STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315524	A. BUILDING _____ B. WING _____	C 11/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COMPLAINT #: NJ00176792 CENSUS: 156 SAMPLE SIZE: 3 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 COMPLAINT VISIT.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580		12/20/24

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

Electronically Signed | 12/13/2024

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 580	Continued From page 1 is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint#: NJ00176792 Based on interviews, medical record review, and review of other pertinent facility documents on 11/19/2024, it was determined that the facility failed to notify a resident's physician of unavailable medication, follow facility policies regarding unavailable medication, and charting and documentation. This deficient practice was identified for 1 of 1 resident (Resident # 3) reviewed for physician notification. This deficient practice was evidence by the	F 580	Resident #3 no longer resides in the facility. All residents have the potential to be affected by this deficient practice. An audit was completed to ensure that the facility notifies the residents physician of any and all unavailable medications, following facility policy and procedure regarding unavailable medications, and charting and documentation. DON/designee will in-service all clinical	

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	315524	A. BUILDING _____ B. WING _____	C 11/19/2024

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LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

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F 580	Continued From page 2 following: According to the Admission Record (AR), Resident #3 was admitted to facility with diagnoses which included but were not limited to [redacted]. A review of the Resident #3's most recent Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], reflected the resident had a Brief Interview for Mental Status (BIMS) of [redacted] out of 15, which indicated the resident's cognition was [redacted]. A review of Resident #3's Order Summary Report revealed medication orders, with an order date of [redacted], that included but were not limited to the following: [redacted] with a start date of [redacted]. [redacted] in the morning for [redacted] with a start date of [redacted]. [redacted] with a start date of [redacted]. [redacted] a	F 580	staff on the facility's policy regarding missed medication process and there required time frame for notification of physician/NP-medical provider. The DON will audit all Medication Administration records daily x5, weekly x4 and monthly x3 to ensure that facility is properly notifying the resident's physician of unavailable medication(s), following the facility's policy and procedure regarding unavailable medication(s), and charting and documentation. Results of these audits will be reviewed monthly x3 to QAPI to identify any trends or areas for opportunity. The QAPI committee consists of the NHA, DON and Medial Director.	

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F 580	Continued From page 3	F 580		

day for [redacted] a start date of [redacted].

A review of Resident #3's Medication Administration Record (MAR) revealed that the Chart Code " 22" was entered on Resident #3's MAR for the following medication dose on [redacted]:

[redacted].

The Chart Code "22" was also entered on Resident #3's MAR for the following medications at 9:00 AM on [redacted]:

[redacted]

Further review of the MAR revealed that the Chart Code "22" was used to indicate "Drug/ Treatment Not Administered."

An interview was conducted with the [redacted]) on 11/18/2024 at 2:13 PM. The [redacted] confirmed that the code "22" on the MAR indicated that a drug or treatment was not administered.

An interview was conducted with a [redacted]) on [redacted] at 1:05 PM. The [redacted] stated that if a resident's ordered medications did not arrive from the pharmacy timely, the nurse should have checked the facility's Pyxis

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F 580	Continued From page 4	F 580		

(automated medication dispensing system) and then followed up with the pharmacy. The [US FOIA] stated that if a nurse was not able to obtain a medication there should have been a note in the MAR. The note in the MAR should have indicated why a medication was not given and that a provider was notified.

A review of Resident #3's Progress Notes (PN) on 11/18/2024 revealed Medication Administration Notes that read "awaiting delivery" or "awaiting phx (pharmacy)" for the unadministered doses of [NJ Ex Order 26.4b1] Further review of Resident #3's PN for [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1] revealed no documentation of provider notification of unavailable or unadministered medications.

During the interview conducted on 11/18/2024 at 2:13 PM, the [US FOIA (b)] stated that if a resident's medications were not available in the facility's Pyxis, the physician should have been notified. During a follow-up interview at 4:14 PM, the [US FOIA (b)] further stated that the resident's physician should have been notified of unavailable medications because an alternative medication may have been ordered. The [US FOIA (b)(6)] stated that it was their expectation that physician notifications should have been documented. The [US FOIA (b)] stated that they were unable to find documentation that a physician was notified of Resident #3's unavailable medications.

A review of the facility policy titled "Unavailable Medication," adopted June, 2021, showed "In the event that a medication ordered for a resident is

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F 580	Continued From page 5 noted to be unavailable near or at the time it is to be dispensed, nursing staff shall . . . Contact the pharmacy regarding the unavailable medication. . . Attempt to obtain the medication from the facility's automated medication dispensing system . . .Notify the physician of the unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy . . . or . . . Obtain a hold order for the unavailable medication." A review of the facility policy titled "Charting and Documentation", revised July 2017, showed "The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care." The policy further showed "Documentation of procedures and treatments will include care-specific details, including . . . notification of family, physician or other staff, if indicated." NJAC 8:39-29.2 (d)	F 580		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315524	A. Building B. Wing	12/26/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

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 F0580 Reg. # 483.10(g)(14)(i)-(iv)(15) LSC	Correction Completed 12/20/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
11/19/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO