

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

PRINTED: 10/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315213</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>07/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURNT TAVERN ROAD</b> <b>BRICK, NJ 08724</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 000	INITIAL COMMENTS  Complaint #: NJ155594, NJ155995, NJ156378, NJ157304, NJ157715, NJ157770, NJ158101, NJ159337, NJ159347, NJ159775, NJ160752  Survey Dates: 07/02/2024, 07/03/2024, 07/05/2024  Census: 144  Sample Size: 21  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 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other	F 583			8/29/24

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

TITLE

(X6) DATE

Electronically Signed

08/07/2024

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 583	<p>Continued From page 1</p> <p>materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ156378, NJ157304, NJ157715, NJ158101, NJ159337, NJ159347, NJ159775, NJ160752</p> <p>Based on observation, interview, and review of facility documentation, it was determined that the facility failed to ensure the personal privacy of a resident's [REDACTED] during an [REDACTED] check.</p> <p>This deficient practice was identified for 1 of 1 residents reviewed for privacy (Resident #14) and was evidenced by the following.</p> <p>According to the Admission Record (AR), Resident #14 was admitted to the facility with diagnoses which included but were not limited to, [REDACTED], [REDACTED], and [REDACTED].</p>	F 583	<p>1. Resident #14 was reviewed on 7.5.24 by the [REDACTED] for [REDACTED] adverse effects related to the cited event with [REDACTED] from baseline noted.</p> <p>2 All residents have the potential to be affected by this deficient practice</p> <p>3The identified [REDACTED] was re-educated on 7.3.24 by the DON/designee on the resident's rights to personal privacy during personal care.</p> <p>The DON/designee made rounds on 7.3.24, 7.4.24 and 7.5.24 to validate that privacy was maintained during personal care. No further findings were noted.</p> <p>The Nursing staff was re-educated by the DON/designee on resident rights to personal privacy to include during incontinence checks or personal care</p> <p>4. An audit to include 3 rounds will be conducted by the DON/Designee on nursing units at different times of the day to validate that the resident's right to</p>		

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F 583	Continued From page 2 1.) On 07/03/2024 at 9:59 A.M., the Surveyor observed Resident #14 in bed with head of bed elevated at 45 degrees. The Surveyor observed that the <b>U.S. FOIA (b) (6)</b> did not pull the privacy curtain during the <b>NJ Ex Order 26.4(b)(1)</b>  During an interview with the Surveyor on 07/03/2024 at 10:24 A.M., the <b>U.S. FOIA (b) (6)</b> stated that she does not know why she did not pull the privacy curtain.  N.J.A.C. 8:39 - 4.1(a) (16)	F 583	personal privacy is maintained during care including incontinence checks. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;	F 584		8/29/24	

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F 584	<p>Continued From page 3</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Complaint#: NJ159347</p> <p>Based on observations and interviews, it was determined the facility failed to maintain a clean and homelike environment for 1 of 3 nursing units (NJ Exec Order 26.4b1 Unit).</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor toured the NJ Exec Order 26.4b1 Unit on 07/03/2024 and observed the following:</p> <p>1.) On 07/03/2024 at 9:05 A.M., upon entering the unit, the Surveyor noted a strong NJ Exec Order 26.4b1 odor on the unit. The Surveyor observed the US FOIA (b)(6) on the unit during the tour.</p> <p>2.) On 07/03/2024 at 1:55 P.M., the Surveyor returned to the unit and as soon as the doors to</p>	F 584	<p>1. No specific Residents were identified. The [REDACTED] Unit was cleaned by the housekeeping staff and dirty linens were promptly removed on 7.5.24 The Administrator rounded on the [REDACTED] unit on 7.5.24 with no adverse smells noted.</p> <p>2. all residents have the potential to be affected by this deficient practice.</p> <p>3The Administrator/ designee conducted rounds on facility units and resident common areas to validate that a safe, clean, comfortable odor free environment was maintained with no further findings noted.</p> <p>The facility staff was re-educated on the need to notify housekeeping if odors are noted on the units or common areas in between scheduled cleaning and if linen needs to be picked up to maintain a safe,</p>		

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F 584	<p>Continued From page 4</p> <p>the unit were opened, the Surveyor noted a strong pungent odor. The Surveyor noted a strong odor of [REDACTED] while on unit. The Surveyor did not observe any dirty linens on the cart during the tour. Incontinence care was not being provided during that time.</p> <p>The surveyor toured the [REDACTED] Unit on 07/05/2024 and observed the following:</p> <p>1.) On 07/05/2024 at 9:40 A.M., upon entering the unit, the Surveyor noted a strong [REDACTED] odor on the unit. The Surveyor observed 2 Housekeepers cleaning the unit.</p> <p>2.) On 07/05/2024 at 10:42 A.M., the Surveyor returned to the unit and noted a [REDACTED] odor.</p> <p>During an interview with the Surveyor on 07/05/2024 at 10:43 A.M., the [REDACTED] U.S. FOIA (b) (6) of the [REDACTED] Unit stated the dirty linens were causing the [REDACTED] odor. The [REDACTED] U.S. FOIA (b) (6) further stated, "Laundry picks up the dirty linen every 2 to 3 hours". The [REDACTED] U.S. FOIA (b) (6) confirmed the presence of [REDACTED] odor on unit. The [REDACTED] U.S. FOIA (b) (6) stated the unit was cleaned in the morning. The [REDACTED] U.S. FOIA (b) (6) further stated, "the Porter does the floors, and the Housekeeper cleans the rooms twice a shift". The [REDACTED] U.S. FOIA (b) (6) stated, "all staff are responsible for controlling odors on the unit".</p> <p>During an interview with the Surveyor on 07/05/2024 at 12:38 P.M., the [REDACTED] U.S. FOIA (b) (6) stated that rooms were cleaned twice a day. The [REDACTED] U.S. FOIA (b) (6) further stated, "I check the rooms to see if they are cleaned". The [REDACTED] U.S. FOIA (b) (6) stated the Certified Nursing Assistants (CNAs) were responsible for changing the linens. The [REDACTED] U.S. FOIA (b) (6)</p>	F 584	<p>clean, comfortable, and odor-free environment.</p> <p>4. An audit to include 3 rounds will be conducted by the Administrator/Designee on nursing units at different times of the day to validate that the resident's right to a safe, clean, comfortable odor free environment was maintained. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 584	Continued From page 5 stated the [REDACTED] was brought to his attention by one of the nurses.  Review of the undated facility policy titled "Work Schedules, Environmental Services" revealed under "Policy Interpretation and Implementation" 3. Cleaning schedules are developed and implemented to assure that each area of our facility is maintained in a safe, clean, and comfortable manner."	F 584			
F 760 SS=D	NJAC 8:39-4.1(a) (11) Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Complaint #: NJ159337  Based on interviews and records review on 07/02/2024, 07/03/2024 and 07/05/2024, it was determined that the facility failed to ensure a resident (Resident #19) was free from a medication error for 1 resident of 3 residents (Resident #19) reviewed for medication administration and follow their policy titled "Medication Administration. Resident #19 received medication in error that was not prescribed to be administered to the resident.  This deficient practice was evidenced by the following.  According to the Admission Record (AR), Resident #19 was admitted to the facility with	F 760	1. Resident #19 no longer resides at the facility The identified [REDACTED] was reeducated at the time of the event, however is no longer employed at the facility. 2.All residents have the potential to be affected by this deficient practice. 3 A review of incidents in the last 30 days was conducted by the DON/designee for medication errors with no further findings. The DON/designee completed licensed nurse medication competencies at various times on 7.4.24 and 7.5.25 with no further findings The licensed nursing staff was re-educated by the DON/designee on resident rights to be free of medication errors and the facility policy for medication	8/29/24	

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F 760	<p>Continued From page 6</p> <p>diagnoses which included but were not limited to 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) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1).</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), Resident #19 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the Resident was NJ Ex Order 26.4(b)(1).</p> <p>According to the facility's form titled "Incident report", dated NJ Ex Order 26.4(b)(1) at 2:30 p.m., under type revealed: "Medication Incident", location: NJ Ex Order 26.4(b)(1) Unit.</p> <p>Review of Resident #19's Electronic Medical Record under allergies revealed: NJ Ex Order 26.4(b)(1) ".</p> <p>According to the facility's form titled "Individual Statement Form" dated NJ Ex Order 26.4(b)(1) at 2:30 p.m., location: NJ Ex Order 26.4(b)(1) Unit revealed the following information. "I administered an NJ Ex Order 26.4(b)(1) to the wrong patient (Resident #19) during medication pass. I was educated afterwards on the 7 rights of medication administration: right patient, right drug, right dose, right time, right route, right reason, and right documentation."</p> <p>During an interview on 07/05/2024 at 1:55 p.m., the U.S. FOIA (b) (6) revealed that the process of medication administration included "following the 5 rights of medication administration, give the medication and document." She continued to state, "it is the</p>	F 760	<p>administration which includes providing medications to the right resident.</p> <p>4. The DON/designee will complete 3 licensed nurse medication competencies weekly to validate medications are administered per facility policy which includes administering to the right resident. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 760	<p>Continued From page 7</p> <p>right of the resident not to receive the wrong medication and I would expect the nurse to follow the physician's order and regulations about medication pass."</p> <p>During this survey, the Surveyor was unable to reach the nurse who administered the wrong medication to Resident #19.</p> <p>A review of the facility's policy with revision date April 2019 titled "Administering Medications" under "Policy Statement "revealed: Medications are administered in a safe and timely manner, and as prescribed. Under "Policy Interpretation and Implementation" #9. The individual administering medications verifies the resident's identity before giving the resident his/her medications. Methods of identifying the resident include: a. checking identification band; b. checking photograph attached to medical record; and c. if necessary, verifying resident identification with other facility personnel.10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. 26. Medications ordered for a particular resident may not be administered to another resident, unless permitted by state law and facility policy, and approved by the director of nursing services.</p> <p>NJAC 8:39-29.2 (d)</p>			F 760			



New Jersey Department of Health

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S 000	Initial Comments  The facility was not in compliance with the standards in the New Jersey Administrative code, 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 #: NJ155594, NJ155995, NJ156378, NJ157304, NJ157715, NJ157770, NJ158101, NJ159337, NJ159347, NJ159775, NJ160752  Based on interviews and review of facility documents on 07/02/2024, 07/03/2024, and 07/05/2024, it was determined that the facility failed to ensure staffing ratios were met for 14 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents.  Findings include:  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	S 560	1. No specific residents were identified. 2. Current residents have the potential to be affected by this deficient practice. Rounds were made by the DON /designee on 7.12.24 and 7.17.24. to validate care and services were provided to residents per plan of care with no concerns noted. Staffing was reviewed with the Staffing Coordinator, Administrator and DON for the next 14 days to validate nursing staff scheduled per facility needs and required ratios. Variances will be addressed 3. The Staffing Coordinator and Director of Nurses were re-educated by the Administrator on sufficient staffing based on facility Assessment and state specific ratios. Education also included	8/29/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURN TAVERN ROAD</b> <b>BRICK, NJ 08724</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	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as 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 of all staff members shall be CNAs and each direct staff member shall be signed into 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>For the 2 weeks of Complaint staffing from 06/16/2024 to 06/29/2024, the facility was deficient in CNA staffing for residents on 14 of 14-day shifts as follows:</p> <p>On 06/16/24 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs. On 06/17/24 had 10 CNAs for 133 residents on the day shift, required at least 17 CNAs. On 06/18/24 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs. On 06/19/24 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs. On 06/20/24 had 12 CNAs for 133 residents on the day shift, required at least 17 CNAs. On 06/21/24 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 06/22/24 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p>	S 560	<p>recruitment and retention strategies to include but are not limited to sign-on bonuses, referral bonuses, pick-up shift bonuses, rate adjustments, and text message campaigns to meet facility staffing needs.</p> <p>Further the staffing coordinator will review staffing during morning meeting and notify the DON and/or Administrator of potential barriers to meeting sufficient staffing requirement. Bonuses, schedule changes will be offered to nursing staff to include clinical leadership to meet resident needs and sufficient staffing requirements.</p> <p>The facility supervisor was re-educated and will contact the Admin/DON on additional staffing needs to meet resident care or minimum requirement as indicated.</p> <p>4. An audit to include 3 reviews of the nursing staff schedule will be conducted by the Administrator / designee to validate that nursing staffing meets the facility needs and state specific minimums. Variances will be addressed with bonuses and schedule changes offered to nursing staff to include clinical leadership. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator/Designee to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061518</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/05/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURNT TAVERN ROAD</b> <b>BRICK, NJ 08724</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  On 06/23/24 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 06/24/24 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs. On 06/25/24 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 06/26/24 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 06/27/24 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 06/28/24 had 13 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 06/29/24 had 12.5 CNAs for 145 residents on the day shift, required at least 18 CNAs.	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315213	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/3/2024
NAME OF FACILITY WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724	

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 F0583	Correction	ID Prefix F0584	Correction	ID Prefix F0760	Correction
Reg. # 483.10(h)(1)-(3)(i)(ii)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.45(f)(2)	Completed
LSC	08/29/2024	LSC	08/29/2024	LSC	08/29/2024
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 7/5/2024		<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			

## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061518	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/3/2024
NAME OF FACILITY WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1049 BURNT TAVERN ROAD BRICK, NJ 08724	

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	08/29/2024	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 7/5/2024		<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			