STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16A001	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE	338 CHESTNUT STREET PASSAIC, NJ 07055

(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
A 000	Initial Comments Initial Comments: Type of Survey: Standard with Complaints Complaint #'s: NJ00162542, NJ00172918, NJ00178435, NJ00173410, NJ00177026, NJ00183712, NJ00182379, NJ00181809, NJ00173352, NJ00167010, NJ00162643, Census: 93 Sample size: 12 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. 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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/27/25

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This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00162542, NJ 00172918,

Based on observation, interview and record review, it was determined that the Administrator (ADM) failed to ensure the implementation and enforcement of the facility policies titled, "Accidents and Incidents - Investigating and Reporting," "Dangerous and/or Abusive Residents," and "Medical Records." In addition, failed to include the timeframe of assessment in the NJ Exec Order 26.4b1 administration policy for 4 of 12 residents reviewed, Residents #1, 6, 9, and 10. This deficient practice is evidenced by the following:

1. On 3/10/24 at 11:55 a.m., the surveyor reviewed Resident #1's medical record who was *NJ Ex Order 26. 4B1* . Continued surveyor review of the medical record observed an initial assessment dated NJ Exec Order 2 which indicated that the resident was NJ Exec O and NJ Exec Order 26.4b1 and *NJ Ex Order 26. 4B1* .

At 12:40 p.m., the surveyor interviewed a Licensed Practical Nurse (LPN) on the fourth floor and inquired about the care provided to Resident #1. The LPN stated that the resident was NJ Exec Order 26.4b1 with all *NJ Ex Order 26. 4B1* and *NJ Ex Order 26. 4B1* . The

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surveyor interviewed the LPN and asked how staff ensured the resident took his/her medications as prescribed by the physician. The LPN stated that Resident #1 was asked and reminded daily to take his/her medications and to report any concerns to staff. The surveyor then requested the medication administration assessment for Resident #1 for review but the LPN then referred the surveyor to the Director of Nursing (DON) for a completed *NJ Ex Order 26. 4B1* assessment.

At 1:05 p.m., the surveyor interviewed the DON regarding Resident #1's *NJ Ex Order 26. 4B1* assessment and in addition, the *NJ Ex Order 26. 4B1* policy for review. The DON stated that she was still new at the facility and would contact the former Registered Nurse (RN), currently at Corporate level for the completed assessment.

On 3/11/25, the DON provided the surveyor with the *NJ Ex Order 26. 4B1* policy. The surveyor reviewed the policy in presence of the DON and inquired how often was the assessment completed for a resident that *NJ Ex Order 26. 4B1*. The DON stated that the *NJ Ex Order 26. 4B1* should be completed every six months.

On 3/12/25 at 1:15 p.m., during interview with the Corporate RN regarding the frequency the assessment should be completed, the Corporate RN stated that it was completed on admission and annually. However, the policy did not indicate the frequency the *NJ Ex Order 26. 4B1* assessment should be completed.

Surveyor review of the policy titled, "Self Administration Meds" revealed, "All residents will

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be assessed for their capability and interest in self-administering their own medications. Residents deemed potentially capable of self-administration shall e assessed using self Administration of medication evaluation to determine whether assistance or supervision is required."

2. On 3/16/23, the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) which indicated that Resident #10 [NJ Ex Order 26. 4B1] Resident #9 on [NJ Exec Order 26.]. The FRE indicated in the report that there was [NJ Exec Order 26.4b] to either residents and the [NJ Ex Order 26] were called to the facility.

On 3/10/25 at 9:44 a.m., during entrance conference, the surveyor requested the ADM to provide the facility's investigation report regarding the [NJ Ex Order 26. 4B1] that occurred on [NJ Exec Order 26.].

At 1:26 p.m., the surveyor reviewed Resident #9's medical record (MR), which revealed that Resident #9 was *NJ Ex Order 26. 4B1* . Upon review of Resident #9's MR, the surveyor observed that there was no documentation regarding the [NJ Ex Order 26. 4B1] on [NJ Exec Order 26.].

At 2:11 p.m., the surveyor reviewed Resident #10's closed MR, which revealed that Resident #10 was *NJ Ex Order 26. 4B1* . Upon review of Resident #10's MR, the surveyor observed that there was no documentation regarding the [NJ Ex Order 26. 4B1] on [NJ Exec Order 26.4b1]

On 3/11/25 at 10:13 a.m., the ADM provided the surveyor with a file labeled with the date of the

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event, NJ Exec Order 26. . At 10:39 a.m., the surveyor observed that the file included the facility's copy of the FRE; however, there was no investigation report documented in the file.

At 12:39 p.m., the surveyor interviewed the ADM and inquired about the investigation for the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4 The ADM stated that the investigation report would be in the file that he provided the surveyor. The surveyor reviewed the file dated NJ Exec Order 26. with the ADM, and the ADM confirmed that there was no investigation report in the file for the NJ Exec Order 26. NJ Ex Order 26. 4B1 .

3. On 3/22/24, the DOH received a FRE which indicated that Resident #6 reported to Administration on NJ Exec Order 26.4 an NJ Ex Order 26. 4B1 that occurred on NJ Exec Order . Resident #6 reported that another resident *NJ Ex Order 26. 4B1* . The ADM reported that the aide who witnessed the NJ Ex Order 26. 4B1 reported that there was NJ Exec Order 26.4b1 involved.

On 3/10/25 at 9:44 a.m., the surveyor requested the ADM to provide the facility's investigation report regarding the NJ Ex Order 26. 4B1 reported on NJ Exec Order 26. .

At 11:22 a.m., the surveyor reviewed Resident #6's MR, which revealed that Resident #6 was *NJ Ex Order 26. 4B1* .

On 3/11/25 at 10:13 a.m., the ADM provided the surveyor with a file labeled with the date of the event. NJ Exec Order 26.4 . At 10:19 a.m., the surveyor reviewed the facility's investigation report which indicated, " ... NJ Ex Ord check was completed and there are no signs of NJ Exec Order 26.4b1 or NJ Exec Order 26.4b on

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A 310	Continued From page 5 [Resident #6]." Surveyor further review of Resident #6's MR, observed that there was a Progress Note (PN), written on [redacted] at 7:49 a.m., which indicated that Resident #6 *NJ Ex Order 26. 4B1* [redacted]. Additionally, the surveyor observed that the [redacted] checks documented in the PNs between the dates of [redacted] was related to [redacted] However, there was no documentation of a [redacted] check regarding the [redacted] reported on [redacted]. At 12:39 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about where resident assessments would be documented. The DON stated that nursing assessments after [redacted] would be documented in PNs in the resident's electronic MR. The DON also stated that if the assessment was completed on paper, the document would be uploaded into the resident's electronic MR. The surveyor reviewed an undated facility policy titled, "Accidents and Incidents - Investigating and Reporting" reviewed 10/2/24, which indicated, " ... All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the Administrator/Director on Nursing ... 1. The Nurse Supervisor/Charge Nurse and/or the department director shall promptly initiate and document investigation of the accident or incident ..." Additionally, the surveyor reviewed an undated facility policy titled, "Dangerous and/or Abusive Residents" which indicated, "PURPOSE: Residents whose behavior is considered to present a danger to self or others will be	A 310		

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A 310	Continued From page 6 documented and transferred to an appropriate facility. PROCEDURE: ... 10. Complete incident report(s) and document as appropriate ..." The surveyor reviewed an undated facility policy titled, "Dangerous and/or Abusive Residents" which indicated, " ... PROCEDURE: 1. An immediate nursing assessment of any resident who has been judged to have presented actual or potential harm to self or others will be initiated. This assessment shall be documented in the resident's record ..." Additionally, the surveyor reviewed an undated facility policy titled, "Medical Records" which indicated, " ... Policy Explanation and Compliance Guidelines: 1. Licensed staff and team members shall document assessments, observations, and services provided in the resident's medical record in accordance with state law. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care services occurred. 3. Documentation may be performed manually or as per the facility's specific electronic medical record software program ..."	A 310		
A 313	8:36-3.4(a)(4) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 4. Ensuring the provision of staff orientation and staff education; This REQUIREMENT is not met as evidenced by:	A 313		

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A 313	Continued From page 7 Complaint #: NJ00162542, NJ00178435, NJ00173410, NJ00172918 Based on interview, and record review, it was determined that the facility failed to ensure that staff received education and training on resident abuse policy and procedures following NJ Ex Order 26. 4B1 where resident NJ Exec Order 26.4b1 were considered to present NJ Ex Order 26. 4B1 of 12 residents reviewed, Resident #'s NJ Ex Order 26. 4B1. This deficient practice was evidenced by the following: 1. On 3/16/23, the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) which indicated that Resident #10 NJ Ex Order 26. 4B1 Resident #9 on NJ Exec Order 26.. The FRE also indicated that there was NJ Exec Order 26.4b1 to either resident, and the NJ Ex Order 26 were called to the facility. 2. On 3/22/24, the DOH received an FRE which indicated that Resident #6 reported to administration on NJ Exec Order 26., that on NJ Exec Order another resident NJ Ex Order 26. 4B1. The facility Administrator (ADM) reported that the Aide, who witnessed the NJ Ex Order 26. 4B1, reported that there was NJ Exec Order 26.4b1 The ADM documented the following as an intervention that was implemented after the NJ Ex Order 26. 4B1 " ... Inservicing on NJ Exec Order and reporting done with staff". 3. On 4/26/24, the DOH received an FRE which indicated that Resident #6 became NJ Ex Order 26. 4B1 and began using NJ Ex Order 26. 4B1. The ADM reported that the NJ Ex Order 26 were called and Resident #6 received NJ Ex Order 26. 4B1 services after the NJ Ex Order 26. 4B1 4. On 6/12/24, the DOH received an FRE which	A 313		

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indicated that Resident #6 reported to administration on [redacted], that on [redacted] a staff member *NJ Ex Order 26. 4B1* [redacted]. The ADM reported that a witness to the *NJ Ex Order 26. 4B1* reported that the staff member did not [redacted] the resident.

On 3/10/25 through 3/12/25, the surveyor conducted a survey to investigate the four (4) FREs at the facility, and on [redacted] at 9:44 a.m., the surveyor requested the ADM to provide the facility's investigation reports regarding the FREs dated NJ Exec Order 26.4b1 [redacted].

At 11:22 a.m., the surveyor reviewed Resident #6's medical record (MR), which revealed that Resident #6 was *NJ Ex Order 26. 4B1* [redacted]

5. At 1:26 p.m., the surveyor reviewed Resident #9's MR, which revealed that Resident #9 was *NJ Ex Order 26. 4B1* [redacted]. Upon review of Resident #9's MR, the surveyor observed that there was no documentation regarding the *NJ Ex Order 26. 4B1* on [redacted].

6. At 2:11 p.m., the surveyor reviewed Resident #10's closed MR, which revealed that Resident #10 was *NJ Ex Order 26. 4B1* [redacted]. Upon review of Resident #10's MR, the surveyor observed that there was no documentation regarding the *NJ Ex Order 26. 4B1* on [redacted].

On 3/11/25 at 10:13 a.m., the ADM provided the surveyor with files labeled with the dates of the above four FREs.

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A 313	Continued From page 9 At 10:19 a.m., the surveyor reviewed the investigation report and summary regarding the [NJ Exec Order 26] FRE. The surveyor did not observe documentation that reflected staff education following the [NJ Ex Order 26. 4B] as documented in the FRE. At 10:26 a.m., the surveyor reviewed the investigation report and summary regarding the [NJ Exec Order 26] FRE. The surveyor did not observe documentation that reflected staff education following the [NJ Ex Order 26. 4B] as documented in the FRE. At 10:32 a.m., the surveyor reviewed the investigation report and summary regarding the [NJ Exec Order] FRE. The surveyor did not observe documentation that reflected staff education following the [NJ Ex Order 26. 4B] as documented in the FRE. At 10:39 a.m., the surveyor reviewed the file labeled with the [NJ Exec Order 26] FRE. The surveyor did not observe documentation that reflected staff education following the [NJ Ex Order 26. 4B] as documented in the FRE. At 12:39 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired if any staff education or training was completed after the [NJ Ex Order 26. 4B] recorded in the four FREs. The DON informed the surveyor that she could not find documentation that reflected staff education or training following the above four FREs. On 3/12/25 at 11:08 a.m., the surveyor interviewed the DON and requested the policy on staff education on [NJ Exec Order] for review. The DON was unable to provide the surveyor with a policy regarding staff education or training on [NJ Ex Order 26.4] The surveyor reviewed the undated facility policy	A 313		

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A 313	Continued From page 10 titled, "Dangerous and/or Abusive Residents", provided by the DON, which did not include staff education or training following the [redacted].	A 313		
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00177026 Based on observation, interview and record review, it was determined that the facility failed to provide care and services in accordance with the resident's General Service Plan (GSP) for 1 of 12 residents reviewed, Resident #1. The deficient practice was evidenced by the following: On 3/10/25 at 10:50 a.m., the surveyor observed the resident in his/her [redacted] The surveyor interviewed Resident #1 and inquired about the care he/she	A 355		

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received at the facility. The resident stated that [redacted].

On 3/10/25 at 11:55 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that the resident was [redacted].

Surveyor further review of the MR revealed a late entry progress note dated [redacted] at 20:45 [8:45] p.m., written by the former Director of Nursing (DON), which documented that the resident returned from the [redacted] with a diagnosis of [redacted], and complained of [redacted], and that the resident would continue to be in a [redacted].

The progress note dated [redacted] at 9:16 p.m., written by a Licensed Practical Nurse, documented that Resident #1 was offered [redacted] with a [redacted] by a Patient Care Assistant and the resident was made aware of scheduled [redacted] days and times.

The surveyor reviewed the "General Service Plan" (GSP) dated [redacted], completed by a Registered Nurse (RN), which documented that the resident was [redacted] and [redacted] with [redacted]. The RN did not indicate on the GSP the days [redacted] were to be given to the resident.

On 3/11/25 at 12:25 p.m., the surveyor interviewed the Administrator (ADM) and requested the residents' [redacted] schedules for

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A 355	Continued From page 12 review, including Resident #1's [NJ Ex Order 26. 4B1] schedule. On 3/12/25 at 10:30 a.m., the surveyor interviewed the DON and requested the [NJ Ex Order 26. 4B] schedule for Resident #1 again. Neither the ADM nor the DON provided the surveyor with the [NJ Ex Order 26. 4B] schedules. The facility failed to implement the intervention indicated on Resident #1's GSP regarding assistance with [NJ Ex Order 26. 4B1]. The resident returned from the [NJ Ex Order 26. 4B1] on [NJ Exec Order 2] and was not assisted with a [NJ Ex Order 26. 4B] until on [NJ Exec Order 26.].	A 355		
A 389	8:36-4.1(a)(16) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00162643; NJ 00173352 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident's right to be [NJ Exec O] from [NJ Ex Order 26.] was enforced for 3 of 12 residents reviewed, Resident #'s 3, 4, and 5. This	A 389		

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	16A001	A. BUILDING: _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE	338 CHESTNUT STREET PASSAIC, NJ 07055

(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
A 389	Continued From page 13 deficient practice was evidenced by the following: On NJ Exec Order 26., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) from the former Administrator (ADM) for *NJ Ex Order 26. 4B1* that occurred on NJ Exec Order 26.. The FRE indicated that Resident #5 *NJ Ex Order 26. 4B1* Resident #4 in the *NJ Ex Order 26. 4B1* between the two residents. In addition, on NJ Exec Order 26., the DOH received an additional FRE from the former ADM for another *NJ Ex Order 26. 4B1* that occurred on NJ Exec Order 26.. The FRE indicated that Resident #3 *NJ Ex Order 26. 4B1* by Resident #4 because Resident #4 *NJ Ex Order 26. 4B1* . 1. On 3/10/25, the surveyor reviewed the Medical Record (MR) of Resident #4, which revealed that the resident was *NJ Ex Order 26. 4B1* The surveyor reviewed Progress Notes (PN) in Resident #4's MR, however, the surveyor was not able to locate any PN regarding the *NJ Ex Order 26. 4B1* that occurred on NJ Exec Order 26. and *NJ Ex Order 26. 4B1* that occurred on NJ Exec Order 26.. 2. The surveyor reviewed Resident #4's "NJ Exec Order 26.4b1 General Service Plan," signed NJ Exec Order 2 of NJ Ex Order 2 which indicated that Resident #4 would have *NJ Ex Order 26. 4B1* in the dining area from other residents that caused the resident to become NJ Ex Order 26. In addition, the surveyor reviewed Resident #4's "Service Plan Report," initiated on NJ Exec Order 26., which indicated that Resident #4 was *NJ Ex Order 26. 4B1* and called the resident *NJ Ex Order 26. 4B1*.	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 389	Continued From page 14 3. The surveyor also reviewed the MR of Resident #5, which revealed that the resident was NJ Ex Order 26. 4B1 [redacted]. The surveyor reviewed PNs in Resident #5's MR and was not able to locate any PN regarding the NJ Ex Order 26. 4B1 [redacted] that occurred on NJ Exec Order 26. [redacted]. The surveyor reviewed Resident #5's "Resident General Service Plan," dated NJ Exec Order [redacted], which revealed, "... NJ Ex Order 26. 4B1 [redacted] ..." 4. The surveyor reviewed the MR of Resident #3, which revealed that the resident was NJ Ex Order 26. 4B1 [redacted]. The surveyor was not able to locate any PN regarding the NJ Ex Order 26. 4B1 [redacted] that occurred on NJ Exec Order 26.4 [redacted]. However, the surveyor reviewed Resident #3's "Service Plan Report," initiated on NJ Exec Order 26. [redacted], which indicated, "[Resident #3] NJ Ex Order 26. 4B1 [redacted] by [Resident #4] because [he/she] talks NJ Ex Order 26. 4B1 [redacted] [his/her] NJ Ex Order 26. 4B1 [redacted]" On 3/10/25 at 11:30 a.m., the surveyor interviewed Resident #3 to inquire about the NJ Ex Order 26. 4B1 [redacted] that involved Resident #4. Resident #3 stated that Resident #4 was NJ Ex Order 26. 4B1 [redacted] towards him/her and that Resident #4 stated that he/she was a "NJ Ex Order 26. 4 [redacted]". On 3/12/25 at 11:38 a.m., the surveyor interviewed the Director of Nursing (DON) and the ADM, and both stated that they were not employed at the facility when the above mentioned NJ Ex Order 26. 4B1 [redacted] took place. The DON and the ADM were not able to provide the surveyor with PNs or investigations	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 389	Continued From page 15 from the NJ Ex Order 26. 4B1 that took place on NJ Exec Order 26. and NJ Exec Order 26.4 The surveyor reviewed the facility's policy titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program," which indicated, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation ... 1. Protect residents from abuse, neglect, exploitation and misappropriation of property by anyone including ... b. other residents ..."	A 389		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183712 Based on observation, interview and record review, it was determined that the facility failed to enforce the right of all residents to live in safe conditions when 3 of 12 residents NJ Ex Order 26. 4B1 of the facility, Resident #'s 2, 11, and 12. This	A 401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 401	Continued From page 16 deficient practice was evidenced by the following: 1. On NJ Exec Order 26., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) from the facility's Director of Nursing (DON) for an NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.. The FRE indicated that a NJ Exec Order 26.4b1 went off at the facility and that Resident #2, who was on NJ Ex O , came out of his/her apartment with NJ Ex Order 26. 4B1 on his/her NJ Ex Order 26. 4B1 . The FRE also indicated that the resident was transferred to the NJ Ex Order 26. 4B1 and sustained NJ Ex Order 26. 4B1 around his/her NJ Ex Order 26. 4B1 . On 3/10/25, the surveyor reviewed the Medical Record (MR) of Resident #2 who was NJ Ex Order 26. 4B1 The surveyor reviewed a Progress Note (PN) dated NJ Exec Order 26.4b1, written by a Licensed Practical Nurse (LPN), which indicated, "PCA [Patient Care Aide] reported resident NJ Ex Order 26. 4B1 in [his/her] room, observe[d] resident in room NJ Ex Order 26. 4B1 , administrator and admission coordinator on site spoke with resident and educated [the resident on] NJ Exec Order 26.4b1 [s] and NJ Exec Order 26.4b1, NJ Ex Order 26. 4B1 not permitted ..." In addition, the surveyor reviewed another PN dated NJ Exec Order 26.4 written by a LPN, which indicated, "This LPN was in the NJ Exe floor medication room when I heard the NJ Ex Order 26. 4B1, while running down the stairs to the lobby to see where the alarm was going off the 3rd floor PCA was running up the stairs and said it is [Resident #2's room], upon arrival to [Resident #2's room] observed resident coming out of the room with	A 401		

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A 401	Continued From page 17	A 401		

NJ Ex Order 26. 4B1 on the floor and a NJ Ex Order 26. 4B1 in [his/her] NJ Ex Order 26. 4B1, inquired what happened, stated [he/she] did not know, NJ Ex Or called transfer to [NJ Ex Order 26. 4B1], MD, DON, Administrator and NJ Ex Order 26. 4B1 notified."

Further, the surveyor reviewed a PN dated NJ Exec Order 26.4 written by a LPN, which indicated that Resident #2 was NJ Ex Order 26. 4B1 with a diagnosis of NJ Ex Order 26. 4B1 .

2. At 11:46 a.m., a surveyor observed another resident, Resident #11 NJ Ex Order 26. 4B1 while on the NJ Exec Order 26.4b1 the building.

The surveyor reviewed Resident #11's MR, which indicated that the resident was NJ Ex Order 26. 4B1 .

3. At 12:24 p.m., during an interview with a Home Health Aide (HHA), she stated that an additional resident, Resident #12 NJ Ex Order 26. 4B1 in his/her apartment every day.

The surveyor reviewed the MR of Resident #12, who was NJ Ex Order 26. 4B1 The surveyor reviewed a PN dated NJ Exec Order written by a LPN which indicated, " ... PCA reported resident NJ Ex Order 26. 4B1 in [his/her] room, resident breach[ed] contract/policy agreement signed by resident of not NJ Ex Order 26. 4B1, ADM and DON notified."

On 3/11/25 at 10:14 a.m. and 10:32 a.m., the surveyor interviewed the DON and the Administrator (ADM) to inquire about the NJ Ex Order 26. 4B1 regarding Resident #2 NJ Ex Order 26. 4B1 in his/her

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A 401	Continued From page 18	A 401		

apartment. The DON confirmed that Resident #2 NJ Ex Order 26. 4B1 in his/her apartment with NJ Ex Order 26. 4B on, and stated that staff observed the resident come out of the apartment with ***NJ Ex Order 26. 4B1*** . The ADM confirmed that Resident #2 NJ Ex Order 26. 4B1 in his/her apartment with NJ Ex Order 26. 4B on and stated that the resident obtained ***NJ Ex Order 26. 4B1*** .

During this interview, the DON and the ADM stated that NJ Ex Order 26. 4B1 was NJ Exec Order 26.4b1 inside the facility and that staff had reported to them that some residents NJ Ex Order 26. 4B1 in their apartments.

At 11:16 a.m., the surveyor interviewed Resident #2 regarding the 2/19/25, NJ Ex Order 26. 4B1. Resident #2 stated that his/her NJ Exec Order 26.4b1 ***NJ Ex Order 26. 4B1*** unhooked at the NJ Exec Order 26.4b1 and NJ Ex Order 26. 4B1. Resident #2 stated that he/she was not NJ Ex Order 26. 4B1 when the NJ Ex Order 26. 4B1 took place. However, Resident #2 explained that he/she would NJ Ex Order 26. 4 in his/her apartment mostly at night when it was NJ Exec Order 26 to NJ Exec Order .

At 11:58 a.m. and 12:00 p.m., the surveyor interviewed the ADM and the DON to inquire if any interventions were put in place after staff reported to them that residents NJ Ex Order 26. 4B1 in their apartments. The ADM and the DON were not able to provide the surveyor with any in-services regarding NJ Ex Order 26. 4B1 that were completed prior to the NJ Ex Order 26. 4B1 involving Resident #2 on NJ Exec Order 26.4 In addition, the ADM and the DON were only able to provide the surveyor with one NJ Ex Order 26. 4B1 contract that was signed and dated by an unsampled resident prior to the ***NJ Ex Order 26. 4B1*** that took place on NJ Exec Order 26.4

The surveyor reviewed a policy titled, "Smoking Policy," which indicated, "It is the policy to provide

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A 401	Continued From page 19 a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking ... 1. Smoking is prohibited in all areas except the designated smoking area ... 2. Safety measures for the designated smoking area will include, but not limited to ... e. Prohibition of oxygen use in the smoking area."	A 401		
A 553	8:36-5.7(b) General Requirements (b) The facility shall have a policy and procedure that addresses how policy and procedure manuals will be made available to residents, guardians, designated responsible individuals, prospective applicants, and referring agencies. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that facility failed to ensure that the a policy and procedure manual for the operation of the facility was developed and implemented; and failed to ensure that the facility had a policy and procedure that addressed how the policy and procedure manual would be made available to residents, guardians, designated responsible individuals, prospective applicants, and referring agencies. This deficient practice was evidenced by the following: On 3/10/2025 at 10:52 a.m., during the entrance conference, the survey team requested the Director of Nursing (DON) and Administrator (ADM) provide the survey team with the facility's Policy and Procedure Manual (PPM). The DON stated that the PPM was online and that a staff member, resident, or visitor would require the ADM to print out a specific policy because the	A 553		

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A 553	Continued From page 20	A 553		

ADM was the only person with access to the PPM. The survey team then requested the PPM index that listed the name of the policies so the survey team could request specific policies to be printed.

At 1:12 p.m., the survey team received the requested PPM index. The PPM index provided by the DON, did not have the facility's name reflected on it.

At 1:55 p.m., the surveyor requested six (6) policies from the PPM index from the DON.

At 2:15 p.m., the surveyor again requested the policies from the DON, which the DON did not have. At this time, the surveyor asked the DON to have the requested policies available by the next survey day, 3/11/25.

On 3/11/25 at 10:31 a.m., the surveyor interviewed the DON regarding the policies not being provided to the surveyor, and requested the policies again.

At 11:05 a.m., the DON provided the surveyor with three (3) of the 6 requested policies. The surveyor reviewed the policies provided and all the policies did not contain the same facility logo.

At 11:18 a.m., the surveyor interviewed the DON who stated that the Vice President (VP) of Operations was printing the requested policies for the surveyor and that she was not sure if the Administrator had access to the PPM. The DON added that she was not sure why some of the policies had the facility logo and some did not.

On 3/12/2025 at 12:20 p.m., the surveyor interviewed the ADM and the DON, both of whom

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A 553	Continued From page 21 stated that the Vice President (VP) of Operations had access to the policies and was printing the policies for the surveyor. The ADM explained that it was a misunderstanding in regards to him telling the surveyors during the entrance conference that he had access to the policies. At 1:01 p.m., the surveyor contacted the VP of operations in the presence of the DON and ADM via telephone. The VP of Operations stated that the ADMs and Regional personnel had access to the PPM. During continued surveyor interview, the ADM would not state that he did not have access to the online PPM. The DON stated that she had access to the policies on her computer, "somewhere." During continued interview, the surveyor requested access to the online portal containing the PPM and the VP of Operations stated that she could not provide the surveyors with access and that the staff could not access the policies.	A 553		
A 607	8:36-5.15(a)(1) General Requirements (a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following: 1. The resident acquires an acute illness requiring medical care; This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was	A 607		

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A 607	Continued From page 22 determined that the facility failed to notify the Responsible Party (RP) of a *NJ Ex Order 26. 4B1* and [redacted] to the *NJ Ex Order 26. 4B1* of 12 residents reviewed, Resident [redacted]. This deficient practice was evidenced by the following: On 3/11/25 at 11:07 a.m., the surveyor reviewed the Electronic Medical Record (EMR) for Resident #8 which revealed that Resident #8 had an *NJ Ex Order 26. 4B1* [redacted]. The EMR also included a document titled, "Progress Notes (PN)" which revealed that on [redacted], Resident #8 was sent to the [redacted] for [redacted] of the *NJ Ex Order 26. 4B1*. The PN did not reveal that the resident's RP was notified of the resident's transfer to the [redacted]. At 12:05 p.m., the surveyor interviewed the DON, who acknowledged that the DON, and the physician should have been notified of the *NJ Ex Order 26. 4B1* [redacted]. Surveyor review of the facility's policy and procedure titled, "Nursing Practice" which revealed, " ... 5. A nurse shall ensure that records are maintained according to regulations and Residence policies ..."	A 607		
A 609	8:36-5.15(a)(2) General Requirements (a) The resident's family, guardian, and/or designated responsible person or community agency shall be notified, when known, and with the resident's consent, immediately after the occurrence, in the event of the following: 2. Any serious accident, criminal act or incident occurs which involves the	A 609		

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A 609	Continued From page 23 resident and results in serious harm or injury or results in the resident's arrest or detention; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00162643; NJ 00173352 Based on interview and record review, it was determined that the facility failed to immediately notify the residents responsible parties after two separate NJ Ex Order 26. 4B1 of 12 residents reviewed, Resident #'s 3, 4, and 5. This deficient practice was evidenced by the following: On 3/21/23, the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) from the former Administrator (ADM) for NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b1 The FRE indicated that Resident #5 NJ Ex Order 26. 4B1 Resident #4 in the NJ Ex Order 26. 4B1 between the two residents. In addition, on NJ Exec Order 26.4b1 the DOH received an additional FRE from the former ADM for another NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b1 The FRE indicated that Resident #3 NJ Ex Order 26. 4B1 by Resident #4 because Resident #4 NJ Ex Order 26. 4B1 . On 3/10/25, the surveyor reviewed the Medical Record (MR) of Resident #4 and was not able to locate any Progress Notes (PN) regarding the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b1	A 609		

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A 609	Continued From page 24 In addition, the surveyor reviewed the MR of Resident #5 and was not able to locate any PN regarding the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26. Lastly, the surveyor reviewed the MR of Resident #3 and was not able to locate any PN regarding the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26. The surveyor did not observe any documentation that indicated that the responsible parties of Residents #3, #4, and #5 were notified following the above mentioned NJ Ex Order 26. 4B1. On 3/12/25 at 11:38 a.m., the surveyor interviewed the Director of Nursing (DON) and the ADM, both stated that they were not employed at the facility when the above mentioned NJ Ex Order 26. 4B1 took place. The DON and the ADM were not able to provide the surveyor with progress notes or investigations from the NJ Ex Order 26. 4B1 that took place on NJ Exec Order 26.4b1. The surveyor reviewed the facility's policy titled, "Accident and Incidents- Investigating and Reporting," which indicated that a "Report of Incident/Accident" form should be completed following an incident or accident. The policy also indicated that, "h. The date/time the injured person's family was notified and by whom ...", should be included on the form. Reference 8:36-4.1(a)(16) A-0389	A 609		
A 753	8:36-7.3(c) Resident Assessments and Care Plans	A 753		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 753	Continued From page 25 (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00173410, NJ 00172918 Based on observation, interview and record review, it was determined that the facility failed to develop and/or revise the service plan for 2 of 12 residents reviewed, Resident #1 and Resident #6. This deficient practice was evidenced by the following: 1. On 3/10/25 at 10:50 a.m., the surveyor observed the resident in his/her NJ Exec Order 26.4b1, NJ Exec O and NJ Exec Order 26.4b1. The surveyor interviewed Resident #1 and inquired about the care he/she received at the facility. In addition, the surveyor observed an empty bingo pack of NJ Ex Order 26 by the resident's bedside drawer. The surveyor inquired about the empty NJ Ex Order 26 bingo packet. The resident stated that he/she *NJ Ex Order 26. 4B1* . At 11:55 a.m., the surveyor reviewed Resident #1's medical record (MR) which revealed that the resident *NJ Ex Order 26. 4B1* . The "Initial assessment" dated NJ Exec Order 2, completed by a Registered Nurse (RN), documented that the resident was NJ Exec Order 26.4b1 and *NJ Ex Order 26. 4B1*	A 753		

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A 753	Continued From page 26	A 753		

NJ Ex Order 26. 4B1. The "NJ Exec Order 26.4b1 Administration Assessment" dated NJ Exec Order 2 completed by a RN, documented that the resident was fully capable of NJ Ex Order 26. 4B1.

Surveyor review of the "Service Plan Report" (SPR) with admission date of NJ Exec Order and last review date of NJ Exec Order 26.4b, with "NJ Exec Order 26.4b1" revealed that the resident NJ Ex Order 26. 4B1. However, there was no documented evidence in the SPR of intervention(s) to address the resident's NJ Ex Order 26. 4B1.

On 3/12/25, during interview with the Director of Nursing (DON) regarding the above concern, the DON stated that she was new to the facility and was still learning and putting systems in place.

2. On 3/22/24, the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by facilities to report events to the DOH) which indicated that Resident #6 reported to administration on NJ Exec Order 26.4b an NJ Ex Order 26. 4B1 that occurred on NJ Exec Order. Resident #6 reported that another resident NJ Ex Order 26. 4B1 and an Aide witnessed the NJ Ex Order 26. 4B1. The Administrator at the facility reported that the aide who witnessed the NJ Ex Order 26. 4B1 reported that there was NJ Exec Order 26.4b1 involved.

3. On 4/26/24, the DOH received an FRE which indicated that Resident #6 became NJ Ex Order 26. 4B1 and began using NJ Ex Order 26. 4B1. The Administrator at the facility reported that the NJ Ex Order 26 were called and Resident #6 received NJ Ex Order 26. 4B1 services after the NJ Ex Order 26. 4B1.

On 3/10/25 at 9:44 a.m., during entrance conference, the surveyor requested the

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A 753	Continued From page 27 Administrator (ADM) to provide the investigation reports regarding the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 2 and was reported on NJ Exec Order 26.4 to administration and the NJ Exec Order 26. NJ Ex Order 26. 4B1 At 11:22 a.m., the surveyor reviewed Resident #6's medical record (MR), which revealed that Resident #6 was *NJ Ex Order 26. 4B1* At 11:31 a.m., the surveyor reviewed Resident #6's Progress Note (PN) dated on NJ Exec Order 26. at 8:00 a.m., which indicated, " ... [Resident #6] was observed *NJ Ex Order 26. 4B1* . Nurse try toNJ Exec Order 26.4b1 , resident then began to use *NJ Ex Order 26. 4B1* ... DON and administrator made aware." At 12:49 p.m., the surveyor reviewed Resident #6's Health Service Plan (HSP) dated NJ Exec Order 26., however, the surveyor did not observe any documentation to reflect the review or changes made to the HSP immediately following the NJ Ex Order 26. 4B1 reported on NJ Exec Order 26.4b1 On 3/11/25 at 10:13 a.m., the ADM provided the surveyor with files labeled with the dates of the reports of NJ Exec Order 26.4b1. At 10:19 a.m., the surveyor reviewed the investigation report for the NJ Exec Order 2, NJ Ex Order 26. 4B1 which indicated that Resident #6 and the roommate were NJ Ex Order 26. 4B1 after the above NJ Ex Order 26. 4B1. At 10:26 a.m., the surveyor reviewed the investigation report for the NJ Ex Order 26. 4B1 on NJ Exec Order 26.4 which indicated, " ... Conclusion [Resident #6]	A 753		

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A 753	Continued From page 28 was NJ Exec Order 26.4b1 to use [his/her] NJ Ex Order 26.4 for [his/her] NJ Ex Order 26. 4B1 and to NJ Exec Order 26.4 [his/her] NJ Exec Order 26.4 appropriately to NJ Exec Order 26 the NJ Exec O and NJ Exec Order of others ... [Resident #6] will continue to see NJ Ex Order 26 ongoing when needed for [his/her] NJ Exec Order 26.4b1 NJ Ex Order 26. 4B1 ." At 12:39 p.m., the surveyor interviewed the Director of Nursing (DON) and inquired about the timeframe for when an HSP should be reviewed and revised. The DON stated that HSPs should be reviewed quarterly and as needed. The surveyor reviewed an undated facility policy titled, "General and Health Care Service Plans" which indicated, " ...The Health Care Plan shall be reviewed and, if necessary, revised at least quarterly unless changes in the resident's status or needs occur before that time. Documentation in the resident's wellness record shall indicate review and any necessary revision of the General Service Plan and/or Health Care Plan ..."	A 753		
A 779	8:36-7.5(c) Resident Assessments and Care Plans (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care. This REQUIREMENT is not met as evidenced	A 779		

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A 779	Continued From page 29 by: Based on interview and record review, it was determined that the facility failed to ensure that the Registered Nurse (RN) was notified of a resident's NJ Ex Order 26. 4B1 of 12 residents reviewed, Resident #8. This deficient practice was evidenced by the following: On 3/11/2025 at 11:07 a.m., the surveyor reviewed the Electronic Medical Record (EMR) for Resident #8 which revealed that the resident NJ Ex Order 26. 4B1 . Further surveyor review of the EMR revealed a progress note (PN), written by a Licensed Practical Nurse (LPN), which documented that on NJ Exec Order 26.4b1 Resident #8 was transferred to the NJ Ex Order 26. 4B1 . The NJ Exec Order 26.4b1 PN documented by the LPN did not indicate that the RN was notified of the transfer to the NJ Ex Order 26. 4B1 . At 12:05 p.m., the surveyor interviewed the Director of Nursing, a RN, who confirmed that the RN should have been notified of the NJ Ex Order 26. 4B1 and transfer to the NJ Ex O .	A 779		
A 781	8:36-7.5(d) Resident Assessments and Care Plans (d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.	A 781		

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A 781	Continued From page 30 This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to notify a resident's physician of a *NJ Ex Order 26. 4B1*, and transfer to the *NJ Ex Order 26. 4B1* of 12 residents reviewed, Resident #8. This deficient practice was evidenced by the following: On 3/11/25 at 11:07 a.m., the surveyor reviewed the Electronic Medical Record (EMR) for Resident #8 which revealed *NJ Ex Order 26. 4B1* [redacted]. Continued surveyor review of the EMR revealed a progress note dated [redacted] which indicated that Resident #8 was transferred to the *NJ Ex Order 26. 4B1* [redacted]. There was no documented evidence that the resident's physician was notified of the resident's transfer to the *NJ Ex Order 26. 4B1* At 12:05 p.m., the surveyor interviewed the facility's Director of Nursing, a Registered Nurse, who stated that the resident's physician should have been notified of the *NJ Ex Order 26. 4B1* [redacted].	A 781		
A 783	8:36-7.5(e) Resident Assessments and Care Plans (e) Each resident shall have an annual physical examination by a physician, advanced practice nurse or physician assistant, which shall be documented in the resident's record. The	A 783		

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A 783	Continued From page 31	A 783		

physician, advanced practice nurse or physician assistant shall certify annually that the resident does not have needs which exceed the care that the facility or program is capable of providing.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined that the facility failed to ensure that residents annual NJ Ex Order 26.4(b)(1) and certification were completed to confirm that the residents needs could continue to be met in the Assisted Living Facility for 3 of 12 residents reviewed, Resident #'s 8, 9 and 10. This deficient practice was evidenced by the following:

1. On 3/11/25 at 11:07 a.m., the surveyor reviewed the Medical Record (MR) of Resident #8 which revealed that the resident NJ Ex Order 26. 4B1 [redacted]

Further surveyor review of the MR revealed a "Medical Certification/Physical Report," dated [redacted], which indicated that the question, "IS PATIENT APPROPRIATE FOR ASSISTED LIVING SETTING?" was not answered. In addition, the line for "Yes" and the line for "No" were left blank.

At 12:05 p.m., the surveyor interviewed the Director of Nursing (DON), who stated that the certification question should have been marked as [redacted], and that the oversight may have been an accident by the physician.

2. On 3/10/25 at 1:26 p.m., the surveyor reviewed

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A 783	Continued From page 32 Resident #9's MR, which revealed that Resident #9 wa *NJ Ex Order 26. 4B1* [redacted]. Upon review of Resident #9's MR, the surveyor observed that there was no [redacted] and NJ Exec Order 26.4b1 with a health care provider's assisted living (AL) certification. 3. At 2:11 p.m., the surveyor reviewed Resident #10's closed MR, which revealed that Resident #10 was *NJ Ex Order 26. 4B1* [redacted]. Upon review of Resident #10's MR, the surveyor observed that there was no [redacted] with a health care provider's AL certification. On 3/10/25 at 1:56 p.m., the surveyor requested the DON to provide the [redacted] with a provider's certifications for Resident #9 and Resident #10 for review. On 3/11/25 at 11:50 a.m., the DON provided the surveyor with Resident #9 and Resident #10's [redacted]. The surveyor observed that Resident #9's [redacted] with a physician's certification for AL was dated on NJ Exec Order 26.4b1 Resident #10's was dated on [redacted] At 12:49 p.m., the surveyor interviewed the DON and inquired about the timeframe's for the [redacted] and the health care provider's certification for AL to be completed. The DON stated that the residents' [redacted] and health care provider's certification should be completed annually. Additionally, the surveyor reviewed an undated facility policy titled, "Medical Records" which indicated, " ... Policy Explanation and Compliance Guidelines: 1. Licensed staff and team members shall document assessments, observations, and	A 783		

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A 783	Continued From page 33 services provided in the resident's medical record in accordance with state law. 2. Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred. 3. Documentation may be performed manually or as per the facility's specific electronic medical record software program ..."	A 783		
A 973	8:36-11.6(a)(5) Pharmaceutical Services (a) The facility or program shall designate a pharmacist who shall direct pharmaceutical services and provide consultation to the physician, facility, or program staff, and residents, as needed. The pharmacist shall assist the facility or program with, at a minimum, the following: 5. At least quarterly, inspecting all common areas of the facility or program where medications are stored or administered, documenting any problems and proposing solutions to these problems, and maintaining records of such inspections. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that the consultant pharmacist inspected the medication storage areas, documented problems, and maintained records of inspections on a quarterly basis. This deficient practice was evidenced by the following:	A 973		

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A 973	Continued From page 34 On 3/10/25 at 10:53 a.m., during entrance conference with the Administrator (ADM) and the Director of Nursing (DON), the surveyor requested Consultant Pharmacists reports. On 3/11/25 at 12:34 p.m., the surveyor performed a narcotic count with a Certified Medication Assistant (CMA) on Medication Cart #2, which was located on the third floor. The surveyor observed that the narcotic count binder had folded pages with notes that indicated documentation was missing. The surveyor interviewed the CMA to inquire the reason there was missing documentation on controlled substance administration records, and the CMA stated that sometimes agency staff would forget to sign. The surveyor reviewed four documents inside the narcotic count binder titled, "Individual Patient Controlled Substance Administration Record," which revealed the following: 1. *NJ Ex Order 26. 4B1* (milligrams): Missing signature on 1/9/25 and missing time and signature on 1/20/25 (Balance #85 and #47). 2. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #12). 3. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #47). 4. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #1). At 1:00 p.m., the surveyor interviewed the DON to inquire the reason some controlled substance administration records were missing signatures, dates, and/or times. The DON stated that she was not aware of any missing documentation on the controlled substance administration records.	A 973		

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A 973	Continued From page 35 At that time, the surveyor inquired about the requested Consultant Pharmacist reports, and the DON stated that she was not able to locate any.	A 973		
A1011	8:36-11.7(k) Pharmaceutical Services (k) Controlled dangerous substances shall be stored, and records shall be maintained, in accordance with the Controlled Dangerous Substances Acts, N.J.S.A. 24:21-1 et seq. and all other Federal and State laws and regulations concerning the procurement, storage, dispensation, administration, and disposition of same. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the Registered Nurse (RN) failed to ensure staff consistently documented on the shift-to-shift controlled substance administration record to ensure accountability of the controlled substance inventory, in accordance with the Controlled Dangerous Substances Acts, State regulations, and the facility's policy for 1 of 2 medication carts (MC) reviewed, MC #2. This deficient practice was evidenced by the following: On 3/11/25 at 12:34 p.m., the surveyor performed a narcotic count with a Certified Medication Assistant (CMA) on MC #2, which was located on the third floor. The surveyor observed that the narcotic count binder had folded pages with notes that indicated documentation was missing. The surveyor interviewed the CMA to inquire the	A1011		

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A1011	Continued From page 36	A1011		

reason there was missing documentation on controlled substance administration records, and the CMA stated that sometimes agency staff would forget to sign.

The surveyor reviewed four documents inside the narcotic count binder titled, "Individual Patient Controlled Substance Administration Record," which revealed the following:

1. *NJ Ex Order 26. 4B1* (milligrams): Missing signature on 1/9/25 and missing time and signature on 1/20/25 (Balance #85 and #47).
2. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #12).
3. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #47).
4. *NJ Ex Order 26. 4B1*: Missing date, time, and signature (Balance #1).

At 1:00 p.m., the surveyor interviewed the Director of Nursing (DON) to inquire the reason some controlled substance administration records were missing signatures, dates, and/or times. The DON stated that she was not aware of any missing documentation on the controlled substance administration records. The surveyor then inquired when staff should sign the controlled substance administration record, and the DON stated that controlled substances were to be signed out on the controlled substance administration record as soon as they were pulled.

The surveyor reviewed the facility policy titled, "Controlled Substance Administration & Accountability," which indicated, "It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations

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A1011	Continued From page 37 regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure ... The charge nurse or other designee conducts a daily visual audit of the required documentation of controlled substances ..."	A1011		
A1035	8:36-14.2(b) Emergency Services and Procedures (b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter. All residents shall be instructed in emergency evacuation procedures. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to post emergency evacuation diagrams that had the locations of fire exits, alarm boxes, and fire extinguishers. This deficient practice was evidenced by the following: 1. On 3/5/25 at 9:30 a.m., in the presence of the facility Administrator, the surveyor observed that the facility failed to post emergency evacuation diagrams on the 3rd floor, 4th floor, and 5th floor.	A1035		

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A1035	Continued From page 38 The surveyor interviewed the Administrator who confirmed that the emergency evacuation diagrams were not posted.	A1035		
A1073	8:36-15.6(b) Resident Records (b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00162643; NJ 00173352 Based on observation, interview and record review, it was determined that the facility failed to ensure that all assessments and treatments by health care and service providers were documented for 4 of 12 residents, Resident #'s 3, 4, 5, and 6. This deficient practice is evidenced by the following: On NJ Exec Order 26.4B the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH) from the former Administrator (ADM) for NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4B The FRE indicated that Resident #5 NJ Ex Order 26. 4B1 Resident #4 in the NJ Ex Order 26. 4B1 between the two residents.	A1073		

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A1073	Continued From page 39 On NJ Exec Order 26.4b1 the DOH received an additional FRE from the former ADM for another NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b1. The FRE indicated that Resident #3 NJ Ex Order 26. 4B1 by Resident #4 because Resident #4 NJ Ex Order 26. 4B1 . On 3/10/25, the surveyor reviewed the Medical Records (MR) of Resident #'s 3, 4, and 5, but was unable to locate any assessments or Progress Notes (PNs) completed following the NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 26.4b1. The electronic MR did not show any PNs prior to NJ Exec O of NJ Exec Orde On 3/12/25 at 11:27 a.m., the surveyor interviewed the Director of Nursing (DON) to inquire what tasks were completed by staff following an NJ Ex Order 26. 4B1 . The DON stated that residents would be separated, a NJ Ex Order 26. 4B1 assessment would be completed and documented on paper or in a PN, physicians and families would be notified, NJ Ex Order 26. 4B1 consults would be requested if needed, service plans would be updated, an investigation would be conducted to determine the NJ Ex Order 26. 4B1, in-service/education would be completed as needed, and an FRE report would be completed. At 11:38 a.m., the surveyor requested assessments, investigations, and supporting documentation for the above mentioned NJ Ex Order 26. 4B1 of NJ Ex Order 26. 4B1 from the ADM and the DON. At 1:13 p.m., during surveyor interview with the DON, she stated that she was not able to locate assessments, investigations or supporting	A1073		

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A1073	Continued From page 40	A1073		

documentation for the NJ Ex Order 26. 4B1 that took place on NJ Exec Order 26.4b1

The surveyor reviewed the facility's policy titled, "Medical Records," which indicated that, "1. Licensed staff and team members shall document assessments, observations, and services provided in the resident's medical record in accordance with state law..."

Complaint #: NJ 00178435

On NJ Exec Order 26, the DOH received a FRE which indicated that Resident #6 reported to administration on NJ Exec Order 26.4b1 NJ Ex Order 26. 4B1 that occurred on NJ Exec Order 2 that a staff member NJ Ex Order 26. 4B1 . The ADM documented that a witness to the NJ Ex Order 26. 4B1 reported that the staff member did NJ Exec Order 26.4b1 the resident.

On 3/10/25 at 11:22 a.m., the surveyor reviewed Resident #6's MR, which revealed that Resident #6 was NJ Ex Order 26. 4B1 .

At 11:31 a.m., the surveyor reviewed a NJ Ex Order 26. 4B1 note written by the Nurse Practitioner (NP) on NJ Exec Order 26, which documented under, "DIAGNOSIS & PLAN: ... Facility will NJ Exec Order 26.4b1 NJ Ex Order 26. 4B1 ..." A subsequent NJ Ex Order 26. 4B1 NP note dated NJ Exec Order 26 indicated, under "DIAGNOSIS & PLAN: ... Discussed with DON. Can [discontinue] NJ Ex Or for NJ Ex Order 26. 4B1 reasons ..."

At 12:24 p.m., the surveyor reviewed Resident #6's MR and observed a PN dated on NJ Exec Order 26 at 8:29 p.m. which indicated that Resident #6 was placed on a NJ Ex O and would be visited again by

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A1073	Continued From page 41 NJ Ex Order 26. 4B1 NP "this NJ Ex Order 2." The surveyor reviewed another PN dated on NJ Exec Order 26.4 at 12:32 p.m., which indicated that the resident remained on a NJ Ex O. Continued review of Resident #6's MR revealed a PN dated NJ Exec Order 26.4 at 10:31 a.m. which indicated that Resident #6 was NJ Exec Or and NJ Exec Order 26.4b1 no NJ Ex Order 26. 4B1 noted; and the resident was seen by NJ Ex Order 26. 4B1 NP on NJ Exec O with new order to discontinue NJ Ex O on NJ Exec Order 26.4b1. During further review of the PNs, the surveyor did not observe documentation of the NJ Ex Order 26. 4B1 of Resident #6 on NJ Exec Order 26.4b1 a total of NJ Ex days. On 3/10/25 at 9:44 a.m., the surveyor requested the ADM to provide the investigation report regarding the NJ Ex Order 26. 4B1 on NJ Exec Order. On 3/11/25 at 10:13 a.m., the ADM provided the surveyor with a file labeled with the date of the event, NJ Exec Order 2. The surveyor reviewed the investigation report which indicated, " ... Conclusion ... [Resident #6] remains on NJ Ex Order 26. 4B1 ..." At 12:39 p.m., the surveyor interviewed the DON and inquired about how NJ Ex Order 26. 4B1 of a resident would be shared with staff members and documented. The DON explained that staff members would verbalize changes/new interventions for residents during "shift to shift" report. In addition, the DON added that NJ Ex O of a resident should be documented each shift. The surveyor reviewed an undated facility policy	A1073		

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A1073	Continued From page 42 titled, "Documenting Intervention" which indicated, "... 2. Behavioral Interventions: Document any interventions related to behavior management, such as de-escalation techniques, use of behavioral redirection, or medication adjustments for mental health conditions. The documentation should include specific behaviors exhibited by the resident, interventions applied, and the result ... Updates to the care plan based on interventions must be documented in both the EHR and the resident's paper records (if applicable)."	A1073		
A1217	8:36-17.3(b)(4) Housekeeping-Sanitation-Safety-Maintenance (b) The following safety conditions shall be met: 4. All household and cleaning products used by facility staff shall be identified, labeled, and secured. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The telephone number of the poison control center shall be conspicuously posted in the facility; This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to lock a storage room which contained cleaning chemicals. This deficient practice was evidenced by the following: At 9:40 a.m. during the tour of the building, in the presence of the facility Administrator, the	A1217		

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A1217	Continued From page 43 surveyor observed, on the 5th floor, an unlocked storage room with cleaning supplies. The surveyor observed the following chemicals: (13) one gallon containers of lime away cleaner and (9) 32 oz containers of grease cleaner. The surveyor interviewed the Administrator regarding the above unsecured chemicals, and the Administrator acknowledged that the door should have been locked.	A1217		
A1249	8:36-17.7 Housekeeping-Sanitation-Safety-Maintenance The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain the elevator emergency phone, and emergency exit signs. This deficient practice was evidenced by the following: On 3/10/25 at 9:30 a.m., in the presence of the facility Administrator, the surveyor observed and	A1249		

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A1249	Continued From page 44 tested the emergency phone in the elevator which did not work. At 9:40 a.m., during continued tour of the building on the 4th floor, the surveyor observed and tested the emergency exit signs which did not illuminate. The surveyor interviewed the Administrator who acknowledged that the emergency phone in the elevator did not work and the exit signs did not illuminate.	A1249		
A1307	8:36-18.4(a)(1) Infection Prevention and Control Services (a) Each new employee 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 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.	A1307		

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A1307	Continued From page 45 This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to ensure that [NJ] of 10 employees received a *NJ Ex Order 26. 4B1* [redacted] test upon employment for Employees #'s *NJ Ex Order 26. 4B1*. This deficient practice was evidenced by the following: On 3/11 and 3/12/25, the surveyor reviewed the employee files and observed the following: 1. Employee #1 was [NJ Ex Order] on [NJ Ex Order 26] and [NJ Ex Order 26. 4] on [NJ Ex Order 26.4(]. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment. 2. Employee #2 was hired on [NJ Exec Order 26]. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment. 3. Employee #4 was hired on [NJ Exec Order]. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment. 4. Employee #7 was hired on [NJ Exec Order 26]. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment. 5. Employee #8 was hired on [NJ Exec Order 2]. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment.	A1307		

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A1307	Continued From page 46 6. Employee #9 was hired on NJ Exec Order 26. There was no documented evidence in the employee record that the employee received a *NJ Ex Order 26. 4B1* test upon employment. On 3/12/25 at 10:05 a.m., the surveyor informed the Director of Nursing (DON) of the above missing *NJ Ex Order 26. 4B1* in the six employee files. At 12:30 p.m., the DON informed the surveyor that she was not able to locate the above employees *NJ Ex Order 26. 4B1*.	A1307		
A1433	8:36-22.2 Comprehensive Personal Care Homes Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22.Each comprehensive personal care home shall comply with the following: N.J.A.C. 8:36-1 through 15, 16.8(c), 16.15, 16.16, 17 (except 17.5(a)4), and 18 through 22. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, it was determined that the facility failed to provide the required documentation for the kitchen suppression inspections and generator logs. This deficient practice was evidenced by the following: On 3/17/25 at 9:30 a.m., during surveyor review of facility provided documents the surveyor observed that the facility failed to provide 1 of 2 semi-annual kitchen suppression inspections, and a generator log for the month of February 2025.	A1433		

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A1433	Continued From page 47 The surveyor interviewed the Administrator who stated that there was one semi-annual kitchen suppression inspection and informed the surveyor that one month of the generator logs was missing.	A1433		
A1437	8:36-22.3(a)(2) Comprehensvie Personal Care Homes (a) Each comprehensive personal care home shall, at a minimum: 2. Maintain a comprehensive automatic fire-suppression system throughout the facility. Buildings presently in Use Group I-2 or buildings which comply with the construction requirements for an I-2 use may apply to the Department for an exemption to this requirement, provided they can document compliance with the New Jersey Uniform Fire Code, N.J.A.C. 5:70, with regard to construction type; This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain an automatic fire suppression system. This deficient practice was evidenced by the following: At 9:40 a.m., during the tour of the building, in the presence of the facility Administrator, the surveyor observed the following areas without sprinklers: stairwell C, stairwell 1, stairwell 2, and the *NJ Ex Order 26. 4B1* room. The surveyor interviewed the Administrator who acknowledged that sprinklers were missing in the	A1437		

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A1437	Continued From page 48 above areas.	A1437		
H 000	Initials Comments Survey Type: Standard with Complaints Complaint #'s: NJ00162542, NJ00172918, NJ00178435, NJ00173410, NJ00177026, NJ00183712, NJ00182379, NJ00181809, NJ00173352, NJ00167010, NJ00162643, Census: 93 Sample Size: 12 THE FACILITY IS NOT IN COMPLIANCE WITH THE STANDARDS FOR LICENSURE OF RESIDENTIAL FACILITIES CHAPTER N.J.A.C. 8:43E GENERAL LICENSURE PROCEDURES AND STANDARDS APPLICABLE TO ALL LICENSED FACILITIES	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced	H5790		

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H5790	Continued From page 49 by: Based on interview and record review, it was determined that the facility failed to retain the Universal Transfer Form (UTF) (a form that communicates pertinent, accurate clinical patient care information at the time of a transfer between health care facilities/programs) after sending a resident to the Emergency Room (ER) for [redacted] for 1 of 12 residents reviewed, Resident #8. This deficient practice was evidenced by the following: On 3/11/25 at 11:07 a.m., the surveyor reviewed the electronic Medical Record (MR) of Resident #8 which revealed [redacted]. The surveyor reviewed the electronic progress notes (PN) dated [redacted] which revealed that Resident #8 was transferred to the [redacted] on [redacted]. Resident #8 returned from to the facility after being [redacted]. The PN also revealed that on [redacted], Resident #8 was transferred to the [redacted] due to [redacted]. In addition, the PNs revealed that on [redacted], Resident #8 was sent to the [redacted] due to [redacted] activity. During continued electronic MR review, the surveyor was unable to locate the three (3) UTFs for [redacted]. At 12:55 p.m., the surveyor interviewed the facility's DON and requested Resident #8's UTFs for the above-mentioned dates. At 1:21 p.m., the DON provided the surveyor with one UTF. At that time, the surveyor interviewed	H5790		

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H5790	Continued From page 50 the DON, who stated that she was not able to locate the other three UTFs, and that the UTFs should've been scanned into the electronic MR.	H5790		

POC#3 received 6/18/25
Accepted 6/23/25

Chestnut Hill Residences Plan of Correction

A310

1. Residents 1, 6, 9, and 10 were affected by this deficient practice. Facility policies titled Accidents and Incidents – Investigating and Reporting, Dangerous and/or Abusive Residents and Medical Records were implemented and enforced on [redacted] Time frame for [redacted] ssessment was updated.
2. All residents have the potential to be affected by this deficient practice.
3. The Director of Nursing (DON), Administrator, Certified Medical Assistants (CMA) and Licensed practical Nurses (LPN) were educated by the VP of clinicals on 3/25/25 on ensuring policies are implemented and enforced as well as having a time frame for self-administration of medications.
4. Director of Nursing or designee will conduct audits by quizzing 3 staff on policies titled Accidents and Incidents – Investigating and Reporting, dangerous and/or abusive residents and medical records as well as time frame for self- administration weekly x 4 weeks, then monthly x 2 months. This will be documented, and the results of the audits will be presented at the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

A313

1. Residents 10, 6 and 9 were affected for this deficient practice. Upon notification The Director of Nursing/designee in-serviced all staff on the resident-to-resident abuse policy.
2. All residents have the potential to be affected by this deficient practice.
3. The Administrator and all staff were in serviced by regional nurse regarding ensuring staff is educated on abuse post incident and education is documented. Education was completed on 3/25/25.
4. Director of nursing or designee will conduct audits of reportable events to ensure education post incident is documented weekly x 4 weeks, then monthly x 2 months. Results of the audits will be presented at the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A355

1. Resident 1 was affected by this deficient practice. Upon notification [redacted] days were updated on resident 1's [redacted] plan.
2. All residents have the potential to be affected by this deficient practice.
3. The Regional nurse in serviced the Director of Nursing regarding ensuring the general service plan is updated to indicate shower days. The in-service took place on 3/25/25.
4. Director of nursing or designee will conduct audits weekly x 4 weeks, then monthly x 2 months by reviewing 5 resident general service plans to ensure shower schedule is reflected in the general service plan. Results of the audits will be presented at the Quality Assurance and Performance Improvement meeting.
5. Date of completion: 6/17/2025

A389

1. Residents 3, 4 and 5 were affected by this deficient practice. Residents # 4 and 5 had already [redacted] on [redacted] respectively. Resident # 3 continues to be seen by [redacted]. Upon notification the Administrator and director of nursing were educated on the policy titled, "abuse, neglect, exploitation and misappropriation" and completion of investigation of reportable events. Education was completed on 3/25/25 by the VP of clinicals
2. All residents have the potential to be affected by this deficient practice.
3. Regional nurse in serviced administrator and director of nursing on the policy titles, "abuse, neglect exploitation and misappropriation" and ensuring resident to resident allegations are investigated and resident rights. All staff were educated on the same on 3/25/25 and ongoing. Residents were educated on 6/3/25 on the same policies.
4. The Administrator or designee will review all allegations of resident-to-resident abuse weekly to ensure investigations are documented and completed weekly x 4 weeks then monthly x 2 months. Results of the audits will be presented at the Quality Assurance and Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A401

1. All residents were affected. Upon notification all residents who [NJ Ex Order 26. 4B] were identified and contracts reviewed with residents who were identified to be [NJ Ex Order 26. 4B1], staff educated by director of nursing regarding [NJ Ex Order 26. 4B1] policy. Residents 2, 11, and 12 were immediately educated on not [NJ Ex Order 26. 4B1] in the center and only [NJ Ex Order 26. 4B1] in the designated [NJ Ex Order 26. 4B1] area.
2. All residents have the potential to be affected by this deficient practice.
3. All residents who reside in the center were identified and [NJ Ex Order 26. 4B1] contracts reviewed to ensure compliance. All staff in serviced on [NJ Ex Order 26. 4B1] policy. All residents who [NJ Ex Order 26. 4] were educated on the [NJ Ex Order 26. 4B1] policy and designated [NJ Ex Order 26. 4B1] area at the time of signing the [NJ Ex Order 26. 4B1] contracts. The DON identified all residents who [NJ Ex Order 26. 4], residents who are on oxygen and those residents who ***NJ Ex Order 26. 4B1*** on 2/20/25. [NJ Ex Order 26. 4B1] contracts were reviewed and signed by residents on 2/20/25 with the administrator and Director of Admissions. [NJ Ex Order 26. 4B1] contracts were revised, reviewed and resigned by all residents who [NJ Ex Order 26. 4B] on 3/13/25 by the administrator and the Director of Admission. Residents who [NJ Ex Order 26. 4B] were educated on only [NJ Ex Order 26. 4B1] in the designated [NJ Ex Order 26. 4B1] area and not [NJ Ex Order 26. 4B1] in the facility on 2/20/25 by the administrator and the Director of Admissions. Residents who ***NJ Ex Order 26. 4B1*** were educated to remove the [NJ Ex Order 26. 4B1] prior to [NJ Ex Order 26. 4B1] and putting the [NJ Ex Order 26. 4B1] back on after they're done with [NJ Ex Order 26. 4B1] on 2/20/25 by the administrator and the Director of Nursing. Designee will round and observe the [NJ Ex Order 26. 4B1] area and report noncompliance immediately to the DON or Administrator. Rounding started weekly on 2/20/25 and was initiated 24/7 on 3/13/25. All staff were in-serviced on 2/20/25 by the DON, administrator, Director of Housekeeping and the Dietary Director on the [NJ Ex Order 26. 4B1] policy, the designated [NJ Ex Order 26. 4B1] areas, resident who ***NJ Ex Order 26. 4B1*** should remove [NJ Ex Order 26. 4B] before going outside to [NJ Ex Order 26. 4] and put it back on after they're finish [NJ Ex Order 26. 4B1] and to report noncompliance to the DON or the Administrator immediately. A Quality Assurance Performance Improvement was initiated on 2/20/25.
4. Administrator / designee will monitor residents who [NJ Ex Order 26. 4] weekly x 4 weeks to ensure they are following the [NJ Ex Order 26. 4B1] contract and then weekly x 2 months. Results of the audit will be presented in the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A553

1. The policy and procedures manual were reviewed and updated by the administrator on 5/6/25. A copy of the manual is accessible to all staff and residents and will be left at the front desk.
2. All residents have the potential to be affected by the same deficient practice.
3. Education was provided by the Director of Nursing and administrator to all staff on how to locate and access the company policy and procedure manual on 5/7/25. The policy and procedure manual will be always left at the front desk for staff and residents to access.
4. Random audits of the policy and procedure manual being accessible to staff and residents will be completed by the Administrator/Designee weekly x 4 weeks then monthly x 2 months. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

A607

1. Resident 8 was affected by this deficient practice. Upon notification education was initiated to ensure physicians and responsible parties are informed of a patient change in condition and transfer to the hospital.
2. All residents have the potential to be affected by the same deficient practice.
3. Education was provided to all nursing staff by the director of nursing regarding notification of family and MD post change in condition or transfer to the hospital. Education was completed on 5/25/25.
4. The DON/Designee will Audit all resident changes in condition and hospital transfers weekly x 4 weeks then monthly x 2 months to ensure physicians and responsible parties are notified. Results will be presented and the Quality Assurance Performance Improvement meetings.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A609

1. Residents 3, 4 and 5 were affected by this deficient practice. Since then, Residents 4 and 5 were [redacted]. The center went back 30 days from the date of the survey to audit all [redacted] reports for residents sampled. [redacted] reports were audited to ensure MD and families were notified. Families and MD were notified.
2. All residents have the potential to be affected by the same deficient practice.
3. Education was provided on 5/25/25 to nursing staff by the director of nursing regarding notification of family and MD post all incidents.
4. The DON/Designee will Audit all incident reports to ensure families and MD are notified. Audits will be weekly for 4 weeks, then monthly for 2 months. Audits will be submitted, discussed, and reviewed at the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

A753

1. Residents # 1 and 6 were affected by the deficient practice. Residents 1 and 6 service plans were reviewed for accuracy and updated per the facility policy upon notification.
2. All residents have the potential to be affected by this deficient practice.
3. Education was provided to the Director of nursing by the Vice President of clinical operations and CMA and LPN regarding the health service plans being reviewed and updated per the facility policy. Education took place on 3/25/25. Service Plans were audited and worked on and will be completed with 100% compliance by the completion date.
4. The Administrator/Designee will conduct an audit of 3 resident service plans to ensure they are accurate. The audits will be completed weekly x 4 weeks, then monthly x 2 months. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A779

1. Resident 8 was affected by this deficient practice. Upon notification, nursing staff were educated to inform an RN of any resident NJ Ex Order 26. 4B1 . Education took place on 5/25/25.
2. All residents have the potential to be affected by this deficient practice.
3. All nursing staff were educated by the Director of Nursing regarding notification of any change in condition to an RN. Education took place on 5/25/25.
4. The Director of Nursing/designee will audit 3 resident charts weekly x 4 weeks then monthly x 2 months to ensure change of condition is reported to an RN and it is documented in the medical record. Findings will be reported in the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

A781

1. Resident 8 was affected by this deficient practice. Upon notification, nursing staff were educated to inform the physician of any resident NJ Ex Order 26. 4B1 or transfer to the NJ Ex Order 26. 4B1 . Education took place on 3/25/25.
2. All residents have the potential to be affected by this deficient practice.
3. All nursing staff were educated on 3/25/25 by Director of Nursing regarding notification of any NJ Ex Order 26. 4B1 to the physician.
4. The Director of Nursing / designee will audit 3 resident charts weekly x 4 weeks then monthly x 2 months to ensure NJ Ex Order 26. 4B1 is reported to a physician and it is documented in the medical record. Findings will be reported in the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A783

1. Residents # 8, 9 and 10 were affected by this deficient practice. The center audited all residents for review of an up-to-date [NJ Exec Order] and yearly recertifications to ensure compliance.
2. All residents have the potential to be affected by the same deficient practice.
3. Education was provided to the director of nursing by the regional nurse regarding ensuring that all residents have an annual History and physicals (H&P) and the annual recertifications completed as stated in the facility policy. Education was completed on 3/25/25.
4. The Admin/Designee will audit 3 charts weekly x 4 weeks then monthly x 2 months to ensure H&P and the recertifications are completed. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

A973

1. The DON communicated with the pharmacy consultant representative on 3/11/25 to ensure the process of the pharmacy consult sheets were followed. The pharmacy representative sent over all of [NJ Exec Order 26.4b1] consults for review, and completion if needed. An investigation was conducted on the pharmacy consults and we learned they were being sent to the prior DON. The emails were updated, and the pharmacy consultant reports were sent over on 3/25/25 for review and completion.
2. All residents have the potential to be affected by the same deficient practice.
3. The DON was educated by the regional nurse on the pharmacy consultant reviews and completion of all pharmacy recommendations. Education took place on 3/25/25. All pharmacy consultant reviews will be stored in a binder in the DON office.
4. The DON/Designee will Audit all pharmacy consultant recommendations monthly x 3 months to ensure completion and compliance. Audits will be submitted, reviewed and discussed at the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A1011

1. The DON was provided a job description of all RN responsibilities at the center to include but not limited to a comprehensive review of all Narcotic sheets to ensure staff are signing and following the facility policy for Narcotic drugs. The new job description was provided and signed on 3/25/25. The DON did an audit to identify who didn't sign the Narcotic sheets after administering narcotics and the CMA's and/or LPN's were asked to go in and sign the Narcotic sheets for compliance. This audit was completed on 3/17/25. The 3rd floor cart number 2 was looked at and reviewed on 3/17/25 for narcotic noncompliance.
2. All residents have the potential to be affected by the same deficient practice.
3. The director of nursing (RN) was educated by the VP Of Clinical Operations on the RN responsibilities and oversight of the Narcotic sheets. Education was completed on 3/25/25. The Narcotic sheets were audited daily x 1 month, then monthly for compliance. The CMA's and LPN's were also educated on the facility policy for narcotic drugs on 3/25/25.
4. The Administrator/designee will conduct audits on all Narcotic sheets to ensure the RN is checking to ensure compliance is being met by the CMA's and LPN's signing out narcotics. Audits will be completed weekly x 4 weeks, then monthly x 2 months. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

A1035

1. Residents on 3rd, 4th and 5th floor were affected by this deficient practice. Upon notification, emergency evacuation diagrams were placed on 3rd, 4th and 5th floor on 3/17/25.
2. All residents have the potential to be affected by this deficient practice.
3. The Director of Maintenance was educated by the administrator regarding posting of evacuation diagrams on 3rd, 4th and 5th floors.
4. The administrator / designee will audit the presence of evacuation diagrams on 3rd, 4th and 5th floors weekly x 4 weeks and then monthly x 2 months. Audits will continue monthly. The results of the audits will be presented at the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A1073

1. Residents 3, 4, 5 and 6 were affected by this deficient practice. The center completed a daily audit of [redacted] to ensure there is supporting documentation post [redacted], including assessments, investigation and supporting documentation.
2. All residents have the potential to be affected by this deficient practice.
3. Director of nursing and administrator educated regarding ensuring documentation post incidents is maintained by regional nurses. Education took place on 3/25/25.
4. The administrator / designee will audit all incidents weekly x 4 weeks and then monthly x 2 months to ensure supporting documentation post incident is maintained.
5. Date of completion: 6/17/2025

A1217

1. No residents were affected by this deficient practice. Upon notification the storage room was locked on 3/17/25. There was no need for a new lock. The door just needed to be locked.
2. All residents on the 5th floor have the potential to be affected by this deficient practice.
3. Dietary staff educated by administrator regarding locking storage rooms on 3/17/25. Additional clinical staff were educated on storage room being locked on 3/21/25
4. Administrator / Designee will audit storage door on 5th floor to ensure it is locked weekly x 4 weeks and then monthly x 2 months.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A1249

1. No residents were affected by this deficient practice. Upon notification the maintenance director was made aware that exit signs did not illuminate and the elevator was phone was not functioning. At this point (3/10/25) the Maintenance director checked the elevator and noted there was a wire loose. This fixed the exit signs, and they were now illuminated. The Maintenance director called the elevator company on 3/24/25 about the phone issue. They sent out a technician on 3/27/25 and assessed the elevator phone issue and found the issue was an issue with the telephone wire not the elevator phone. The maintenance director then called the telephone company who came out on 5/29/25 to assess. At this visit they noted that some wires need to be replaced. Director of Maintenance has stated that wires have since been repaired.
2. All residents have the potential to be affected by this deficient practice.
3. The Maintenance director educated by administrator about ensuring exit signs illuminate and that the elevator phone is functioning. Education was completed on 3/10/25.
4. Once fixed maintenance director/designee will conduct an audit weekly x 4 weeks then monthly x 2 months, then quarterly thereafter to ensure exit signs are illuminating and elevator phone is functioning. An audit log will be ongoing after audits weekly.
5. Date of completion: 6/17/2025

A1307

1. Employees # 1, 2, 4, 7, 8, and 9 had an annual screen completed to check for signs of [redacted].
2. All residents have the potential to be affected by the same deficient practice.
3. The DON was educated on the facility policy to have a [redacted] done before the staff starts and a [redacted] after. There should also be supporting documentation in each employee file to support the [redacted] has been given per the facility policy. Education took place on 3/25/25 by the VP of clinicals.
4. The DON/Designee will conduct random audits on all new hires files to ensure the facility policy on PPD is being followed. Audits will be completed weekly x 4 weeks, then monthly x 2 months and upon hire. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

A1433

1. No residents were affected by this deficient practice. Upon notification, the maintenance director was educated on having semi-annual kitchen suppression inspections and maintaining generator logs. Education took place on 3/17/24.
2. All residents have the potential to be affected by this deficient practice.
3. The maintenance director was educated by the administrator regarding maintained semi-annual kitchen suppression inspections and maintaining generator logs. Logs were put in place on 3/17/25 and education was completed on 3/17/25.
4. The administrator / designee will conduct an audit monthly x 3 months to ensure semi – annual kitchen suppression inspection is completed and that monthly generator logs are completed monthly. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

A1437

1. No residents were affected by this deficient practice. Upon notification of the maintenance director, he was educated regarding sprinklers needed in stairwell C, stairwell 1, stairwell 2 and the NJ Ex Order 26. 4B1 Room. Education was provided by the maintenance director on 3/17/25 by the administrator. The maintenance director called for the service of the sprinkler on 3/26/27. 2 companies came out on 4/8/25 to check the areas that needed the sprinklers and provided us with a quote. Director of Maintenance has stated the fire sprinklers have been installed.
2. All residents have the potential to be affected by this deficient practice.
3. Maintenance director educated on installing of sprinkler heads in stairwell C, stairwell 1, stairwell 2 and the NJ Ex Order 26. 4B1 Room – work to be completed by 6/17/25.
4. Administrator / designee to audit once sprinklers are installed to ensure they are in place monthly x 3 months. Audits will be submitted, reviewed and discussed during the Quality Assurance Performance meeting.
5. Date of completion: 6/17/2025

Chestnut Hill Residences Plan of Correction

H5790

1. Resident 8 were affected by this deficient practice. Facility policy titled Resident Record – retention was reviewed implemented and enforced on 5/6/25
2. All residents who transfer have the potential to be affected by this deficient practice.
3. The DON was educated on ensuring the Universal Transfer Forms (UTF) is completed at the time of transfer and a copy is maintained as part of the resident medical records. All CMA and LPN were also educated on ensuring the universal transfer forms are completed at the time of transfer and a copy is maintained as part of the resident medical records. Education was completed on 3/25/25. A Random audit of 3 residents who transfer will be conducted.
4. The Director of nursing or designee will conduct audits on all transfers weekly x 4 weeks then monthly x 2 months. Results of the audits will be presented at the Quality Assurance Performance Improvement meeting.
5. Date of completion: 6/17/2025

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
16A001 (Y1)	A. Building B. Wing (Y2)	6/23/2025 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5790 Reg. # 8:43E-13.4(d) LSC	Correction Completed 06/17/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
3/12/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
16A001		6/23/2025

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5790 Reg. # 8:43E-13.4(d) LSC	Correction Completed 06/17/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
3/12/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: A7GS12

STATE FORM: REVISIT REPORT (11/06)

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
16A001 Y1	A. Building B. Wing Y2	6/23/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0313	Correction	ID Prefix A0355	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-4.1(a)(1)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0389	Correction	ID Prefix A0401	Correction	ID Prefix A0553	Correction
Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.7(b)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0607	Correction	ID Prefix A0609	Correction	ID Prefix A0753	Correction
Reg. # 8:36-5.15(a)(1)	Completed	Reg. # 8:36-5.15(a)(2)	Completed	Reg. # 8:36-7.3(c)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0779	Correction	ID Prefix A0781	Correction	ID Prefix A0783	Correction
Reg. # 8:36-7.5(c)	Completed	Reg. # 8:36-7.5(d)	Completed	Reg. # 8:36-7.5(e)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0973	Correction	ID Prefix A1011	Correction	ID Prefix A1035	Correction
Reg. # 8:36-11.6(a)(5)	Completed	Reg. # 8:36-11.7(k)	Completed	Reg. # 8:36-14.2(b)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
16A001 Y1	A. Building B. Wing Y2	6/23/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A1073	Correction	ID Prefix A1217	Correction	ID Prefix A1249	Correction
Reg. # 8:36-15.6(b)	Completed	Reg. # 8:36-17.3(b)(4)	Completed	Reg. # 8:36-17.7	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A1307	Correction	ID Prefix A1433	Correction	ID Prefix A1437	Correction
Reg. # 8:36-18.4(a)(1)	Completed	Reg. # 8:36-22.2	Completed	Reg. # 8:36-22.3(a)(2)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025

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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/12/2025	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
16A001 Y1	A. Building B. Wing Y2	6/23/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHESTNUT HILL RESIDENCES BY COMPLETE CARE	338 CHESTNUT STREET PASSAIC, NJ 07055

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0313	Correction	ID Prefix A0355	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-3.4(a)(4)	Completed	Reg. # 8:36-4.1(a)(1)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0389	Correction	ID Prefix A0401	Correction	ID Prefix A0553	Correction
Reg. # 8:36-4.1(a)(16)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.7(b)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0607	Correction	ID Prefix A0753	Correction	ID Prefix A0779	Correction
Reg. # 8:36-5.15(a)(1)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(c)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A0781	Correction	ID Prefix A0783	Correction	ID Prefix A1073	Correction
Reg. # 8:36-7.5(d)	Completed	Reg. # 8:36-7.5(e)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	06/17/2025	LSC	06/17/2025	LSC	06/17/2025
ID Prefix A1307	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-18.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/17/2025	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	
3/12/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO