

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). Complaint #: NJ176682 Survey Dates: 03/04/25 - 03/07/25 Survey Census: 158 Sample Size: 34 Supplemental Residents: 1 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000			
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure two residents (Resident (R) 51 and R306) of 36 residents observed in [NJ Exec Order 28.4b1] had medications unattended at the bedside only with an assessment for safety and the ability to self-administer medications. These failures placed both residents at risk for [NJ Exec Order 28.4b1] missed	F 554	PLAN OF CORRECTION: F554 SS=D 483.10 (c) (7) The right to self-administer medications if the interdisciplinary team, as defined by 483.21 (b) (2) (ii), has determined that this practice is clinically appropriate. CORRECTIVE ACTION(S):	5/15/25	

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

TITLE

(X6) DATE

Electronically Signed

03/28/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 554	<p>Continued From page 1</p> <p>medication doses, or NJ Exec Order 26.4b1 of medication.</p> <p>Findings include:</p> <p>1. Review of R36's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab, revealed NJ Ex Or admitted on NJ Ex Order 26.4(b)(1) with diagnoses including NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R36's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1), located under the "MDS" tab of the EMR, revealed NJ Ex Or scored NJ Ex out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating NJ Ex Order 26.4(b)(1). R36 did not exhibit NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) symptoms.</p> <p>During an observation on 03/04/25 at 3:54 PM in R36's room, R36 was lying in bed with an over-bed table over NJ Ex Or lap. There was a NJ Ex Or of NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) on the over-bed table. R36 stated NJ Ex Order 26.4(b)(1) especially NJ Ex Order 26.4(b)(1), was NJ Ex Order 26.4(b)(1) so NJ Ex Or started NJ Ex Order 26.4(b)(1). R36 stated the staff did not NJ Ex Order 26.4(b)(1) for NJ Ex Or NJ Ex Order 26.4(b)(1) it NJ Ex Order 26.4(b)(1).</p> <p>Review of R36's "Orders" tab of the EMR revealed a physician's order, dated NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) as needed for NJ Ex Order 26.4(b)(1) and a physician's order, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) as needed for NJ Ex Order 26.4(b)(1). There was no order for NJ Ex Order 26.4(b)(1), nor was there an order to indicate R36 could self-administer medications.</p> <p>Review of R36's EMR under the "Assessments"</p>	F 554	<ul style="list-style-type: none"> Nursing staff in-serviced regarding policy on self-administration of medications including assessment of resident prior to allowing self-administration, obtaining appropriate order from MD, updating care plan and tasks to include self-administration of medications provided by staff educator/DON. Nursing staff in-serviced by staff educator regarding policy on medications to be kept at bedside to be included in care plan, order obtained from physician once resident self-administration assessment has been done. Staff were counseled by staff educator and DON to ensure that no medications are left unattended in resident's room without an appropriate order from MD and care planned as such, medications are to be kept in medication cart until resident is ready to receive them. An order for NJ Ex Order 26.4(b)(1) was obtained from MD for resident #51, medication was removed from resident's room and family was educated to turn over NJ Ex Or medication to the Nurse for proper ordering and storage. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents taking medications have the potential to be affected by the same deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Nursing staff will receive in-service 		

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F 554	<p>Continued From page 2</p> <p>tab revealed there was no assessment of the resident's safety with medications unattended at [redacted] bedside or ability to self-administer medications.</p> <p>Review of R36's EMR under the "Care Plan" tab revealed there was no plan of care addressing medications kept at the resident's bedside or self-administration of medications.</p> <p>During an observation on 03/07/25 at 10:34 AM in R36's room, R36 was again lying in bed with the [redacted] NJ Ex Order 26.4(b)(1) on the over-bed table in front of [redacted].</p> <p>During a concurrent observation and interview on 03/07/25 10:37 AM in R36's room, Unit Nurse 2 verified the [redacted] NJ Ex Order 26.4(b)(1) was left in R36's room unattended and R36 did not have an order for the [redacted] NJ Ex Order 26.4 and should not be self-administering medication. R36 stated [redacted] NJ Ex Order 26.4 had brought in the [redacted] NJ Ex Order 26.4 Unit Nurse 2 stated the staff should have reported the [redacted] NJ Ex Order 26.4 in R36's room for follow up, but she was not aware R36 was using the [redacted] NJ Ex Order 26.4.</p> <p>2. Observation and interview on 03/04/25 at 2:48 PM in R306's room revealed two open [redacted] NJ Ex Order 26.4(b)(1) laying on [redacted] NJ Ex Order 26.4 overbed table. R36 stated [redacted] NJ Ex Order 26.4 would be having a shower soon so the [redacted] NJ Ex Order 26.4(d) would be put on after [redacted] NJ Ex Order 26.4 shower. [redacted] NJ Ex Order 26.4 said the nurse had brought them into [redacted] NJ Ex Order 26.4 room approximately one-half hour prior. Since [redacted] NJ Ex Order 26.4 was having a shower soon, [redacted] NJ Ex Order 26.4 left them on [redacted] NJ Ex Order 26.4 overbed table and said [redacted] NJ Ex Order 26.4 would put them on after [redacted] NJ Ex Order 26.4 shower.</p> <p>During an interview on 03/04/25 at 4:15 PM, Licensed Practical Nurse (LPN) 1 revealed she</p>	F 554	<p>from staff educator within 30 days and as needed regarding the policy on self-administration of medications including assessment of resident prior to allowing self-administration, obtaining appropriate order from MD, updating care plan and tasks to include self-administration of medications.</p> <ul style="list-style-type: none"> Nursing staff will receive in-service from staff educator within 30 days and as needed regarding policy on medications to be kept at bedside to be included in care plan, order obtained from physician once resident self-administration assessment has been done. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> DON/Designee will randomly inspect 3 residents' rooms for any resident who have medication at bedside to ensure self-administration assessment and protocol is in place weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 	

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F 554	<p>Continued From page 3</p> <p>did not think there was any problem with leaving the NJ Ex Order 26.4(b)(1) with R306 LPN1 stated she was sure R306 was safe to have medications left with NJ Ex Or</p> <p>Review of R306's admission date found under the "Clinical Census" tab of the EMR revealed NJ Ex Or had been admitted on NJ Ex Order 26.4(b)(1)</p> <p>Review of R306's diagnoses found under the "Medical Diagnosis" tab of the EMR revealed NJ Ex Or had diagnoses that included NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and other NJ Ex Order 26.4(b)(1)</p> <p>Review of R306's admission "MDS" with an ARD of NJ Ex Order 26.4(b)(1), located under the "MDS" tab of the EMR, revealed NJ Ex Or had "BIMS" score of NJ Ex which indicated NJ Ex Or was NJ Ex Order 26.4(b)(1).</p> <p>Review of R306's physician orders found under the "Orders" tab of the EMR revealed NJ Ex Or had a NJ Ex Order 26.4(b)(1) order for NJ Ex Order 26.4(b)(1) NJ Ex Or. There was no physician's order for the self-administration of those medications.</p> <p>Review of R306's NJ Ex Order 26.4(b)(1) "Care Plan," located under the "Care Plan" tab in the EMR, revealed there was no plan of care addressing medications kept at the resident's bedside or self-administration of medications.</p> <p>Review of R306's "Assessments" tab of the EMR revealed there was no assessment for the self-administration of medications.</p>	F 554		

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F 554	Continued From page 4 During an interview on 03/05/25 at 3:00 PM, the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) confirmed R306 did not have an order or assessment to self-administer medications. LPN1 should not have left the NJ Ex Order 26.4(b)(1) on the overbed table while she waited for R306 to have NJ Ex C shower. LPN1 should have kept the NJ Ex Order 26.4(b) in the medication cart until she was ready to NJ Ex Ord them. Review of the facility policy titled, "Medication Administration - Self Administration," dated 02/07/25, revealed, "Before a resident may exercise the right to self-administer medications: The assigned nurse must assess the resident's cognitive, physical, and visual ability to carry out this responsibility . . . The assigned nurse/team must determine who will be responsible (resident or nursing) for the following: a. Storage of medications. b. Documentation of the administration of medications. c. Location of the medications administration (e.g. resident's room, nurse's station, activity room, etc.). The resident's Physician must be notified and orders obtained for self-administered Medications. . . . Storage of medication will be monitored by nursing to ensure that medication is located in designated area." NJAC 8:39-29.2(c)6(d)	F 554			
F 558 SS=D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive	F 558		5/15/25	

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F 558	<p>Continued From page 5</p> <p>services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the facility failed to ensure the call bell was accessible for one of 36 residents (Resident (R) 32) observed in the [redacted] NJ Exec Order 26.4b1.</p> <p>This failure placed R32 at risk of [redacted] or [redacted] NJ Exec Order 26.4b1 when [redacted] NJ Ex could not access the call bell to alert staff of an emergency or unmet needs.</p> <p>Findings include:</p> <p>Review of R32's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed [redacted] NJ Ex admitted on [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order [redacted].</p> <p>Review of R32's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] NJ Ex Order 26.4(b)(1), located under the "MDS" tab of the EMR, revealed [redacted] NJ Ex scored [redacted] out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating [redacted] NJ Ex Order 26.4(b)(1). Per the "MDS," R32 did not exhibit [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1) symptoms. R32 had [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Ex [redacted] in [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of R32's "Care Plan," dated [redacted] NJ Ex Order 26.4(b)(1) and located under the "Care Plan" tab of the EMR, revealed, "I am at risk [redacted] NJ Ex Order 26.4(b)(1) because I am on a [redacted] NJ Ex Order 26.4(b)(1) medication, I am [redacted] NJ Ex Order 26.4(b)(1) I have [redacted] NJ Ex Order 26.4(b)(1)." The goals included, "I will</p>	F 558	<p>PLAN OF CORRECTION: F558 SS=D 483.10 (e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> • Staff in-serviced by staff educator regarding policy on call bell policy, ensuring call bells are placed within reach of residents. • Call bell was immediately placed within reach of resident #32, staff verified resident was able to use call bell and verified the functioning of the call bell at that time. • Involved staff counselled. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> • All residents using call bell have the potential to be affected by the same deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> • All Staff will receive in-service by staff educator within 30 days regarding policy on call bell policy, ensuring call bells are 	

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F 558	<p>Continued From page 6</p> <p>NJ Exec Order 26.4b1 of the need to call for assistance through review date." The approaches included: "Call bell within reach" and "Please NJ Exec Order 26.4b1 to use my call bell."</p> <p>During an observation in R32's room on 03/04/25 at 1:58 PM, R32 was lying in bed in NJ Ex room and the call bell was on the nightstand, approximately five feet away to NJ Ex left side. R32 stated NJ Ex sometimes used the call bell but could not reach where it was located.</p> <p>During an observation on 03/05/25 11:45 AM in R32's room, R32 was lying in bed and the call bell was again on top of the nightstand, approximately five feet away from NJ Ex R32 stated, "I'd like to have it over here; I should have it." R32 stated NJ Ex could not reach the call bell and needed to have it closer to NJ Ex Order 26.4(b)(1).</p> <p>During an observation in R32's room and concurrent interview on 03/05/25 at 11:54 AM, Certified Nursing Assistant (CNA) 2 confirmed the call bell was not within R32's reach and was on the NJ Ex Order 26.4(b)(1) for NJ Ex to be able to use it. CNA2 stated R32 could use NJ Ex call bell but needed it closer to NJ Ex Order 26.4(b)(1) so he could use NJ Ex Order 26.4b. NJ Ex CNA2 stated the call bell should be within NJ Ex reach at all times.</p> <p>During an interview on 03/07/25 at 10:45 AM, Unit Nurse 2 stated R32's call light should be in NJ Ex reach at all times, and she would ensure staff were educated to place call lights within reach of the residents.</p> <p>Review of the facility policy titled, "Call Bells," dated 01/23/25, revealed, "Policy: All residents will have a call bell within reach . . .</p>	F 558	<p>placed within reach of residents.</p> <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> • DON/Designee will randomly inspect 3 residents' rooms to ensure call bells are placed within reach for resident use weekly x 4 weeks, monthly x 2 then quarterly x2. • Audit findings will be reported to QA committee quarterly. 		

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F 558	Continued From page 7 Procedure: When getting a resident in a chair or in bed it is imperative that the call bell is in reach and functioning."	F 558			
F 641 SS=D	NJAC 8:39-4.1(a)11 Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure two residents (Resident (R) 142 and R28) out of 34 sample residents had an accurately coded "Minimum Data Set (MDS)" assessment. This failure increased the risk of inappropriate care provision to R142 and R28. Findings include: 1. Review of R142's "Admission Record" from the electronic medical record (EMR) "Profile" tab showed a facility admission date of [redacted] with medical diagnoses that included [redacted] and [redacted]. Review of R142's admission "MDS," located under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted] showed R142 was coded for having [redacted] and [redacted].	F 641	PLAN OF CORRECTION: F641 SS=D 483.20 (g) Accuracy of Assessments. The assessment must accurately reflect the residents' status. CORRECTIVE ACTION(S): • Incorrect MDS coding for R28 immediately corrected for R28. • Incorrect MDS coding for R142 immediately corrected. • MDS assessors re-educated on following RAI manual when completing MDS assessments and ensuring accurate information is in place before completing assessments. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE • All residents with MDS assessment have the potential to be affected by the same deficient practice. MEASURES PUT IN PLACE:	5/15/25	

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F 641	<p>Continued From page 8</p> <p>During an interview on 03/06/25 at 9:55 AM regarding the NJ Ex Order 26.4(b)(1) diagnosis, the U.S. FOIA (b) (6)) stated, "There was a NJ Ex Order 26.4(b)(1) progress note in [EMR] on NJ Ex Order 26.4(b)(1) that did show an active diagnosis of NJ Ex Order 26.4(b)(1) treated with prn [as needed] NJ Ex Order 26.4(b)(1) however, I must have mistaken NJ Ex Order 26.4(b)(1) and coded NJ Ex Order 26.4(b)(1) in error." The U.S. FOIA (b) (6) confirmed R142 had no diagnosis of NJ Exec Order 20.4b1. The U.S. FOIA (b) (6) stated she used the RAI Manual (Resident Assessment Instrument) and not a policy regarding "MDS" accuracy.</p> <p>During an interview on 03/07/25 at 4:35 PM regarding "MDS" accuracy, the U.S. FOIA (b) (6)) stated an expectation that "MDS" coding would be reviewed for accuracy and would follow the RAI guidelines.</p> <p>Review of the October 2024 "Resident Assessment Instrument (RAI) Manual" stated on page I-1 stated: "Intent: The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status." On Page I-7 showed: "Steps for Assessment There are two look-back periods for this section: o Diagnosis identification (Step 1) is a 60-day look-back period. -Diagnosis status: Active or Inactive (Step 2) is a 7-day look-back period ... 1. Identify diagnoses: The disease conditions in this section require a physician-documented</p>	F 641	<ul style="list-style-type: none"> MDS assessors were immediately re-educated by DON and staff educator on following RAI manual when completing MDS assessments and ensuring accurate information is in place before completing assessments. Unit managers will review MDS coding for alarms use and Psychosis during care conference meetings. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> DON/Designee will randomly audit 3 MDS assessments to ensure accurate information has been coded in MDS assessments weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 		

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F 641	<p>Continued From page 9</p> <p>diagnosis (or by a nurse practitioner, physician assistant, or clinical nurse specialist if allowable under state licensure laws) in the last 60 days. . .</p> <p>-Diagnostic information, including past history obtained from family members and close contacts, must also be documented in the medical record by the physician to ensure validity and follow-up.</p> <p>2. Determine whether diagnoses are active: Once a diagnosis is identified, it must be determined if the diagnosis is active. Active diagnoses are diagnoses that have a direct relationship to the resident's current functional, cognitive, or mood or behavior status, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period. Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the resident's plan of care during the 7-day look-back period, as these would be considered inactive diagnoses."</p> <p>2. Per R28's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed the facility admitted the resident on [redacted] with diagnoses which included [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1).</p> <p>During an observation on 03/04/25 at 4:29 PM, R28 was sitting on [redacted] bed with a [redacted] on [redacted] of the bedrail with a [redacted] on [redacted] shirt on [redacted].</p> <p>On 03/06/25 at 9:05 AM and 03/07/25 8:50 AM, R28 was observed sitting on the bed again with the [redacted] on [redacted].</p>	F 641			

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F 641	<p>Continued From page 10</p> <p>Review of R28's "Care Plan Report," located in the residents' EMR under the "Care Plan" tab, included a care plan for "The resident is Moderate risk for [redacted]. The care plan included the intervention of [redacted] in bed and chair." Initiated [redacted]. Revised [redacted].</p> <p>R28's "Care Plan Report" included a care plan for [redacted], initiated [redacted], revised [redacted], documented R28's [redacted] events with the [redacted] used and interventions as follows:</p> <ul style="list-style-type: none"> - [redacted] on [redacted] at 12:40AM, the intervention was [redacted] bed at night, [redacted] to wheelchair. Initiated [redacted]. - [redacted] on [redacted] at 4:55 PM, the intervention was replacing the broken [redacted]. - [redacted] on [redacted] at 11:30 AM, the intervention was continuing the [redacted]. - [redacted] on [redacted] at 11:30 AM, the intervention was continuing the [redacted]. - [redacted] on [redacted] at 10:55 PM, the intervention was replacing the broken [redacted]. Initiated [redacted]. <p>Review of R28's medication "Administration Report" for order range [redacted] to [redacted] documented R28 was in use of [redacted] for bed and chair as follows:</p> <ul style="list-style-type: none"> - [redacted] TO WHEEL CHAIR, check for functioning and placement q [every] shift for safety hx [history] [redacted]. Start date [redacted]. - "CHANGE [redacted] MONTHLY ON THE [redacted] every day shift every 1 month(s) starting on the [redacted] for 1 day(s)." Start date [redacted]. - [redacted] TO BED - CHECK PLACEMENT AND FUNCTIONING every shift." Start date [redacted]. 	F 641			

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F 641	<p>Continued From page 11</p> <p><small>NJ Ex Order 26.4(b)(1)</small></p> <p>Review of R28's annual "MDS" with an ARD of <small>NJ Ex Order 26.4(b)(1)</small>, quarterly "MDS" with an ARD of <small>NJ Ex Order 26.4(b)(1)</small>, and quarterly "MDS" with an ARD of <small>NJ Ex Order 26.4(b)(1)</small>, located under the "MDS" tab of the EMR, revealed staff documented R28 did not use a <small>NJ Ex Order 26.4(b)(1)</small> or <small>NJ Ex Order 26.4(b)(1)</small></p> <p>During an interview on 03/07/25 at 11:15 AM, the <small>U.S. FOIA (b) (6)</small> reviewed R28's records and stated she would correct the three wrong "MDS" assessments immediately.</p> <p>Review of the October 2024 "RAI Manual," under Chapter three, section "P: RESTRAINTS AND ALARM," documented the following:</p> <ul style="list-style-type: none"> - An alarm is any physical or electronic device that monitors resident movement and alerts the staff, by either audible or inaudible means, when movement is detected, and may include bed, chair and floor sensor pads, cords that clip to the resident's clothing, motion sensors, door alarms, or elopement/wandering devices. - Adverse consequences of alarm use include, but not limited to, fear, anxiety, or agitation related to the alarm sound; decreased mobility; sleep disturbances; and infringement on freedom of movement, dignity, and privacy. - When the use of an alarm was considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions 	F 641			

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F 641	Continued From page 12 NJAC 8:39-33.2(d)	F 641			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to	F 656		5/15/25	

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F 656	<p>Continued From page 13</p> <p>local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on policy review, record review, and staff interviews, the facility failed to develop a person-centered comprehensive plan of care for one of 34 sample residents (Resident (R) 41) regarding a continuous [redacted] or measurable goals or objectives regarding behaviors for two of seven residents (Resident (R) 60 and R138) reviewed for [redacted] medications. These failures placed the residents at risk of unmet care needs pertaining to [redacted] management and [redacted] management.</p> <p>Findings include:</p> <p>1. During an interview on 03/05/25 at 10:27 AM, R41 revealed [redacted] had [redacted] R41 stated [redacted] received [redacted] and the staff administered the [redacted] R41 had a [redacted] [redacted] NJ Ex Order 26.4(b)(1)) that staff used to [redacted] NJ Ex Order 26.4(b)(1) [redacted]</p> <p>During an observation of [redacted] administration for R41 and interview with Licensed Practical Nurse (LPN) 1 on 03/06/25 at 12:45 AM revealed R41's [redacted] NJ Ex Order 26.4(b)(1) had been checked earlier; she had a [redacted] NJ Ex Order 26.4b1 [redacted] NJ Ex Order 26.4(b)(1) and used a [redacted] NJ Ex Order 26.4b1 [redacted] to check the [redacted] NJ Ex Order 26.4(b)(1) . LPN1</p>	F 656	<p>PLAN OF CORRECTION: F656 SS=E 483.21 (b) Comprehensive Care plans. 4/3.21 (b) (1) The facility must develop and implement a comprehensive person-centered care plan for each resident's rights set forth at 483.10 (c) (2) and 483.10 (c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive care plan must describe assessment.</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> The order was adjusted to include self-administration and [redacted] of [redacted] NJ Ex Order 26.4(b)(1) [redacted] and care plan was immediately corrected to include use of [redacted] and self-administration of [redacted] for R41. Self-administration assessment completed for R41. [redacted] NJ Ex Order 26.4b1 for the [redacted] NJ Ex Order 26.4(b)(1) medications for residents R60 & R138 were defined. Care plan for [redacted] NJ Ex Order 26.4(b)(1) medication uses for residents R60 and R138 include measurable goals or 		

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F 656	<p>Continued From page 14</p> <p>was not sure who applied and/or changed the [redacted] NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1) NJ Ex Order [redacted]</p> <p>Review of R41's "Clinical Census" tab found in [redacted] electronic medical record (EMR) revealed [redacted] had been admitted to the facility on [redacted] NJ Ex Order 26.4(b)(1) [redacted]</p> <p>Review of R41's diagnoses found under the "Clinical Diagnosis" tab in [redacted] EMR revealed diagnoses including [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Review of R41's admission "Minimum Data Set (MDS)" located under the MDS tab in the EMR with an Assessment Reference Date of [redacted] NJ Ex Order 26.4(b)(1) revealed [redacted] had a "Brief Interview for Mental Status" of [redacted] NJ Ex O That indicated [redacted] NJ Ex O cognition was [redacted] NJ Ex Order 26.4(b)(1)</p> <p>Review of R41's [redacted] NJ Ex Order 26.4(b)(1) Medication and Treatment Administration Records (MAR/TAR), located under the EMR "Physicians Orders" tab, revealed "PATIENT HAS [redacted] NJ Ex Order 26.4(b)(1) [redacted] TO [redacted] NJ Ex Order 26.4(b)(1) FOR [redacted] NJ Ex Order 26.4(b)(1) CHECKS every shift -Start Date [redacted] NJ Ex Order 26.4(b)(1) 2300 [11:00 PM]." There were no further orders on when to change the [redacted] NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1).</p> <p>Review of R41's [redacted] NJ Ex Order 26.4(b)(1) "Comprehensive Care Plan" found under the "Care Plan" tab in the EMR revealed no focus area, goal, or interventions about the use of a [redacted] NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1).</p> <p>Observation and interview on 03/07/25 at 12:45 PM with R41 revealed [redacted] NJ Ex O had a [redacted] NJ Ex Order 26.4(b)(1) [redacted] on [redacted] NJ Ex Order 26.4(b)(1). R41 said that [redacted] NJ Ex O [redacted] NJ Exec Order 26.4b1 [redacted] it every [redacted] NJ Ex O weeks. The staff did not do anything with the [redacted] NJ Exec Order 26.4b1 R41 would check [redacted] NJ Ex Order 26.4(b)(1) and</p>	F 656	<p>objectives.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents using psychotropic medication have the potential to be affected by the same deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Nursing staff will receive in-service from staff educator within 30 days regarding the policy on self-administration of medications to include completion of self-administration assessment is completed, physician order is obtained, and information is accurately placed in both physician order and care plan. Policy on psychotropic medications adjusted to include target behavior is placed for each different psychotropic medication and appropriate measurable goals or objectives are included in residents' care plan. Nursing staff will receive in-service by staff educator within 30 days regarding policy on administering psychotropic medications and identifying target behaviors with measurable goals. Pharmacy consultants will review that all psychotropic medications have the appropriate target behavior. Unit managers will review all care plans for psychotropic medication and use care objective and measurable goals during care conference meetings. <p>MONITORING OF MEASURES:</p>		

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F 656	<p>Continued From page 15</p> <p>tell them the [redacted] NJ Exec Order 26.4b</p> <p>During an interview on 03/07/25 at 1:21 PM, the U.S. FOIA (b) (6) [redacted] and the U.S. FOIA (b) (6) [redacted] agreed there had been no monitoring of R41's [redacted] NJ Ex Order 26.4(b)(1) [redacted]. They were aware [redacted] NJ Exec Order 26.4b1 [redacted] when it was needed.</p> <p>During an interview on 03/07/25 at 1:32 PM, the U.S. FOIA (b) (6) [redacted] confirmed there was no information regarding R41's care plan about [redacted] use of a [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>2. Review of R60's "Admission Record" from the EMR "Profile" tab showed a facility admission date of [redacted] with medical diagnoses that included [redacted] and [redacted] (NJ Ex Order 26.4(b)(1) [redacted]).</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>[redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>[redacted], and [redacted] NJ Ex Order [redacted]</p> <p>Review of R60's "Care Plan" from the EMR "Care Plan" plan tab showed a focus of [redacted] NJ Ex Order 26.4(b)(1) [redacted] related to [redacted] [nothing was filled in]" initiated on [redacted] NJ Ex Order 26.4(b)(1) [redacted] with a goal of "I will have [redacted] NJ Ex Order [redacted] NJ Ex Order 26.4(b)(1) [redacted] symptoms through review date" initiated [redacted] NJ Ex Order 26.4(b)(1) [redacted] revised on [redacted] NJ Ex Order 26.4(b)(1) [redacted], with a target date of [redacted] NJ Ex Order 26.4(b)(1) [redacted]. Further review of R60's "Care Plan" showed no baseline of how many [redacted] NJ Ex Order 26.4b1 [redacted] occurred when initiated, or a</p>	F 656	<ul style="list-style-type: none">DON/Designee will randomly audit 3 residents using continuous blood glucose monitoring device to ensure the care plan is in place weekly x 4 weeks, monthly x 2 then quarterly thereafter.DON/Designee will randomly audit 3 residents using psychotropic medications to ensure the care plan is in place to include target behavior and objective measurable goals weekly x 4 weeks, monthly x 2 then quarterly x2.Audit findings will be reported to QA committee quarterly.		

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F 656	<p>Continued From page 16</p> <p>quantitative amount for any of the reviews since [redacted] to enable a baseline to ensure the goal was achieved or required adjustments.</p> <p>3. Review of R138's "Admission Record" from the EMR "Profile" tab showed a facility admission date of [redacted] with medical diagnoses that included NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1).</p> <p>Review of R138's "Care Plan" from the EMR "Profile" tab showed a focus of NJ Ex Order 26.4(b)(1) [redacted], dx [diagnosis] of [redacted] initiated on [redacted] with a care plan goal of "I will have [redacted] symptoms through review date" initiated on [redacted] with a target date of [redacted]. Further review of R138's "Care Plan" showed no baseline of how many [redacted] occurred when initiated, or a quantitative amount for any of the reviews since initiation to enable a baseline to ensure the goal was achieved or required adjustment.</p> <p>During an interview on 03/07/25 at 4:29 PM, the U.S. FOIA (b) (6) [redacted] stated, "The goals needed to be reassessed to ensure there was a baseline to ensure a goal is measurable."</p> <p>Review of the facility policy titled "Interdisciplinary Care plans," reviewed 01/21/25, revealed, " ...4. The care plan will be individualized and will include problems, goals and approaches that reflect the resident's uniqueness and idiosyncrasies.</p> <p>...6. Care plans will be reviewed and adjusted as needed and on a quarterly basis by any member</p>	F 656		

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F 656	<p>Continued From page 17 of the IDT [interdisciplinary team] to ensure that the most current and comprehensive plan of care is followed."</p> <p>Review of the October 2024 "Resident Assessment Instrument (RAI) Manual" stated on page 4-5: "Begin to develop an individualized care plan with measurable objectives and timetables to meet a resident's medical, functional, mental and psychosocial needs as identified through the comprehensive assessment." Page 4-8 stated: " ... the comprehensive care plan is an interdisciplinary communication tool. It must include measurable objectives and time frames and must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The care plan must be reviewed and revised periodically, and the services provided or arranged must be consistent with each resident's written plan of care." Page 4-10 stated: "1. Assisting the resident in achieving their goals. 2. Individualized interventions that honor the resident's preferences. ... 7. Evaluating treatment of measurable objectives, timetables and outcomes of care." Page 4-11 stated: "The following key steps and considerations may help the IDT develop the care plan after completing the comprehensive assessment: 1) Care Plan goals should be measurable. The IDT may agree on intermediate goal(s) that will lead to outcome objectives. Intermediate goal(s) and objectives must be pertinent to the resident's goals, preferences, condition, and situation (i.e., not just automatically applied without regard for</p>	F 656			

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F 656	Continued From page 18 their individual relevance), measurable, and have a time frame for completion or evaluation."	F 656			
F 657 SS=D	NJAC 8:39-11.2(e) thru (i) NJAC 8:39-27.1(a) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 657		5/15/25	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 657	<p>Continued From page 19</p> <p>Based on record reviews and interviews with residents and staff, the facility failed to ensure one of 34 sample residents (Resident (R) 68) was provided with the opportunity to review ^{NURSE} care plan, medication list and express ^{NURSE} concerns and needs during a quarterly care conference. This failure has resulted in care not being tailored to R68's needs, as the care plan was not updated accordingly.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Interdisciplinary (IDT) Care Plans," revised 03/08/23, outlined the care planning guidelines for the IDT team. These guidelines aim to address the individual physical, mental, emotional, psychological, social, spiritual, and medical needs of each resident. The policy details the following procedures:</p> <ul style="list-style-type: none"> - "An interdisciplinary approach will be followed during the formulation of the comprehensive care plan. The resident and/or family and, /or significant other and the whole interdisciplinary team will meet to discuss problems identified, formulate goals that are measurable and attainable and identify approach to be followed in attaining the goals set forth for the resident during an interdisciplinary care plan meeting." - "The care plan will be individualized and will include problems, goals, and approaches that reflect the resident's uniqueness and idiosyncrasies." - "IDT meeting is then scheduled with resident and or/family member per their preference, plan of care is reviewed; quarterly meetings will be scheduled thereafter or as requested/needed." 	F 657	<p>PLAN OF CORRECTION: F657 SS=D Care Plan Timing and Revision. CFR (s): 483.21 (b)(2)(i)-(iii)</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> • Care plan meeting was scheduled with R68 to review goals of care, and to establish individualized care plan. • The care plan for R68 was adjusted to tailor residents' new preferences • List of medications were given and explained to R68 <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> • All residents have the potential to be affected by the same deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> • Nursing staff will receive in-service by staff educator within 30 days regarding care plan policy to include resident preferences and resident participation in care plan meetings to ensure interventions and goals are still appropriate and completed within the review date and as needed. • Social work staff will receive in-service by staff educator and DON within 30 days regarding care plan policy to include resident preferences and resident participation in care plan meetings to ensure interventions and goals are still appropriate and completed within the review date and as needed. <p>MONITORING OF MEASURES:</p>		

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F 657	<p>Continued From page 20</p> <p>- "Care plans will be viewed and adjusted as needed and on a quarterly basis by any member of the IDT to ensure that the most current and comprehensive plan of care is followed."</p> <p>Per R68's undated "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the facility admitted the resident on [redacted] NJ Ex Order 26.4(b)(1)</p> <p>Review of R68's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] NJ Ex Order 26.4(b)(1) located in the resident's EMR under the "MDS" tab, revealed the facility assessed R68 to have a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which indicated the resident was [redacted] NJ Ex Order 26.4(b)(1). The "MDS" also revealed R68 did not present [redacted] NJ Ex Order 26.4(b)(1) symptoms, was always [redacted] NJ Ex Order 26.4(b)(1) with [redacted] NJ Ex Order 26.4(b)(1) did [redacted] NJ Ex Order 26.4(b)(1) required [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1) resident [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) to [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1)</p> <p>Review of R68's "Care Plan Report," located in the resident's EMR under the "Care Plan" tab, revealed "The resident has an [redacted] NJ Ex Order 26.4b1 [redacted] icits as evidenced by requiring: (including [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) initiated [redacted] NJ Ex Order 26.4(b)(1) included the following interventions:</p> <p>- "Provide/Encourage assist in ADL's with (specify: [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1)</p>	F 657	<ul style="list-style-type: none"> • DON/Designee will audit 5 residents' care plans to ensure care plans include resident preferences during the IDT meetings weekly x 4 weeks, monthly x 2 then quarterly x2. • Audit findings will be reported to QA committee quarterly. 	

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F 657	<p>Continued From page 21</p> <p>Initiated [redacted].</p> <p>- "Resident prefers to be [redacted] and [redacted] at [redacted] at times [redacted] to be [redacted] at this time despite encouragement. Staff will [redacted] resident [redacted] s." Initiated [redacted].</p> <p>- "Resident [redacted] to be [redacted] during the night shift. Prefers [redacted] at all times, does not want staff in [redacted]." Initiated [redacted].</p> <p>R68's "Care Plan Report" included a care plan for "Personalized Care," Initiated [redacted] the care plan included all the following interventions:</p> <p>- "Choosing [redacted] [redacted] to Resident." Initiated [redacted].</p> <p>- "Resident prefers to [redacted] [redacted] care between the hours of [redacted]." Initiated [redacted].</p> <p>- "Resident [redacted] to not have [redacted] [redacted]." Initiated [redacted].</p> <p>- "Resident [redacted] that anyone who wishes to [redacted] [redacted] and [redacted] the room." Initiated [redacted].</p> <p>- "Resident wishes for the Nursing Aides to [redacted]." Initiated [redacted].</p> <p>- "Resident would [redacted] [redacted] regarding [redacted] care and [redacted] mediations." Initiated [redacted].</p> <p>R68's records included an "IDT -Team Conference" note, dated [redacted] at 10:03 AM, under the EMR "Assessment" tab. The quarterly "IDT- Team conference" note documented the participants included R68, Unit Nurse 3, [redacted].</p>	F 657			

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F 657	<p>Continued From page 22</p> <p>U.S. FOIA (b) (6), U.S. FOIA (b) (6), and a [redacted] from the [redacted] department, included the following:</p> <ul style="list-style-type: none"> - The conference note under nursing, documented "Resident remains [redacted] this quarter. [redacted] with NJ Ex Order 26.4(b)(1) [redacted] in place. No recent hospitalizations, no change in medications. [redacted] remains [redacted] available as needed when resident request it during [redacted]. Does not report [redacted] in the past 5 days. Resident requires NJ Exec Order 26.4b1 for [redacted]. Resident is currently taking [redacted] for NJ Ex Order 26.4(b)(1) [redacted] for 3days." - The conference note under "family/patient concerns" documented "No concerns at this time." <p>On 03/06/25 from 3:32 PM to 4:00 PM, during the interview with the U.S. FOIA (b) (6) (Unit Nurse 3) and R68 in R68's room:</p> <p>Unit Nurse 3 reminded R68 about [redacted] quarterly care conference on [redacted]. R68 stated that [redacted] thought the conference was meant to address [redacted] concerns, [redacted] was not aware it was [redacted] quarterly care conference, and [redacted] felt that the entire conference was full of [redacted] about [redacted] concerns.</p> <p>R68 stated [redacted] would like all the opportunities to discuss [redacted] care and goals, including the care conference. R68 would like to know what medication [redacted] was taking and why. R68 stated, for example, a few weeks ago, [redacted] was on three different kinds of [redacted] medication, which caused [redacted] to have [redacted]. R68</p>	F 657			

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F 657	<p>Continued From page 23</p> <p>said if someone explained to [redacted] what medication [redacted] was taking, [redacted] would be prevented. R68 reviewed [redacted] "Personalized Care" care plan and stated [redacted] did not know there was a care plan for [redacted] stated the care plan was accurate, that [redacted] wanted to have a [redacted] p, and did not want [redacted] after [redacted] and before [redacted] because of [redacted] personal preference. However, [redacted] said the Certified Nursing Assistant (CNA) usually set [redacted] up to [redacted] after breakfast, but by the time they came back to [redacted] and [redacted], it usually was around noon or sometimes not until 2:00 PM.</p> <p>R68 said [redacted] did not want to be [redacted] the whole night until the next day noon or 2PM each day. R68 stated [redacted] would like to add to [redacted] care plan the following:</p> <ul style="list-style-type: none"> - Get [redacted] after breakfast first before setting up for [redacted] to [redacted]. - Have a nurse to go through [redacted] medication list to explain to [redacted] what [redacted] is taking. - Change her [redacted] from [redacted] U.S. FOIA (b) (6) [redacted] to U.S. FOIA (b) (6) [redacted]. - Have a [redacted] for [redacted] about once or twice a week for longer time. <p>Unit Nurse 3 stated during each care conference the medication list and care plans should be reviewed, and the resident's care, goals, special needs or if any issues or changes should be discussed, and the care plan should be updated based on the changes after care conference. Unit Nurse 3 apologized to R68, that they did not go through the medication list and care plan review include updating [redacted] care plan for "Personalized Care" during the last quarterly care conference on</p>	F 657			

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F 657	Continued From page 24 NJ Ex Order 26.4(b)(1)	F 657			
F 658 SS=D	NJAC 8:39-11.2(e)(f) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of manufacturer's instructions, the facility failed to ensure that one of one Licensed Practical Nurse (LPN) (LPN1) observed for NJ Ex Order 26 administration had NJ Ex Order 26.4(b)(1) prior to dialing the ordered dose for Resident (R) 41. This failure had the potential to reduce the NJ Ex Order 26 dose which could have affected R41's NJ Ex Order 26.4(b)(1) Findings include: Review of the manufacturer's "INSTRUCTIONS FOR USE NJ Ex Order 26.4(b)(1) revealed, "Prime before each injection. Priming your Pen means removing the air from the Needle and Cartridge that may collect during normal use and ensures that the Pen is	F 658	PLAN OF CORRECTION: F658 SS=D Services Provided Meet Professional Standards CRF(s): 483.21(b)(3)(i) CORRECTIVE ACTION(S): • Licensed Nurse 1 received 1-1 re-education/counseling regarding how to properly NJ Ex Order 26 and administer NJ Ex Order 26 nursing staff educator and DON. • Nursing staff in-service regarding proper procedure for administering insulin pens and proper priming prior to administration according to manufacturer's guidelines done by nursing staff educator. IDENTIFICATION OF RESIDENTS WHO	5/15/25	

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F 658	<p>Continued From page 25</p> <p>working correctly. If you do not prime before each injection, you may get too much or too little insulin."</p> <p>Observation and interview with LPN1 on 03/06/25 at 12:45 PM during [redacted] administration for R41 revealed LPN1 retrieved a new [redacted] from the medication storage room. LPN1 put a new [redacted] and dialed the [redacted] to [redacted]. Just prior to her administering the [redacted] the surveyor asked if she had to [redacted] the [redacted] prior to dialing the ordered [redacted] dose. LPN1 stated she was not sure and then dialed the [redacted] and asked if that was the correct amount. When the surveyor asked her if that was the recommended dose to prime the [redacted] she answered, "is it [redacted]" The surveyor said "No, it is [redacted]." LPN1 then primed the [redacted] with [redacted] dialed the amount of [redacted] and administered R41 [redacted]</p> <p>Review of R41's "Clinical Census" tab found in [redacted] electronic medical record (EMR) revealed [redacted] admitted to the facility on [redacted]</p> <p>Review of R41's diagnoses found under the "Clinical Diagnosis" tab in [redacted] EMR revealed diagnoses including [redacted]</p> <p>During an interview on 03/06/25 at 1:20 PM, the [redacted] (U.S. FOIA (b) (6)) stated that the nurses have all been educated on using [redacted] pens and about [redacted] first.</p> <p>NJAC 8:39-27.1(a) NJAC 8:39-29.2(d)</p>	F 658	<p>HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents using insulin pens have the potential to be affected by this deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Nursing staff will receive in-service by staff educator within 30 days regarding proper procedure for administering insulin pens and proper priming prior to administration according to manufacturer's guidelines. License nurse 1 will be observed during medication pass to ensure proper knowledge of priming of insulin pens. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> DON/Designee will randomly observe the administration of insulin of 3 residents who receive insulin pen weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 		

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F 677 F 677 SS=D	Continued From page 26 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure one of five residents (Resident (R) 68) reviewed for Activities of Daily Living (ADL) out of 34 sampled residents received timely NJ Ex Order 26.4(b)(1) . This failure placed the resident at an increased risk for NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) , or an NJ Ex Order 26.4(b)(1) . NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1) Findings include: Review of the facility's policy titled, "ADL [activity daily living] policy," revised 09/01/13, reviewed 01/23/25, instructs care givers refer to the nurses' instructions on resident's electronic record for ADL needs and assistance required. Per R68's undated "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the facility admitted the resident on NJ Ex Order 26.4(b)(1) . Review of R68's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) , located in the resident's EMR under the "MDS" tab, revealed the facility assessed R68 to have a Brief Interview for Mental Status (BIMS) score of NJ Ex Order 26.4(b)(1) out of 15 which indicated the resident was NJ Ex Order 26.4(b)(1) . The "MDS" also indicated the resident was assessed	F 677 F 677	PLAN OF CORRECTION: F677 SS=D CFR(s): 483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. CORRECTIVE ACTION(S): • Nursing staff were in-serviced by staff educator to ensure proper NJ Ex Order 26.4(b)(1) care and hygiene is provided to R68 within appropriate timing and per resident preference • The meeting was held with R68 to review new preferences and adjust the care plan to meet residents' needs. • R68 agreed to have NJ Ex Order 26.4(b)(1) care provided after NJ Ex Order 26.4(b)(1) has completed NJ Ex Order 26.4(b)(1) breakfast and before NJ Ex Order 26.4(b)(1) is set up for NJ Ex Order 26.4(b)(1) which the resident prefers to perform on NJ Ex Order 26.4(b)(1) own. Care plan updated with new preferences IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE • All residents requiring assistance with ADL care have the potential to be affected by this deficient practice.		5/15/25

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F 677	<p>Continued From page 27</p> <p>to not have any [redacted] was always [redacted] NJ Ex Order 26.4(b)(1) [redacted], did [redacted] NJ Ex Order 26.4(b)(1) [redacted], required [redacted] NJ Exec Order 26.4b1 [redacted] for [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Exec Order 26.4b1 [redacted] for [redacted] NJ Exec Order 26.4b1 [redacted], and [redacted] NJ Exec Order 26.4b1 [redacted] t) for [redacted] NJ Ex Order 26.4(b)(1) [redacted], [redacted] NJ Ex Order 26.4(b)(1) [redacted], [redacted] NJ Ex Order 26.4(b)(1) [redacted] and [redacted] NJ Ex Order 26.4(b)(1) [redacted] initiated [redacted] NJ Ex Order 26.4(b)(1) [redacted], included the following interventions:</p> <ul style="list-style-type: none"> - "Provide / Encourage assist in [redacted] NJ Ex Order 26.4(b)(1) [redacted] with (specify: [redacted] NJ Ex Order 26.4(b)(1) [redacted] for [redacted] NJ Ex Order 26.4(b)(1) [redacted]) - "Resident prefers to be [redacted] NJ Ex Order 26.4(b)(1) [redacted] and [redacted] NJ Ex Order 26.4(b)(1) [redacted] at [redacted] NJ Ex Order 26.4(b)(1) [redacted] at times [redacted] NJ Ex Order 26.4(b)(1) [redacted] to be [redacted] NJ Ex Order 26.4b1 [redacted] at this time despite encouragement. Staff will [redacted] NJ Ex Order 26.4b1 [redacted] resident [redacted] NJ Ex Order 26.4b1 [redacted] s." - "Resident [redacted] NJ Ex Order 26.4(b)(1) [redacted] to be [redacted] NJ Ex Order 26.4(b)(1) [redacted] during the [redacted] NJ Ex Order 26.4(b)(1) [redacted] shift. Prefers [redacted] NJ Exec Order 26.4b1 [redacted], does not want staff in [redacted] NJ Exec Order 26.4b1 [redacted] <p>R68's "Care Plan Report" included a care plan for "Personalized Care," Initiated [redacted] NJ Ex Order 26.4(b)(1) [redacted], the care plan included all the following interventions:</p> <ul style="list-style-type: none"> - "Choosing [redacted] NJ Ex Order 26.4b1 [redacted] NJ Exec Order 26.4b1 [redacted] to Resident." - "Resident prefers to [redacted] NJ Ex Order 26.4(b)(1) [redacted] care between the hours of [redacted] NJ Exec Order 26.4b1 [redacted] ." 	F 677	<p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> • Nursing staff will receive in-service by staff educator immediately to ensure proper [redacted] NJ Ex Order 26.4(b)(1) [redacted] and hygiene is provided to R68 within appropriate timing and per resident preference. • Nursing staff will receive in-service by staff educator immediately to document resident refusals of care and ensure education is provided of risks for refusing care. • Nursing staff will receive in-service by staff educator immediately to encourage the resident to use her call bell whenever she has any needs and/or has completed with her self-care. • The Unit manager will ensure residents' preferences with the resident/resident representative and care planned quarterly and as needed. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> • DON/Designee will randomly observe the care of 3 residents who are dependent on their ADLs weekly x 4 weeks, monthly x 2 then quarterly x2. • Audit findings will be reported to QA committee quarterly.

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F 677	<p>Continued From page 28</p> <p>- "Resident NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 between the hours NJ Exec Order 26.4b1."</p> <p>- "Resident wishes for the Nursing Aides to NJ Exec Order 26.4b1 with the resident when NJ Exec Order 26.4b1."</p> <p>Observation and interview on 03/04/25 at 12:29 PM, R68 was observed sitting on bed with a facility NJ Exec Order 26.4(b)(1) on, and NJ Ex Or had NJ Ex Order 26.4(b)(1) on. R68's tray table in front of NJ Ex Or had a pink square plastic container with a small white towel and soapy water inside. R68 stated staff NJ Ex Order 26.4(b)(1) last night at around 8:00 PM to 8:30 PM, and NJ Ex Or had not NJ Ex Order 26.4(b)(1) since. The resident stated NJ Ex Or had NJ Ex Order 26.4(b)(1) (during the interview) and NJ Ex Or had been NJ Ex Order 26.4(b)(1) since last night. R68 further stated "I was done with this basin from ten o'clock until now it is still sitting here. . .this is really typical every day and no one comes in to NJ Ex Order 26.4(b)(1). I have to NJ Ex Order 26.4(b)(1) because NJ Ex Order 26.4(b)(1), and I can't NJ Ex Order 26.4(b)(1). In the morning, I am NJ Ex Order 26.4(b)(1), I am NJ Ex Order 26.4(b)(1), so I NJ Ex Order 26.4(b)(1)." R68 looked and sounded NJ Ex Order 26.4(b)(1) and stated one activity staff came to invite her to join a lunch celebration on the second-floor activity room today. R68 stated NJ Ex Order 26.4(b)(1). R68 stated it was a NJ Ex Or to get ready in the morning and this was not the first time NJ Ex Or missed activities, and NJ Ex Or also had missed doctor's appointments in the past because no one assisted NJ Ex Or to be ready on time. R68 stated NJ Ex Or was always the last one the aides came to assist in NJ Exec Order 26.4b1. R68 stated NJ Ex Or had a NJ Ex Order 26.4(b)(1) sometimes NJ Ex Or felt NJ Ex Order 26.4(b)(1) before. Staff gave her NJ Ex Order 26.4(b)(1) to protect it from NJ Ex Order 26.4(b)(1) in the past.</p>	F 677			

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

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

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F 677	<p>Continued From page 29</p> <p>On 03/04/25 at 1:18 PM, Certified Nursing Assistant (CNA) 5 was observed to answer R68's call light, CNA5 and another CNA entered R68's room for a long time.</p> <p>On 03/04/25 at 4:49 PM, R68 was observed dressed and sitting in [REDACTED] wheelchair in [REDACTED] room near the window. When asked, R68 stated CNA5 came to respond to [REDACTED] call light and [REDACTED] when this surveyor left [REDACTED] room on 03/04/2025 at 1:17 PM. R68 stated however [REDACTED] did not get help to [REDACTED] and [REDACTED] to [REDACTED] wheelchair until around 2:30 PM. R68 stated [REDACTED] day had just begun from then. When asked, R68 stated [REDACTED] did not press call light again after CNA5 left around 1:30 PM, [REDACTED] just waited, [REDACTED] thought the aides were busy. And when they have time, they would come and help [REDACTED] to [REDACTED].</p> <p>R68 was in [REDACTED] from the night before [REDACTED] bedtime until the next day on 03/04/25 at 1:17 PM. R68 did not get dressed until 2:30 PM.</p> <p>Observation was conducted on 03/05/25 from 9:25 AM to 12:20 PM outside of R68's room. At 9:35 AM, CNA6 knocked on R68's door and asked, "are you done with your tray?" CNA6 entered R68's room and brought out breakfast tray. At 11:03 AM, R68 had a [REDACTED] visitor. At 11:10 AM, R68's visitor left. At 11:44 AM, CNA5 knocked on R68's door to answer the call light instantly, and CNA5 was at R68's doorway and told R68 that she would be back in 15 minutes. At 11:46 AM, CNA5 and CNA6 knocked on R68's door and entered to [REDACTED]. At 12:07 PM, CNA5 and CNA6 exited R68's room. During an immediate interview with both CNAs, CNA5</p>	F 677			

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F 677	<p>Continued From page 30</p> <p>stated she delivered breakfast to R68 around 8:30 AM and she prepared a basin to set R68 up for NJ Ex Order 26.4(b)(1) at 10:30 AM. CNA5 stated she came back to NJ Ex Order 26.4 R68 NJ brief and provide NJ Ex Order 26.4(b)(1) around 11:15 AM to 11:30 AM. CNA 5 stated R68 usually likes to sit in NJ Ex O wheelchair after NJ Exec Order 26.4b1 but NJ Ex O preferred to stay in bed that day.</p> <p>R68 was in NJ Ex Order 26.4(b)(1) from the night before bedtime until the next day 03/05/25 at 11:46AM.</p> <p>During an interview on 03/06/25 at 10:00 AM, CNA4 confirmed R68 had not been NJ Exec Order 26.4b since last night. CNA4 stated she delivered breakfast to R68 at 8:00 AM and R68 told her NJ Ex O had a doctor's appointment that day at 9:00 AM. When asked, it was already 10:00 AM now, did R68 miss NJ Ex O appointment? CNA4 said, "Yes, that is what NJ Ex O said but NJ Ex O could still go."</p> <p>During an observation on 03/06/25 at 10:04 AM, CNA4 knocked on R68's door and entered to NJ Ex Order 26.4(b)(1) and CNA1 entered the room one minute later. At 10:19 AM, CNA1 and CNA4 came out of R68's room and talked to Licensed Practical Nurse (LPN) 6.</p> <p>During an observation in R68's room on 03/06/25 at 10:21 AM, LPN6 applied NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) to R68's NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). R68's NJ Ex O had a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) around NJ Ex Order 26.4(b)(1). It presented with a history of NJ Ex Order 26.4(b)(1). LPN6 stated R68 currently had NJ Ex Order 26.4, the care was for prevention. LPN6 stated R68 used to have NJ Exec Order 26.4b1 in that area about a NJ Exec Order ago, because R68 had</p>	F 677		

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F 677	<p>Continued From page 31</p> <p>related to NJ Ex Order 26.4(b)(1), and the physician already changed the order. During the observation when asked, R68 said NJ Ex O doctor's appointment was at 11:30 AM that day.</p> <p>On 03/06/25 at 10:37AM, CNA1 and CNA4 completed the care and left R68's room.</p> <p>Review of R68's Progress Note, under EMR "Progress Note," included an "APN [advance practice nurse] PROGRESSNOTES," dated NJ Ex Order 26.4(b)(1) at 2:43 PM. The progress note documented the physicians - attending visited R68 to follow up chief complaint of NJ Ex Order 26.4(b)(1). The after-visit progress note documented the following:</p> <p>"... Patient was requesting to reevaluate NJ Ex O again for possible NJ Ex Order 26.4(b)(1). NJ Ex O reports taking NJ Ex Order 26 today and NJ Ex Order 26.4(b)(1) noted. Upon eval [evaluation], noted NJ Ex Order 26.4(b)(1) at NJ Ex O. NJ Ex Order 26.4(b)(1) was applied by U.S. POE. NJ Ex O does have NJ Ex Order 26.4(b)(1), currently uses NJ Ex Order 26.4(b)(1). No additional NJ Ex O or NJ Ex Order 26.4(b)(1) noted."</p> <p>"Interventions: NJ Ex Order 26.4(b)(1): noted NJ Ex Order 26.4(b)(1), NJ Ex Order applied, rx [prescription] NJ Ex Order 26 team to follow, monitor sx [symptoms] NJ Ex Order 26.4(b)(1) continue NJ Ex Order 26.4(b)(1) q [every] bid [two times a day], monitor sx [symptoms]"</p> <p>During an interview on 03/06/25 from 3:32 PM to 4:00 PM with Unit Nurse 3 and R68 in R68's room, R68 stated that the CNAs usually set NJ Ex O up to NJ Ex Order 26.4(b)(1) after breakfast, but by the time they came back to NJ Ex Order 26.4(b)(1)</p>	F 677		

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F 677	Continued From page 32 [redacted] and [redacted] NJ Ex Order 26.4(b)(1), it was around noon or sometimes 2:00 PM. R68 stated [redacted] did not want to be [redacted] NJ Ex Order 26.4(b)(1) the whole night until the next day until noon or 2:00 PM each day. R68 stated [redacted] preferred to get [redacted] NJ Ex Order 26.4(b)(1) after breakfast before setting up for [redacted] NJ Ex Order 26.4(b)(1). Unit Nurse 3 stated [redacted] would revise R68's personalized care plan for the care for the next day. NJAC 8:39-4.1(a)22 NJAC 8:39-27.1(a) NJAC 8:39-27.2(h)	F 677			
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure one of one resident (Resident (R) 79) reviewed for [redacted] out of 34 sampled residents was offered [redacted] NJ Ex Order 26.4(b)(1) interventions and documented and followed physician's order to administer [redacted] medication. This failure placed the resident at risk of [redacted] NJ Ex Order 26.4(b)(1) and had the potential to [redacted] NJ Exec Order 26.4b1 [redacted] NJ Exec Order 26.4b1 Findings include: The facility's "Pain Management Policy and Procedure," reviewed 01/25/25 and outlined the	F 697	PLAN OF CORRECTION: F697 SS=D CFR(s): 483.25 (k) Pain management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. CORRECTIVE ACTION(S): • Nursing staff in-serviced by staff educator on [redacted] management policy to	5/15/25	

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F 697	<p>Continued From page 33</p> <p>procedures for assessing and managing pain. These assessments included evaluating pain intensity, location, and duration, as well as observing facial expressions, cries, and moans. Based on these assessments, appropriate care plans for pain management were developed. The pain interventions included the following:</p> <ul style="list-style-type: none"> - Nursing treatments, for example, "facilitating hygiene, initiating relaxation techniques." - Nursing observations, for example, "correcting a resident's or family's misconceptions about pain and its treatment and teaching the concept of resident controlled analgesia when applicable." - "Medication." <p>The policy further instructed staff to document the details of the residents' pain in a progress note. This documentation included the following information: pain location, intensity, quality, frequency, duration, radiation, and any precipitating factors. Additionally, staff should note the treatments used to relieve the pain and assess their effectiveness. This included documenting the resident's response, such as whether the resident reported that the pain is relieved or controlled, appears relaxed, can rest or sleep appropriately, and is able to participate in activities.</p> <p>Per R79's undated "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab, revealed the facility admitted the resident on [redacted] with diagnoses which included NJ Ex Order 26.4(b)(1) [redacted] and [redacted]</p>	F 697	<p>include offering/documenting NJ Exec Order 26.4b1 [redacted] and administration of medications per physician's orders.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> • All residents taking pain medication have the potential to be affected by this practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> • Nursing will receive in-service by staff educator within 30 days on pain management policy to include offering/documenting non-pharmacological interventions and administration of medications per physician's orders. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> • DON/Designee will randomly review 3 residents on pain medications to ensure nonpharmacological interventions for pain is provided and pain medication is administered as ordered weekly x 4 weeks, monthly x 2 then quarterly x2. • Audit findings will be reported to QA committee quarterly. 		

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F 697	<p>Continued From page 34</p> <p>Review of R78's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] and located in the resident's EMR under the "MDS" tab revealed the facility assessed R79 to have a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which indicated the resident was NJ Ex Order 26.4(b)(1). The "MDS" also indicated the resident could [redacted] NJ Ex Order 26.4(b)(1) to [redacted] NJ Ex Order 26.4(b)(1), but needed NJ Ex Order 26.4(b)(1), had [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), required NJ Ex Order 26.4b1 [redacted] for NJ Ex Order 26.4(b)(1), and NJ Exec Order 26.4b1) on [redacted] NJ Ex Order 26.4(b)(1) R79 experienced [redacted] NJ Ex Order 26.4(b)(1) and did not receive NJ Exec Order 26.4b1 interventions for [redacted].</p> <p>On 03/04/25 at 2:58 PM, R79 was sitting in a wheelchair and wearing NJ Ex Order 26.4(b)(1) [redacted] in [redacted] room. R79 expressed concerns regarding [redacted] NJ Ex Order 26.4(b)(1). R79 reported experiencing [redacted] NJ Ex Order 26.4(b)(1), often rating it between [redacted] and [redacted] out of 10 on [redacted] NJ Ex Order 26.4(b)(1) after NJ Ex Order 26.4(b)(1) had [redacted] NJ Ex Order 26.4(b)(1) R79 stated that the nursing staff had only offered [redacted] NJ Ex Order 26.4(b)(1) medication as an intervention. R79 stated that [redacted] NJ Ex would be willing to try [redacted] NJ Ex C, NJ Ex Order 26.4(b)(1), or [redacted] NJ Ex Order 26.4(b)(1) if it would [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of R79's "Care Plan Report," located in the residents' EMR under the "Care Plan" tab, included a care plan for "I am [redacted] NJ Ex Order 26.4(b)(1) r/t [related to] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) initiated [redacted] NJ Ex Order 26.4(b)(1). The care plan included the interventions as follows:</p> <p>- "Administer [redacted] NJ Ex Order medication per physician</p>	F 697			

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F 697	<p>Continued From page 35</p> <p>orders." Initiated [redacted] NJ Ex Order 26.4(b)(1)</p> <p>- "Encourage / assist to [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Ex Order 26.4(b)(1) as needed."</p> <p>- "Implement [redacted] NJ Exec Order 26.4b1 such as but are not limited to, [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) as tolerated and ordered to assist with [redacted] NJ Ex Ord and monitor for effectiveness."</p> <p>- "Monitor [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Ex Ord medication (i.e. [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1).)"</p> <p>- "Report [redacted] NJ Exec Order 26.4b1 of [redacted] NJ Ex Ord such as [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1)."</p> <p>R79's "Care Plan Report" included a care plan for "The resident has [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1)," initiated [redacted] NJ Ex Order 26.4(b)(1) revised [redacted] NJ Ex Order 26.4(b)(1). The care plan included the interventions as follows:</p> <p>- "Educate resident to [redacted] NJ Exec Order 26.4b1 with [redacted] NJ Ex Order 26.4(b)(1)." [redacted] NJ Ex Order 26.4(b)(1)."</p> <p>- [redacted] NJ Ex Order 26.4(b)(1) when [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1).</p> <p>- "Encourage resident to [redacted] NJ Ex Order 26.4(b)(1) frequently, not [redacted] NJ Ex Order 26.4(b)(1) for [redacted] NJ Exec O [redacted] NJ Ex Order 26.4(b)(1)."</p> <p>Review of R79's "Medication Administration Record (MAR)" report from [redacted] NJ Ex Order 26.4(b)(1) to [redacted] NJ Ex Order 26.4(b)(1) and located in the resident's EMR under the "Orders" tab revealed R79 received some [redacted] NJ Ex Ord medications; however, not all [redacted] NJ Ex Ord medications were administered according to the physician's orders:</p> <p>- [redacted] NJ Ex Order 26.4(b)(1) Give 1 capsule by mouth at bedtime for [redacted] NJ Ex Order 26.4(b)(1). Start date [redacted] NJ Ex Order 26.4(b)(1).</p>	F 697		

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F 697	<p>Continued From page 36</p> <p>- NJ Ex Order 26.4(b)(1) _____) Give 2 tablet by mouth every 8 hours as needed for NJ Ex Order 26.4(b)(1). Start date NJ Ex Order 26.4(b)(1).</p> <p>a. NJ Ex Order 26.4(b)(1), not given.</p> <p>b. NJ Ex Order 26.4(b)(1), not given.</p> <p>c. NJ Ex Order 26.4(b)(1), was given two times when NJ Ex Order 26.4(b)(1).</p> <p>d. NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1), was given two times when NJ Ex Order 26.4(b)(1).</p> <p>- NJ Ex Order 26.4(b)(1) _____ Give 1 tablet by mouth every 6 hours as needed for NJ Ex Order 26.4(b)(1) Start date NJ Ex Order 26.4(b)(1).</p> <p>a. NJ Ex Order 26.4(b)(1) not given.</p> <p>b. NJ Ex Order 26.4(b)(1), was given eight times when the NJ Ex Order 26.4(b)(1) was between NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). The "Administration Report" documented the staff did not follow physician's order administered NJ Ex Order 26.4(b)(1) instead of NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) at 8:55 AM, and NJ Ex Order 26.4(b)(1) at 12:27AM when R79 had NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>c. NJ Ex Order 26.4(b)(1), was given six times when the NJ Ex Order 26.4(b)(1) was between NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1).</p> <p>d. NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1), was not given.</p> <p>- NJ Ex Order 26.4(b)(1) _____ Give 1 tablet by</p>	F 697		

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F 697	<p>Continued From page 37</p> <p>mouth every 6 hours as needed for [redacted] NJ Ex Order 26.4(b)(1) [redacted] " Start date [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>a. [redacted] NJ Ex Order 26.4(b)(1) [redacted], was given forty-three times when the [redacted] NJ Ex Order 26.4(b)(1) [redacted] was between [redacted] NJ Ex Order [redacted] to [redacted] NJ Ex Order [redacted]. The "Administration Report" " documented that the staff did not follow physician's order administered [redacted] NJ Ex Order 26.4(b)(1) [redacted] instead of [redacted] NJ Ex Order 26.4(b)(1) [redacted] on [redacted] NJ Ex Order 26.4(b)(1) [redacted] at 05:50 AM and [redacted] NJ Ex Order 26.4(b)(1) [redacted] at 08:08 PM when R79 had [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>b. [redacted] NJ Ex Order 26.4(b)(1) [redacted] was given forty-seven times when the [redacted] NJ Ex Order 26.4(b)(1) [redacted] was between [redacted] NJ Ex Order 26.4(b)(1) [redacted]. The "Administration Report" " documented the staff did not follow physician's order: On [redacted] NJ Ex Order 26.4(b)(1) [redacted] at 04:06 PM, administered [redacted] NJ Ex Order 26.4(b)(1) [redacted] when R79 had [redacted] NJ Ex Order 26.4(b)(1) [redacted]. On [redacted] NJ Ex Order 26.4(b)(1) [redacted] at 09:41 AM and 01/17/25 at 08:39 AM, administered [redacted] NJ Ex Order 26.4(b)(1) [redacted] instead of [redacted] NJ Ex Order 26.4(b)(1) [redacted] when R79 had [redacted] NJ Ex Order 26.4(b)(1) [redacted], [redacted] NJ Ex Order 26.4(b)(1) [redacted]. On [redacted] NJ Ex Order 26.4(b)(1) [redacted] at 10:07 AM, [redacted] NJ Ex Order 26.4(b)(1) [redacted] instead of [redacted] NJ Ex Order 26.4(b)(1) [redacted] when R79 had [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p> <p>c. [redacted] NJ Ex Order 26.4(b)(1) [redacted] gave twenty-three times for [redacted] NJ Ex Order [redacted].</p> <p>d. [redacted] NJ Ex Order 26.4(b) [redacted] to [redacted] NJ Ex Order 26.4(b)(1) [redacted] was not given.</p> <p>Review R79's record revealed, there was no documentation that what [redacted] NJ Exec Order 26.4b1 [redacted] for [redacted] NJ Ex Order [redacted] were offered or refused and if the [redacted] NJ Ex Order 26.4(b)(1) [redacted] medication's [redacted] NJ Exec Order 26.4b1 [redacted] had been monitored.</p> <p>During an interview on 03/06/25 at 11:12 AM, Unit Nurse 3 reviewed R79's record and stated the nurses usually offered [redacted] NJ Exec Order 26.4b1 [redacted] as per the care plan before</p>	F 697			

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F 697	Continued From page 38 administering ^{NJ Ex Ord} medication to R79; however, it was not documented. Unit Nurse 3 stated the NJ Exec Order 26.4b1 for ^{NJ Ex Ord} should be documented what had been given or offered and refused.	F 697			
F 700 SS=D	NJAC 8:39-27.1(a) Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to ensure that residents were evaluated for the need and safety for use of ^{NJ Ex Ord 26.4b1} prior to the	F 700	PLAN OF CORRECTION: F700 SS=D CFR(s): 483.25(n)(1)-(4) The facility must attempt to use appropriate alternatives prior to uninstalling a side or bed rail. If a	5/15/25	

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F 700	<p>Continued From page 39</p> <p>installation/use of [redacted] documented alternatives to [redacted] were attempted prior to the use of [redacted], failed to document reasons for failure of alternatives, and failed to advise residents and/or Resident Representatives (RR) of the risks and/or benefits of [redacted] with informed consent signed prior to the installation of [redacted] for three of three residents (Resident (R) 28, R74, and R124) reviewed for [redacted] use. This failure had the potential for the resident or the RR to be uninformed of the risks associated with [redacted] use and could put the residents at risk for [redacted] or [redacted].</p> <p>Findings include:</p> <p>1. Review of R74's undated "Admission Record," located under the "Profile" tab of the electronic medical record (EMR) revealed [redacted] admitted on [redacted] with diagnoses including [redacted] and [redacted].</p> <p>Review of R74's quarterly "Minimum Data Set (MDS)" with an assessment reference date (ARD) of [redacted], located under the "MDS" tab of the EMR, revealed [redacted] scored [redacted] out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating [redacted] NJ Ex Order 26.4(b)(1). Per the "MDS," R74 exhibited [redacted] NJ Ex Order 26.4(b)(1) symptoms directed [redacted] NJ Ex Order 26.4(b)(1) and was [redacted] NJ Exec Order 26.4b1 for [redacted] NJ Ex Order 26.4(b)(1) or [redacted] NJ Ex Order 26.4(b)(1).</p> <p>Review of R74's "Care Plan," dated [redacted] NJ Ex Order 26.4(b)(1) and located under the "Care Plan" tab of the EMR revealed, "I am at risk for [redacted] because I am on a [redacted] NJ Ex Order 26.4(b)(1) medication, I am on [redacted] NJ Ex Order 26.4(b)(1) medication, I am [redacted] NJ Ex Order 26.4(b)(1) I have [redacted] NJ Ex Order 26.4(b)(1), I have [redacted] NJ Ex Order 26.4(b)(1), I have [redacted] NJ Ex Order 26.4(b)(1).</p>	F 700	<p>bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails including but not limited to the following elements: Assess the resident for risk of entrapment from bedrails prior to installation. Review the risks vs benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. Ensure that the bed's dimensions are appropriate for the resident's size and weight. Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> [redacted] NJ Ex Order 26.4(b) assessments, consents and [redacted] NJ Ex Order 26.4(b) care plans were completed for R74 and R124 including notification of risks vs benefits of [redacted] use. All residents were assessed for use of [redacted] NJ Ex Order 26.4(b), risks vs benefits discussed, and consents obtained. Care plans and orders dated to reflect appropriate [redacted] NJ Ex Order 26.4(b) use given. Nursing staff were in-serviced by staff educator on [redacted] NJ Ex Order 26.4(b) policy and completing [redacted] NJ Ex Order 26.4(b) assessment and obtaining consent on admission/readmission/quarterly and as needed. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents using a side rail have the potential to be affected by this deficient 		

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F 700	<p>Continued From page 40</p> <p>NJ Ex Order 26.4(b)(1) I have NJ Ex Order 26.4(b)(1). " The approaches included, "I need NJ Ex Order 26.4(b)(1)] when in bed to help with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) myself in bed and it is for my own safety."</p> <p>During an observation on 03/04/25 at 11:56 AM in R74's room, R74 was lying in bed with NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) of the bed, in the NJ Ex Order 26.4(b)(1) of the bed. In a concurrent interview with R74's family member (F1), she stated the NJ Ex Order 26.4(b)(1) were used to keep NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1), especially when NJ Ex Order 26.4(b)(1) or was NJ Ex Order 26.4(b)(1). F1 stated she had signed a consent form for use of the NJ Ex Order 26.4(b)(1) and felt they were beneficial to keep R74 from NJ Ex Order 26.4(b)(1).</p> <p>During observations on 03/06/25 at 9:11 AM, 10:03 AM, 11:31 AM, and 2:27 PM in R74's room, R74 was lying in bed with NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) in the NJ Ex Order 26.4(b)(1).</p> <p>Review of R74's "Informed Consent for Use of NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) and located in the hard chart at the nurses' station, revealed F1 consented to the use of NJ Ex Order 26.4(b)(1). However, specific risks versus benefits of use were not documented on the form, nor was the type of NJ Ex Order 26.4(b)(1) or frequency of use specified.</p> <p>Review of R74's EMR under the "Orders" tab revealed an active physician's order, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) of the bed every shift.</p> <p>Review of R74's EMR under the "Assessment" and "Miscellaneous" tabs and the hard chart at the nurses' station revealed there was no assessment of R74's need for, and safety with,</p>	F 700	<p>practice.</p> <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Nursing will receive in-service by staff educator within 30 days on side rail policy and completing side rail assessment and obtaining consent on admission/readmission/quarterly and as needed. Maintenance staff perform entrapment assessments on a yearly basis and as needed. Maintenance staff will perform complete bed maintenance yearly and as needed. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> DON/Designee will randomly review 3 residents using side rails to ensure side rail assessment and consent are obtained and properly documented in the EMR to include risks vs benefits is explained and care plan updated weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 		

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F 700	<p>Continued From page 41</p> <p>NJ Ex Order 26.4(b)(1)</p> <p>During an interview on 03/07/25 at 10:55 AM, Unit Nurse 2 stated R74 was NJ Ex Order 26.4(b)(1) in bed NJ Ex Order 26.4(b)(1) as he used them to NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) as well as for NJ Ex Order 26.4(b)(1) prevention during NJ Ex Order 26.4(b)(1). Unit Nurse 2 stated she was able to find the consent form for use and the initial "Care Plan" including NJ Ex Order 26.4(b)(1) use; however, she was unable to find an assessment for the use of NJ Ex Order 26.4(b)(1). Unit Nurse 2 stated an assessment should be completed of the resident's need for, and safety with, NJ Ex Order 26.4(b)(1) before implementation.</p> <p>During an interview on 03/07/25 at 10:58 AM, Licensed Practical Nurse (LPN) 5 stated R74 preferred the NJ Ex Order 26.4(b)(1) for safety and added R74 would NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) when NJ Ex Order 26.4(b)(1) had NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1). LPN5 stated R74 should have been assessed upon admission for use of NJ Ex Order 26.4(b)(1) but was unsure if the assessment was completed.</p> <p>During an interview on 03/07/25 at 4:51 PM, the U.S. FOIA (b) (6) stated R74 had not been assessed for the use of NJ Ex Order 26.4(b)(1) and would be assessed right away. The U.S. FOIA (b) (6) stated the trigger to complete the assessment was not updated in the EMR software, so R74's assessment was missed.</p> <p>2. Per R28's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed the facility admitted the resident on NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)</p>	F 700			

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F 700	<p>Continued From page 42</p> <p>^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)}, and ^{NJ Ex Order 26.4(b)(1)}</p> <p>Review of R28's quarterly "MDS" with an ARD of ^{NJ Ex Order 26.4(b)(1)}, located in the resident's EMR under the "MDS" tab, revealed the facility assessed that the resident did not exhibit ^{NJ Ex Order 26.4(b)(1)} or ^{NJ Ex Order 26.4(b)(1)}. R28 was ^{NJ Ex Order 26.4(b)(1)} and received ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} medication.</p> <p>On 03/04/25 at 4:29 PM, observed R28 was sitting on ^{NJ Ex Order 26.4(b)(1)} bed with a ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} side and ^{NJ Ex Order 26.4(b)(1)} bed was ^{NJ Ex Order 26.4(b)(1)} on ^{NJ Ex Order 26.4(b)(1)} side.</p> <p>On 03/06/25 at 9:05 AM, and 03/07/25 at 8:50 AM, R28 was observed sitting on bed again with a ^{NJ Ex Order 26.4(b)(1)} up ^{NJ Ex Order 26.4(b)(1)} side of bed.</p> <p>Review of R28's "Care Plan Report," located in the residents' EMR under the "Care Plan" tab, included a care plan for "Resident is at high risk for ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)} ^{NJ Ex Order 26.4(b)(1)}, ^{NJ Ex Order 26.4(b)(1)}." Initiated ^{NJ Ex Order 26.4(b)(1)}, revised ^{NJ Ex Order 26.4(b)(1)}, included intervention of "Provide ^{NJ Ex Order 26.4(b)(1)} to assist with ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)}</p> <p>R28's "Care Plan Report" included a care plan for ^{NJ Ex Order 26.4(b)(1)} "I ^{NJ Ex Order 26.4(b)(1)} @ 4:00 AM in my room ^{NJ Ex Order 26.4(b)(1)}," initiated ^{NJ Ex Order 26.4(b)(1)}, revised ^{NJ Ex Order 26.4(b)(1)}, documented the intervention of "was given a ^{NJ Ex Order 26.4(b)(1)}." Start date ^{NJ Ex Order 26.4(b)(1)}</p> <p>R28's medication "Administration Report" for order range ^{NJ Ex Order 26.4(b)(1)} to ^{NJ Ex Order 26.4(b)(1)}, documented R28 was monitored for ^{NJ Ex Order 26.4(b)(1)} use daily as follows:</p>	F 700			

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F 700	<p>Continued From page 43</p> <ul style="list-style-type: none"> - "NJ Ex Order 26.4(b)(1) every Shift." Start date [redacted] - "NJ Ex Order 26.4(b)(1) WHILE IN BED EVERY SHIFT." Start date [redacted] <p>Review of R28's record revealed R28's did not have a [redacted] assessment for the [redacted] use. There was no documentation that the risks and benefits education was provided to the legal representative and the consent were obtained.</p> <p>During an interview on 03/07/25 at 5:08 PM, the [redacted] stated there was no consent for the [redacted] use. The [redacted] stated the facility had changed from a different EMR software to the current one a while ago; she was not aware the new EMR software did not have a process to obtain consent and assessments for [redacted] use. The [redacted] stated the [redacted] assessment for [redacted] should be done upon admission, readmission, and quarterly.</p> <p>3. Review of R124's "Admission Record" from the EMR "Profile" tab revealed a facility admission date of [redacted] with medical diagnoses including [redacted].</p> <p>Review of R124's annual and quarterly "MDS" with ARDs of [redacted] and [redacted] showed a BIMS score of [redacted] indicative of the [redacted] due to [redacted].</p> <p>Observation of R124's bed on 03/05/25 at 10:19 AM showed [redacted]. The resident was not in bed at this time.</p> <p>Review of R124's EMR "Assessments" and "Miscellaneous" tabs did not show any documented evaluation for the need or safe use</p>	F 700			

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F 700	<p>Continued From page 44</p> <p>for [REDACTED] Review of R124's EMR "Progress Notes" did not reveal any documentation of [REDACTED] evaluation or risk/benefit discussion with R124's RR.</p> <p>During an interview on 03/07/25 at 3:10 PM, LPN2 stated "Whenever [R124] is in bed, [REDACTED] has the [REDACTED] in place because [REDACTED] uses them for [REDACTED] and to [REDACTED] and to [REDACTED]. [REDACTED] is able to do that [REDACTED]. Also present, LPN4 stated, [REDACTED] [REDACTED]. The [REDACTED] goes [REDACTED] demonstrated by LPN2 to show it goes in the [REDACTED] but the [REDACTED] [REDACTED]."</p> <p>During an interview on 03/07/25 at 4:21 PM, the [REDACTED] stated, "The [REDACTED] evaluations are not done. During the switch [named former and current EMR systems] somehow the [REDACTED] evaluations aren't triggering. I believe the nurses are doing them, there is just no place to document it. Unable to find any consent form for [R124]."</p> <p>Review of the facility's policy titled, "Use of Side Rails," dated 01/23/25, revealed: "Policy: To Provide for the safe and appropriate utilization of side rails. Procedure 1. Side rail Evaluation template shall be completed for all Admissions, Re-admissions, and as needed. 2. Side Rail Evaluation template may be completed by a licensed nurse . . . 4. Appropriate type of side rail shall be indicated on the assessment form. 5. Informed consent shall be obtained from the resident/responsible party . . ."</p>	F 700		

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F 700	Continued From page 45 7. Re-evaluation for appropriateness of side rail shall be completed Quarterly 8. IDT shall determine if the use of side rail is considered a restraint."	F 700			
F 755 SS=D	NJAC 8:39-27.1(a) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755		5/15/25	

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F 755	<p>Continued From page 46</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the facility failed to ensure medications for return to the pharmacy were kept in a secure location. An inventory had not been completed for those medications to ensure what medications were to be returned to the pharmacy. This failure put residents at risk of accessing and taking those medications not prescribed to them by a physician.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Discarding, Destroying Medication" revised 01/25/25, indicated, ". . . individual resident medications supplied in sealed unopened containers may be returned to the issuing pharmacy for disposition provided that: b. All such medications are identified as to lot or control number: and c. The receiving Pharmacist and a Registered Nurse (RN) employed by the facility sign a separate log that lists the resident's name; the name, strength, prescription number (if applicable) and amount of the medication returned; and the date the medication was returned."</p> <p>Review of the facility's policy titled, "Storage of Medication" revised 01/25/25, indicated, "The facility shall store all drugs and biologicals in a safe, secure, and orderly manner."</p> <p>Observation and interview on 03/05/25 at 11:25 AM revealed an approximately eight-gallon size bag of medications with four blister packs and a</p>	F 755	<p>PLAN OF CORRECTION: F755 SS=D Pharmacy services/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3).</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> • 1-1 in-service provided to U.S. FOIA (b) (6) by staff educator and DON regarding policy on medication storage and medications needing to be returned to pharmacy • Nursing staff were in-serviced by staff educator regarding policy on medication storage in secured areas and medications needing to be returned to pharmacy. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> • No other residents were affected by this deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> • Nursing staff will receive in-service by staff educator within 30 days regarding the policy on medication storage in secured areas including medications needing to be returned to pharmacy. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> • DON/Designee will randomly audit all medication rooms and nursing units to ensure all medication is stored properly 		

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F 755	<p>Continued From page 47</p> <p>box of nebulizer medication on top of the bag under the nurse's desk. During an interview at this time, Licensed Practical Nurse (LPN) 3 stated, "They were there for the pharmacy to pick up." When questioned about the process for disposal of those medications, LPN3 stated the night nurse had started the process by bringing them out, but did not finish as there was no "Discontinued Medication Form" which listed the medications and quantity completed. LPN3 agreed at times there were no staff at the nurses' station, and the medications would have been accessible for the residents, staff, and/or visitors.</p> <p>During an interview on 03/05/25 at 12:30 PM, the U.S. FOIA (b) (6) revealed the process for sending medications back to the pharmacy was to take the sticker off the medication label, the sticker contained the resident's name and the name of the medication. That would then be attached to the "Discontinued Medication Form" with the quantity of medications being returned to the pharmacy. That form would then be put with the medications. The medications should have been stored in the locked medication storage room.</p> <p>During an interview on 03/05/25 at 12:43 PM, the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) confirmed the medications left under the desk had not been secured as stated in the policy. They said the process had been started to get the medications ready to be sent back to the pharmacy, but had not been completed, and the medications had been left at the nurse's station.</p> <p>Review of the "Discontinued Medication Form" filled out after the observation revealed the bag contained the following medications: fluorocort (a</p>	F 755	<p>weekly x 4 weeks, monthly x 2 then quarterly x2.</p> <ul style="list-style-type: none"> Audit findings will be reported to QA committee quarterly 		

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F 755	Continued From page 48 corticosteroid) 0.1 milligram (mg) 15 tablets, amlodipine (treats high blood pressure) 2.5 mg 29 tablets, folic acid 800 micrograms (mcg) 36 tablets, midodrine (treats low blood pressure) 5 mg 116 tablets, sitaliipin (medication to lower blood sugar) 25 mcg 2 tablets, pentoxifylli (treats poor circulation) 400 mg extended release (ER) 22 tablets, calcacetate 667 mg 53 capsules, furosemide (a diuretic) 20 mg 15 tablets, acyclovir (antiviral medication) 800 mg 1 tablet, atorvastatian (lowers cholesterol) 80 mg 8 tablets, gabapentin (an anticonvulsant) 100 mg 59 capsules, vitamin d-4 5000 units 12 tablets, Eliquis (a blood thinner) 5 mg 15 tablet, levothyroxine (a thyroid medication)100 mcg 6 tablets, benzonatate (cough medicine) 100 mg 19 capsules, omeprazole 40 mg 3 capsules, midodrine 10 mg 29 tablets, levothyroxine 137 mcg 10 tablets, sertraline (an antidepressant)100 mg 23 tablets, janumet (diabetes medication) 50-500mg 29 tablets, ipratropium/albuterol (used to treat symptoms of lung disease) 50 pre-filled single use vials, cephalexin (an antibiotic) 500 mg 1 capsule, metoprolol (blood pressure medication) 25 mg 29 tablets, lactulose solution (used to treat constipation)473 milliliters (ml), and ibuprofen 100mg/5ml 473 ml.	F 755			
F 758 SS=E	NJAC 8:39-5.1(a) NJAC 8:39-29.4(h) Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following	F 758		5/15/25	

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

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FORM APPROVED
OMB NO. 0938-0391

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F 758	<p>Continued From page 49</p> <p>categories:</p> <ul style="list-style-type: none"> (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be</p>	F 758			

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F 758	<p>Continued From page 50</p> <p>renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and policy review, the facility failed to ensure medication efficacy was monitored and failed to ensure PRN (as needed) medications had a stop date including a rationale for continuing the PRN medication beyond 14 days for eight of eight residents (Resident (R) 23, R28, R38, R42, R60, R61, R138, and R142) reviewed for unnecessary and/or medications from a total survey sample of 34 residents. This failure had the potential to affect the ability for a physician to prescribe the lowest possible effective dose of medication.</p> <p>Findings include:</p> <p>1. Per R28's undated "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the facility admitted the resident on with diagnoses which included () and ().</p> <p>Review of R28's quarterly "Minimum Data Set (MDS)" with an assessment reference date (ARD) of and located in the resident's EMR under the "MDS" tab revealed the facility assessed that the resident did not exhibit or symptoms. R28 received and medication.</p>	F 758	<p>PLAN OF CORRECTION: F758 SS=E Free from unnecessary Psychotropic Meds/PRN Use. CFR(s): 483.45(c) (3)(1)-(5)</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> Nursing staff in-serviced by staff educator on medication policy to include documentation of medication, monitoring of medication efficacy, ensure PRN (as needed) medications have a stop date and a rationale for continuing the PRN medication beyond 14 days. medication for R23, R28, R38, R42, R60, R61, R138 and R 142 re-evaluated to include medication for every medication ordered. PRN medication for R 38, R42 and R61 reviewed with practitioner to include stop date of medication and rationale for extended use of medication. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents with psychotropic medications have the potential to be affected by this deficient practice. 		

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F 758	Continued From page 51 Review of R28's "Care Plan Report" located in the residents' EMR under the "Care Plan" tab, included a care plan for "NJ Ex Order 26.4(b)(1) drug use Detail: Potential NJ Exec Order 26.4b1 from NJ Ex Order 26.4(b)(1) drug use secondary to the use of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) medications," initiated NJ Ex Order 26.4(b)(1). The care plan included the interventions as follows: - "Administer medication per order." - "Always approach in a NJ Ex Order 26.4(b)(1) manner. Attempt to NJ Exec Order 26.4b1 . Provide NJ Ex Order 26.4b1 that resident is NJ Ex Order 26.4b1 Allow to NJ Exec Order 26.4b1 . Assist with NJ Ex Order 26.4b1 ." - "Assess for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) ." - "Attempt to identify any NJ Ex Order 26.4(b)(1) or contributing factors to NJ Ex Order 26.4(b)(1) . Educate staff as able to avoid these NJ Ex Order 26.4(b)(1) as much as possible." - "Encourage to NJ Exec Order 26.4b1 ." - "Monitor for NJ Exec Order 26.4b1 of Med [medication]." - "Monitor for any contributing factors to NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) ." - "Monitor for S/S [signs and symptoms] NJ Ex Order 26.4(b)(1) (NJ Ex Order 26.4(b)(1)) ." - "Monitor for NJ Exec Order 26.4b1 of med." - "Monitor for: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b1 in NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4b1 NJ Ex Order 26.4(b)(1) ." - "Prior to beginning, explain all TX [treatment] /or procedures in a NJ Ex Order 26.4b1 ." - "Provide safety measures at all times."	F 758	MEASURES PUT IN PLACE: • Nursing staff will receive in-service by staff educator within 30 days on psychotropic medication policy to include documentation of target behavior for each psychotropic medication, monitoring of psychotropic medication efficacy, ensure PRN (as needed) antianxiety medications have a stop date and a rationale for continuing the PRN medication beyond 14 days. • All residents with psychotropic medications will be assessed for target behaviors specific to each antipsychotic medication and will be added to their care plan with measurable goals accordingly. • Pharmicare representatives will review residents with psychotropic medications monthly to ensure target behavior is documented, PRN psychotropic medications have a stop date and rationale for extension of use. • Unit managers will review all residents using psychotropic medications to ensure documentation of target behavior, duration of PRN use and rationale for extension of PRN use during monthly psychotropic assessments and as needed. • Physicians will receive in-service by staff educator within 30 days to ensure PRN (as needed) antianxiety medications have a stop date including a rationale for continuing the PRN medication beyond 14 days. MONITORING OF MEASURES: • DON/Designee will randomly review 5 residents receiving psychotropic		

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F 758	<p>Continued From page 53</p> <p>NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)."</p> <p>R28's medication "Administration Report" for order range NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1), documented R28 received NJ Ex Order 26.4(b)(1) medication and related monitoring by physician's order as follows:</p> <ul style="list-style-type: none"> - 'NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth one time a day for NJ Ex Order 26.4(b)(1) identify and monitor the NJ Ex Order 26.4(b)(1) exhibited for NJ Ex Order 26.4(b)(1) Start date NJ Ex Order 26.4(b)(1) - 'NJ Ex Order 26.4(b)(1) by mouth one time a day for NJ Ex Order 26.4(b)(1) -give 3 tabs [tablets]= NJ Ex Order 26.4(b)(1) Start date NJ Ex Order 26.4(b)(1). - "Observe potential side effects of NJ Ex Order 26.4(b)(1) change in NJ Ex Order 26.4(b)(1) <p>DOCUMENT IN PROGRESS NOTE IF OBSERVED. every shift." Start date NJ Ex Order 26.4(b)(1).</p> <ul style="list-style-type: none"> - "Observe potential side effects of NJ Ex Order 26.4(b)(1) MEDS: NJ Ex Order 26.4(b)(1) <p>DOCUMENT IN PROGRESS NOTE IF OBSERVED. every shift</p> <p>DOCUMENT IN PROGRESS NOTE IF OBSERVED." Start date NJ Ex Order 26.4(b)(1).</p> <ul style="list-style-type: none"> - NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) every shift Document NJ Ex Order 26.4(b)(1) in progress notes every 	F 758		

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F 758	<p>Continued From page 54 shift" Start date [redacted].</p> <p>Review of R28's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed that the facility combined two [redacted] and [redacted] into one monitoring category for two different [redacted]: [redacted] and [redacted]. It was unclear which [redacted] were associated with the use of [redacted] and which were linked to [redacted]. Additionally, the [redacted] did not record the number of [redacted] episodes observed during each shift. There was no documentation indicating the [redacted] as the nurse practitioner's "ASSESSMENT/PLAN" were offered to R28.</p> <p>During an interview on 03/07/25 at 10:46 AM, the U.S. FOIA (b) (6) [redacted] reviewed R28's records and stated that the facility had combined the monitoring of [redacted] for [redacted] and [redacted] medications, and the [redacted] had not been offered. The [redacted] further stated the [redacted] and [redacted] would be separated by medication type and included in the care plan.</p> <p>2. Per R23's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed the facility admitted the resident on [redacted] with diagnoses which included [redacted] and [redacted].</p> <p>Review of R23's admission "MDS" with ARD of [redacted] and located in the resident's EMR under the "MDS" tab revealed the facility assessed that</p>	F 758			

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F 758	<p>Continued From page 55</p> <p>the resident did not exhibit [redacted] or [redacted] symptoms. R23 received [redacted] medication.</p> <p>Review of R23's "Care Plan Report" located in the resident's EMR under the "Care Plan" tab, included a care plan for [redacted] drug use Detail: Potential [redacted] from [redacted] drug use secondary to the use of x [redacted] initiated [redacted]. The care plan included the interventions as follows:</p> <ul style="list-style-type: none"> - "Administer medication per order." - "Always approach in a [redacted] manner. Attempt to build a [redacted]. Provide [redacted] that resident is [redacted]. Allow to [redacted]. Assist with [redacted]." - "Assess for [redacted]." - "Attempt to anticipate needs to [redacted]. Attempt to [redacted] as able. Attempt to identify [redacted] to [redacted] educate staff to [redacted] these areas." - "Attempt to identify any [redacted] or contributing factors to [redacted] changes. Educate staff as able to [redacted] these [redacted] as much as possible." - [redacted] consult as needed." - "Encourage to [redacted]." - "Evaluate effectiveness and side effects of medications for possible decrease/elimination of [redacted] drugs." - "Monitor for [redacted] of Med." - "Monitor for any contributing factors to [redacted] [redacted] [redacted]." - "Monitor for [redacted] [redacted] [redacted]." - "Monitor for [redacted] [redacted]." 	F 758			

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F 758	<p>Continued From page 56</p> <p>NJ Ex Order 26.4(b)(1) _____."</p> <p>"Intervention indicated with NJ Exec Order 26.4b1 measure that is effective. Keep MD [medical doctor] informed of concerns."</p> <p>- "Monitor for NJ Exec Order 26.4b1 of med."</p> <p>- "Notify physician of NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) related to dosage change."</p> <p>- "Prior to beginning, explain all TX [treatment] /or procedures in a NJ Exec Order 26.4b1."</p> <p>- "Provide patient education to risks and benefits of medications as needed."</p> <p>- "Provide safety measures at all times."</p> <p>- "Reduce NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1"</p> <p>- "Report to physician signs of NJ Exec Order 26.4 reaction such as NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)."</p> <p>R23's "Care Plan Report" included a care plan for NJ Exec Order 26.4b1, "initiated NJ Ex Order 26.4(b)(1), including the interventions as follows:</p> <p>- "Monitor for signs / symptoms of NJ Ex Order 26.4(b)(1)"</p> <p>- "Evaluate NJ Ex Order 26.4(b)(1)."</p> <p>R23's "Care Plan" did not include interventions to what NJ Exec Order 26.4b1 NJ Ex was treating for NJ Ex Order 26.4(b)(1) medication use. And what NJ Exec Order 26.4b1 the staff would offer if the NJ Exec Order 26.4b1 were observed.</p> <p>R23's NJ Exec Order 26.4b1 Progress Note" located in the residents' EMR under the "Prog Note" tab, included a nurse practitioner's NJ Ex Order 26.4(b)(1) follow up" note, dated NJ Ex Order 26.4(b)(1) of "Clinical signs and NJ Exec Order 26.4b1 NJ Ex Order 26.4(b)(1),"</p>	F 758		

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F 758	<p>Continued From page 57</p> <p>NJ Ex Order 26.4(b)(1) ...ASSESSMENT/PLAN ...Always consider supportive and individualized NJ Exec Order 26.4b1 _____, inc [include] NJ Ex Order 26.4(b)(1) _____ "</p> <p>R23's medication "Administration Report" for order range NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) documented R23 received NJ Ex Order 26.4(b)(1) medication and related monitoring by physician's order as follows:</p> <p>- NJ Ex Order 26.4(b)(1) _____) Give NJ Ex Order 26.4(b)(1) by mouth one time a day for NJ Ex Order 26.4(b)(1) Start date NJ Ex Order 26.4(b)(1)</p> <p>- NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth at bedtime for NJ Ex Order 26.4(b)(1) Start date NJ Ex Order 26.4(b)(1)</p> <p>- "Observe potential side effects of NJ Ex Order 26.4(b)(1) MEDS: NJ Ex Order 26.4(b)(1)</p> <p>UNEXPECTED SIDE EFFECTS: NJ Ex Order 26.4(b)(1)</p> <p>DOCUMENT IN PROGRESS NOTE IF OBSERVED every shift." Start date NJ Ex Order 26.4(b)(1)</p> <p>- NJ Exec Order: NJ Ex Order 26.4(b)(1)</p> <p>every shift Document behavior in progress notes every shift." Start date NJ Ex Order 26.4(b)(1)</p> <p>- NJ Ex Order 26.4(b)(1)</p>	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
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F 758	<p>Continued From page 58</p> <p>(NJ Ex Order 26.4(b)(1)) by mouth every 12 hours as needed for (NJ Ex Order 26.4) for 90 Days." Start date (NJ Ex Order 26.4(b)(1)). The medication "Administration Report" documented R23 received on (NJ Ex Order 26.4(b)) at 10:17 PM.</p> <p>A review of R23's entire EMR revealed that the facility did not monitor (NJ Ex Order 26.4(b)(1)) for (NJ Ex Order 26.4(b)(1)) use to treat (NJ Ex Order 26.4(b)(1)). It was unclear which (NJ Exec Order 26.4b1) were associated with the use of (NJ Ex Order 26.4(b)(1)) and which were linked to (NJ Ex Order 26.4(b)(1)). Additionally, the (NJ Ex Order 26.4(b)(1)) (NJ Exec Order 26.4b1) did not record the number of (NJ Ex Order 26.4(b)) (NJ Exec Order 26.4b1) observed during each shift. There was no documentation indicating the (NJ Exec Order 26.4b1) as the nurse practitioner's "ASSESSMENT/PLAN" was offered to R23.</p> <p>During an interview on 03/07/25 at 10:46 AM, the (U.S. FOIA (b)) reviewed R23's records and stated that the facility had combined the monitoring of (NJ Exec Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)) for (NJ Ex Order 26.4(b)(1)) and (NJ Ex Order 26.4(b)(1)) medications, and the (NJ Exec Order 26.4b1) (U.S. FOIA (b)) had not been offered. The (U.S. FOIA (b)) stated if (NJ Ex Order 26.4(b)(1)) medication were used to treat (NJ Ex Order 26.4(b)(1)) the (NJ Exec Order 26.4b1) would be monitored. The (U.S. FOIA (b)) further stated the (NJ Exec Order 26.4(b)(1)) (U.S. FOIA (b)) and (NJ Exec Order 26.4b1) would be separated by medication type and included in the care plan.</p> <p>3. Review of R60's undated "Admission Record" from the electronic medical record (EMR) under the "Profile" tab showed a facility admission date of (NJ Ex Order 26.4(b)(1)) with medical diagnoses that included (NJ Ex Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)) (NJ Ex Order 26.4(b)(1)), and (NJ Ex Order 26.4(b)(1))</p>	F 758			

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F 758	<p>Continued From page 59 affect.</p> <p>Review of R60's "Order Summary" from the EMR under the "Orders" tab revealed physician orders for:</p> <p>-NJ Ex Order 26.4(b)(1) _____) each morning and bedtime for _____ disorder, ordered _____</p> <p>-NJ Ex Order 26.4(b)(1) _____ daily for _____ start _____</p> <p>-NJ Ex Order 26.4(b)(1) _____ three times a day for _____ disorder ordered _____</p> <p>_____ monitor for _____ of care every shift and document if _____ observed in progress notes every shift, ordered _____</p> <p>-Observe potential side effects of _____ change in _____</p> <p>_____ . Document in progress note if observed every shift</p> <p>-Observe potential side effects of _____ meds: _____</p> <p>_____ Document in progress notes if observed every shift. Document in progress note if _____ observed.</p> <p>-Observe potential side effects of _____ meds: _____</p>	F 758			

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F 758	<p>Continued From page 60</p> <p>NJ Ex Order 26.4(b)(1). Document in progress note if observed.</p> <p>Review of R60's "Care Plan" located in the EMR under the "Care Plan" tab revealed focus areas for:</p> <p>-NJ Ex Order 26.4(b)(1) behavior related to (nothing added); initiated on NJ Ex Order 26.4(b)(1)</p> <p>-The resident uses NJ Ex Order 26.4(b)(1) medications related to NJ Exec Order 26.4b1; initiated on NJ Ex Order 26.4(b)(1)</p> <p>Further review of the "Care Plan" revealed interventions to monitor for NJ Ex Order 26.4(b)(1) medication side effects, however, no NJ Exec Order were identified for each NJ Ex Order 26.4(b)(1) medication to enable efficacy monitoring.</p> <p>4. Review of R138's undated "Admission Record" from the EMR under the "Profile tab" showed a facility admission date of NJ Ex Order 26.4(b)(1) with medical diagnoses that included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R138's "Order Summary" from the EMR under the "Orders" tab revealed:</p> <p>-NJ Ex Order 26.4(b)(1) twice a day for NJ Exec Order, ordered NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) twice a day for NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) ordered NJ Ex Order 26.4(b)(1)</p> <p>-Observe potential side effects of NJ Ex Order 26.4(b)(1) meds: NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1). Document in progress note if observed every shift. Document in progress note if NJ Exec Order 26.4b observed, initiated NJ Ex Order 26.4(b)(1).</p> <p>-Observe potential side effects of NJ Ex Order 26.4(b)(1) meds: NJ Ex Order 26.4(b)(1)</p>	F 758		

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F 758	<p>Continued From page 61</p> <p>NJ Ex Order 26.4(b)(1) . Document in progress note if observed, initiated NJ Ex Order 26.4(b)(1) .</p> <p>NJ Exec Order 26.4b1 ; NJ Ex Order 26.4(b)(1)</p> <p>every shift Document NJ Exec Order 26.4b1 in progress notes every shift; ordered NJ Ex Order 26.4(b)(1) .</p> <p>Review of R138's "Care Plan" located in the resident's EMR under the "Care Plan" tab revealed no identified NJ Exec Order 26.4(b)(1) related to the use of the NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) medications to enable monitoring for medication efficacy.</p> <p>5. Review of R142's undated "Admission Record" from the EMR under the "Profile" tab showed a facility admission date of NJ Ex Order 26.4(b)(1) with medical diagnoses that included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) .</p> <p>Review of R142's "Order Summary" from the EMR under the "Orders" tab revealed: -NJ Ex Order 26.4(b)(1) three times daily for NJ Ex Order 26.4(b)(1) ordered NJ Ex Order 26.4(b)(1) three times a day for NJ Ex Order 26.4(b)(1) , ordered NJ Ex Order 26.4(b)(1) . -NJ Ex Order 26.4(b)(1) at bedtime for NJ Ex Order 26.4(b)(1) ordered NJ Ex Order 26.4(b)(1) twice a day for NJ Ex Order 26.4(b)(1) ordered NJ Ex Order 26.4(b)(1) . -Observe potential side effects of NJ Ex Order 26.4(b)(1) change in NJ Ex Order 26.4(b)(1) ;</p>	F 758			

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F 758	<p>Continued From page 62</p> <p>NJ Ex Order 26.4(b)(1)</p> <p>[REDACTED]</p> <p>[REDACTED]. Document in progress note if observed every shift.</p> <p>-Observe potential side effects of NJ Ex Order 26.4(b)(1) meds: NJ Ex Order 26.4(b)(1)</p> <p>[REDACTED]. Document in progress note if observed every shift. Document in progress note if NJ Ex Order 26.4b observed.</p> <p>-Observe potential side effects of NJ Ex Order 26.4(b)(1) meds: NJ Ex Order 26.4(b)(1)</p> <p>[REDACTED]. Document in progress note if observed every shift.</p> <p>NJ Exec Order 26.4b1: NJ Ex Order 26.4(b)(1)</p> <p>[REDACTED]</p> <p>every shift. Document behavior in progress notes every shift, ordered NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 03/07/25 at 10:35 AM regarding NJ Exec Order 26.4b1s for each NJ Ex Order 26.4(b)(1) medication, the U.S. FOIA (b) stated, "Right now, we do not have NJ Exec Order 26.4b1 for each medication."</p> <p>Review of the facility policy titled "Use of Psychotropic Medication," reviewed 01/23/25, revealed: " ...Procedure: 1. Psychotropic drug is any drug that affects brain</p>	F 758			

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F 758	Continued From page 63 activities associated with mental processes and behavior. These drugs include, but are not limited to drugs in the following categories: a. Anti-psychotic b. Anti-depressant c. Anti-anxiety; and d. Hypnotic 2. Diagnoses which may require antipsychotic medication use and do not require daily monitoring of target behaviors: a. Schizophrenia b. Schizo-affective disorder c. Delusional disorder d. psychotic mood disorders, including mania and depression with psychotic features e. acute psychotic episodes f. brief reactive psychosis g. Schizophreniform disorder h. atypical psychosis i. Huntington's disease j. Tourette's disorder k. organic mental syndromes (i.e., delirium, dementia, and other cognitive disorders) with associated psychotic and/or agitated behaviors which are causing the resident to exhibit behavior such as screaming, yelling, pacing, or to experience psychotic symptoms (hallucinations, paranoia, delusions) which may or may not be danger us to him/herself or others but are causing the resident distress or impairment in functional capacity. 2. Diagnoses which may require anxiolytic/sedative se and do not require daily monitoring of targeted behaviors: a. Generalized anxiety disorder b. Panic disorder c. Symptomatic anxiety that occurs in resident with another diagnosed psychiatric disorder 3. Sample targeted behaviors for antipsychotic	F 758			

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

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F 758	<p>Continued From page 64 medication or anxiolytic/hypnotics use:</p> <p>Wringing of hands Hitting Grabbing and hurting self or others Throwing objects Making strange noises Biting Disrobing Kicking Scratching Repetitive statements Tension Cursing Pushing others Assaultiveness [sic] Screaming continuously Yelling continuously Crying continuously Negativism Hallucinations If the targeted behaviors being monitored for antipsychotic medication use do not indicate the resident is harmful to self or others, the physician should document in his progress notes that the medication is needed to increase the functional status of the resident. . ."</p> <p>6. Review R38's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on [redacted] with diagnoses which included [redacted] and [redacted].</p> <p>Review of R38's "Care Plan," dated [redacted] and located in the resident's EMR under the "Care Plan" tab showed R38 was care planned for [redacted] such as [redacted].</p>	F 758			

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F 758	<p>Continued From page 65</p> <p>Review of R38's quarterly "MDS" with and ARD of [redacted] and located in the resident's EMR under the "MDS" tab showed the facility assessed R38 to have a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15 which indicated the resident was [redacted] NJ Ex Order 26.4(b)(1). The "MDS" also indicated the resident had other [redacted] NJ Ex Order 26.4(b)(1) symptoms NJ Exec Order 26.4b1.</p> <p>Review of R38's "Physician Order," dated [redacted] and located in the resident's EMR under the "Orders" tab showed to administer [redacted] NJ Ex Order 26.4(b)(1) by mouth every six hours as needed for [redacted] NJ Ex Order 26.4(b)(1). Further review showed no stop date along with rationale to continue as needed usage.</p> <p>7. Review of R42's undated "Admission Record," located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on [redacted] NJ Ex Order 26.4(b)(1) with diagnoses which included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of R42's "Care Plan," dated [redacted] NJ Ex Order 26.4(b)(1) and located in the resident's EMR under the "Care Plan" tab showed R42 was care planned with a [redacted] NJ Exec Order 26.4b of [redacted] NJ Ex Order 26.4b related to the usage or side effects of medication.</p> <p>Review of the R42's quarterly "MDS" with and ARD of [redacted] NJ Ex Order 26.4(b)(1) showed the facility assessed R42 to have a BIMS score of [redacted] out of 15 which indicated the resident was NJ Ex Order 26.4(b)(1) [redacted].</p> <p>Review of R42's "Physician Order," dated [redacted] and located in the resident's EMR showed to give NJ Ex Order 26.4(b)(1) by mouth every 12 hours as needed for [redacted] NJ Ex Order 26.4(b)(1). Further</p>	F 758			

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F 758	<p>Continued From page 66 reviewed showed no stop date.</p> <p>8. Review of R61's undated "Admission Record," located in the resident's EMR under the "Profile" tab showed R61 was admitted to the facility on [redacted] with diagnoses which included [redacted] and [redacted].</p> <p>Review of R61's annual "MDS" with an ARD of [redacted] showed the facility assessed R61 to have a BIMS score of [redacted] which indicated R61 [redacted] and was [redacted] NJ Exec Order 26.4b1 [redacted] NJ Ex Order 26.4(b)(1) [redacted]. R61 was assessed to have had [redacted] NJ Ex Order 26.4(b)(1) [redacted] such as [redacted] NJ Ex Order 26.4(b)(1) [redacted] during the assessment period.</p> <p>Review of R61's "Care Plan" dated [redacted] NJ Ex Order 26.4(b)(1) [redacted] and located in the resident's EMR under the "Care Plan" tab showed R61 had [redacted] NJ Ex Order 26.4(b)(1) [redacted] both [redacted] NJ Ex Order 26.4(b)(1) [redacted] towards staff and others.</p> <p>Review of R61's "Physician Orders," dated [redacted] NJ Ex Order 26.4(b)(1) [redacted] and located in the resident's EMR under the "Orders" tab showed to administer [redacted] NJ Ex Order 26.4(b)(1) [redacted] tablet by mouth every eight hours as needed for [redacted] NJ Ex Order 26.4 [redacted] for 60 days. Further review of the electronic record revealed no rationale on why to continue [redacted] NJ Ex Order 26.4(b)(1) [redacted] for 60 days.</p> <p>During an interview on 03/07/25 at 1:03 PM, when brought to the attention of the [redacted] U.S. FOIA (b)(1) [redacted] of the missing stop dates for R38's and R42's PRN [redacted] NJ Ex Order 26.4(b)(1) [redacted] the U.S. FOIA (b) (6) [redacted] confirmed there were no stop dates for the PRN [redacted] NJ Ex Order 26.4(b)(1) [redacted]. Further interview revealed the [redacted] U.S. FOIA (b)(1) [redacted] confirmed there was no rationale to continue past 14 days for R61's PRN ordered [redacted] NJ Ex Order 26.4(b)(1) [redacted].</p>	F 758			

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F 758	Continued From page 67 Review of the facility's policy titled "Use of Psychotropic Medication" revised 03/2019 showed " ...Psychotropic PRN [as needed] or Excluding antipsychotics. Time Limitations: 14 days ii. Exception: Order may be extended beyond 14 days if the physician believes it is appropriate to extend the order. iii. Physician should document that rational of the extended time period in the medical record and indicate the specific condition ..."	F 758			
F 803 SS=E	NJAC 8:39-5.1(a) NJAC 8:39-29.3 Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically; §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition	F 803		5/15/25	

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F 803	<p>Continued From page 68</p> <p>professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, menu review, interview, and facility policy, the facility failed to ensure residents who ate in the second-floor dining room received adequate portion sizes according to the menu. This failure had potential to cause hunger, weight loss, or malnutrition for the 28 residents, out a census of 158, who ate their meals in the second-floor dining room and had orders for [redacted] portions with [redacted] or [redacted] texture.</p> <p>Findings include:</p> <p>Review of the undated "Cedar Unit Assignment Sheet," provided on paper by the facility with the residents who ate in the second-floor dining room circled, revealed 15 residents ate in the second-floor dining room from the Cedar unit.</p> <p>Review of the undated "Maple Unit Assignment Sheet," provided on paper by the facility with the residents who ate in the second-floor dining room circled, revealed 17 residents ate in the second-floor dining room from the Maple unit.</p> <p>Review of the facility's "Diet Type Report," dated 03/07/25 and provided on paper by the [redacted] U.S. FOIA (b) (6), 31 of the 32 residents who ate in the second-floor dining room had orders for [redacted] portions at meals. Of those 31 residents, 14 received a [redacted] texture, 14 received a [redacted] texture. Additionally, two residents received a [redacted] texture and one received a [redacted] texture.</p>	F 803	<p>PLAN OF CORRECTION: F803 SS=E The facility was found to be non-compliant with ensuring standardized portion sizes for residents, potentially leading to inconsistencies in meal service.</p> <p>CORRECTIVE ACTION(S): Training & Standardization: " Mandatory refresher training for all dietary staff to complete a portion control in-service to be given by regional Food Service Director. " Post visual portion size guides in meal prep areas for easy reference. " Provide standardized measuring tools (scoops, ladles, cups) and enforce their use during meal preparation. Resident-Specific Adjustments: " Ensure all special dietary requests for larger or smaller portions are recorded in the resident's dietary profile, reflected on meal tickets and communicated to the kitchen staff.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE " All residents have the potential to be affected by the same deficient practice.</p> <p>MEASURES PUT IN PLACE:</p>		

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F 803	<p>Continued From page 69</p> <p>NJ Exec Order texture, and these meals were pre-plated in the kitchen. The 28 residents who received NJ Exec Order 26 or NJ Exec Order 26-4b diets had their meals plated at the steam table in the second-floor dining room.</p> <p>Review of the facility's "Fall/Winter Week 4" menu, provided on paper by the USF FORM revealed the following portion sizes for regular and chopped meals on Thursday lunch: -Mashed Potatoes: 1/2 cup (4 ounces (oz)) -California Blend Vegetables: 1/2 cup (4 oz)</p> <p>During an observation of lunch service at the steam table in the second-floor dining room on 03/06/25 beginning at 11:57 AM, Server (S) 1 served 2-oz. portions of mashed potatoes and 2-oz portions of California blend vegetables to 28 residents in the dining room. She did not use two scoops of each item to equal 4-oz. servings. In a concurrent interview, S1 confirmed her scoop sizes for the California vegetable blend and the mashed potatoes were both 2 oz. She stated she did not have any large scoops available on the second floor.</p> <p>Review of the facility's "Fall/Winter Week 4" menu, provided on paper by the USF FORM revealed the following portion sizes for regular and chopped meals on Friday lunch: -Rice Pilaf: 1/2 cup (4 oz) -Italian Green Beans: 1/2 cup (4 oz)</p> <p>During an observation of lunch service at the steam table in the second-floor dining room on 03/07/25 beginning at 12:16 PM, S1 confirmed her scoop sizes for the Italian green beans and rice pilaf were both 2 oz. She stated she tried serve a heaping scoop because she did not have any larger scoop sizes available. S1 did not use</p>	F 803	<p>" Assign kitchen supervisors to observe adherence to portioning guidelines. " Kitchen staff in serviced by Regional FSD from March 7th running thru March 11th. on policy of ensuring standardized portion sizes for residents " visual portion size guides in meal prep areas posted for easy reference to ensure compliance.</p> <p>MONITORING OF MEASURES: " FSD/Designee will randomly inspect 3 residents' trays for accuracy of portion size to ensure compliance, and protocol is in place weekly x 4 weeks, monthly x 2 then quarterly x2. " Audit findings will be reported to QA committee quarterly.</p>		

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

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

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F 803	<p>Continued From page 70</p> <p>two scoops of each item to equal 4-oz servings. In a concurrent interview, S1 stated the portion sizes documented on the menu should have been 4 oz.; however, she did not have 4-oz. scoops available.</p> <p>During an interview on 03/07/25 at 12:37 PM, the [U.S. FOIA] stated the kitchen had new 4-oz scoops available and he would provide some to the second-floor dining room. The [U.S. FOIA] stated S1 should have served a 4-oz portion of each starch and vegetable by either using a 4-oz scoop or using two 2-oz scoops. The [U.S. FOIA] stated some of the residents in the second -floor dining room preferred smaller portions, as larger portions could be overwhelming, but their diet orders were for regular portions. The [U.S. FOIA] stated he discussed this issue with the [U.S. FOIA (b) (6)], who told him the portion size called for on the menu should be served unless there was an order for small portions.</p> <p>During an interview on 03/07/25 at 4:04 PM, the [U.S. FOIA] stated the issue of preferences of small portions had not been discussed with her and stated the portion size as documented on the menu should be served to meet calculated nutritional needs.</p> <p>Review of the facility's undated policy titled, "Proper Portion Sizes" revealed, "All meals served in the dietary department shall adhere to standardized portion sizes to maintain consistency, meet dietary guidelines, and control food costs. Staff members responsible for meal preparation and service must use standardized measuring tools (such as portion scoops, ladles, etc.) to ensure accuracy . . . The following portion sizes</p>	F 803			

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F 803	Continued From page 71 shall be adhered to for all resident meals: . . . Starches (Potatoes, Rice, Pasta, Grains, etc.) - 4 oz at both lunch and dinner . . . Cooked or Marinated Vegetables - 4 oz per serving."	F 803			
F 812 SS=E	NJAC 8:39-17.2 Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to ensure nine cartons of milk were not expired. Though the milk was discarded prior to meal service, the potential receipt of expired milk by nine residents placed these residents at risk of foodborne illness.	F 812	PLAN OF CORRECTION: F812 SS=E The facility was found to be non-compliant with ensuring food items were stored in accordance with professional standards for food safety service. CORRECTIVE ACTION(S):	5/15/25	

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F 812	<p>Continued From page 72</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on 03/04/25 at beginning at 10:42 AM, conducted along with the U.S. FOIA (b) (6) and U.S. FOIA (b) (6), the dairy refrigerator with ready-to-serve items prepared for lunch, located at the tray line in the meat kitchen, was observed. In the dairy refrigerator were eight cartons of milk with a "sell by" date of 02/17/25 and one carton of milk with a "sell by" date of 02/12/25. The U.S. FOIA and U.S. FOIA pulled out the nine expired milks from the refrigerator and discarded them.</p> <p>In a concurrent interview, the U.S. FOIA stated the milk cartons in the dairy refrigerator had been prepared for use during lunch service for residents who did not prefer a kosher diet. She stated a new shipment had just been received, so she was not aware any of the milks were expired and stated they should not be available on the tray line. The U.S. FOIA stated the milk shipment had just come in, so he did not understand why expired milks were being used, and stated the expired milks needed to be discarded.</p> <p>Review of the facility's undated policy titled, "Receiving and Inspecting Guidelines," revealed, "Rotation: Rotate stock to use older items first . . . Make a schedule to throw out food on a regular basis . . . FSD and Cooks check dates and leftovers daily."</p> <p>NJAC 8:39-17.2(g)</p>	F 812	<p>Training & Standardization:</p> <ul style="list-style-type: none"> All expired milk was discarded prior to meal service. All food service employees were in serviced on proper receiving and storage protocols. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Implement a competency checklist for all employees to demonstrate knowledge of FIFO (First In, First Out) stock rotation and temperature requirements. Require clear and standardized labels on all stored foods, including product name, received date, and use-by date. The FSD will oversee training with the employees for receiving and storage. Perform monthly internal audits and provide reports to management <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> FSD/Designee will randomly inspect storage areas daily for one week, and with 100% compliance go to weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 		
F 814 SS=F	Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4)	F 814		5/15/25	

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F 814	<p>Continued From page 73</p> <p>§483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to ensure dumpster lids were kept closed and trash was not on the ground in the dumpster area. This failure had the potential to cause pest infestation or spread of infection affecting all 158 residents.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on 03/04/25 beginning at 10:42 AM, conducted along with the U.S. FOIA (b) (6)) and U.S. FOIA (b) (6)), the three trash and one recycling dumpster were observed. The recycling dumpster lid and the lid of the middle trash dumpster were open. The front trash dumpster was over-filled with trash preventing the lid from closing all the way. There was trash on the ground around all the dumpsters. The U.S. FOIA began picking up trash next to the recycling dumpster and disposing of it in the dumpster. During a concurrent interview, the U.S. FOIA stated the trash was due for pick up today and confirmed the lid did not close and two dumpsters were open. The U.S. FOIA and U.S. FOIA left the dumpster area without closing the open lids.</p> <p>During an observation of the dumpster area on 03/07/25 at 12:12 PM, conducted along with the U.S. FOIA (b) (6) the three trash and one recycling dumpsters were open. There was a bag of cans on the ground next to the recycling dumpster. The U.S. FOIA stated the dumpsters were open and normally should be kept closed. The U.S. FOIA</p>	F 814	<p>483.60(i)(4) Dispose of Garbage and Refuse Properly</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> Trash that was on the floor was picked up and disposed of properly in the dumpster Kitchen staff in-serviced by Regional FSD on March 11 on facility policy regarding trash disposal, focusing on ensuring all dumpster lids are always closed and that there is no trash on the floor around the dumpsters. Housekeeping staff in-serviced on by Housekeeping Director on March 12 facility policy regarding trash disposal, focusing on ensuring all dumpster lids are always closed and that there is no trash on the floor around the dumpsters. <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents have the potential to be affected by this deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Kitchen and Housekeeping Directors will have on going in servicing of their respective departments to ensure compliance with facility policy. <p>MONITORING OF MEASURES:</p>		

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F 814	Continued From page 74 confirmed a bag of empty cans was on the ground and should have been placed inside the dumpster. During an interview on 03/07/25 at 12:37 PM, the [U.S. FOI] stated some of the kitchen staff were too short to reach the dumpster lid, so they typically left the lid open during the day for easy access and would ensure the lids were closed at the end of the day. The [U.S. FOI] stated he instructed the staff who could not reach to leave the bags of cans on the ground next to the dumpster to be put in at the end of the day. Review of the facility policy titled, "Maintaining a Clean and Sanitary Dumpster Area," dated 02/12/25, revealed, "No loose garbage or food waste should be left outside the dumpster . . . At the end of each kitchen shift, designated staff will inspect the dumpster area to ensure trash is properly contained [and] the area around the dumpster is free of debris and spills . . . Pest Control Measures: Keep the dumpster lids closed at all times to prevent pest entry." NJAC 8:39-19.7	F 814	<ul style="list-style-type: none"> FSD/Designee will conduct daily inspection of dumpster area for 2 weeks, then weekly x 4 weeks, monthly x 2 then quarterly thereafter. Housekeeping Director/Designee will conduct daily inspection of dumpster area for 2 weeks, then weekly x 4 weeks, monthly x 2 then quarterly thereafter. Audit findings will be reported to QA committee quarterly. 		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control	F 880		5/15/25	

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F 880	<p>Continued From page 75 program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct 	F 880			

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F 880	<p>Continued From page 76</p> <p>contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy, the facility failed to maintain an effective infection control and prevention program for one of four residents (Resident (R) 67) observed for NJ Ex Order 26.4(b)(1) out of 34 sampled residents. Licensed Practical Nurse (LPN) 7 failed to don the required personal protective equipment prior to providing care to R67 who was physician ordered U.S. FOIA (b) (6). The LPN also failed to perform hand hygiene when changing gloves during NJ Ex Order 26.4(b)(1) care. This failure placed the resident at an increased risk of developing a NJ Ex Order 26.4(b)(1) and/or place other residents at the risk for the transmission of infections.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Enhanced Barrier Precautions" revised 03/28/24 revealed ". . . Enhanced Barrier Precautions expanded the</p>	F 880	<p>PLAN OF CORRECTION: F880 SS=D Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>CORRECTIVE ACTION(S):</p> <ul style="list-style-type: none"> • Nursing staff were in-serviced by staff educator/Infection Preventionist regarding policy on Enhanced Barrier Precautions (EPB) policy and procedures. • Nursing staff were in-serviced by staff educator/Infection Preventionist and Wound Nurse on wound care policy and procedures. • 1-1 counseling on policy for EBP precautions and proper hand hygiene was done by staff educator/Infection Preventionist. Nursing skill assessment done to LPN7 for EBP, hand hygiene and wound care by staff educator/Infection Preventionist. 		

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F 880	<p>Continued From page 77</p> <p>use of PPE beyond situations in which exposure to blood and bodily fluid is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing examples of high-contact resident care activities requiring gown gloves and use for Wounds: chronic wounds . . . Examples of chronic wounds include, but are not limited to, pressure ulcer, diabetic foot ulcer, unhealed surgical wounds and venous stasis ulcer . . ."</p> <p>Review of R67's "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab medical record revealed R67 was admitted to the facility on [redacted] with diagnoses which included [redacted] NJ Ex Order 26.4(b)(1), and [redacted] NJ Ex Order 26.4(b)(1)</p> <p>Review of R67's "Care Plan," dated [redacted] NJ Ex Order 26.4(b)(1) and located in the resident's EMR under the "Care Plan" tab revealed ". . . [redacted] NJ Ex Order 26.4(b)(1) related to: [redacted] NJ Ex Order 26.4(b)(1), [redacted] NJ Ex Order 26.4(b)(1) [redacted] NJ Ex Order 26.4(b)(1) . . ."</p> <p>Review of R67's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [redacted] NJ Ex Order 26.4(b)(1) and located in the resident's ERM under the "MDS" tab showed R67 had a "Brief Interview for Mental Status (BIMS)" score of [redacted] NJ Ex out of 15 which indicated the resident was [redacted] NJ Ex Order 26.4(b)(1) Further revealed R67's assessment was captured for [redacted] NJ Ex Order 26.4(b)(1) on admission.</p> <p>Review of R67's "Physician Orders," dated [redacted] NJ Ex Order 26.4(b)(1) and located in the resident's EMR under</p>	F 880	<p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ul style="list-style-type: none"> All residents requiring Enhanced Barrier Precaution and Wound care have the potential to be affected by this deficient practice. <p>MEASURES PUT IN PLACE:</p> <ul style="list-style-type: none"> Nursing staff will receive in-service by staff educator/Infection Preventionist within 30 days on Enhanced Barrier Precautions (EPB) policy and procedures. Nursing staff will receive in-service by staff educator/Infection Preventionist within 30 days on wound care policy and procedures. Infection Preventionist will perform weekly monitoring to ensure proper precautions are followed. <p>MONITORING OF MEASURES:</p> <ul style="list-style-type: none"> DON/Designee will randomly review 5 residents with chronic wounds and with EBP precautions ordered to ensure nursing staff is following appropriate precautions weekly x 4 weeks, monthly x 2 then quarterly x2. Audit findings will be reported to QA committee quarterly. 	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 880	<p>Continued From page 78</p> <p>the "Orders" tab revealed " ... Place patient on NJ Ex Order 26.4(b)(1) due to [redacted] every shift for precaution will remain on [redacted] until NJ Ex Order 26.4(b)(1) ..." Further review showed an order for NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) every day and evening shift ..."</p> <p>Wound care observation on 03/06/25 at 11:41 AM in R67's room, showed LPN7 placed the resident's NJ Ex Order 26.4(b)(1) supplies on the resident's bed next to the resident's [redacted] directly on the bed NJ Ex Order 26.4(b)(1) between the bed and the NJ Ex Order 26.4(b)(1) supplies. Additionally, LPN7 did not don the PPE of a gown which was required when provided care to R67 who was on [redacted]. Continued observation revealed LPN7 with gloved hands removed the NJ Ex Order 26.4(b)(1) from R67's [redacted]. LPN7 then doffed her gloves which revealed the LPN had a second pair of gloves under the gloves she just doffed. The LPN then proceeded with the [redacted] care without performing any type of hand hygiene in between the glove change.</p> <p>During an interview on 03/06/25 at 11:45 AM, LPN7 confirmed using double gloves to [redacted]. LPN7 confirmed she did not use hand sanitizer after NJ Ex Order 26.4(b)(1) with the first pair of gloves and because her gloves were soiled, she did not remove the second pair of gloves to wash her hands. LPN7 confirmed she did not place [redacted] on the bed before laying the supplies down because R67 just received [redacted].</p> <p>During a telephone interview on 03/07/25 at 3:10 PM, LPN7 stated when asked if she wore PPE when providing care to a resident on [redacted] she</p>	F 880			

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F 880	Continued From page 79 stated "No. I did not wear PPE because we were in the rush of the moment. I just do the hand hygiene and come out." During an interview on 03/06/25 at 4:30 PM, Unit Nurse 3 stated it was her expectation LPN7 would have donned a gown when she provided wound care to R67 who was ordered [redacted] Unit Nurse 3 also stated "We are not taught to wear double gloves. We expect the nurses to use [redacted] when setting up equipment to provide [redacted] care." The Unit Nurse stated it was her expectation LPN7 would not have used double gloves when she provided [redacted] care, and she expected the LPN would have changed gloves and washed her hands in between the glove change. During an interview on 03/06/25 at 4:54 PM, the [redacted] (U.S. FOIA (b) (6)) stated she expected the nurses to wear PPE gowns when providing [redacted] care to a resident on [redacted] precautions.	F 880			
F 921 SS=E	NJAC 8:39-19.4 Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the facility's policy, the facility failed to ensure one of four soiled utility rooms (400 Unit) was maintained in a sanitary condition. This failure placed all residents on the 400 Unit at risk for not	F 921	PLAN OF CORRECTION: F921 SS=E 483.91(i) Other environmental Conditions CORRECTIVE ACTION(S): " The Housekeeping Director picked up	5/15/25	

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F 921	<p>Continued From page 80 having a safe and clean homelike environment.</p> <p>Findings include:</p> <p>Observation on 03/04/25 at 11:55 AM of the 400 Unit's soiled utility room revealed the soiled utility room had a bag of trash on the floor next to the trash receptacle.</p> <p>Observation on 03/05/25 at 9:48 AM of the 400 Unit's soiled utility room revealed, Housekeeper (HK) 1 placed a bag of trash on the floor next to the trash receptacle because the trash receptacle appeared full.</p> <p>Observation on 03/05/25 at 9:53 AM of the 400 Unit's soiled utility room revealed two bags of soiled laundry on the floor.</p> <p>During an observation and interview on 03/05/25 at 9:55 AM, the U.S. FOIA (b) (6) stated there was not supposed to be anything on the floor, it was not acceptable. The U.S. FO observed the laundry bin and stated it was not full and picked up the bags of soiled laundry and placed them in the laundry bin. The U.S. FO stated anytime housekeeping staff went into the soiled utility room, it was her expectation they check for laundry and trash being on the floor. The U.S. FO confirmed the</p> <p>Review of the facility's policy titled, "Basic Cleaning: Trash Removal" revised 03/2020 showed "...place bag (trash) in proper receptacle on utility cart or trash bin ..."</p> <p>NJAC 8:39-31.4(a)</p>	F 921	<p>the bags of soiled laundry and placed them in the laundry bin.</p> <p>" Housekeeping staff in-serviced by Housekeeping Director March 10 regarding placing trash in the trash receptacle and never on the floor.</p> <p>" Nursing staff in-serviced by ADON and Infection Control nurse on March 7 regarding placing soiled laundry in the laundry bin and never on the floor.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>" All residents on the unit had the potential to be affected by this deficient practice.</p> <p>MEASURES PUT IN PLACE:</p> <p>" Housekeeping staff in-serviced on Basic Cleaning-Trash Removal policy and procedures.</p> <p>" Nursing staff in-serviced on infection control policy and procedures.</p> <p>" Infection Preventionist will perform weekly monitoring to ensure proper procedures are followed.</p> <p>" Housekeeping Director will perform weekly monitoring to ensure proper procedures are followed.</p> <p>MONITORING OF MEASURES:</p> <p>" DON/Designee will randomly inspect/audit soiled utility rooms for compliance weekly x 4 weeks, monthly x 2 then quarterly thereafter.</p> <p>" Audit findings will be reported to QA committee quarterly</p>		

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315425	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2025	Y3
NAME OF FACILITY FOOTHILL ACRES REHABILITATION & NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0554 Reg. # 483.10(c)(7) LSC	Correction Completed 05/15/2025	ID Prefix F0558 Reg. # 483.10(e)(3) LSC	Correction Completed 05/15/2025	ID Prefix F0641 Reg. # 483.20(g) LSC	Correction Completed 05/15/2025
ID Prefix F0656 Reg. # 483.21(b)(1)(3) LSC	Correction Completed 05/15/2025	ID Prefix F0657 Reg. # 483.21(b)(2)(i)-(iii) LSC	Correction Completed 05/15/2025	ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 05/15/2025
ID Prefix F0677 Reg. # 483.24(a)(2) LSC	Correction Completed 05/15/2025	ID Prefix F0697 Reg. # 483.25(k) LSC	Correction Completed 05/15/2025	ID Prefix F0700 Reg. # 483.25(n)(1)-(4) LSC	Correction Completed 05/15/2025
ID Prefix F0755 Reg. # 483.45(a)(b)(1)-(3) LSC	Correction Completed 05/15/2025	ID Prefix F0758 Reg. # 483.45(c)(3)(e)(1)-(5) LSC	Correction Completed 05/15/2025	ID Prefix F0803 Reg. # 483.60(c)(1)-(7) LSC	Correction Completed 05/15/2025
ID Prefix F0812 Reg. # 483.60(i)(1)(2) LSC	Correction Completed 05/15/2025	ID Prefix F0814 Reg. # 483.60(i)(4) LSC	Correction Completed 05/15/2025	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 05/15/2025

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315425	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/15/2025	Y3
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0921	Correction				
Reg. # 483.90(i)	Completed				
LSC	05/15/2025				

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315425	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/15/2025	Y3
NAME OF FACILITY FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0657	Correction	ID Prefix F0677	Correction	ID Prefix	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.24(a)(2)	Completed	Reg. #	Completed
LSC	05/15/2025	LSC	05/15/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2025
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E 000	Initial Comments	E 000			
	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 03/04/25. The facility was found to be in compliance with 42 CFR 483.73.				
K 000	INITIAL COMMENTS	K 000			
	A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 03/04/25 and the facility was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.				
	Foothill Acres Rehabilitation and Nursing Center is a two-story building with a basement built in 2010. It is composed of Type II protected construction. The facility is divided into 13 - smoke zones. The generator powers approximately 100 % of the building per the Maintenance Director. The current occupied beds are 158 of 200.				
K 271 SS=F	Discharge from Exits CFR(s): NFPA 101	K 271		5/7/25	
	Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall				

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

TITLE

(X6) DATE

Electronically Signed

03/26/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 271	<p>Continued From page 1</p> <p>be a hard packed all-weather travel surface. 18.2.7, 19.2.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview, the facility failed to ensure three exterior exit discharges were made of hard packed all-weather travel surface in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.2.7. This deficient practice had the potential to affect all 158 residents and was evidenced by the following:</p> <p>Observations on 03/04/25 between 12:30 PM and 3:30 PM revealed three outside exit access doors leading away from the building had 1-inch by 1-inch fiberglass molded open grating used as a sidewalk to a public way.</p> <p>During an interview at the time of observation, the U.S. FOIA (b) (6) confirmed the 1-inch by 1-inch fiberglass molded open grating was used as a sidewalk to a public way.</p> <p>NJAC 8:39-31.2(e)</p>	K 271	<p>Recertification Survey: March 7, 2025</p> <p>Plan of Correction: K271 NFPA 101 Life Safety Code Standard 2012 Edition NFPA 80 SS=F Date of Completion: April 15, 2025</p> <p>Corrective Action(s): There was no harm to the residents due to the deficient practice. All three outside exit surfaces will be replaced by hard packed all-weather travel surfaces.</p> <p>Identifying Other Residents: All residents had the potential to be affected by the deficient practice.</p> <p>Measures Put Into Place: The Maintenance Dept had vendors visit facility on March 11 who provided quotes 3 days later to install hard packed all-weather travel surfaces. We selected the vendor that was able to accommodate our mandatory completion date. Root cause analysis revealed the Maintenance Dept was unaware of the NFPA Life Safety Code requiring hard packed all-weather travel surfaces by all exits . In-servicing of Maintenance personnel was held by Administrator re-educating staff of the requirement.</p> <p>Monitoring Measures: The Maintenance Director or designee will</p>		

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K 271	Continued From page 2	K 271	audit all exit surface areas to ensure the surfaces meet NFPA 101 Life Safety Code Standard 2012 Edition NFPA 80 monthly for 3 months then quarterly, with results of the audit to be brought to the QA Committee quarterly to ensure desired outcomes are met and sustained.		
K 351 SS=F	<p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Sprinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure a list of sprinklers used in the facility was in the spare sprinkler cabinet in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (2010 Edition) Section 6.2.9.7 and 6.2.9.7.1. This deficient practice had the potential to affect all 158</p>	K 351	<p>Recertification Survey: March 7, 2025</p> <p>Plan of Correction: K351 NFPA 101 Life Safety Code Standard 2012 Edition NFPA 13 SS=F Date of Completion: March 26, 2025</p>	4/28/25	

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NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 351	Continued From page 3 residents and was evidenced by the following: An observation on 03/04/25 at 12:18 PM of the spare sprinkler cabinet revealed the cabinet lacked a list of sprinklers that were used in the building. During an interview at the time of the observation, the U.S. FOIA (b) (6) confirmed that a sprinkler list was not present in the sprinkler cabinet. NJAC 8:39-31.1(c), 31.2(e) NFPA 25	K 351	Corrective Action(s): There was no harm to the residents due to the deficient practice. The missing list was replaced and is currently hanging in the spare sprinkler cabinet. Identifying Other Residents: All residents had the potential to be affected by the deficient practice. Measures Put Into Place: The Maintenance Dept had the vendor identify and itemize all sprinklers used in the facility and created the missing list. Root cause analysis revealed the Maintenance Dept was unaware of the NFPA Life Safety Code requiring the list. In-servicing of Maintenance personnel was held by the Administrator on March 11 reeducating staff of the requirement. Monitoring Measures: The Maintenance Director or designee will audit monthly for three months then quarterly to ensure the list is present and current to ensure the facility meet NFPA 101 Life Safety Code Standard 2012 Edition NFPA 13, with results of the audit to be brought to the QA Committee quarterly to ensure desired outcomes are met and sustained.		
K 918 SS=F	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source	K 918		4/16/25	

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	<p>Continued From page 4</p> <p>and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure a load bank test was completed on the diesel-powered emergency generator once every 36 months in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 8.4.9. This</p>	K 918	<p>Recertification Survey: March 7, 2025</p> <p>Plan of Correction: K918 NFPA 101 Life Safety Code Standard 2012 Edition NFPA 110 SS=F</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315425	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____		(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 918	<p>Continued From page 5</p> <p>deficient practice had the potential to affect all 158 residents and was evidenced by the following:</p> <p>A review of the facility's untitled generator reports dated for the years 2023 and 2024, provided by the facility revealed a three-year load bank test had not been completed for the diesel-powered emergency generator.</p> <p>During an interview on 03/04/25 at 12:45 PM, the U.S. FOIA (b) (6) confirmed the three-year load bank test had not been completed on the diesel-powered emergency generator.</p> <p>NJAC 8:39-31.2(e), 31.2(g) NFPA 99, 110</p>	K 918	<p>Date of Completion: April 15, 2025</p> <p>Corrective Action(s): There was no harm to the residents due to the deficient practice. The generator is scheduled to have the load bank test by our completion date. .</p> <p>Identifying Other Residents: All residents had the potential to be affected by the deficient practice.</p> <p>Measures Put Into Place: The Maintenance Dept received quotes from vendor March 10th to conduct the load bank test. We selected the vendor that was able to accommodate our mandatory completion date. Root cause analysis revealed the Maintenance Dept was unaware of the NFPA Life Safety Code requiring the once-in-36 months 4-hour load bank test. In-servicing of Maintenance personnel was held by the Administrator on March 11to reeducate staff of the requirement.</p> <p>Monitoring Measures: The Maintenance Director or designee will audit monthly for 3 months then quarterly, all required tests of the diesel powered generator to ensure the facility meets NFPA 101 Life Safety Code Standard 2012 Edition NFPA 80, with results of the audits to be brought to the QA Committee quarterly to ensure desired outcomes are met and sustained</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315425	Y1	MULTIPLE CONSTRUCTION A. Building 03 - FOOTHILL ACRES B. Wing	Y2	DATE OF REVISIT 5/15/2025	Y3
NAME OF FACILITY FOOTHILL ACRES REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 39 EAST MOUNTAIN ROAD HILLSBOROUGH, NJ 08844		

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0271	05/07/2025	LSC K0351	04/28/2025	LSC K0918	04/16/2025
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/7/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		