

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

PRINTED: 03/04/2025  
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>12/09/2024</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 #: NJ00180841, NJ00180991  Survey Dates: 12/09/2024  Census: 145  Sample Size: 4  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 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint # 180991</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 12/09/2024, it was determined that the facility failed to administer medications according to the acceptable standards of nursing practice for 1 of 4 residents (Resident #1). The facility also failed to follow its policy titled "Administering Medications".</p> <p>This deficient practice was evidenced by the following:</p>			F 658	<p>All residents had potential to be affected. 1. Resident #1 no longer resides at the facility The DON re-educated LPN #1 on 11.25.24 on the facility's medication administration policy including but not limited to ensuring meds are taken before leaving the resident and that medications are not left at the bedside. No further variances were noted. CNA#1 on 11.25.24 was educated to immediately notify the supervisor if medications are noted at the bedside</p>		1/17/25

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

TITLE

(X6) DATE

Electronically Signed

01/17/2025

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

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F 658	<p>Continued From page 1</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>According to the Admission Record (AR), Resident #1 was admitted to the facility with diagnoses which included but were not limited to, <b>NJ Exec Order 26.4b1</b></p> <p>According to the Facility Reportable Event (FRE), a New Jersey Department of Health (NJDOH) document used by healthcare facilities to report incidents with a "date of event" of <b>NJ Exec Order 26.4b1</b> revealed that the Licensed Practical Nurse (LPN#1) allegedly left medications at Resident #1's bedside.</p> <p>A review of the Quarterly Minimum Data Set (MDS), an assessment tool dated <b>NJ Exec Order 26.4b1</b>, reflected that the Resident #1 had a Brief Interview for Mental Status (BIMS) score of <b>NJ ES</b>, which indicated the resident's <b>NJ Exec Order 26.4b1</b></p>	F 658	<p>2.Rounds were made on current residents on 12.3.24 by the DON with no medications noted at resident beside. On-going rounds continued.</p> <p>3.Licensed Nurses were re-educated on 11.25.2024 on the facility's medication administration policy including but not limited to ensuring meds are taken before leaving the resident and that medications are not left at the bedside. Facility staff were educated on 11.25.2024 on notifying the nursing supervisor immediately if medications are noted at bedside.</p> <p>4.The Director of Nurses/designee will conduct 3 rounds on each floor weekly to validate no medications are left at the bedside. Variances will be addressed. In addition, 3 medication pass competencies will be completed to validate that the medication administration process is in compliance with professional standards. 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 to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 658	<p>Continued From page 2</p> <p><b>NJ Exec Order 26.4b1</b></p> <p>A review of the "Order Summary Report (OSR)" Active Orders for Resident #1 dated <b>NJ Exec Order 26.4b1</b> included the following Physician's Orders (Pos):</p> <p><b>NJ Exec Order 26.4b1</b> give <b>NJ</b> tablet by mouth every <b>NJ</b> hours as needed for <b>NJ Exec Order 26.4b1</b>.</p> <p>A review of the 11/1/2024-11/30/2024 Medication Administration Record (MAR) revealed documentation by LPN #1 that Resident #1 received one dose of <b>NJ Exec Order 26.4b1</b></p> <p>A review of the facility's investigation report for the <b>NJ Exec Order 26.4b1</b> incident revealed that after thorough investigation, it was found that after Resident #1's shower, the Certified Nursing Assistant (CNA #1) informed the resident that their medication was on the bedside table. The resident asked CNA #1 to hand him/her the medication and CNA #1 handed them to him/her. After thorough investigation, the primary nurse does not recall leaving the medications at the resident's bedside. The Interdisciplinary Care Team (IDCP) believed the nurse left the as needed (PRN) <b>NJ Exec Order 26.4b1</b> at Resident #1's bedside while the resident was in the shower after the resident requested it. <b>NJ Exec Order 26.4b1</b> to the resident.</p> <p>During an interview with the Surveyor on 12/09/2024 at 12:35 P.M., the <b>U.S. FOIA (b)(6)</b> ) stated she was told by the <b>U.S. FOIA (b)(6)</b> ) on <b>NJ Exec Order 26.4b1</b> that on <b>NJ Exec Order 26.4b1</b> CNA #1 brought Resident #1 back from taking a shower and Resident #1 could not reach the medication that was on the resident's</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>bedside table. Resident #1 asked CNA #1 to push the bedside table closer so he/she can take the medication. The [U.S. FOIA (b)(6)] stated that she began an investigation and went to every resident's room and searched each room to see if any medications were left at other resident's room. She did not find any other medications left at the bedside in other resident's room. The [U.S. FOIA (b)(6)] stated the expectation was not to leave medications unattended in a resident's room. The [U.S. FOIA (b)(6)] further stated the expectation was for the nurse to ensure residents took their medications before leaving the resident's room. The [U.S. FOIA (b)(6)] stated that leaving medications at the resident's bedside unattended could put residents in danger because another resident could take the medication instead.</p> <p>During an interview with the Surveyor on 12/09/2024 at 12:52 P.M., LPN #1 stated that she was aware that it was reported that she left Resident #1's medications on Resident #1's bedside table. She stated that she does not remember leaving medications at Resident #1's bedside table. LPN #1 also stated that if a resident was not in their room, then she would come back with the resident's medication. LPN #1 stated she would not leave a resident's room without ensuring medications were taken by a resident. LPN #1 further stated that it was important to observe a resident take their medication to ensure that the resident took them.</p> <p>The Surveyor attempted to contact CNA #1 on 12/09/2024 at 1:04 PM but CNA#1 was not available for an interview.</p> <p>During an interview with the [U.S. FOIA (b)(6)]</p>	F 658			



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F 658	<p>Continued From page 4</p> <p>U.S. FOIA (b)(6) in the presence of the U.S. FOIA (b)(6) on 12/09/2024 at 2:05 P.M., the U.S. FOIA (b)(6) stated that on NJ Exec Order 28.4b1 she was informed by CNA #1 that she had returned to Resident #1's room after giving the resident a shower and noticed a cup with medication on the resident's bedside table on NJ Exec Order 28.4b1. The U.S. FOIA (b)(6) stated that she was told by CNA #1 that Resident #1 asked her to move the bedside table closer so they can take the medication and CNA #1 moved the table closer as Resident #1 requested. The U.S. FOIA (b)(6) stated that she did not recall if CNA #1 stated if Resident #1 took the medication that was on the bedside table. The NJ Exec Order 28.4b1 stated that an investigation was initiated, and the investigation concluded that LPN #1 did leave NJ Exec Order 28.4b1 at Resident #1's bedside although LPN #1 does not recall leaving the medication at Resident #1's bedside. The U.S. FOIA (b)(6) stated that she was not able to interview Resident #1 because the resident was transferred to the hospital on NJ Exec Order 28.4b1. The U.S. FOIA (b)(6) further stated that she was not able to confirm what medication was in the medicine cup found at Resident #1's bedside. The U.S. FOIA (b)(6) stated that it was the facility's policy that medications were not left at the resident's bedside table. The U.S. FOIA (b)(6) stated, "if medications are left unattended at the bedside, another resident could come and take the medications." The U.S. FOIA (b)(6) further stated that the expectation was that when a nurse gave a resident their medication, the nurse should stay in the room and ensure the resident takes the medication.</p> <p>A review of the facility's policy titled "Medication Administration" with a revision date of April 2019 revealed under "Policy Statement":</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>I. Medications are administered in accordance with prescriber's orders, including required time frame.</p> <p>II. For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be "flagged." After completing the medication pass, the nurse will return to the missed resident to administer the medication.</p> <p>NJAC 8:39-29.2(d)</p>	F 658			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS REHABILITATION AND HEA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1049 BURNT TAVERN ROAD</b> <b>BRICK, NJ 08724</b>		
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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  The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.  This REQUIREMENT is not met as evidenced by: Complaint #: NJ180841, NJ180991  Based on interviews and review of facility documents on 12/09/2024, it was determined that the facility failed to ensure staffing ratios were met for 13 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 nursing homes," indicated the New Jersey	S 560	<ul style="list-style-type: none"> <li>No residents were identified</li> <li>Residents of the facility have the potential to be affected</li> <li>Director of Nursing, Staffing Coordinator and Administrator will meet daily during the week to review recruitment efforts, staffing for next day, and staffing for upcoming week. The facility has developed a Culture Committee focused on recruitment. and retention of staff along with customer service and the employee experience. The facility has implemented the Care Champion Program to mentor new employees which has been proven to raise retention rates.</li> </ul>	1/17/25

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

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S 560	<p>Continued From page 1</p> <p>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 staffing prior to complaint survey from 11/24/2024 to 12/07/2024, the facility was deficient in CNA staffing for residents on 13 of 14-day shifts as follows:</p> <p>On 11/24/24 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 11/25/24 had 13 CNAs for 143 residents on the day shift, required at least 18 CNAs. On 11/26/24 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs. On 11/28/24 had 14.5 CNAs for 135 residents on the day shift, required at least 17 CNAs. On 11/29/24 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. On 11/30/24 had 13 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>On 12/01/24 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. On 12/02/24 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p>	S 560	<p>The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes. The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Flexible scheduling, Increased utilization of PRN staff, Implementation of OnShift, Multimedia advertisements, Partnership with schools, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, Boomerang campaign to rehire staff that have resigned, Rate adjustments, Benefit adjustments, Contract staff utilization, Text message campaigns. An ongoing staffing analysis is reviewed by shift to determine the amount of direct care staff and licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on the daily census and is used to ensure additional staff are scheduled to cover call outs. Vacancy and retention rates are analyzed weekly by the DON, Staffing Coordinator, to identify additional hiring to ensure care needs and regulatory requirements are met.</p> <p>The staffing schedule was reviewed by the DON, DON consultant, Administrator, and the staffing coordinator to identify by shift the required number of direct care and licensed nursing staff based on current and projected census.</p> <p>Innovative scheduling is being used to ensure adequate licensed nursing staff meet the regulatory requirements and resident care needs based on acuties. The facility has agreements with CNA programs/schools to utilize the facility as a</p>	



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S 560	Continued From page 2  On 12/03/24 had 14 CNAs for 134 residents on the day shift, required at least 17 CNAs. On 12/04/24 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 12/05/24 had 15 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 12/06/24 had 16 CNAs for 139 residents on the day shift, required at least 17 CNAs. On 12/07/24 had 17 CNAs for 143 residents on the day shift, required at least 18 CNAs.	S 560	clinical site for their students. A QAPI root cause analysis was conducted includes direct care and licensed nurses from all shifts to identify internal and external barriers to attract new staff Assignments were reviewed to assure residents with high acuities are equally distributed on direct care staff assignments. Performance evaluations are completed and targeted education provided to staff to ensure they feel competent in their role to enhance job satisfaction. Job applications are readily available at the reception desk to ensure individuals looking for a job can be provided with an application immediately and an interview can be coordinated that same day to expedite hiring.  • The administrator/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for two months and then quarterly. The results of Resident Council minutes as well as recruitment data will be reviewed by the Administrator or designee at the quarterly QAPI meeting. of the nursing staff. These audits will be conducted weekly x 4 weeks, then monthly x2. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.	

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315213	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/24/2025
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 F0658	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/17/2025	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 12/9/2024		<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 1/24/2025
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	01/17/2025	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 12/9/2024		<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			