

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

PRINTED: 10/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 000	INITIAL COMMENTS  COMPLAINT # NJ157751, NJ155889  CENSUS: 130  SAMPLE SIZE: 7  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	F 580			4/12/23

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

TITLE

(X6) DATE

Electronically Signed

03/28/2023

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	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§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).</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ155889</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 2/22/2023, 2/23/2023, and 3/2/2023, it was determined that the facility failed to notify Resident #7 or the Resident's responsible party that the Resident's Physical Therapy was discontinued on [REDACTED]. This deficient practice was identified for 1 of 7 residents (Resident #7) and was evidenced by the following:</p>	F 580	<p>-Resident #7 no longer resides at the facility.</p> <p>-All residents receiving therapy have the potential for this deficient practice. A comprehensive audit of current residents to validate the discharge plans of therapy needs will be completed by the Director of Rehab along with the Director of Nursing/designee to validate patient notification of discontinuation of therapy services. Any identified issues are addressed and corrected.</p>		

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F 580	<p>Continued From page 2</p> <p>A review of the Electronic Medical Record (MR) was as follows:</p> <p>According to the Admission Record (AR), Resident #7 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #7 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was cognitively intact. The MDS also showed Resident #7 needed extensive assistance with [REDACTED] assist for most Activities of Daily Living (ADLs). The MDS further revealed Resident #7 also required staff assistance when moving from a seated to a [REDACTED], [REDACTED] on and off the toilet, for a surface-to-surface transfer, and he/she uses a [REDACTED] or [REDACTED].</p> <p>A review of the "Physical Therapy PT Evaluation and Plan of Treatment" signed by the Physician on [REDACTED] showed a baseline PT evaluation was completed on [REDACTED]. According to the Evaluation and Plan of Treatment, Resident #5 required a PT "Frequency" of 5 (five) times/week and for a "Duration" of 4 (four) weeks. The Evaluation and Plan of Treatment also showed Resident #7 had a "Certification Period" from [REDACTED] through [REDACTED].</p> <p>A review of the Treatment Encounter Notes for [REDACTED] reveals that Resident #7 received Physical Therapy 4-5 times a week</p>	F 580	<p>-Director of Nursing and Director of Rehab will re-educate therapists and nurses on the Focus on F-tag 580 and the "Change in Condition" procedure for the need to notify resident/responsible party that the resident's therapy will be discontinued and the documentation that is required on or before the date of compliance.</p> <p>-Utilizing the "Admission, Transfer and Discharge Review" The Director of Physical Therapy/designee will audit residents with therapy discharge orders daily x5 and weekly x4 and monthly x3 to validate that the care plans accurately reflect the resident therapy discharge status. The Director of Rehab will report the results to the Quality Initiative committee. The Quality Initiative committee consists of the Administrator, Director of Nursing and the Medical Director.</p>		

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F 580	<p>Continued From page 3</p> <p>starting on [REDACTED] and ending on [REDACTED] However, there was no documentation in the Physical Therapy Encounter Notes that Resident #7's representative was notified that PT services had been discontinued.</p> <p>A review of the Physical Therapy Discharge Summary electronically signed by the Physical Therapy Assistant (PTA) and electronically co-signed by the Physical Therapist (PT) reveals that Resident #7 was discharged from PT on [REDACTED] for "Highest Practical Level Achieved." Nevertheless, they were no documentation in the discharge summary that the Resident or their representative was notified of the discharge.</p> <p>During an interview on 3/2/2023 at 4:00 p.m., the Director of Social Services (DSS) stated: "I notify the family when a resident is discharged from PT. When asked by the surveyor if this is documented in the Resident's medical record, she stated, "Yes, I document." During a second interview at 4:10 p.m., the DSS stated that Resident #7's representative should have been notified of discharge from Physical Therapy by the former Social Worker (SW, but, she could not provide any evidence of the notification from the former SW.</p> <p>At the time of the survey, the facility could not provide evidence that Resident #7' or his/her representative was notified of the Resident's discharge from PT.</p> <p>Review of the undated facility policy titled: Change in a Resident's Condition or Status under Policy Statement indicates: "Our facility promptly notifies the resident, his or her attending physician, and the resident representative of</p>	F 580			

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F 580	Continued From page 4 changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.)." Under Policy Interpretation and Implementation, the policy reveals: "5. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the Resident's medical/mental condition or status. [ ...] 11. A representative of the business office will notify the Resident, his/her family, or representative (sponsor), when: [ ...] b. there is a change in the Resident's level of care status."	F 580			
F 656 SS=D	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	F 656		4/12/23	

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F 656	<p>Continued From page 5</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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 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>Complaint#: NJ155889</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 2/22/2023, 2/23/2023, and 3/2/2023, it was determined that the facility failed to develop and implement a comprehensive care plan (CP) for a resident with a new diagnosis of [REDACTED] and a [REDACTED] for 1 of 7 residents (Resident #7). The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered." This deficient practice was evidenced by the following:</p>	F 656	<p>-Resident #7 no longer resides in the facility.</p> <p>-All residents with [REDACTED] and or [REDACTED] have the potential to be affected by this deficient practice. An audit was completed and updates to the care plan were identified as needed.</p> <p>-Licensed nurses will be educated by the Director of Nursing/designee on the Focus on F-tag 656 and how to develop and implement a comprehensive care plan for a resident with a new diagnosis of [REDACTED] and [REDACTED] care.</p> <p>-Utilizing the "[REDACTED]" and [REDACTED] QAPI tools, The Director of Nursing will audit residents</p>		

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F 656	<p>Continued From page 6</p> <p>A review of the Electronic Medical Record (MR) was as follows:</p> <p>According to the Admission Record (AR), Resident #7 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #7 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED]. The MDS also showed Resident #7 needed extensive assistance with one person's physical assist for most Activities of Daily Living (ADLs).</p> <p>A review of Resident #7's Progress Notes (PN) written by the Registered Nurse dated [REDACTED] at 4:51 a.m. revealed Resident #7 resting in bed, with no [REDACTED] even and [REDACTED] with [REDACTED] easily with [REDACTED].</p> <p>A review of Resident #7's PN, written by a Licensed Practical Nurse (LPN), dated [REDACTED] at 7:52 p.m., revealed: [REDACTED] was [REDACTED] with [REDACTED]. Follow-up [REDACTED] appt [appointment] 6/15. Continues on PO [oral] [REDACTED]; no adverse reaction noted.</p> <p>A review of the Comprehensive Care Plans initiated.... showed Resident #7 had CP in place for [REDACTED] [an [REDACTED]</p>	F 656	<p>with [REDACTED] and/or [REDACTED] daily x5, weekly x4 and monthly x3 to validate care plans accurately reflect the residents [REDACTED] and residents with [REDACTED]. The Director of Nursing will report the results to the Quality Initiative committee. The Quality Initiative committee consists of the Administrator, Director of Nursing, and Medical Director.</p>		

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F 656	<p>Continued From page 7</p> <p>██████████</p> <p>During an interview on 3/2/2023 at 3:00 p.m., in the presence of the Regional Clinical Nurse (RCN), the Director of Nursing (DON) stated that there was no care plan for Resident #7 for the ██████████ and that the care plan would include infection precautions. She further stated that the Nurse who wrote the Progress Note with the lab results should have initiated the care plan. She also stated that the Nurse was no longer working at the facility.</p> <p>During an interview on 3/2/2023 at 4:05 p.m., When the Surveyor asked who is responsible for implementing a Resident's CP, the Unit Manager (UM) stated that the UM, a nurse, or the Infection Preventionist writes the Care Plans for ██████████. Everyone [nurses] is responsible. She agreed there should have been a Comprehensive Care Plan for Resident #7's ██████████ and ██████████.</p> <p>During an interview on 3/2/2023 at 4:43 p.m., in the presence of the Regional Clinical Nurse (RCN) and the Regional Director of Operations, the Director of Nursing (DON) stated that the Unit Manager or Nurse on the unit initiated and wrote the Comprehensive Care Plan.</p> <p>A review of the facility policy titled "Care Plans, Comprehensive Person-Centered" with a Version Date 10/2022 revealed the following: Under "Policy Statement:" included "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Under "Policy Interpretation and</p>	F 656			



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F 656	Continued From page 8 Implementation: [ ...] The comprehensive, person-centered care plan includes measurable objectives and time frames, describes the services that are to be furnished to attain or maintain the Resident's highest practicable physical, mental, and psychosocial well-being, [ ...] reflects currently recognized standards of practice for problem areas and conditions. [ ...] Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the Resident's condition."	F 656			
F 842 SS=D	N.J.A.C.: 8.39-27.1 (a) Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 842			4/12/23

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F 842	<p>Continued From page 9</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services</p>	F 842			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 10</p> <p>provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ155889, NJ157751</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 2/22/2023, 2/23/2023, and 3/2/2023, it was determined that the facility failed to consistently complete the Resident's "Documentation Survey Report v2" for 2 of 7 Residents (Resident #2 &amp; #7) reviewed for Activities of Daily Living (ADLs). The facility also failed to follow its policies titled "Charting and Documentation," "Activities of Daily Living (ADLs), Supporting," and the "Certified Nursing Assistant" job description. This deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #2 was admitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an</p>	F 842	<p>-Residents #2 and #7 are no longer residents in the facility.</p> <p>-All residents have the potential to be affected by this deficient practice. A comprehensive review from 3.1.23-4.1.23 was completed by the Director of Nursing to validate Activities of Daily Living are being documented and completed.</p> <p>- Certified Nursing Aids will be educated on the "Activities of Daily Documentation" policy and process by the Director of Nursing/designee on or before the date of compliance.</p> <p>- Utilizing the "Staff Education" QAPI tool, The Director of Nursing and Nursing Leadership team will audit the ADL documentation every shift for 5 days, weekly x4 and monthly x3. The Director of Nursing will report the results to the Quality Initiative committee. The Quality Initiative Committee consist of the Administrator, Director of Nursing, and the Medical Director.</p>		

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F 842	<p>Continued From page 11</p> <p>assessment tool dated [REDACTED], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] indicating the Resident was [REDACTED]. The MDS also showed the Resident needed limited assistance with [REDACTED] physical assist with most Activities of Daily Living (ADLs) and is at risk for [REDACTED].</p> <p>The Resident uses a [REDACTED] for mobility.</p> <p>The Surveyor reviewed Resident #2's Documentation Survey Report v2 (DSR), an ADL care task provided to the Resident and documented by the Certified Nursing Assistants (CNAs) during their assigned shift. The DSR from [REDACTED], through [REDACTED], revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] dated 8/1/2022 through 8/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task</p>	F 842			

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F 842	<p>Continued From page 12</p> <p>was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and</p>	F 842			

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F 842	<p>Continued From page 13</p> <p>8/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - CNA [REDACTED], dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -</p>	F 842			

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F 842	<p>Continued From page 14</p> <p>██████████, dated 8/1/2022 through 8/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - ██████████ on Unit/in Hallway, dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - ██████████, dated 8/1/2022 through 8/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022,</p>	F 842			

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F 842	<p>Continued From page 15</p> <p>8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] [REDACTED] dated 8/1/2022 through 8/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] [REDACTED] dated 8/1/2022 through 8/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 8/3/2022, 8/6/2022, 8/12/2022, 8/21/2022, 8/22/2022, and 8/25/2022-8/28/2022; on the 3:00 p.m.-11:00 p.m. shift, on 8/3/2022, 8/5/2022, 8/10/2022, 8/12/2022, 8/13/2022, 8/15/2022, 8/20/2022-8/22/2022, 8/28/2022, 8/30/2022, and 8/31/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 8/2/2022, 8/4/2022, 8/9/2022-8/11/2022, 8/17/2022, 8/10/2022, 8/23/2022, 8/24/2022, 8/26/2022-8/29/2022, and 8/31/2022.</p>	F 842			



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F 842	<p>Continued From page 16</p> <p>The Surveyor reviewed Resident #2's DSR documented by the CNAs during their assigned shift. The DSR from September 1, 2022, through September 30, 2022, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] dated 9/1/2022 through 9/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 9/1/2022 through 9/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL -</p>	F 842			

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F 842	<p>Continued From page 17</p> <p>██████████, dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - ██████████, dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - ██████████, dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022,</p>	F 842			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 18</p> <p>9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - CNA [REDACTED], dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 9/1/2022 through 9/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
(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 842	<p>Continued From page 19</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] on Unit/in Hallway, dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 9/1/2022 through 9/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] [REDACTED] dated 9/1/2022 through 9/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022,</p>	F 842			

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F 842	<p>Continued From page 20</p> <p>9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 9/1/2022 through 9/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 9/2/2022, 9/3/2022, 9/16/2022-9/18/2022, 9/24/2022, 9/25/2022, and 9/29/2022; on the 3:00 p.m.-11:00 p.m. shift, on 9/1/2022, 9/2/2022, 9/6/2022, 9/8/2022, 9/10/2022, 9/11/2022, 9/16/2022-9/18/2022, 9/21/2022-9/23/2022, and 9/25/2022-9/30/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 9/1/2022, 9/2/2022, 9/11/2022, 9/12/2022, 9/15/2022, 9/18/2022, 9/20/2022, 9/27/2022, and 9/29/2022.</p> <p>2. According to the "Admission Record (AR)," Resident #7 was admitted on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>According to the MDS, dated [REDACTED], Resident #7 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED]. The MDS also showed Resident #7 needed extensive assistance with most Activities of Daily Living (ADLs). The MDS</p>	F 842			

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F 842	<p>Continued From page 21</p> <p>further reveals that Resident #7 was not steady and required staff assistance for moving from a seated to a [REDACTED] g on and [REDACTED], and surface-to-surface transfer. Resident #7 used a [REDACTED] for mobility and was at risk for [REDACTED].</p> <p>The Surveyor reviewed Resident #7's DSR documented by the CNAs during their assigned shift. The DSR from May 1, 2022, through May 31, 2022, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] dated 5/1/2022 through 5/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated</p>	F 842			

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F 842	<p>Continued From page 22</p> <p>the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - CNA [REDACTED], dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m.</p>	F 842			

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F 842	<p>Continued From page 23</p> <p>shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] on [REDACTED], dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p>	F 842			



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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 24</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] Use, dated 5/1/2022 through 5/31/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 5/1/2022 through 5/31/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 5/20/2022-5/24/2022 and 5/26/2022-5/30/2022; on the 3:00 p.m.-11:00 p.m. shift, on 5/19/2022, 5/20/2022, 5/28/2022, and 5/29/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 5/19/2022, 5/21/2022, 5/23/2022, and 5/28/2022.</p> <p>The Surveyor reviewed Resident #7's DSR documented by the CNAs during their assigned shift. The DSR from June 1, 2022, through June 30, 2022, revealed the following:</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] dated 6/1/2022 through 6/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022;</p>	F 842			

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

PRINTED: 10/20/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
(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 842	<p>Continued From page 25</p> <p>and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022;</p>	F 842			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 26</p> <p>and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - CNA [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022;</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
(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 842	<p>Continued From page 27</p> <p>and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED] on [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022 revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022,</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 28</p> <p>6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>A review of the DSR form used for ADL documentation of Intervention/Tasks, ADL - [REDACTED], dated 6/1/2022 through 6/30/2022, revealed blank spaces which indicated the task was not documented as follows: on the 7:00 a.m.-3:00 p.m. shift, on 6/2/2022, 6/4/2022, 6/5/2022, 6/7/2022/ 6/10/2022, and 6/15/2022; on the 3:00 p.m.-11:00 p.m. shift, on 6/1/2022, 6/4/2022-6/12/2022, 6/14/2022, and 6/15/2022; and on the 11:00 p.m.-7:00 a.m. shift, on 6/1/2022, 6/2/2022, 6/4/2022 - 6/6/2022, and 6/11/2022.</p> <p>During an interview on 2/23/2022 at 3:10 p.m., CNA #1, in the presence of CNA #2, stated that if there are gaps in the documentation, sometimes it means that the work was done and the CNA forgot to document or that the work was not done.</p> <p>During an interview on 2/23/2022 at 3:10 p.m., CNA #2, in the presence of CNA #1, stated that she documents in the computer, and if the slot is blank without initials, it was not done.</p> <p>During an interview on 2/23/2023 at 3:15 p.m., CNA #3 stated that not everyone [CNAs] documents their work because "they forget."</p> <p>During an interview on 2/22/2022 at 11:25 a.m., the Licensed Practical Nurse (LPN) stated that CNAs should round and see their assigned residents at least every two hours. After they do their assigned patient tasks, they should document in the POC (an electronic tablet) on the</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 29</p> <p>wall, stating that you don't know if the task was done if it is not documented.</p> <p>During an interview on 2/23/2022 at 12:05 p.m., the Director of Nursing (DON) stated that agency CNAs sometimes don't document because they don't know the password to the POC. She said she fired two CNAs yesterday for refusing to do their tasks. If there is a gap in the documentation, they should put a code for refusal or tell the nurse to write a note.</p> <p>A review of Resident #2 and Resident #7's medical records did not reveal any adverse outcomes as a result of the ADLs not being documented. Resident #2 and Resident #7 are no longer at the facility.</p> <p>A review of the undated facility policy titled "Charting and Documentation," under "Policy Statement," included: "All services provided to the Resident, progress toward the care plan goals, or any changes in the Resident's medical, physical, functional or psychosocial condition shall be documented in the Resident's medical record." Under "Policy Interpretation and Implementation," included: "2. The following information is to be documented in the resident medical record: [ ...] c. Treatments or services performed. [ ...] 5. Certified nursing assistants may make entries in the Resident's medical record related to resident care tasks and activities of daily living, which are documented in the POC module and/or other location as determined by the director of nursing."</p> <p>A review of the undated facility policy titled: "Activities of Daily Living, (ADLs), Supporting" under "Policy Statement: Residents will be provided with care, treatment and services as</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
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F 842	<p>Continued From page 30</p> <p>appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene." Under "Policy Interpretation and Implementation: [ ...] 3. The Resident's ability to participate in ADL's and the support provided during ADL care and resident-specific tasks will be documented each shift by Certified Nursing Assistants in the medical record (i.e. POC)."</p> <p>A review of the undated facility document titled "Certified Nursing Assistant" job description under "Purpose of Your Job Position" included: "The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors." Under "Personal Nursing Care Functions" included: "Assist residents with daily dental and mouth care, [ ...] Assist residents with bath functions (i.e. bed bath, tub or shower bath, etc.) as directed. [ ...] Assist residents with dressing/undressing as necessary. [ ...] Keep residents dry (i.e., change gown, clothing, linen, etc., when it becomes wet or soiled). [ ...] Assist Resident with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.). [ ...] Keep incontinent residents clean and dry. [ ...] Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc."</p>	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**MOUNT HOLLY REHABILITATION & HEALTHCARE CE** **62 RICHMOND AVENUE**  
**LUMBERTON, NJ 08048**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care  (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ155889, NJ157751  Based on facility document review on 2/24/2023, 2/27/2023, and 2/28/2023, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratio as mandated by the State of New Jersey in CNA staffing for 25 of 28 day shifts, and for 14 of 28 evening shifts that required 1/2 CNAs.	S 560	-No residents were affected by not meeting the State of New Jersey minimum staffing requirements. -All residents could be affected by this area of concern. -Recruitment efforts continue to include: -Daily Staffing meetings -Care Champion mentor program to support retention -Culture committee to improve and maintain staff morale -Recruitment Bonus and Sign-On Bonuses offered	4/5/23

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

Electronically Signed

TITLE

(X6) DATE

03/28/23



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE LUMBERTON, NJ 08048</b>		
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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>DAY SHIFT</p> <p>08/21/2022 Dayshift CNA Staff was 10 for 115 residents. Staffing should have been 14 08/22/2022 Dayshift CNA Staff was 10 for 111 residents. Staffing should have been 14 08/23/2022 Dayshift CNA Staff was 12 for 111 residents. Staffing should have been 14 08/24/2022 Dayshift CNA Staff was 12 for 111 residents. Staffing should have been 14 08/25/2022 Dayshift CNA Staff was 12 for 111 residents. Staffing should have been 14 08/26/2022 Dayshift CNA Staff was 7 for 111 residents. Staffing should have been 14 08/30/2022 Dayshift CNA Staff was 8 for 105</p>	S 560	<p>-Utilizing outside staffing agencies to fulfill staffing needs -Ongoing Job Fairs onsite -Orientation Classes -Prize raffles for staff picking up shifts -Daily interviews being scheduled and conducted -Director of Nursing will monitor staffing daily for 1 week, weekly for 3 weeks, and monthly for 3 months to maintain ongoing compliance. The Director of Nursing will report the results to the Quality Initiative committee. The Quality Initiative committee consists of the Administrator, Director of Nursing and the Medical Director.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 560	Continued From page 2  residents. Staffing should have been 13 08/31/2022 Dayshift CNA Staff was 11 for 105 residents. Staffing should have been 13 09/01/2022 Dayshift CNA Staff was 10 for 105 residents. Staffing should have been 13 09/02/2022 Dayshift CNA Staff was 12 for 105 residents. Staffing should have been 13 09/03/2022 Dayshift CNA Staff was 11 for 109 residents. Staffing should have been 14 02/05/2023 Dayshift CNA Staff was 11 for 141 residents. Staffing should have been 18 02/06/2023 Dayshift CNA Staff was 12 for 141 residents. Staffing should have been 18 02/07/2023 Dayshift CNA Staff was 14 for 141 residents. Staffing should have been 18 02/08/2023 Dayshift CNA Staff was 14 for 141 residents. Staffing should have been 18 02/09/2023 Dayshift CNA Staff was 12 for 141 residents. Staffing should have been 18 02/10/2023 Dayshift CNA Staff was 11 for 143 residents. Staffing should have been 18 02/11/2023 Dayshift CNA Staff was 11 for 145 residents. Staffing should have been 18 02/12/2023 Dayshift CNA Staff was 7 for 144 residents. Staffing should have been 18 02/13/2023 Dayshift CNA Staff was 14 for 141 residents. Staffing should have been 18 02/14/2023 Dayshift CNA Staff was 12 for 141 residents. Staffing should have been 18 02/15/2023 Dayshift CNA Staff was 13 for 141 residents. Staffing should have been 18 02/16/2023 Dayshift CNA Staff was 13 for 141 residents. Staffing should have been 18 02/17/2023 Dayshift CNA Staff was 13 for 141 residents. Staffing should have been 18 02/18/2023 Dayshift CNA Staff was 12 for 143 residents. Staffing should have been 18  EVENING STAFF evening shifts that required 1/2	S 560			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>MOUNT HOLLY REHABILITATION &amp; HEALTHCARE CE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>62 RICHMOND AVENUE</b> <b>LUMBERTON, NJ 08048</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 560	Continued From page 3  CNAs as follows:  08/28/2022 Evening CNA Staff was 9 for 108 residents. Staffing should have been 10 08/29/2022 Evening CNA Staff was 9 for 105 residents. Staffing should have been 11 08/30/2022 Evening CNA Staff was 9 for 105 residents. Staffing should have been 11 09/03/2022 Evening CNA Staff was 11 for 109 residents. Staffing should have been 12 02/05/2023 Evening CNA Staff was 7 for 141 residents. Staffing should have been 11 02/07/2023 Evening CNA Staff was 13 for 141 residents. Staffing should have been 14 02/10/2023 Evening CNA Staff was 7 for 143 residents. Staffing should have been 11 02/11/2023 Evening CNA Staff was 9 for 145 residents. Staffing should have been 10 02/12/2023 Evening CNA Staff was 8 for 144 residents. Staffing should have been 10 02/13/2023 Evening CNA Staff was 8 for 141 residents. Staffing should have been 9 02/14/2023 Evening CNA Staff was 11 for 141 residents. Staffing should have been 12 02/16/2023 Evening CNA Staff was 9 for 141 residents. Staffing should have been 11 02/17/2023 Evening CNA Staff was 8 for 141 residents. Staffing should have been 13 02/18/2023 Evening CNA Staff was 7 for 143 residents. Staffing should have been 10	S 560			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60310	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/18/2023
NAME OF FACILITY MOUNT HOLLY REHABILITATION & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 62 RICHMOND AVENUE LUMBERTON, NJ 08048	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/12/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/2/2023		<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			