based on observations, interviews, and review of pertinent facility documents, it was determined	F 609	1. Corrective Action of Areas Affected: Resident #75 is NJ Ex Order 26.4b1 in the facility. 2. Other Areas Affected:	1/13/25

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F 609	Continued From page 9 that the facility failed to report to the New Jersey State Department of Health (NJDOH) NJ Ex Order 26.4b1 [redacted] for an incident on NJ Ex Order 26.4 [redacted]. This deficient practice was identified for 1 of 1 resident (Resident #75) reviewed for accident/incident, and was evidenced as follows: On 11/23/24 at 12:20 PM, during an interview with the surveyor, the US FOIA (b)(6) informed the surveyor that there was no reportable on file for Resident #75 (report filed with the NJDOH) but would reach out to the previous management for clarification. The surveyor reviewed the medical record for Resident #75. A review of the Admission Record, (an admission summary) reflected the resident was admitted to the facility diagnoses that included, NJ Ex Order 26.4b1 [redacted] A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4 [redacted], reflected the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex [redacted] out of 15, which indicated the resident was NJ Ex Order 26.4b1. A review of the resident's NJ Ex Order 26.4b1 reflected the resident had a NJ Ex Order 26.4b1 [redacted] A review of the facility provided Occupational Therapy Discharge Summary (OT/DS) dated NJ Ex Order 26.4 [redacted], included the resident's NJ Ex Order 26.4b1 assessment that indicated Resident #75 was	F 609	All residents have the potential to be affected by this deficient practice. The Director of Nursing and Administrator have reviewed incidents of unknown origin retroactive to 6/1/24 and verified other incidents have been reported as required. 3. Systemic Changes to Prevent Future Occurrences: The Director of Nursing and Administrator are reviewing incidents, including those of unknown origin at daily Clinical Meeting to verify incidents meeting reporting criteria are reported to the appropriate agencies. The Director of Nursing and Administrator report events as per guidelines and have been re-inserviced by the Market Clinical Advisor on reporting incidents of unknown origin. 4. Monitoring of Corrective Action: The Director of Nursing or designee will complete an audit of incidents weekly x4 weeks, then monthly x2 months to verify incidents meeting reporting criteria are reported to the appropriate agencies . Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	

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NJ Ex Order 26.4b1 or more helpers for NJ Exec Order 26.4b1 . NJ Exec Order 26.4b1 was not attempted due to safety concerns. The resident was discharged from NJ Ex Order 26.4b1 with a documented reason that the resident went to the hospital.

A review of the investigation report (IR) dated NJ Ex Order 26 without an indicated time, reflected Resident #75 had an NJ Ex Order 26.4b1. The resident was last seen in bed, NJ Exec Order 26 and NJ Exec Order 26 on NJ Ex Order 26 at 7:30 AM by the US FOIA (b)(6). At 8:00 AM, the resident was found on NJ Ex Order 26.4b1 . A statement from the resident was not included.

A review of the nurse's Progress Note (NPN) dated NJ Ex Order 26 at 11:52 AM, reflected the resident was sent to the hospital and at 6:45 PM, the nurse documented that the resident was admitted for NJ Ex Order 26.4b1 .

On 11/26/24 at 10:53 AM, during an interview with the US FOIA (b), the surveyor asked for the conclusion of the IR dated NJ Ex Order 26, which was not included and the reason why the resident was not interviewed.

At that time, the US FOIA (b) stated that the resident had NJ Ex Order 26.4b1 which she personally observed. The US FOIA (b) could not provide documented evidence prior to the accident/incident of the resident's NJ Ex Order 26 .

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F 609	Continued From page 11 At that time, the US FOIA (b) confirmed and acknowledged that the NJ Ex Order 26.4b1 were not previously documented and should have been care planned to prevent an accident/incident. The US FOIA (b) also stated that the resident could not be interviewed at the time of the accident/incident because the resident NJ Ex Order 26.4b1. The US FOIA (b) informed the surveyor that she was still looking to see if a report was made to the NJDOH for the NJ Ex Order 26.4b1. On 11/27/24 at 9:25 AM, in the presence of the survey team, the US FOIA (b) confirmed that there was not report filed with the NJDOH for the NJ Ex Order 26.4b1. A review of the facility provided policy; Abuse Prohibition dated/revised 10/24/22, included the following: Injuries of unknown source are defines as an injury with both of the following conditions. - The source if the injury was not observed by any person or the source of the injury could not be explained by the patient; and - The injury is suspicious because of the extent of the injury or the location of the injury...or the number of injuries observed at one particular point in time or the incidence of injuries over time. Report allegations to the appropriate state and local authority(s) involving neglect, exploitation, or mistreatment (including injuries of unknown source) ...within 24 hours if the event does not result in serious bodily injury. A review of the facility provided policy; Accidents/Incidents dated/revised 3/1/24, included the following: The Administrator and/or DON will verify that state reporting occurs within required time frames	F 609		

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F 609	Continued From page 12 and via appropriate method of reporting. The Administrator, DON or designee will review all accidents/incidents to determine if Accident/Incident or allegations have been appropriately and timely reported; Interventions to eliminate if possible and, if not reduce the risk of the accident/incident have been identified and implemented.	F 609		
F 641 SS=D	NJAC 8:39-4.1(a)(5) Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, review of medical records, other facility documentation, and review of the Resident Assessment Instrument (RAI) User's Manual, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool, for 1of 5 residents reviewed (Resident #41). This deficient practice was evidenced by the following: On 11/22/24 at 11:37 AM, the surveyor introduced self to Resident #41, who became [redacted] and [redacted] from the Department of Health and instructed surveyor not to come back again. A review of the resident's admission record reflected the resident was admitted to the facility	F 641	1.Corrective Action of Areas Affected: The MDS Coordinator has reviewed and corrected the MDS for Resident #41 to accurately reflect the [redacted] status. 2. Other Areas Affected: All residents have the potential to be affected by the deficient practice 3.Systemic Changes to Prevent Future Occurrences: DON/Designee has re-educated the MDS department on the accurate documentation of vaccine offerings,	1/13/25

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F 641	Continued From page 13 with diagnoses that included but were not limited to, NJ Ex Order 26.4b1. A review of Resident #41's quarterly MDS dated NJ Ex Order 26.4, revealed a Brief Interview for Mental Status (BIMS) score of NJ Ex O which indicated NJ Ex Order and coding that indicated the NJ Ex Order 26.4b1 was offered and declined. On 11/25/24, the surveyor interviewed the US FOIA (b)(6)), who indicated that on admission the staff determines what vaccines the resident has had and what vaccines the resident is due for. She further stated that the acceptance/refusal/education is documented in the immunology tab in the electronic medical record of in the hard (paper) chart. A review of the electronic medical record and the hard chart revealed no information regarding the NJ Ex Order 26.4b1. On 11/26/24 at 9:57 AM, the surveyor reviewed the NJ Ex Order 26.4b1 consent provided by the facility, for Resident #41 which was dated NJ Ex Order 26.4b NJ Ex Order 26.4b, and indicated the resident refused the On 11/26/24 at 11:28 AM, the surveyor interviewed the US FOIA (b)(6), who was asked about the asked about NJ Ex Order 26.4b1 coding for Resident #41. She looked through a book and stated she was unable to find this resident. She stated that if there were no declination, she would need to correct the MDS. On 11/26/24 at 12:23 PM, the US FOIA (b)(6) stated it must have been a typo and she was modifying the MDS to reflect the NJ Ex Order 26.4b1 not offered.	F 641	acceptances, and refusals. An initial house wide audit has been completed for accurate reflection of pneumococcal vaccination status in the MDS assessment. 4.Monitoring of Corrective Action: DON/Designee to conduct monthly audits x 4 of MDS assessments completed during that month for MDS accuracy of pneumococcal vaccination. Results of the audits to be reviewed at the facility's monthly Quality Assurance Improvement Meetings	

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F 641	Continued From page 14 A review of facility provided policy "Pneumococcal Vaccination" revised 09/13/24 included: Purpose: To prevent pneumococcal disease and its complications to patients Process: 1. Upon admission, obtain the pneumococcal vaccination history of all patients 1.2 Document pneumococcal vaccination history in the electronic health record 2. Based on the patient's pneumococcal vaccination history, offer (unless the vaccination is medically contraindicated or the patient has already been vaccinated) the appropriate vaccination following the recommended schedule 2.2 Adults aged greater than or equal to 65 years who have not previously received a pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine PCV20. 2.4 Provide the patient/representative education (Vaccine Information Statement(VIS)) regarding the benefits and potential side effects of vaccination 6. If patient/representative refuses pneumococcal vaccination, provide information and counseling regarding the benefit of vaccination (VIS). Document education in the medical record including VIS version date 6.1 If vaccination refused, document patient's and/or representative's reason for refusal of vaccination 6.1.1 Notify attending physician/provider of patient's or resident representative's refusal and document accordingly in the medical record N.J.A.C 8:39-11.1	F 641		

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F 658 SS=E	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 # NJ 177778 Based on observation, interview, and record review, it was determined that the facility failed to ensure a) implementation of a resident's care plan for an as needed and NJ Ex Order 26.4b1 [redacted] b) provide prescribed treatment, NJ Ex Order 26.4b1 in a timely and consistent manner, c) administer NJ Ex Order 26.4b1 [redacted] medication used for NJ Ex Order 26.4b1) as scheduled, and in accordance with the physician's order. The deficient practice was identified for one (1) of five (5) residents reviewed for NJ Ex Order 26.4b1, Resident #76 and was evidenced by the following: 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	F 658	1. Corrective Action of Areas Affected: Resident #76 is NJ Ex Order 26.4b1 [redacted] in the facility 2. Other Areas Affected: All residents have the potential to be affected by this practice. 3. Systemic Changes to Prevent Future Occurrences A) DON/Designee has re-educated the nursing staff on the importance of adhering to care plans, timely receiving and medication administration, and the prevention and treatment of pressure ulcers. Medication pass observations has been conducted for licensed staff. An initial audit has been completed by the DON/Designee of admissions in the last 30 days to verify care plans are current, accurate, and reflect the resident's individual needs regarding skin care and pressure ulcer prevention. B) DON/Designee has re-educated nursing staff on proper medication administration procedures, including	1/13/25

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F 658	Continued From page 16 physician or dentist." 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." On 11/23/24 at 12:20 PM, during an interview with the surveyor, the US FOIA (b)(6)) stated that Resident #76 had NJ Ex Order 26.4b1 when admitted to the facility. The facility identified the NJ Ex Order 26.4b1 with NJ Ex Order 26.4b1 and NJ Ex Order 26 in the NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1 The surveyor reviewed the closed medical record for Resident #76. According to the Admission Record face sheet, an admission summary, reflected that Resident #76 was admitted to the facility with diagnoses that included, NJ Ex Order 26.4b1 . A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4 , reflected the resident a Brief Interview for Mental Status (BIMS) was NJ Ex Order 26.4b1 . A review of the resident's NJ Ex Order 26.4b1 reflected the resident had a NJ Ex Order 26.4b1 .	F 658	medication timing and documentation Residents with new orders for medications for the past 5 days have be reviewed during clinical meetings to verify medication was received and administered timely. 4. Monitoring of Corrective Action: A)DON/Designee to audit 5 care plans per week x 4 weeks then monthly x 2 for accurate reflection of residents skin care and pressure ulcer prevention needs. B) DON/Designee to audit 5 resident medication administration records per week x 4 weeks then monthly x 2 to verify timely and consistent administration of medications. Results of all audits to be reviewed monthly at the facility's Quality Assurance Improvement Meetings	

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Further review of the MDS revealed Resident #76 was at NJ Ex Order 26.4b1 and had no documented NJ Ex Order 26.4b1. The treatments included application of NJ Ex Order 26.4b1 (other than NJ Ex Order 26.4b1, and was enrolled in a program that required the resident to be NJ Ex Order 26.4b1. At that time of the assessment, the resident had not received NJ Ex Order 26.4b1, the resident was NJ Ex Order 26.4b1 of their experience NJ Ex Order 26.

1.) A review of the individual comprehensive care plan (CP) included a focus area of the resident's NJ Ex Order 26.4b1 of their NJ Ex Order 26.4b1, initiated/revised on NJ Ex Order 26.4. The interventions included provision of NJ Ex Order 26.4b1 routinely and as needed (prn), initiated on NJ Ex Order 26.4.

A review of the Documentation Survey Report (an electronic log of the resident's Activities of Daily Living (ADL) used by the Certified Nursing Assistant (CNA); ADL log) reflected that the routine and as needed NJ Ex Order 26.4b1 was not included in the ADL log. Further review of the ADL log revealed that the ADL log was not consistently documented as completed from NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1.

A review of the Treatment Administration Record (TAR) from NJ Ex Order 26.4b1, did not include an order for a routine and as needed NJ Ex Order 26.4b1 until NJ Ex Order 26.

On 11/26/24 at 12:04, during an interview with the survey team, the US FOIA (b stated that NJ Ex Order 26.4b1 was documented as part of the ADL log. At that time, the US FOIA (b confirmed and

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acknowledged that the ADL care was not consistently documented on and that the NJ Ex Order 26.4b1 was not reflected on the NJ Ex Order 26 log.

2.) A review of the facility provided NJ Ex Order 26.4b1 for Resident #76 from NJ Ex Order 26.4, indicated the resident had NJ Ex Order 26.4b1. The NJ Ex Order 26.4b1 dated NJ Ex Order 26.4, reflected the resident had a new NJ Ex Order 26.4b1 of NJ Ex Order 26.4b1 on the generalized are of the NJ Ex Order 26.4b1. The subsequent NJ Ex Order 26.4b1 dated NJ Ex Order 26.4b1, and NJ Ex Order 26.4 reflected the resident had NJ Ex Order 26.4b1.

A review of the nursing progress note dated NJ Ex Order 26.4 at 10:00 AM, revealed a documentation by the nurse that indicated the resident was found with a NJ Ex Order 26.4b1 that was NJ Ex Or and NJ Ex Order 26.4b1 of the NJ Ex Orde (the area between NJ Ex Order 26.4b1). The US FO was made aware and ordered a treatment of NJ Ex Or, to be applied to NJ Ex Order 26.4b1 areas three (3) times a day after care.

A review of the physician's orders did not reflect an order for NJ Ex Order 26.4b1 on NJ Ex Order 26.4b

A review of the US FOIA (b)(6) progress note dated NJ Ex Order 26.4, reflected that nursing had reported that during the morning care, the resident was found with a NJ Ex Order 26.4b1 in the NJ Ex Order 26.4b1 that was NJ Ex Order 26.4b1 area had a NJ Ex Or and NJ Ex Order 26.4b1, appearance of NJ Ex Order 26.4, NJ Ex Order 26.4b1, brough about by an NJ Ex Order 26.4b1). The US FOIA (b)(6) assessment and plan included to administer NJ

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NJ Ex Order 26.4b1) to the NJ Ex Order 26.4b1 twice a day.

A review of the TAR from NJ Ex Order 26.4b1 revealed that order for NJ Ex Order 26.4b1, to be applied on the NJ Ex Order 26.4b1 twice a day for NJ Ex Order 26.4b1 was not administered on the following dates and times:
- NJ Ex Order 26.4 at 9:00 AM and 9:00 PM
- NJ Ex Order 26 at 9:00 AM
NJ Ex Order 26 at 9:00 AM

3.) A review of the administrative progress note dated NJ Ex Order 26.4b, reflected the resident's family member voiced their complaint to the US FOIA (b).

A review of the complaint investigation dated NJ Ex Order 26.4, reflected that the resident's representative informed the staff that Resident #76 had not received a dose of NJ Ex Order 26.4b1 at 11:00 AM. The investigation indicated that there was a delay in with the delivery from the pharmacy and once the NJ Ex Order 26.4b1 was delivered, it was administered.

A review of the Medication Administration Audit Report (MAAR) for the week of NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1, included the following:
-on NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 1 tablet one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead administered at 12:46 PM.
- on NJ Ex Order 26.4b1 NJ Exec give 1 table by mouth one time a day for NJ Ex Order 26.4b1 was scheduled for administration at 11:00 AM and was instead administered at 12:46 PM.
-on NJ Ex Order 26.4b1 (NJ Exec O 1 tablet one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead

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F 658	Continued From page 20 administered at 10:32 AM. -on NJ Ex Order 26.4b1 (NJ Exec O 1 capsule one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was insteadadministered at 10:32 AM. -on NJ Ex Order 26.4b1, 1 capsule twice a day for NJ Ex Order 26.4b1 days was scheduled for administration at 9:00 AM and was instead administered at 10:32 AM. -on NJ Ex Order 26.4b1 NJ Exec 1 tablet two times a day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead administered at 10:32 AM. A review of the MAAR for NJ Ex Order 26.4b1, included the following: - on NJ Ex Order 26.4b1 NJ Exec give 1 table by mouth one time a day for NJ Ex Order 26.4b1 was scheduled for administration at 11:00 AM and was instead administered at 4:54 PM. - on NJ Ex Order 26.4b1, give 1 table by mouth one time a day for NJ Ex Order 26.4b1 was scheduled for administration at 11:00 AM and was instead administered at 8:33 PM. - on NJ Ex Order 26.4b1, give 1 table by mouth one time a day for NJ Ex Order 26.4b1 was scheduled for administration at 11:00 AM and was instead administered at 2:26 PM. On 11/26/24 at 11:54 AM, during an interview with the survey team, the US FOIA (b) confirmed and stated that the NJ Ex Order 26.4b1 was administered late, the physician was informed of the late administration on NJ Ex Order 26.4b. The US FOIA (b) also acknowledged the late administrations of the medications on NJ Ex Ord[illegible] At that time, the US FOIA (b) stated that the facility was short staffed which contributed to the reason for the late administration of medications.	F 658		

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F 658	Continued From page 21 On 11/27/24 at 9:27 AM, during a follow-up interview with the surveyor, the [US FOIA (b)] stated that she and her team were working hard to convert agency staff to facility staff. The [US FOIA (b)] added that with approval from upper management, she was able to offer higher incentives against the competition and made progress from the past. A review of the provided facility policy, Physician Advanced Practice Provider Orders dated/revised on 3/1/22, included the following: Orders will be accepted only from authorized, credentialed physician ... or other authorized credentialed practitioner in accordance with state regulations ...Each medication order is documented in the resident's medical record with the dare, time, and signature of the person receiving the order. The order is recorded on the MAR and the TAR. No further information was provided. NJAC 8:39-11.2(f), 27.1 (a) 29.2(d)	F 658		
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §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 # NJ 00168225; NJ 00172462; NJ 00161955, NJ 00177778; NJ00169881; NJ 00168886 Based on observation, interview, record review, and review of facility-provided documentation, it	F 677	1. Corrective Action of Areas Affected: Resident #66, #44, #49, and #29 are having their [NJ Ex Order 26.4b1] provided as per their plan of care.	1/13/25

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F 677	Continued From page 22 was determined that the facility failed to ensure that NJ Ex Order 26.4b1 was provided to NJ Ex Order 26.4b1 residents in a timely manner for 4 of 4 residents (Resident #66, #44, #49 and #29) observed for NJ Ex Order 26.4b1 on 1 of 2 units, NJ Ex Order 26.4b1 Unit. This deficient practice was evidenced by the following: a. On 11/22/24 at 8:20 AM, the surveyor and CNA #1 entered Resident #66's room and observed the resident in bed. The surveyor and CNA #1 noted a NJ Ex Order 26.4b1 of NJ Ex Order CNA #1 exposed Resident #66's NJ Ex Order 26 which was NJ Ex Order 26.4b1. The surveyor reviewed the medical record for Resident #66. A review of the Admission Record reflected Resident #66 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1. The admission Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4b reflected Resident #66 had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15" which indicated the resident had NJ Ex Order 26.4b1. The MDS further assessed that the resident required NJ Ex Order 26.4b1 assistance from staff for personal hygiene and was always NJ Ex Order 26.4b1 A review of the medical record revealed there were no Care Plans initiated that addressed the resident's NJ Ex Order 26.4b1.	F 677	2. Other Areas Affected: All residents who are incontinent have the potential to be affected by this practice. 3. Systemic Changes to Prevent Future Occurrences: DON/Designee has re-educated the nursing staff on incontinence care and documentation requirements. This information is included in the staff and agency Orientation program as well. An initial audit of incontinent residents has been completed by DON/Designee for care plan completion and compliance with identified toileting program. 4. Monitoring of Corrective Action: DON/Designee will conduct weekly observation audits x 4 then monthly x 2 of 5 incontinent residents on various shifts to verify incontinence care has been provided as per their plan of care. Results of the audits to be reviewed monthly at the facility's monthly Quality Assurance Improvement Meetings	

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	315522	A. BUILDING _____ B. WING _____	C 12/02/2024

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F 677	Continued From page 23	F 677		

b. On 11/22/24 at 8:34 AM, the surveyor and CNA #1 entered Resident #44's room and observed the NJ Ex Order 26.4b1 resident in bed. CNA #1 exposed Resident #44's NJ Ex Order 26.4b1 which revealed a NJ Ex Order 26.4b1 inserted within the NJ Ex Order 26.4b1, both NJ Ex Order 26.4b1. Resident #44 stated that their last NJ Ex Order 26.4b1 was "10:30 PM, last night."

The surveyor reviewed the medical record for Resident #44.

A review of the Admission Record reflected Resident #44 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1

A review of the annual MDS dated NJ Ex Order 26.4 reflected Resident #44 had a BIMS score of NJ Ex Or out of 15" which indicated Resident #44's NJ Ex Order 26.4b1.

The MDS further assessed the resident was NJ Ex Order 26.4b1 t on staff for Activities of Daily Living (ADL) care and was NJ Ex Order 26.4b1

A review of the CP included a focus area that indicated the resident had NJ Ex Order 26.4b1 with interventions that included but were not limited to providing NJ Ex Order 26.4b1 as needed and identifying NJ Ex Order 26.4b1 to establish a NJ Ex Order 26.4b1.

On 11/25/24 at 9:29 AM, the US FOIA (b) confirmed that even though Resident #44 was NJ Ex Order 26.4b1, the CNA assigned to the resident's care should have made NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1

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F 677	Continued From page 24	F 677		

resident.

c. On 11/22/24 at 8:40 AM, the surveyor and CNA #1 entered Resident #49's room and observed the resident in bed. CNA #1 exposed Resident #49's NJ Ex Order 26.4b1 which was NJ Ex Order 26.4b1 .

The surveyor reviewed the medical record for Resident #49.

The Admission Record revealed Resident #49 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1

A review of the quarterly MDS dated NJ Ex Order 26.4 reflected the resident had a NJ Ex Order 26.4b1 and had a NJ Ex Order 26. The MDS further assessed that Resident #49 was NJ Ex Order 26.4b1 t on staff for all ADLs and was NJ Ex Order 26.4b1

d. On 11/22/24 at 9:00 AM, the surveyor and CNA #2 entered Resident #29's room and observed the resident in bed. CNA #2 NJ Exec Order 26.4 Resident #29's NJ Ex Order 26.4b1 which was NJ Ex Order 26.4b1. CNA #2 stated that NJ Ex Order 26.4b1 should have been conducted every two hours.

The surveyor reviewed the medical record for resident #29.

A review of the Admission Record reflected Resident #29 was admitted to the facility with diagnoses which included but were not limited to NJ Ex Order 26.4b1

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F 677	Continued From page 25	F 677		

NJ Ex Order 26.4b1

A review of the quarterly MDS dated NJ Ex Order 26.4 reflected Resident #29 had a BIMS score NJ Ex Orde out of 15" which indicated the resident had a NJ Ex Order 26.4b1. The MDS further assessed that Resident #29 required staff assistance for ADL care and was NJ Ex Order 26.4b1

A review of the CP included a focus area that indicated the resident was NJ Ex Order 26.4b1 and unable to participate in NJ Ex Order 26.4b1 with interventions that included but were not limited to assisting with NJ Ex Order 26.4b1 as needed, utilizing the appropriate NJ Ex Order 26.4b1.

On 11/22/24 at 1:19 PM, the survey team met with the administration to discuss the above observations and concerns. The US FOIA (b) stated that NJ Ex Order 26.4b1 should be done every 2 hours on all shifts.

On 11/26/24 at 10:00 AM, the surveyor conducted a phone interview with the 11-7, US FOIA (b)(6). The US FOIA stated that she expected the CNAs to perform NJ Ex Order 26.4b1 every two hours.

The 11:00 PM-7:00 AM, CNAs were unavailable to be interviewed.

A review of the facility policy entitled, "Activities of Daily Living (ADLs)" with a review date of 5/1/23 indicated ...the purpose of the policy is to ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and the patient's choices and preferences ...the care plan will address the patient's ADL needs and goals,

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F 677	Continued From page 26 including the provision of ADLs if the patient is unable to perform ADLs ...a patient who is unable to carry out ADLs will receive the necessary level of ADL assistance to maintain good nutrition, grooming, and personal and oral hygiene ... No further information was provided by the facility.	F 677		
F 686 SS=E	NJAC 8:39-27.1 (a), 27.2 (h) 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 and record review, it was determined that the facility failed to provide a NJ Ex Order 26.4b1, that was recommended as a change to provide support and NJ Ex Order 26.4b1 in a timely manner for one (1) of five (5) residents, Resident #14, reviewed for NJ Ex Order 26.4b1. This deficient	F 686	1. Corrective Action of Areas Affected: Resident #14 received the NJ Ex Order 26.4b1. 2. Other Areas Affected: The Director of Nursing/designee has conducted an initial audit for residents with orders for darco boots to validate the	1/13/25

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F 686	Continued From page 27 practice was evidenced by the following: On 11/21/24 at 10:53 AM, the surveyor interviewed Resident #14 in their room. The surveyor observed NJ Ex Order 26.4b1 of the wheelchair. The resident stated that they were waiting for NJ Ex Order that the US FOIA (b)(6) had recommended and thought it was taking a long time. On 11/25/24 at 10:56 AM, the surveyor interviewed the LPN#1 who stated that she was familiar with Resident #14. The LPN #1 stated that resident #14 was NJ Ex Order 26.4b1. The LPN#1 added that the resident will tell you exactly what they want and was very specific as to which nurses perform NJ Ex Order 26.4b1 was to be done. The LPN#1 also stated that the resident went to a NJ Ex Order 26.4b1 every two weeks but was unable to speak to any recommendation for NJ Ex Order 26.4b1. On 11/25/24 at 11:05 AM, the surveyor interviewed the US FOIA (b)(6)) who stated that she has been the US FOIA (b)(6) for the past NJ Ex Order 26.4b1. The US FOIA (b)(6) added that Resident #14 goes out to a NJ Ex Order 26.4b1 and that the resident keeps the updates from the NJ Ex Order 26.4b1. The US FOIA (b)(6) added that the resident was very particular, and it was difficult to get the updates from the resident. The US FOIA (b)(6) stated that she had gone through the chart looking for the NJ Ex Order 26 ecommendations. The US FOIA (b)(6) could not speak to any recommendation for NJ Ex Order 26.4b1 and that they would come from the NJ Ex Order 26.4	F 686	boots have been obtained as per orders. 3. Systemic Changes to Prevent Future Occurrences: The Director of Nursing/designee has re-educated licensed nursing staff on the process for reviewing wound consultations and verifying new orders are followed. 4. Monitoring of Corrective Action: The Director of Nursing/designee will review charts for residents with pressure injuries to validate that treatments are being completed as per order and specialty devices utilized weekly x4 weeks, then monthly x2. Results of the audit will be reported monthly at the Quality Assurance Improvement Meetings for review and recommendations	

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F 686	Continued From page 28	F 686		

department.

The surveyor reviewed the medical record for Resident #14.
A review of the Admission Record revealed diagnoses which included but not limited to, NJ Ex Order [redacted]
A review of the most recent comprehensive quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated NJ Ex Order 26.4b1 reflected the resident had a brief interview for mental status (BIMS) score of [redacted] out of 15, indicating that the resident had NJ Ex Order 26.4b1.
A review of the resident's individualized plan of care had a focus area that the resident was "at risk for NJ Ex Order 26.4b1 related to: NJ Ex Order 26.4b1 [redacted] with an initiation date of NJ Ex Order 26.4 and a revision date of NJ Ex Order 26.4. The interventions listed included but not limited to NJ Ex Order 26.4b1 on bed/chair."
A review of the Order Summary Report revealed a physician's order (PO) with a start date of NJ Ex Order 26 for NJ Ex Order 26.4b1 [redacted]

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F 686	Continued From page 29	F 686		

recommendations."
A review of the nursing progress note completed by the Licensed Practical Nurse (LPN#1) revealed that on NJ Ex Order 26.7 "Resident went out for NJ Ex Order 26.4b1, came back NJ Ex Order 2. NJ Ex Order 26.4b1 intact. NJ Ex Order 26.4b1 orders."
A review of an undated NJ Ex Order 26.4b1 that was uploaded electronically by the facility indicated that the reason for consultation was NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 was performed. Recommendations indicated to continue current care with a follow up in one month NJ Ex Order 26.4b 8:15 AM. In addition, there was a prescription dated NJ Ex Order 26.7 by the NJ Ex Order 26.4b1 for 'NJ Ex Order 26.4b1 ' with a date of 1 NJ Ex Order 26.4 that had been scanned into the facility electronic system.
On 11/25/24 at 1:40 PM, the surveyor interviewed the US FOIA (b)(6)) who stated that she was familiar with Resident #14 and that the NJ Ex Order were originally ordered on NJ Ex Order 26.4b and there was a back order and came in just last week but the NJ Ex Order 26.4b1 for the resident and she had to order a NJ Ex Order 26.4b1 that would be coming in tomorrow. The US FOIA (b) stated that she was not aware of the prescription for the NJ Ex Order 26.4b1 until NJ Ex Order 26.7 when Resident #14 came to ask her where NJ Ex Order 26.4b1 were. The US FOIA (b) stated that the usual procedure was that a nurse would notify her of the prescription, and she would order NJ Ex Order 26.4b1 within 48 hours after the NJ Ex Order 26.4b1. The US FOIA (b) added that she had confirmed with nursing to verify the prescription and was aware the date of the prescription was NJ Ex Order 26.7 but was unable to speak to why she had not received the prescription earlier than NJ Ex Order 26.4b1 In addition, the US FOIA (b) stated that the resident was to continue using the

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F 686	Continued From page 30	F 686		

NJ Ex Order 26.4b1 arrived.

On 11/26/24 at 10:17 AM, the surveyor interviewed the US FOIA (b)(6) who stated that the procedure for a resident that goes out to a consult was that there were forms provided in an envelope for the physician to complete and upon return the form would be given to the nurse and the nurse would verify any recommendations with the resident's physician or nurse practitioner. The US FOIA (b)(6) stated that Resident #14 has to give the paperwork from the NJ Ex Order 26.4b1 to the nurse and that the resident does not want to do that. The US FOIA (b)(6) stated that she was trying to find an explanation as to what happened on NJ Ex Order 26.4 but was unable to. The US FOIA (b)(6) added that there was several changes and previous US FOIA (b)(6) had resigned and there had been no nurse manager on the floor. The US FOIA (b) acknowledged that the nurse should have reached out to the NJ Ex Order 26 for any recommendations. The US FOIA (b) also could not speak to why the prescription was scanned into the facility electronic system on NJ Ex Order 26.4b1 and the US FOIA (b) had no knowledge of the prescription until NJ Ex Order 26.4

A review of the facility policy with a revision date 3/1/22 for "Physician/Advanced Practice Provider (APP) Orders" provided by Regional Clinical Nurse reflected that for "Consult Recommendation/Orders" the "Findings and recommendations will be documented on the Consultation Form; The Nurse will notify the attending physician of findings and recommendations; The attending physician, if in agreement, will order the specific treatments as outlined by the consultant."

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F 686	Continued From page 31 NJAC 8:39-27.1(e)	F 686		
F 695 SS=D	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, and record review it was determined that the facility failed to administer NJ Ex Order 26.4b1 according to the physician's order for 1 of 1 resident, Resident #6, reviewed for NJ Ex Order 26.4b1 and services. The deficient practice was evidenced by the following information. The surveyor observed Resident #6 on 11/21/24 at 10:36 AM seated in the hallway in a wheelchair outside their room. The resident was receiving NJ Ex Order 26.4b1 from a NJ Ex Order 26.4b1 [redacted]. The surveyor observed the resident on 11/22/24 at 10:45 AM seated in their room in a wheelchair NJ Ex Order 26.4b1 . The surveyor observed the resident on 11/26/24 at 9:50 AM seated in a wheelchair in the hallway NJ Ex Order 26.4b1 .	F 695	1. Corrective Action of Areas Affected: For resident #6, orders have been updated to check the NJ Ex Order 26.4b1 being administered every shift by the nurse. 2. Other Areas Affected: All residents requiring oxygen have the potential to be affected by the deficient practice. 3. Systemic Changes to Prevent Future Occurrences: The Director of Nursing/designee has re-educated the licensed nursing staff on the oxygen administration policy. The Director of Nursing/designee has conducted an initial audit for residents with physician orders for oxygen to validate oxygen is being administered as per MD order. 4. Monitoring of Corrective Action: The Director of Nursing/designee will	1/13/25

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F 695	Continued From page 32 The surveyor interviewed the resident's assigned US FOIA (b) on 11/26/24 at 9:51 AM. The US FOIA (b) checked the physician's order for NJ Ex Order 26.4b1 for Resident #6. The nurse stated the NJ Ex Order 26.4b1 should be NJ Ex Order 26.4b1. She stated she is reponsible for setting and monitoring NJ Ex Order 26.4b1. The nurse checked the NJ Ex Order 26.4b1 and confirmed it was set at NJ Ex Order 26.4b1. She stated she checked the NJ Ex Order 26.4b1 when she started her shift. She stated someone may have accidently turned it up. A review of the medical record revealed the resident was admitted with NJ Ex Order 26.4b1 The physician initiated an order for NJ Ex Order 26.4b1 shortly after admission at NJ Ex Order 26.4b1. The resident was care planned for NJ Ex Order 26.4b1 with an intervention to administer NJ Ex Order 26.4b1 as ordered at a NJ Ex Order 26.4b1 The surveyor discussed the NJ Ex Order 26.4b1 concerns on 11/26/24 at 10:38 AM with the US FOIA (b)(6) and the US FOIA (b)(6). The facility procedure titled Oxygen: Concentrator, revised 8/7/23, instructed staff to verify the physician's order prior to setting the liter flow rate. NJAC 8:39-27.1(a)	F 695	complete random observations of residents with oxygen orders to verify oxygen is being administered as per the MD order weekly x4 weeks, then monthly x2. Results of the audit will be reported monthly at the Quality Assurance Improvement Meetings for review and recommendations .	

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F 725	Continued From page 33	F 725		
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §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. §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. §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 177778 Based on observation, interview, and review of pertinent facility documentation it was determined that the facility failed to ensure sufficient staff were available to administer medications in a timely manner in accordance with the physician's	F 725	1. Corrective Action of Areas Affected: The facility is scheduling sufficient staff in order to administer medications in a timely manner, and to meet staffing ratios. 2. Other Areas Affected: The Administrator reviewed CNA staffing	1/13/25

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ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

(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 725	Continued From page 34 order. This deficient practice was identified for one (1) of two (2) resident investigated for Activities of Daily Living (ADL). Refer 658 E Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, "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 2/01/21: 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. For the week of Complaint staffing from 6/23/2024 to 6/29/2024, the facility was deficient in CNA staffing for residents on 4 of 7-day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in CNAs to total staff on 1 of 7 evening shifts as follows:	F 725	ratio compliance from 12/3/24- 12/9/24 to determine if any other shifts did not meet minimum requirements. 3. Systemic Changes to Prevent Future Occurrences: The US FOIA (b)(6) has been re-educated on the staffing requirements and CNA ratios. 4. Monitoring of Corrective Action: A weekly audit will be conducted by the NHA/designee to determine if the CNA to resident ratio is being met for the next 30 days and verify that sufficient licensed staff were scheduled to administer medications timely. Results of the audit will be reported monthly to the Quality Assurance Improvement Plan Committee.	

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-06/23/24 had 6.5 total staff for 71 residents on the evening shift, required at least 7 total staff.
-06/24/24 had 3.7 CNAs for 71 residents on the day shift, required at least 9 CNAs.
-06/24/24 had 3.6 CNAs to 7.2 total staff on the evening shift, required at least 4 CNAs.
-06/25/24 had 4.7 CNAs for 71 residents on the day shift, required at least 9 CNAs.
-06/26/24 had 8.4 CNAs for 71 residents on the day shift, required at least 9 CNAs.
-06/29/24 had 8.3 CNAs for 72 residents on the day shift, required at least 9 CNAs.

A review of the Medication Administration Audit Report (MAAR) for the week of NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1, included the following:
-on NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 1 tablet one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead administered at 12:46 PM.
- on NJ Ex Order 26.4b1 NJ Exec give 1 table by mouth one time a day for NJ Ex Order 26.4b1 was scheduled for administration at 11:00 AM and was instead administered at 12:46 PM.
-on NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 1 tablet one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead administered at 10:32 AM.
-on NJ Ex Order 26.4b1 NJ Exec Order 26.4b1 1 capsule one time day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead administered at 10:32 AM.
-on NJ Ex Order 26.4b1, 1 capsule twice a day for NJ Ex Order 26.4b1 days was scheduled for administration at 9:00 AM and was instead administered at 10:32 AM.
-on NJ Ex Order 26.4b1 NJ Exec 1 tablet two times a day for NJ Ex Order 26.4b1 was scheduled for administration at 9:00 AM and was instead

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F 725	Continued From page 36 administered at 10:32 AM. On 11/26/24 at 12:04 PM, in the presence of the survey team, the surveyor and the [US FOIA (b)(6)] reviewed the MAAR together for the week of [NJ Ex Order 26.4b1]. At that time, the [US FOIA (b)] stated that the administration was late several times in [NJ Ex Orde] because of short staffing due to the mass exit of staff. A review of the provided facility policy, Staffing Center Plan, dated/revised on 8/7/23, included the following: Purpose; to assure appropriate staffing are scheduled and maintained. A review of the provided facility policy, Facility Assessment, dated/revised 8/7/24, included under Practice Standards, subsection 3.1.1 Determine staffing levels to ensure sufficient number of qualified staff are available to meet each patient's needs. No further information was provided.	F 725		
F 759 SS=D	NJAC 8:39- 4.1(a)11; 27.1(a) Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 759	1. Corrective Action of Areas Affected:	1/13/25

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F 759	Continued From page 37 review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more. During the medication administration observation performed on 11/22/24, the surveyor observed three (3) nurses administer medications to five (5) residents. There were 25 opportunities, and three (3) errors were observed which calculated to a medication administration error rate of 12 %. This deficient practice was identified for two (2) of five (5) residents, (Residents #38 and #46), that were administered medications by one (1) of three (3) nurses. The deficient practice was evidenced as follows: 1. On 11/22/24 at 7:53 AM, the surveyor observed the Registered Nurse (RN#1) preparing to administer the morning medications to Resident #46. The RN#1 stated that according to the electronic medication administration record (EMAR), the resident had a physician's order (PO) for NJ Ex Order 26.4b1 The RN#1 removed the resident's NJ Ex Order 26.4b1) from the medication cart, then removed the NJ Exec cap and replaced the cap with a NJ Exec Order cap. The surveyor observed the RN#1 dial the NJ Ex Order 26.4b1 and pushed down on the NJ Exec Order 26.4b1 while NJ Exec Order 26.4b1 was in a slightly slanted downward horizontal position aiming toward the garbage on the side of the medication cart and a click was heard. The RN#1 explained that the NJ Exec had to be primed with NJ Ex Order 26.4b1 to make sure the NJ Exec Order was functioning which meant that NJ Ex Order 26.4b1 were wasted. The RN#1 then stated that the resident was to receive NJ Ex Order 26.4b1	F 759	Facility cannot retroactively fix the procedure for NJ Ex Order 26 administration for resident #38 and #46. RN#1 Has been reinserviced on the process for NJ Ex Order 26.4 and NJ Ex Order 26 administration. 2. Other Areas Affected: All residents receiving insulin have the potential to be affected by this deficient practice. 3. Systemic Changes to Prevent Future Occurrences: Licensed Nursing staff have been re-educated on medication administration policies and procedures, including insulin administration. The Director of Nursing/designee has completed medication administration competencies for licensed nursing staff related to insulin administration. 4. Monitoring of Corrective Action: The Director of Nursing/designee will randomly monitor licensed nursing staff for proper priming of insulin pens and administration of insulin to residents weekly x4 weeks, then monthly x2. Results of the audit will be reported monthly to the Quality Assurance Improvement Plan Committee.	

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according to the NJ Ex Order 26.4b1 results that he had just obtained and dialed the dose selector to NJ Ex Ord [redacted]

On 11/22/24 at 8:04 AM, the surveyor observed the RN#1 NJ Exec Ord Resident #46's NJ Ex Order 26.4b1 [redacted] that was dialed to NJ Ex O [redacted] by pushing down on the NJ Exec Order 26.4b1 and a "click" was heard. The surveyor observed the RN#1 hold the NJ Exec Order 26.4b1 down after the "click" for two (2) seconds and removed the NJ Ex Order 26.4b1 [redacted]

On 11/22/24 at 8:20 AM, the surveyor interviewed the RN#1 who stated that he was aware that NJ Ex Order 26.4b1 had a specific technique and thought he had performed the technique. The RN#1 explained that he had primed the NJ Ex Order 26.4b1 by wasting NJ Ex Order 26.4b1 The RN#1 was unable to speak to the direction the NJ Exec Order should in when NJ Exec Order 26 The RN#1 further explained that when he pushed down on the NJ Exec Order 26. button of the NJ Exec O he listened for the "click" and held the NJ Ex Order 26.4b1 for one (1) to two (2) seconds. The RN#1 further explained that he did not immediately remove the NJ Ex Order 26.4b1 because it was possible that you would see liquid come out on the NJ Ex Order 26.4b1. The RN#1 was unable to speak to whether there was a specific timeframe required to hold the NJ Ex Order 26.4b1 in place before removing from NJ Ex Order 26.4b. (ERROR #1) The RN#1 stated that there was a US FOIA (b)(6) who had done inservices but that she was no longer employed at the facility.

The surveyor reviewed the electronic medical record for Resident #46.

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A review of the resident's Admission Record reflected that the resident had diagnoses which included but not limited to, NJ Ex Order 26.4b1 [redacted]

A review of the resident's Order Summary Report (OSR) reflected a PO with a start date of NJ Ex Order 26.4b1 for "NJ Ex Order 26.4b1 [redacted]."

A review of the EMAR reflected the same PO as above in the OSR and the RN#1 had documented the NJ Ex Order 26.4b1 as administered on NJ Ex Order 26.4b1 to the resident's NJ Ex Order 26.4b1 for the morning dose.

On 11/22/24 at 1:17 PM, the survey team met with US FOIA (b)(6) [redacted] the US FOIA (b)(6) and the US FOIA (b)(6)). The surveyor reviewed the above observation of the NJ Ex Order 26.4b1 technique performed by RN#1. The US FOIA (b) acknowledged that there were specific NJ Ex Order 26.4b1 techniques that were required when using a NJ Ex Order 26.4b1 r. The US FOIA (b) also acknowledged that when priming the NJ Ex Order 26.4b1 the nurse was to hold the NJ Ex Order 26.4b1 upright and that after pushing down on the NJ Exec Order 26 button and hearing the "click" the NJ Ex Order 26.4b1 needed to be held in place for a slow count of at least five (5) seconds. The US FOIA (b)(6 and US FOIA (b) acknowledged that by not following the manufacturer's specifications for correctly priming an NJ Ex Order 26.4b1 and by not following the manufacturer's specifications for holding the

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F 759	Continued From page 40 NJ Ex Order 26.4b1 in place for at least five (5) seconds could affect the dosage of NJ Ex Order 26.4b1 . (ERROR#1) The US FOIA (b)(6) stated that she would have to check if there was a medication observation performed prior to NJ Ex Order 26.4b1 for RN#1. On 11/25/24 at 9:08 AM, the US FOIA (b) provided a "Med Pass Observation" form dated NJ Ex Order 26.4b1 for RN#1 that was performed by a US FOIA (b)(6) [redacted] The form had not indicated that an NJ Ex Order 26 [redacted] technique was observed. In addition, the form was not completed for a "Reviewer Summary of Technique" or a "Calculated Error Rate." On 11/25/24 at 1:56 PM the survey team met with US FOIA (b)(6) [redacted] The US FOIA (b)(6) stated that the facility policy for "Medication Administration Subcutaneous Insulin" that was provided to the surveyor included the instructions used for inservicing the nurses on the proper NJ Ex Order 26.4b1 technique. The US FOIA (b)(6) explained that there was a US FOIA (b)(6) [redacted]) who recently was terminated. The US FOIA (b) stated that the task of performing medication pass observations was delegated to her team if she was unable to perform them herself and the US FOIA (b)(6) [redacted]) also helped perform med pass observations. The US FOIA (b) was unable to speak to the actual date that the med pass was performed for RN#1 since the date on the form indicated NJ Ex Order [redacted] A review of the facility policy dated January 2023 for "Medication Administration Subcutaneous Insulin" provided by the US FOIA (b) reflected "To administer subcutaneous insulin as ordered and	F 759		

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in a safe, accurate and effective manner." The policy indicated for the procedures to "Review manufacturer specific administration and storage instructions for pen devices." Further review reflected the procedure to "Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by: ensuring that pen and needle work properly, removing air bubbles." The safety test instructions reflected "Hold the pen with the needle pointing upwards. Tap the insulin reservoir so that any air bubbles rise up towards the needle. Press the injection button all the way in. Check if insulin comes out of the needle tip." Further review of the policy indicated for the injection procedure to "Keep the injection button pressed all the way in. Slowly count to 10 before you withdraw the needle from the skin. This ensures that the full dose will be delivered."

On 11/26/24 at 10:38 AM, the surveyor interviewed the [redacted] via the telephone. The [redacted] stated that there were several medication observations performed for the facility but had not done an observation on RN#1. The [redacted] added that any time a medication observation was performed there was an inservice with that individual nurse. The [redacted] also stated that a group inservice regarding medication pass techniques had not been done for the nurses at the facility. The [redacted] stated that she utilized a form when she completes a medication pass observation and that was reviewed as the inservice with the individual nurse. The [redacted] explained that there was an NJ Ex Order 26.4b1 technique which included priming the pen-injector. The [redacted] thought the NJ Ex Order 26.4b1 could be held in the downward position when [redacted] and was unsure if the direction of holding the [redacted] made a

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difference. The [redacted] also stated that after the NJ Exec Order 26.4b1 and the click was heard, then the [redacted] could be removed. The [redacted] was unable to speak to whether the [redacted] had to be held down for a specific timeframe.

A review of the "Consultant Pharmacist Services Med Pass Audit Tool" revealed areas that were listed for "Injectables" which included "Primes needle per manufacturer recommendation" and "Holds pen in place for time recommended by manufacturer."

A review of the facility policy with a revision date of 7/1/24 for "Insulin Pens" reflected for "Practice Standards" that "Insulin Pens are to be primed prior to each use to prevent collection of air in the insulin reservoir."

A review of the manufacturer specifications for "Instructions for Use Humalog KwikPen (insulin lispro)" revealed instructions for priming the pen included "Prime before each injection. Priming your Pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is working correctly. If you do not prime before each injection, you may get too much or too little insulin." Also included in the instructions for priming "To Prime your Pen with the Needle pointing up. Tap the Cartridge Holder gently to collect air bubbles at the top. Continue holding your Pen with the Needle pointing up. Push the Dose Knob in until it stops and "0" is seen in the Dose Window. Hold the Dose Knob in and count to 5 slowly. You should see insulin at the tip of the needle." Further review of the manufacturer specifications revealed instructions for giving the

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injection which included "Insert the needle into your skin. Push the Dose Knob all the way in. Continue to hold the Dose Knob in and slowly count to 5 before removing the Needle."

2. On 11/22/24 at 8:11 AM, the surveyor observed the RN#1 preparing to administer the morning medications to Resident #38. The RN#1 stated that according to the EMAR, the resident had a PO for two different types of NJ Ex Order 26.4b1). The RN#1 removed the resident's NJ Ex Order 26.4b1 from the medication cart, then removed the NJ Exec cap and replaced the cap with a NJ Exec Order cap. The surveyor observed the RN#1 dial the NJ Ex Order 26.4b1 dose selector to NJ Ex Order 26 and pushed down on the NJ Exec Order 26.4 button while the NJ Ex Order 26.4b1 was in a slightly slanted downward horizontal position aiming toward the garbage on the side of the medication cart and a "click" was heard. The RN#1 stated that there was a standing PO for NJ Ex Order 26.4b1 nd according to the NJ Ex Order 26.4b1 results that he had just obtained, an additional NJ Ex Order 26.4b1 was to be added, giving a total dose of NJ Ex Or The RN #1 dialed the NJ Ex Order 26.4b1 to NJ Ex Or The RN#1 then removed the resident's NJ Ex Order 26.4b1 from the medication cart and used the same procedure to NJ Exec Orde the NJ Ex Order 26.4b1 The RN#1 then stated that the resident was to receive NJ Ex Orde and dialed the dose selector to NJ Ex Order

On 11/22/24 at 8:14 AM, the surveyor observed the RN#1 NJ Exec Or Resident #38's NJ Ex Order 26.4b1 with the NJ Ex Order 26.4b1 that was dialed

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to NJ Ex C by pushing down on the NJ Exec Order 2 button and a "click" was heard. The surveyor observed the RN#1 hold the NJ Exec Order 2 button down after the "click" for one (1) second and removed the NJ Ex Order 26.4b1. The surveyor then observed the RN#1 use the same procedure to inject the NJ Ex Order 26.4b1. (ERROR #2 and #3)

On 11/22/24 at 8:20 AM, the surveyor interviewed the RN#1 who stated that he was aware that NJ Ex Order 26.4b1 had a specific technique and thought he had performed the technique. The RN#1 explained that he had NJ Exec Order 2 the NJ Ex Order 26.4b1 by wasting NJ Ex Order 26.4b1. The RN#1 was unable to speak to the direction the NJ Exec Order should in when NJ Exec Order 26 The RN#1 further explained that when he pushed down on the NJ Exec Order 26. button of the NJ Exec O he listened for the "click" and held the NJ Ex Order 26.4b1 for one (1) to two (2) seconds. The RN#1 further explained that he did not immediately remove the NJ Ex Order 26.4b1 because it was possible that you would see liquid come out on the NJ Ex Order 26.4b1. The RN#1 was unable to speak to whether there was a specific timeframe required to hold the NJ Ex Order 26.4b1 in place before removing NJ Ex Order 26.4b1. The RN#1 stated that there was a US FOIA (b)(6) who had done inservices but that she was no longer employed at the facility.

The surveyor reviewed the medical records for Resident #38.

A review of the resident's Admission Record reflected that the resident had diagnoses which included, but not limited to, NJ Ex Order 26.4b1

A review of the resident's OSR reflected the

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F 759	Continued From page 45 following POs with start dates of [redacted]: -'[redacted]  A review of the EMAR reflected the same POs as above in the OSR and the RN#1 had documented the [redacted] were administered on [redacted] to the resident's [redacted] for the morning doses. On 11/22/24 at 1:17 PM, the survey team met with [redacted]. The surveyor reviewed the above observation of the [redacted] technique performed by RN#1. The [redacted] acknowledged that there were specific [redacted] techniques that were required when using a [redacted]. The [redacted] also acknowledged that when priming the [redacted] the nurse was to hold the [redacted] upright and that after pushing down on the [redacted] button and hearing the "click" the [redacted] needed to be held in place for a slow count of at least five (5) seconds. The [redacted] acknowledged that by not following the manufacturer's specifications for correctly priming an [redacted] and by not following the manufacturer's specifications for holding the	F 759		

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NJ Ex Order 26.4b1 in place for at least five (5) seconds could affect the dosage of NJ Ex Order 26.4b1 (ERROR#2 and #3) The US FOIA (b) stated that she would have to check if there was a medication observation performed prior to NJ Ex Order 26.4b1 for RN#1.

On 11/25/24 at 9:08 AM, the US FOIA (b) provided a "Med Pass Observation" form dated NJ Ex Order 26.4b1 for RN#1 that was performed by a US FOIA (b)(6)). The form had not indicated that an NJ Ex Order 26 technique was observed. In addition, the form was not completed for a "Reviewer Summary of Technique" or a "Calculated Error Rate."

On 11/25/24 at 1:56 PM the survey team met with US FOIA (b)(6) The US FOIA (b) stated that the facility policy for "Medication Administration Subcutaneous Insulin" that was provided to the surveyor included the instructions used for inservicing the nurses on the proper NJ Ex Order 26.4b1 technique. The US FOIA (b) explained that there was a US FOIA (b)(6) who recently was terminated. The US FOIA (b) stated that the task of performing medication pass observations was delegated to her team if she was unable to perform them herself and the US FO also helped perform med pass observations. The US FOIA (b) was unable to speak to the actual date that the med pass was performed for RN#1 since the date on the form indicated NJ Ex Orde.

A review of the facility policy dated January 2023 for "Medication Administration Subcutaneous Insulin" provided by the US FOIA (b)(6) reflected "To administer subcutaneous insulin as ordered and in a safe, accurate and effective manner." The policy indicated for the procedures to "Review

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manufacturer specific administration and storage instructions for pen devices." Further review reflected the procedure to "Always perform the safety test before each injection. Performing the safety test ensures that you get an accurate dose by: ensuring that pen and needle work properly, removing air bubbles." The safety test instructions reflected "Hold the pen with the needle pointing upwards. Tap the insulin reservoir so that any air bubbles rise up towards the needle. Press the injection button all the way in. Check if insulin comes out of the needle tip." Further review of the policy indicated for the injection procedure to "Keep the injection button pressed all the way in. Slowly count to 10 before you withdraw the needle from the skin. This ensures that the full dose will be delivered."

On 11/26/24 at 10:38 AM, the surveyor interviewed the [redacted] via the telephone. The [redacted] stated that there were several medication observations performed for the facility but had not done an observation on RN#1. The [redacted] added that any time a medication observation was performed there was an inservice with that individual nurse. The [redacted] also stated that a group inservice regarding medication pass techniques had not been done for the nurses at the facility. The [redacted] stated that she utilized a form when she completes a medication pass observation and that was reviewed as the inservice with the individual nurse. The [redacted] explained that there was an NJ Ex Order 26.4b1 technique which included priming the [redacted]. The [redacted] thought the [redacted] could be held in the downward position when [redacted] and was unsure if the direction of holding the [redacted] made a difference. The [redacted] also stated that after the plunger was pushed down and the click was

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F 759	Continued From page 48 heard, then the [NJ Ex Order 26.4b1] could be removed. The [US Fo] was unable to speak to whether the [NJ Ex Order 26.4b1] had to be held down for a specific timeframe. A review of the "Consultant Pharmacist Services Med Pass Audit Tool" revealed areas that were listed for "Injectables" which included "Primes needle per manufacturer recommendation" and "Holds pen in place for time recommended by manufacturer." A review of the manufacturer specifications for "How to use your Lantus SoloStar pen" revealed instructions for performing a safety test included to "Dial a test dose of 2 Units. Hold pen with the needle pointing up and lightly tap the insulin reservoir so the sir bubbles rise to the top of the needle. This will help you get the most accurate dose." In addition, the review of the manufacturer specifications for "How to use your Lantus SoloStar pen" further revealed instructions for injecting the dose which included to "Use your thumb to press the injection button all the way down. When the number in the dose window returns to 0 as you inject, slowly count to 10 before removing. (Counting to 10 will make sure you get your full insulin dose.) Release the button and remove the needle from your skin." NJAC 8:39-11.2(b), 29.2(d)	F 759		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812		1/13/25

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F 812	Continued From page 49 §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and policy review, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness, and b.) failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness. This deficient practice was evidenced by the following: On 11/22/24 at 10:56 AM, in the presence of the US FOIA (b)(6), the surveyor observed the following: 1. On the shelf holding the water dispenser, the surveyor observed that the shelf was soiled with brown and white colored debris and the drip tray underneath the water dispenser spout was soiled with built up dried grown substance.	F 812	1. Corrective Action of Areas Affected: The shelf holding the water dispenser, drip tray, boiler handle, oven knobs, sprinkler heads, and convection oven knobs have been cleaned. The cutting board has been replaced, the shredded cheese discarded and sugar bin dated. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. The Administrator conducted a detailed Sanitation Audit to identify any additional concerns which have been corrected. All Dietary staff have been re-inserviced on Sanitation detail, dating the sugar and other bins, revised Cleaning Schedule, and the policy on Use By Dating.	

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F 812	Continued From page 50 2. The surveyor observed the Boiler handle covered in cream colored debris lifted with the tip of the surveyor's pen. 3. The surveyor observed six of six oven knobs soiled with a thick brown substance which was easily lifted with the tip of the surveyor's pen. 4. The surveyor observed four of seven sprinklers above the cook top area soiled with a brown grease-like substance. 5. The surveyor observed one of four convection oven knobs soiled with a brown substance which was easily lifted with the tip of the surveyor's pen. 6. In the food preparation area, on the surveyor observed an a white cutting board with multiple deep scratches. 7. In the walk in refrigerator, the surveyor observed a ¾ full bag of shredded cheddar cheese on a shelf with a use by date of 11/21/24, the [redacted] stated this should have been removed from the refrigerator. 8. In the dry storage room, the surveyor observed an undated plastic bin which was ¼ full of white sugar. The [redacted] stated that the bin should have been dated. The surveyor reviewed the facility's policy titled Cleaning Schedule for Food and Nutrition services, which revealed for the facility to maintain a clean and sanitary food and nutrition services department and prevent the growth of bacteria. The surveyor reviewed the facility's policy titled Food and Nutrition services Use By dating	F 812	3. Systemic Changes to Prevent Future Occurrences: The Administrator and Director of Food Service reviewed the facility□s Cleaning Schedule and added in any of the specific items noted under #1 above not already included on it. Sanitation Audits are being conducted weekly by either the Director of Food Service or the Administrator. 4. Monitoring of Corrective Action: The Director of Food Service will submit will a report weekly x4 weeks, then monthly x2 months. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	

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F 812	Continued From page 51 guidelines, which revealed cheese which is opened would be used within the "use by" date. NJAC 8:39-17.2(g)	F 812		
F 880 SS=E	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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (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	F 880		1/17/25

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F 880	Continued From page 52 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: (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. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to follow Center for Disease Control recommendations and guidelines for Hand Hygiene.	F 880	1. Corrective Action of Areas Affected: The facility completed re-inservicing, competency training, and observations on the specific nurses related to [redacted] cleaning and hand hygiene for residents	

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F 880	Continued From page 53 This deficient practice was evidenced by the following: According to the CDC Hand Hygiene in Healthcare Settings, Hand Hygiene Guidance, last reviewed on January 30, 2020, included that Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient Before performing an aseptic task or handling invasive medical devices Before moving from work on a soiled body site to a clean body site on the same patient After touching a patient or the patient's immediate environment After contact with blood, body fluids, or contaminated surfaces Immediately after glove removal. 1. On 11/22/24, in the presence of the [redacted], the surveyor observed two hand washing sinks located inside the kitchen. Both hand washing sinks were located on one side of the wall in the kitchen, and the paper towel dispensers were located on the other side of the wall. The [redacted] stated that the staff would wash their hands and then walk to the other side of the wall to get paper towels. The surveyor observed that both of the paper towels dispensers were located directly above the kitchen food preparation surface and there were drips of water on that surface. 2. On 11/22/24 at 7:53 AM, during the morning medication pass, the surveyor interviewed the Registered Nurse (RN#1) who stated that he had	F 880	#46 and #48. 2. Other Areas Affected: The Director of Nursing/designee has conducted re-inservicing, competency training, and observations for nurses, CNAs and Dietary on proper hand hygiene techniques. The Director of Nursing/designee has conducted re-inservicing, competency training and observations for licensed nursing staff related to glucometer cleaning. 3. Systemic Changes to Prevent Future Occurrences: Licensed nurses, CNA's and Dietary staff have been be re-educated by the Director of Nursing/designee on hand hygiene policies and procedures. Licensed Nursing staff have been re-educated by the Director of Nursing/designee on the manufacturers recommendations for cleaning of the glucometers after each use. 4. Monitoring of Corrective Action: The Director of Nursing/designee will observe 5 staff members hand hygiene techniques weekly x4, then monthly x2. The Director of Nursing/designee will observe 5 nurses on the cleaning technique of glucometers after use weekly x4, then monthly x2. Results of the audit will be reported monthly to the Quality	

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F 880	Continued From page 54 NJ Ex Order 26.4b1 on it) in the medication cart that were used for any resident that he needed to obtain a NJ Ex Order 26.4b1 result. The RN#1 explained that there were two NJ Ex Order 26.4b1 in each medication cart in case one malfunctioned. On 11/22/24 at 8:02AM, the surveyor observed the RN#1 obtain a NJ Ex Order 26.4b1 from Resident #46 on a NJ Ex Order 26.4b1 using the NJ Ex Order 26.4b1 to read the NJ Ex Order 26.4b1 results. On 11/22/24 at 8:10 AM, the surveyor observed the RN#1 obtain a NJ Ex Order 26.4b1 from Resident #38 on a NJ Ex Order 26.4b1 using the same NJ Ex Order 26.4b1 that was used for Resident #46. The surveyor had not observed the RN#1 clean the NJ Ex Order 26.4b1 before use on Resident #48 and in between the two residents. On 11/22/24 at 8:20 AM, the surveyor interviewed the RN#1 who stated that he cleaned the NJ Ex Order 26.4b1 with a sanitizing wipe after the morning medication pass and after the lunch medication pass. The RN#1 acknowledged that he had not cleaned the NJ Ex Order 26.4b1 in between the two residents. The RN#1 explained that he did not need to clean the NJ Ex Order 26.4b1 in between residents because the NJ Ex Order 26.4b1 does not touch the resident and he uses gloves. On 11/22/24 at 1:17 PM, the survey team met with the US FOIA (b)(6) N) and US FOIA (b)(6)). The US FOIA (b) stated	F 880	Assurance Improvement Plan Committee.	

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that the [NJ Ex Order 26.4b1] should be disinfected with a sanitizing wipe before each use and in between each resident.

A review of the facility procedure for "Fingerstick Glucose Measurement" with a revision date of 6/15/22 provided by the [US FOIA (b)(6)] reflected "Clean and disinfect meter before use with EPA approved disinfectant, following manufacturer's instructions." In addition, the procedure included "Clean and disinfect the blood glucose meter after use with EPA approved disinfectant, following manufacturer's instructions."

On 11/25/24 at 9:08 AM, the [NJ Ex Order] provided the surveyor with the manufacturer's instructions for the [NJ Ex Order 26.4b1] used at the facility. The [US FOIA (b)(6)] stated that she used the manufacturer's instructions to explain the importance of cleaning the [NJ Ex Order 26.4b1] in between residents.

A review of the manufacturer's instructions "[name redacted] Caring for the Meter" reflected for "Cleaning your [name redacted] Meter Cleaning and disinfecting your meter and lancing device is very important in the prevention of infectious disease. Cleaning is the removal of dust and dirt from the meter and lancing device surface, so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease causing agents are destroyed on the meter and lancing device surface."

3. On 11/21/24 at 12:09 PM, the surveyor observed the [US FOIA (b)(6)]) wash her hands in the sink across from the 2nd-floor nurse's station. The [US FOIA] turned on the water, applied soap, and immediately placed her hands under the stream of running water without lathering them. The [US FOIA] turned off the faucet with

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her bare hands.

On 11/25/24 at 9:55 AM, the surveyor observed the US FOIA (b)(6)) enter the soiled utility room with a large plastic bag of soiled linens. The surveyor observed the US FOIA (b) sorted through the soiled linens. The US FOIA (b) removed and discarded her gloves, then exited the room and went across the hall to wash her hands. The US FOIA (b) turned on the faucet, applied soap and immediately placed her hands under the stream of running water. The US FOIA (b) dried her hands and used the same paper towel to turn off the faucet. At that same time, the surveyor interviewed the US FOIA (b) who acknowledged that she should have washed her hands by applying soap and rubbing her hands for "10 seconds" outside the stream of water and should have used a clean paper towel to turn off the faucet. The US FOIA (b) stated that she had received two in-services on proper hand hygiene but didn't do it properly because she was NJ Exec Order 26.4 The surveyor asked the US FOIA (b) if she should have lathered outside of the water for 20 seconds. The US FOIA (b) stated that she thought it was 10 seconds.

On 11/25/24 at 10:10 AM, the surveyor observed signage outside room NJ Ex Ord which instructed to NJ Exec Order 26.4b1 Attention caregivers, staff, and visitors:
Perform hand hygiene before and after patient contact, contact with the environment, and after removal of PPE.
Wear a gown and gloves prior to these activities:
Dressing
Bathing/showering
Transferring
Providing hygiene

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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) COMPLETION DATE
F 880	Continued From page 57	F 880		

Changing linens
Changing briefs or assisting with toileting
Device care or use of device (i.e. central lines, urinary catheters, feeding tubes, tracheostomy, ventilators)
Wound care; any skin opening requiring a dressing.

At that same time, the surveyor observed the agency US FOIA (b)(6)) entered Room [NJ Ex Orl] holding a cup. The [US FOIA] opened the lid to the garbage can with her bare hands and as she discarded the cup into the trash some liquid spilled onto the floor. The surveyor observed the [US FOIA] used a paper towel and wiped up the spillage with her bare hands. The surveyor observed the [US FOIA] proceeded into the bathroom turned on the faucet, rinsed her hands under the stream of water, dried her hands, and used the same paper towel to turn off the faucet. At that same time, the surveyor asked the [US FOIA] why she didn't use soap. The [US FOIA] replied, "Because there was no soap." The surveyor then placed her hands under the soap dispenser which dispensed soap. The [US FOIA] stated, "I guess I didn't put my hand under correctly."

11/25/24 at 10:18 AM, the surveyor interviewed the [US FOIA] who stated that she had two in-services on proper hand hygiene. The [US FOIA] stated that she should wet her hands, apply soap and wash her hands outside of the stream of water for 20 seconds before rinsing her hands and should use a clean paper towel to turn off the faucet. The [US FOIA] acknowledged she should have performed hand hygiene using the above technique but was very rushed when the surveyor observed her.

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	315522	A. BUILDING _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

(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 880	Continued From page 58	F 880		

On 11/25/24 at 10:42 AM, the surveyor observed the US FOIA (b)(6) on the NJ Ex O floor unit wearing gloves in the hallway. The surveyor observed the US FOIA (b)(6) placed a NJ Exec Order 26.4b1 which was contained in a bag, on the treatment cart; wrote the resident's name on the bag, and then proceeded to walk through the unit wearing the same gloves holding the NJ Exec Order 26.4b1. The surveyor asked the US FOIA (b)(6) if it was acceptable to wear gloves and carry a urine specimen throughout the facility. The US FOIA (b)(6) replied, "The bag is wet with urine so I can't touch the bag with my bare hands and I can't put it in my bag with all of the other samples." The US FOIA (b)(6) acknowledged that she should have placed the contaminated bag of urine into another clean bag so that she could store it in her properly in the bag used to transport the specimens.

On 11/25/24 at 1:56 PM, the survey team met with the administration to discuss the above observations and concerns. The US FOIA (b) confirmed that staff should practice appropriate hand hygiene and wash hands with soap for 20 seconds outside the stream of running water. The US FOIA (b) confirmed the US FOIA (b)(6) should have transported the NJ Exec Order 26.4b1 appropriately and that gloves should not be worn in the hallways.

A review of the facility's Hand Hygiene policy dated as revised on 5/1/23 and reviewed on 5/1/24, included ...wash hands with soap and water ...wet hands with warm water, apply soap to hands, and rub hands vigorously outside the stream of water for 20 seconds covering all surfaces of the hands and fingers. Rinse hands with warm water and dry thoroughly with a disposable towel ...use towel to turn off the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

(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 880	Continued From page 59 faucet. No further information was provided by the facility. NJAC 8:39-19.3(b); 19.4(a)	F 880		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure	F 883		1/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

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F 883	Continued From page 60 that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on interviews, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to offer residents a NJ Ex Order 26.4b1 or document the reason for ineligibility for the NJ Ex Order 26.4b1 for 2 of 3 residents reviewed for NJ Ex Order 26.4b1 (Resident #58 and Resident #41). The deficient practice was evidenced by the following: Reference: Centers for Disease Control (CDC) recommends pneumococcal vaccination (PCV) for many adults	F 883	1. Corrective Action of Areas Affected: Resident #58 and #41 were educated by the licensed nurse regarding the NJ Ex Order 26.4b1 and consents and NJ Ex Order 26.4b1 have been offered and administered as ordered. 2. Other Areas Affected: The Director of Nursing/designee has conducted an initial audit on current residents to validate that the pneumococcal vaccinations were offered. If an eligible resident did not receive the pneumococcal vaccinations, the physician	

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F 883	Continued From page 61 based on age, having certain risk conditions, and pneumococcal vaccines already received ... CDC recommends PCV15, PCV20, or PCV21 for adults who never received a PCV and are Ages 65 years or older Ages 19 through 64 years with certain risk conditions. Chronic conditions and other factors that increase someone's risk for pneumococcal disease include Chronic heart, kidney, liver, or lung disease (Chronic lung disease includes chronic obstructive pulmonary disorder (COPD), emphysema, and asthma); Diabetes; Immunocompromising condition (having a weakened immune system). 1. On 11/25/24 at 10:40 AM, the surveyor reviewed the medical record for Resident #58. A review of the resident's Admission Record reflected the resident was admitted to the facility with diagnoses that included but were not limited to NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 A review of the quarterly Minimum Data Set dated NJ Ex Order 26 reflected Resident #58 had a BIMS score of NJ Ex out of 15" which indicated NJ Ex Order 26.4b1 Further review of the MDS revealed Section O did not indicate whether Resident #58's NJ Ex Order 26.4b1 was up to date. The MDS further indicated that the NJ Ex Order 26.4 was offered and declined. There was no documented evidence that the resident received an education about the risks and benefits of the NJ Ex Order 26.4b. The surveyor requested the declination form from the US FOIA (b)(6)). A review of the immunizations tab in the electronic medical record (EMR) revealed there	F 883	has been notified, orders placed and consents obtained. 3. Systemic Changes to Prevent Future Occurrences: Licensed Nursing staff have been re-educated by the Director of Nursing/designee on the policies for the pneumococcal vaccinations. 4. Monitoring of Corrective Action: The Director of Nursing/designee will conduct weekly audits on x4, then monthly x2 on all new admissions to validate that the pneumococcal consents and vaccinations were offered. Results of the audit will be reported monthly to the Quality Assurance Improvement Plan Committee.	

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F 883	Continued From page 62	F 883		

was no documentation to indicate the administration, declination, or not eligible status of the NJ Ex Order 26.4b1. An additional review of Resident #58's medical record revealed no documentation of the resident's NJ Ex Order 26.4b1 status being assessed or the NJ Ex Order 26.4b1 being offered.

On 11/27/24 at 10:56 AM, the surveyor conducted a phone interview with the US FOIA (b) and requested documentation that the resident had been administered, offered, and/ or refused the NJ Ex Order 26.4b1. The US FOIA (b) confirmed Resident #58 had not been administered or offered the NJ Ex Order 26.4b1 and therefore she was unable to provide a declination letter.

The facility did not provide any additional information.

2. On 11/22/24 at 11:37 AM, the surveyor introduced self to Resident #41, who became annoyed and did not wish to speak to anyone from the Department of Health and instructed surveyor not to come back again.

A review of the resident's admission record reflected the resident was admitted to the facility with diagnoses that included but were not limited to, NJ Ex Order 26.4b1.

A review of Resident #41's quarterly MDS dated NJ Exec Order 2, revealed a Brief Interview for Mental Status (BIMS) score of NJ Ex () which indicated NJ Ex Order 2 and coding that indicated the NJ Ex Order 26.4b1 was offered and declined.

On 11/25/24, the surveyor interviewed the US FOIA (b)(6)), who indicated that on

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F 883	Continued From page 63	F 883		

admission the staff determines what NJ Ex Order 26.4b1 the resident has had and what NJ Ex Order 26.4b1 resident is due for. She further stated that the acceptance/refusal/education is documented in the NJ Ex Order 26.4b1 tab in the electronic medical record of in the hard (paper) chart.

A review of the electronic medical record and the hard chart revealed no information regarding the NJ Ex Order 26.4b1.

On 11/26/24 at 9:57 AM, the surveyor reviewed the NJ Ex Order 26.4b1 consent provided by the facility, for Resident #41 which was dated NJ Ex Order 26.4b1 NJ Ex Order 26.4b1, and indicated the resident refused the

On 11/26/24 at 10:36 AM, the surveyor asked the US FOIA (D where to find the documentation regarding education after refusal of NJ Ex Order 26.4b1. She stated she was not sure it was done for this resident.

A review of facility policy "Pneumococcal Vaccination" revised 09/13/24 included:
Purpose
To prevent pneumococcal disease and its complications to patients
Process
1. Upon admission, obtain the pneumococcal vaccination history of all patients
1.2 Document pneumococcal vaccination history in the electronic health record
2. Based on the patient's pneumococcal vaccination history, offer (unless the vaccination is medically contraindicated, or the patient has already been vaccinated) the appropriate vaccination following the recommended schedule
2.2 Adults aged greater than or equal to 65 years who have not previously received a

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F 883	Continued From page 64 pneumococcal conjugate vaccine or whose previous vaccination history is unknown should receive a pneumococcal conjugate vaccine PCV20. 2.4 Provide the patient/representative education (Vaccine Information Statement(VIS)) regarding the benefits and potential side effects of vaccination 6. If patient/representative refuses pneumococcal vaccination, provide information and counseling regarding the benefit of vaccination (VIS). Document education in the medical record including VIS version date 6.1 If vaccination refused, document patient's and/or representative's reason for refusal of vaccination 6.1.1 Notify attending physician/provider of patient's or resident representative's refusal and document accordingly in the medical record NJAC 8:39-19.4 (a,4)(d)(h)(i)	F 883		
F 887 SS=E	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each	F 887		1/17/25

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F 887	Continued From page 65	F 887		

resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;
(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses;
(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;
(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and
(B) Each dose of COVID-19 vaccine administered to the resident; or
(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and
(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:
(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;
(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and
(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for

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F 887	Continued From page 66 Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on interview, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to offer a resident a NJ Ex Order 26.4b1. This deficient practice was identified for 3 of 5 residents reviewed for NJ Ex Order 26.4b1 (Resident #9, Resident #41, and Resident #55). The deficient practice was evidenced by the following: 1. A review of the resident #41's admission record reflected the resident was admitted to the facility with diagnoses that included but were not limited to, NJ Ex Order 26.4b1. A review of Resident #41's quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4, revealed a Brief Interview for Mental Status (BIMS) score of NJ Ex, which indicated NJ Ex Order [redacted] A review of the electronic medical record (EMR) indicated that Resident #41 had received NJ Ex Order 2[redacted]. A review of the EMR and the hard (paper) chart revealed no information indicating the facility had offered an additional NJ Ex Order 26.4b1. 2. A review of Resident #9's admission record reflected the resident was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26.4b1 [redacted]. A review of the EMR indicated that Resident #9 had received NJ Ex Order 26.4b1 on NJ Ex Order 26 [redacted] A review of the EMR and the hard chart revealed no information	F 887	1. Corrective Action of Areas Affected: Resident #9, #14 and #55 were educated by the licensed nurse regarding the NJ Ex Order 26.4b1 and consents and NJ Ex Order 26.4b1 have been offered and administered as ordered. 2. Other Areas Affected: The Director of Nursing/designee has conducted an initial audit on current residents to validate that the COVID-19 vaccinations were offered. If any eligible resident did not receive the COVID-19 vaccination, the physician has been be notified, orders placed and consents obtained. 3. Systemic Changes to Prevent Future Occurrences: Licensed Nursing staff have been re-educated by the Director of Nursing/designee on the policy for the COVID-19 vaccination. 4. Monitoring of Corrective Action: The Director of Nursing/designee will conduct weekly audits x4, then monthly x2 on new admissions to validate that the COVID-19 vaccination were offered. Results of the audit will be reported monthly to the Quality Assurance Improvement Plan Committee.	

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F 887	Continued From page 67 indicating the facility had offered an additional NJ Ex Order 26.4b1. 3. A review of Resident #55's admission record reflected the resident was admitted to the facility with diagnoses that included but were not limited to; NJ Ex Order 26.4b1. A review of the EMR indicated that Resident #55 had received NJ Ex Order 26.4b1 A review of the EMR and the hard chart revealed no information indicating the facility had offered an additional NJ Ex Order 26.4b1. On 11/25/24 at 9:24 AM, the surveyor interviewed the US FOIA (b)(6)) regarding infection control practices and procedures. She stated that NJ Ex Order 26.4b1 are offered, they are pre ordered from the pharmacy based on the resident's choice of the NJ Ex Order 26.4b1. She further stated that residents are assessed to see what NJ Ex Order 26.4b1 they have had and what NJ Ex Order 26.4b1 they are due for. The acceptance/refusal/education are documented in the NJ Ex Order 26.4b1 tab in the EMR or in the hard (paper) chart. On 11/26/24 at 10:36 AM, the surveyor asked the US FOIA (b) where to find the documentation regarding education after refusal of NJ Ex Order 26.4b1 She stated she was not sure it was done. A review of facility policy "COVID-19 Vaccination" revised 2/7/24 includes: Purpose To prevent the spread of SARs-CoV-2 infection and its complications to patients/staff Process 1. Obtain COVID-19 vaccination history 1.2 On admission, document patient COVID-19	F 887		

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F 887	Continued From page 68 vaccination status (receipt or lack of receipt of COVID-19 vaccine) in the medical record Immunization Record 3 Based on the patient's COVID-19 vaccination history, offer the vaccination following the manufacturer's recommended schedule 3.1 Subject to availability, the Center offers the COVID-19 vaccine (unless the vaccination is medically contraindicated, or the individual has already been fully vaccinated). 5. Obtain consent 5.1 Patient Immunization Record in PCC and Patient Informed Consent of Declination COVID-19 form 7. Document refusals 7.1 If a patient/patient representative refuses vaccination, document declination on the Immunization record N.J.A.C. 8:39-19.4(a)	F 887		

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	12056	A. BUILDING: _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S 000	Initial Comments THE FACILITY WAS 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 # NJ00169291, NJ00168225, NJ00169881 Based on observation, interview, and review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER	S 560	1. Corrective Action of Areas Affected: The facility cannot retroactively correct the identified concerns related to not meeting the minimum CNA staffing requirements. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. On a daily basis, the Staffing Coordinator, Administrator and Director of Nursing review staffing patterns for the current and	1/13/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12056	A. BUILDING: _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

(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	Continued From page 1 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties; and (3) 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 certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of	S 560	upcoming days and strategize accordingly in order to start each shift at or above the minimum CNA requirements to the fullest extent possible. 3. Systemic Changes to Prevent Future Occurrences: The facility has implemented a weekly Staffing Committee including the Staffing Coordinator, Director of Nursing, Administrator and Corporate Recruiters and have initiated recruitment/retention strategies for all staff with special focus on nurses and CNAs. Strategies include establishing relationships with local CNA schools, competitors salary analysis, addressing absenteeism, employee recognition/retention, and agency utilization. 4. Monitoring of Corrective Action: The Administrator will submit a report weekly x4 weeks, then monthly x2 months. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations	

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S 560	Continued From page 2	S 560		

required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.

(3) All computations shall be based on the midnight census for the day in which the shift begins.

d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...

A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the week of Complaint staffing from 10/01/2023 to 10/07/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in total staff for residents on 3 of 7 evening shifts, deficient in CNAs to total staff on 2 of 7 day shifts, and deficient in total staff for residents on 1 of 7 overnight shifts as follows:

-10/01/23 had 2.1 CNAs for 57 residents on the day shift, required at least 7 CNAs.

-10/01/23 had 5 total staff for 57 residents on the evening shift, required at least 6 total staff.

-10/02/23 had 1.9 CNAs for 57 residents on the day shift, required at least 7 CNAs.

-10/03/23 had 2.1 CNAs for 57 residents on the day shift, required at least 7 CNAs.

-10/03/23 had 3.7 CNAs to 7.1 total staff on the

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ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S 560	Continued From page 3 evening shift, required at least 4 CNAs. -10/04/23 had 1.9 CNAs for 57 residents on the day shift, required at least 7 CNAs. -10/04/23 had 3.8 CNAs to 8 total staff on the evening shift, required at least 4 CNAs. -10/04/23 had 3.8 total staff for 57 residents on the overnight shift, required at least 4 total staff. -10/05/23 had 3.3 CNAs for 60 residents on the day shift, required at least 7 CNAs. -10/05/23 had 5.9 total staff for 60 residents on the evening shift, required at least 6 total staff. -10/06/23 had 3.4 CNAs for 60 residents on the day shift, required at least 7 CNAs. -10/07/23 had 1.9 CNAs for 60 residents on the day shift, required at least 7 CNAs. -10/07/23 had 4.7 total staff for 60 residents on the evening shift, required at least 6 total staff. 2. For the week of Complaint staffing from 11/05/2023 to 11/11/2023, the facility was deficient in CNA staffing for residents on 3 of 7 day shift, deficient in total staff for residents on 2 of 7 evening shifts, and deficient in CNAs to total staff on 2 of 7 evening shifts as follows: -11/05/23 had 5.2 CNAs for 53 residents on the day shift, required at least 7 CNAs. -11/05/23 had 4.9 total staff for 53 residents on the evening shift, required at least 5 total staff. -11/05/23 had 1.6 CNAs to 4.9 total staff on the	S 560		

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ACCELERATE SKILLED NURSING AND REHAB PISC/	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S 560	Continued From page 4 evening shift, required at least 2 CNAs. -11/06/23 had 4.3 CNAs for 51 residents on the day shift, required at least 6 CNAs. -11/06/23 had 4.8 total staff for 51 residents on the evening shift, required at least 5 total staff. -11/06/23 had 1.9 CNAs to 4.8 total staff on the evening shift, required at least 2 CNAs. -11/07/23 had 5.2 CNAs for 51 residents on the day shift, required at least 6 CNAs. 3. For the week of Complaint staffing from 12/17/2023 to 12/23/2023, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts, and deficient in total staff for residents on 2 of 7 evening shifts as follows: -12/17/23 had 3.9 total staff for 45 residents on the evening shift, required at least 4 total staff. -12/18/23 had 3.3 CNAs for 45 residents on the day shift, required at least 6 CNAs. -12/19/23 had 3.1 CNAs for 45 residents on the day shift, required at least 6 CNAs. -12/20/23 had 4.1 CNAs for 45 residents on the day shift, required at least 6 CNAs. -12/21/23 had 3.1 CNAs for 50 residents on the day shift, required at least 6 CNAs. -12/22/23 had 3.1 CNAs for 50 residents on the day shift, required at least 6 CNAs. -12/23/23 had 3.2 CNAs for 50 residents on the day shift, required at least 6 CNAs.	S 560		

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ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S 560	Continued From page 5 -12/23/23 had 4.3 total staff for 50 residents on the evening shift, required at least 5 total staff. 4. For the week of Complaint staffing from 06/23/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 4 of 7 day shifts, deficient in total staff for residents on 1 of 7 evening shifts, and deficient in CNAs to total staff on 1 of 7 evening shifts as follows: -06/23/24 had 6.5 total staff for 71 residents on the evening shift, required at least 7 total staff. -06/24/24 had 3.7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/24/24 had 3.6 CNAs to 7.2 total staff on the evening shift, required at least 4 CNAs. -06/25/24 had 4.7 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/26/24 had 8.4 CNAs for 71 residents on the day shift, required at least 9 CNAs. -06/29/24 had 8.3 CNAs for 72 residents on the day shift, required at least 9 CNAs. 5. For the 2 weeks of staffing prior to survey from 11/03/2024 to 11/16/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -11/03/24 had 7 CNAs for 79 residents on the day shift, required at least 10 CNAs. -11/04/24 had 9.4 CNAs for 77 residents on the day shift, required at least 10 CNAs.	S 560		

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ACCELERATE SKILLED NURSING AND REHAB PISC/	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S 560	Continued From page 6 -11/06/24 had 6.5 CNAs for 76 residents on the day shift, required at least 9 CNAs. -11/07/24 had 8.7 CNAs for 74 residents on the day shift, required at least 9 CNAs. -11/08/24 had 8.3 CNAs for 74 residents on the day shift, required at least 9 CNAs. -11/09/24 had 6.2 CNAs for 74 residents on the day shift, required at least 9 CNAs. -11/10/24 had 6.1 CNAs for 74 residents on the day shift, required at least 9 CNAs. -11/15/24 had 9.2 CNAs for 77 residents on the day shift, required at least 10 CNAs. -11/16/24 had 9.4 CNAs for 77 residents on the day shift, required at least 10 CNAs. On 11/27/24 at 1:30 PM, the surveyor discussed the staffing ratios concerns with the Director of Nursing, who stated they were aware of the staffing ratio criteria.	S 560		
S1405	8:39-19.5(a) Mandatory Infection Control and Sanitation The facility shall require all new employees to complete a health history and to receive an examination performed by a physician or advanced practice nurse, or New Jersey licensed physician assistant, within two weeks prior to the first day of employment or upon employment. If the new employee receives a nursing assessment by a registered professional nurse	S1405		1/13/25

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ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S1405	Continued From page 7 upon employment, the physician's or advanced practice nurse's examination may be deferred for up to 30 days from the first day of employment. The facility shall establish criteria for determining the completeness of physical examinations for employees. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to provide NJ Ex Order 26.4b1 newly hired employees within the required time frame for 9 of 10 new employees reviewed. The deficient practice was evidenced by the following. On 11/25/24 the surveyor requested from the Director of Nursing (DON) the health files for 10 newly hired facility employees, including their pre-employment NJ Ex Order 26.4b1. The surveyor reviewed the health files on 11/27/24. Employee #2 through #10 did not receive a NJ Ex Order 2 from a physician or nurse practitioner within 2 weeks up to the date of hire. Nor did they receive a NJ Ex Order 26.4b1 from a registered nurse on the first day of employment	S1405	1. Corrective Action of Areas Affected: The facility cannot retroactively correct the identified concerns related to new hires no longer employed by the facility who did not receive a NJ Ex Order 26.4b1 in accordance to Federal/State regulations. The Staffing Coordinator/HR was re-inserviced on ensuring new hires obtain a health history/physical in accordance with federal and State regulations. 2.Other Areas Affected: All residents have the potential to be affected by this deficient practice. The facility conducted an audit of all employee files to verify the required health history/physical is present. Those identified in need will be obtained.	

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ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S1405	Continued From page 8 which would defer the necessity of the practitioner's exam for up to 30 days. On 11/27/24 at 12:12 PM the DON stated she was unable to provide evidence of [redacted] for Employees #2 through 10. No facility policy and procedures for new hire health examinations was provided to the surveyor.	S1405	3. Systemic Changes to Prevent Future Occurrences: A new hire checklist has been implemented including health history/physical and other necessary information required upon employment. The Staffing Coordinator/HR is ensuring the required health history/physical has been obtained prior to employees beginning Orientation. 4.Monitoring of Corrective Action: The Staffing Coordinator/HR will complete an audit weekly x4 weeks, then monthly x2 months of new hires to verify the required health history/physical has been obtained prior to employees beginning Orientation.Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	
S1410	8:39-19.5(b)(1) Mandatory Infection Control and Sanitation (b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received	S1410		1/17/25

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ACCELERATE SKILLED NURSING AND REHAB PISCA	10 STERLING DRIVE PISCATAWAY, NJ 08854

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S1410	Continued From page 9 appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later. This REQUIREMENT is not met as evidenced by: Based on record review and interview it was determined that the facility failed to provide NJ Ex Order 26.4b1 for 7 of 10 newly hired employees. The deficient practice was evidenced by the following. On 11/25/24 the surveyor requested from the Director of Nursing (DON) the health files for 10 newly hired facility employees, including NJ Ex Order 26.4b1 performed prior to the first day of employment. The surveyor reviewed the health files on 11/27/24. Employee #3, 4, 5, 7, 8, 9, 10 did not receive NJ Ex Order 26.4b1 prior to the first day of	S1410	1. Corrective Action of Areas Affected: The facility cannot retroactively correct the identified concerns related to new hires no longer employed by the facility who did not receive the required NJ Ex Order 26.4b1 [redacted] in accordance to Federal/State regulations. The Staffing Coordinator/HR was re-inserviced on ensuring all new hires obtain a NJ Ex Order 26.4b1 in accordance with federal and State regulations. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. The facility conducted an audit of all	

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S1410	Continued From page 10 employment. On 11/27/24 at 12:12 PM the DON stated she was unable to provide evidence of [NJ Ex Order 26.4b1] [redacted] for the above noted employees. A policy for [NJ Exec Order 26.4b1] screening for new employees was not provided to the surveyor.	S1410	current employee files to verify the required tuberculosis screening has been completed. Documentation was not present on all employees, and their PPD has been properly administered. 3. Systemic Changes to Prevent Future Occurrences: A new hire checklist has been implemented including tuberculosis screening and other necessary information required upon employment. The Staffing Coordinator/HR is ensuring the required tuberculosis screening has been completed prior to employees beginning Orientation. 4. Monitoring of Corrective Action: The Staffing Coordinator/HR will conduct weekly audits x4 weeks, then monthly x2 months of new hires to verify the required tuberculosis screening has been completed prior to employees beginning Orientation. Results of the audits will be reported at the monthly Quality Assurance Improvement Meetings for review and recommendations .	

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	315522	A. BUILDING **01** B. WING _____	**12/02/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	**10 STERLING DRIVE** **PISCATAWAY, NJ 08854**

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E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/02/24. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 12/02/24 and the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18 NEW Health Care Occupancy. Accelerate Skilled Nursing and Rehab Piscataway is a three-story building constructed in 2017. It is composed of Type II (222) construction and is divided into ten smoke compartments. The facility has a complete automatic wet sprinkler system. The diesel generator powers 100% of the building. The number of occupied beds was 75 out of 124.	K 000		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353		1/17/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/2024

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	315522	A. BUILDING **01** B. WING _____	**12/02/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	**10 STERLING DRIVE** **PISCATAWAY, NJ 08854**

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K 353	Continued From page 1 maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to inspect the sprinkler system's gauges in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition). This deficient practice had the potential to affect all 74 residents at the facility. Findings include: A review of the facility's untitled sprinkler system's records revealed the facility failed to document monthly inspections of the gauges for the wet sprinkler system. During an interview on 12/02/24 at 4:30 PM, the US FOIA (b)(6) confirmed the findings and stated the facility was unable to provide documentation of the monthly inspections of the sprinkler gauges during the survey. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 353	1. Corrective Action of Areas Affected: The Director of Maintenance has completed the required monthly sprinkler gauge inspection for December. The US FOIA (b)(6) has been in-serviced on the need to ensure this inspection occurs on a monthly basis. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. The Director of Maintenance is responsible to ensure the sprinkler gauge is inspected on a monthly basis and provide the report to the Administrator. 3. Systemic Changes to Prevent Future Occurrences: Sprinkler gauge inspection has been placed on a monthly Preventive	

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	315522	A. BUILDING **01** B. WING _____	**12/02/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	**10 STERLING DRIVE** **PISCATAWAY, NJ 08854**

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K 353	Continued From page 2	K 353	Maintenance inspection by the Director of Maintenance. 4. Monitoring of Corrective Action: The Director of Maintenance will submit a report monthly x 3 months at the monthly Quality Assurance Improvement Meetings for review and recommendations .	
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 Edition) Sections 8.5.6.1 and 8.5.6. 2. This deficient practice had the potential to affect all 74 residents at the facility.	K 372	1. Corrective Action of Areas Affected: The penetrations in rooms 218, 220 and 320 have been sealed. The required 4 year testing on the smoke dampers has been completed. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice.	1/20/25

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	315522	A. BUILDING **01** B. WING _____	**12/02/2024**

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ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	**10 STERLING DRIVE** **PISCATAWAY, NJ 08854**

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K 372	Continued From page 3 Findings include: 1. An observation on 12/02/24 at 11:30 AM of the smoke barrier located inside Room 320, revealed a 1-inch unsealed hole in the wall with blue wires extending through the opening. An observation on 12/02/24 at 11:45 AM of the smoke barrier located inside Room 220 and 218 revealed a 1-inch unsealed hole in the wall with blue wires extending through the opening. During an interview at the time of the observations, the[redacted] confirmed the findings and stated the facility was unaware of the unsealed gaps and penetrations in the smoke barriers. 2. Review of the facility's untitled smoke damper documentation revealed no documented evidence the facility's smoke dampers had a four-year testing or maintenance conducted. During an interview at the time of the observation, the[redacted] was not aware of the missing documentation. NJAC 8:39-31.2(e) NFPA 72	K 372	The Director of Maintenance/Designee has conducted an inspection in 100% of all resident rooms for additional penetrations and any additional ones found have been sealed. 3. Systemic Changes to Prevent Future Occurrences: Inspection for penetrations in smoke barriers has been placed on a monthly preventative maintenance inspection by the Director of Maintenance/Designee. The Maintenance Director will submit this monthly inspection to the Administrator. 4. Monitoring of Corrective Action: The Director of Maintenance will submit a report monthly to the Administrator who will forward it x 3 months to the monthly Quality Assurance Improvement Meetings for review and recommendations .	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar	K 712		1/13/25

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K 712	Continued From page 4 with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire drills at least quarterly per shift, as required by NFPA 101 Life Safety Code (2012 Edition), Section 19.7.1. This deficient practice had the potential to affect all 74 residents. Findings include: A review of the facility's "Fire Drill Reports" revealed no documented evidence fire drills were conducted for April 2024 and May 2024. During an interview on 12/02/24 at 3:30 PM, the US FOIA (b)(6) confirmed the findings and stated that the facility did not have the fire drills reports for the April and May dates. NJAC 8:39-31.2(e), 31.6(b)	K 712	1. Corrective Action of Areas Affected: The facility cannot retroactively correct the identified concern related to the previous April and May fire drills not being completed. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. The Administrator and Director of Maintenance ensure that all fire drills are completed monthly on a shift rotating basis including weekend requirement. 3. Systemic Changes to Prevent Future Occurrences: The Administrator reviews compliance with fire drill requirements prior to the end of each month to ensure the rotating schedule is followed. 4. Monitoring of Corrective Action: The Administrator will submit a report monthly x 3 months at the monthly Quality Assurance Improvement Meetings for review and recommendations .	
K 918 SS=F	Electrical Systems - Essential Electric Syste	K 918		1/17/25

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K 918	Continued From page 5 CFR(s): NFPA 101 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 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. 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	K 918	1. Corrective Action of Areas Affected:	

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K 918	Continued From page 6 failed to maintain the generator in accordance with NFPA 110 Emergency Power and Standby Power Systems (2010 Edition), Section 8. The facility failed to visually inspect their generator weekly and failed to check the generator's battery electrolyte levels and gravity. These deficient practices had the potential to affect all 74 residents. Findings include: A review of the facility's generator documentation revealed no documented evidence the facility completed weekly visual inspections of the generator. During an interview on 12/02/24 at 4:30 PM, the US FOIA (b)(6) confirmed the findings and stated the facility could not locate the missing documentation. A review of the facility's generator documentation revealed no documented evidence the facility completed weekly checks of the battery electrolyte levels nor the monthly check on the battery specific gravity. During an interview on 12/02/24 at 4:30 PM, the US FOIA (b)(6) confirmed the findings and stated the facility could not locate the missing documentation. NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110	K 918	The Director of Maintenance is completing the required weekly generator tests as well as the weekly checks of the battery electrolyte levels. Monthly checks of the battery specific gravity on the generator is being completed by the US FOIA (b)(6) has been in-serviced of the need to conduct these required inspections. 2. Other Areas Affected: All residents have the potential to be affected by this deficient practice. The Director of Maintenance and Administrator have reviewed all other required generator tests/inspections to ensure all are routinely completed as required. Systemic Changes to Prevent Future Occurrences: The Administrator is now responsible to ensure all generator tests/inspections are completed as required by reviewing the documentation submitted by the Maintenance Director. Monitoring of Corrective Action: The Director of Maintenance will submit a weekly report on the generator test and battery electrolyte level weekly x 4 then monthly x 2. The Director of Maintenance will also submit a monthly report regarding the generator battery specific gravity x 3 months. The Administrator will submit a report monthly x 3 months at the monthly	

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K 918	Continued From page 7	K 918	Quality Assurance Improvement Meetings for review and recommendations .	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315522 Y1	A. Building 01 - LAPID MANOR B. Wing Y2	2/4/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCELERATE SKILLED NURSING AND REHAB PISCATAWAY	10 STERLING DRIVE PISCATAWAY, NJ 08854

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. # NFPA 101	Completed
LSC K0353	01/17/2025	LSC K0372	01/20/2025	LSC K0712	01/13/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0918	01/17/2025	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	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
12/2/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO