STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315142		C 07/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LLANFAIR HOUSE CARE & REHABILITATION CENTER	1140 BLACK OAK RIDGE ROAD WAYNE, NJ 07470

(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 #: NJ141975; NJ142106; NJ144699; and NJ145783 Census: 112 Sample Size: 13 The facility was found to not be in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.	F 580		8/31/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/14/2021

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

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F 580	Continued From page 1 (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint Intake NJ142106 Based on record review and interviews, it was determined the facility failed to notify the family of a [redacted] and new medication for 1 (Resident #9) of 3 residents reviewed for change in condition. Findings included: 1. Resident #9 had diagnoses which included [redacted]. A quarterly Minimum Data Set (MDS) dated [redacted] indicated the resident was [redacted]	F 580	1. How the corrective action will be accomplished for the resident(s) affected by the deficient practice: -Resident #9 did not have any negative outcomes -Resident #9 is no longer at the facility -Nursing staff will be in-serviced on need to notify practitioners and responsible parties and to ensure that standards of practice and regulatory guidelines are followed. 2. How the facility will identify other	

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F 580	Continued From page 2 [redacted] with [redacted] for [redacted]. The resident was totally dependent on staff for all activities of daily living (ADLs) and was [redacted] and [redacted] The resident's care plan indicated the resident was totally dependent on staff for ADLs. A nurse's note dated [redacted] indicated the resident was seen by the doctor for an [redacted] and was provided an order for [redacted] mg (milligrams) for 5 days for [redacted]. There was no documentation the facility had notified the family of the resident's [redacted] and the order for [redacted] to treat the [redacted] A social service note dated [redacted] at 1:33 PM indicated the family member was spoken to about the resident's current condition. There was no documentation in the clinical record to indicate the family was notified of the [redacted] and new orders received on [redacted]. The first documented contact was seven days after the doctor's visit for the [redacted] and orders for [redacted]. An interview was conducted on 07/22/2021 at 6:00 PM with the family of Resident #9. They confirmed they had not received notification of the [redacted] and [redacted] in [redacted] An interview was conducted on 07/22/2021 at 6:11 PM with the Director of Nursing (DON). She was asked for documentation the family had been notified of the [redacted] and medication order on [redacted]. She stated she would locate the documentation. At 7:45 PM, the DON stated the	F 580	residents having the potential to be affected by the same deficient practice: - All residents are at risk; any resident with a change in condition of any type, may be potentially affected. -Based on ongoing observations and evaluations of residents and reported resident status changes, nursing leadership (supervisors, unit managers, ADON & DON) will review medical records at morning meeting daily, to ensure appropriate notification of change has been made. 3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. -In-servicing of nursing staff regarding notification of change will occur no later than completion date. -Education of staff to be completed during orientation process for new hires. -Any noted issues of non-compliance with auditing will result in additional education, 1:1. 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: - Unit Managers, Supervisors, ADON and DON will audit a minimum of 10% of notifications of change weekly for 4 weeks then monthly for an additional 2 months or	

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F 580	Continued From page 3 family had not been notified on [redacted] of the rash and the order for [redacted].	F 580	until a minimum of 95% compliance is reached. -DON or designee will report to QAPI Committee Quarterly	
F 677 SS=D	New Jersey Administrative Code § 8:39-5.1(a) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint Intakes: NJ141975, NJ142106 Based on observations, record review, and interviews, it was determined the facility failed to ensure residents received timely assistance with [redacted] care for 1 (Resident #1) of 3 residents reviewed for activities of daily living and timely [redacted] care. Finding included: 1. Resident #1 had diagnoses which included anemia, [redacted] A five-day Minimum Data Set (MDS) dated [redacted] indicated the resident's cognition was [redacted] for [redacted], and the resident was totally dependent on staff for transfers, dressing, eating, personal hygiene, and toilet use. The assessment further indicated the resident was always [redacted] and [redacted] and had no skin breakdown. The resident sometimes understood others and could be understood.	F 677	1. How the corrective action will be accomplished for the resident(s) affected by the deficient practice: -Resident #1 was evaluated by the nurse and found not have any negative outcomes -Clinical and non-clinical staff will be in-serviced on No Passing Zone process to be developed and implemented prior to completion date. -Staff will be in-serviced to respond to resident needs as the priority above interactions with others including but not limited to vendors, surveyors, consultants, etc. in order to promote dependent resident ADL care. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: -Any resident that is unable to carry out activities of daily living will be considered to be potentially affected □ all residents who are dependent for ADL care are at	8/31/21

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F 677	Continued From page 4 The current care plan, last updated [redacted], indicated the resident had [redacted] related to [redacted], and the resident was to be checked on often as required for [redacted]. On 07/22/2021 at 9:40 AM, Resident #1 was observed lying in bed yelling for help because the resident had to go to the bathroom. The resident could be heard down the hall as you entered the dining room, approximately thirty feet away from the resident's room. The resident's room was located next to the nurse's station. The resident continued yelling on and off until 9:50 AM. At 9:50 AM, the resident yelled continuously until 10:02 AM that he/she needed help and needed to go to the bathroom. A nurse was at the nurse's station, left twice, and then returned. The nurse never went into the room to check on the resident. There were two employees sitting down and able to hear the resident yelling. None of the employees were observed to enter the room to assist the resident. The resident continued to yell until 10:02 AM, no staff was observed entering the room to assist the resident. LPN #1 was at the nurse's station, while the entire time the resident was yelling out. Three staff were present at the nurse's station, and no one entered the room to assist the resident. On 07/22/2021 at 10:02 AM, Certified Nursing Assistant (CNA) #1 was observed entering the room and asking the resident what was needed. The resident indicated they needed help going to the bathroom. The aide then closed the door. Resident #1 was heard and observed yelling from 9:40 AM through 10:02 AM (Over 20 minutes) before CNA #1 went into the room to provide [redacted] care to the resident.	F 677	risk. 3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. -Implementation of new process titled No Passing Zone to be introduced to all departments no later than completion date. -In-service of staff on No Passing Zone to be completed no later than completion date. -Education of staff to be completed during orientation process for new hires and annually after introduction. -Reinforcement of No Passing Zone with 1:1 education as needed when process not followed. 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: -Unit Managers, Supervisors, ADON and DON will observe a minimum of 25 staff members per week x 4 weeks, then bi-weekly x 4 and then monthly x 3; until a minimum of 95% compliance is reached. (Responses to call lights and/or calls for assistance for appropriateness as it relates to No Passing Zone program will be noted for compliance.) -All leadership (nursing and other directors and managers) will participate in random call bell audits (no less than 25), at a minimum of quarterly, and return to DON or designee for a minimum of 4	

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F 677	Continued From page 5 On 07/22/2021 at 10:16 AM, CNA #1 was observed coming out of the room with a bag of soiled linens. She was asked what the resident needed assistance with. She stated the resident had a [redacted] and needed to be changed. On 07/22/2021 at 10:29 AM, CNA #1 stated she and three other aides were working and providing care to 57 total residents. The CNA stated she was responsible for providing the care to Resident #1. When asked about the resident yelling for help to go to the bathroom, she stated the resident indicated the resident needed a brief changed due to being [redacted]. She was asked about the resident yelling for over 20 minutes for help. She stated that was too long, but she could not get to the resident sooner because she was busy helping other residents. She then stated it was hard to provide good timely care when you are responsible for over 15 residents. CNA #1 again confirmed the resident was [redacted] of [redacted] and needed the resident's brief changed when she was finally able to go into the room. On 07/22/2021 at 6:11 PM, an interview was conducted with the Director Nursing (DON). The DON stated it was everyone's responsibility to check on residents when they need help. When told about Resident #1 yelling for over 20 minutes for help with going to the bathroom she stated, "The aides can't be everywhere, someone needed to go and check on [the resident]." The DON was made aware the resident had an [redacted] episode and needed to be changed and cleaned up. She stated the resident had waited too long to get the care needed.	F 677	quarters and until a minimum of 95% compliance is obtained. -DON or designee will report to QAPI Committee Quarterly	

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F 677	Continued From page 6 New Jersey Administrative Code § 8:39-27.2 (h)	F 677		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Complaint Intakes: NJ141975, NJ142106 Based on observations, record review, and interviews, it was determined the facility failed to ensure there was sufficient staff to provide care	F 725	1. How the corrective action will be accomplished for the resident(s) affected by the deficient practice: -Residents #1 & #6 were evaluated by	8/31/21

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F 725	Continued From page 7 for residents who were yelling out for assistance. This deficient practice affected 2 (Residents #1 and #6) of 3 residents were reviewed for assistance with activities of daily living (ADLs). Findings included: 1. Resident #1 had diagnoses which included [redacted] A five-day Minimum Data Set (MDS) dated [redacted] indicated the resident's cognition was [redacted] for [redacted], and the resident was totally dependent on staff for transfers, dressing, eating, personal hygiene, and toilet use. The assessment further indicated the resident was always [redacted] and [redacted] and had no skin breakdown. The resident sometimes understood others and could be understood. The current care plan, last updated [redacted] indicated the resident had [redacted] related to [redacted], and the resident was to be checked on often as required for [redacted] On 07/22/2021 at 9:40 AM, Resident #1 was observed lying in bed yelling for help because the resident had to go to the bathroom. The resident could be heard down the hall as you entered the dining room, approximately thirty feet away from the resident's room. The resident's room was located next to the nurse's station. The resident continued yelling on and off until 9:50 AM. At 9:50 AM, the resident yelled continuously until 10:02 AM that he/she needed help and needed to go to the bathroom. A nurse was at the nurse's station, left twice, and then returned. The nurse never	F 725	nurse and did not have any negative outcomes -Clinical and non-clinical staff will be in-serviced on No Passing Zone process to be developed and implemented prior to completion date. -Other departments staff, such as activities & therapy, will be asked to supplement staffing to assist with non-clinical tasks as they have in the past. - Active recruitment efforts will continue, on an ongoing basis which include social media postings, job site postings, employee referral bonus program, sign-on bonus program, networking with area practitioners for potential referrals, review of rates (market analysis), working with surrounding schools to partner with and provide clinical opportunities for their students, community outreach opportunities and providing on site assistance with temporary NA certificate for those interested in healthcare. -Call outs will be tracked by staffing coordinator daily on an ongoing basis and DON/designee and/or HR will educate staff on how call outs affect residents and their workload no later than completion date. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice: -Any resident that is unable to carry out activities of daily living will be considered to be potentially affected all residents who are dependent for ADL care are at	

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F 725	Continued From page 8 went into the room to check on the resident. There were two employees sitting down and able to hear the resident yelling. None of the employees were observed to enter the room to assist the resident. LPN #1 was at the nurse's station, while the entire time the resident was yelling out. Three staff were present at the nurse's station, and no one entered the room to assist the resident. On 07/22/2021 at 10:02 AM, Certified Nursing Assistant (CNA) #1 was observed entering the room and asking the resident what was needed. The resident indicated they needed help going to the bathroom. The aide then closed the door. Resident #1 was heard and observed yelling from 9:40 AM through 10:02 AM (Over 20 minutes) before CNA #1 went into the room to provide [redacted] care to the resident. On 07/22/2021 at 10:16 AM, CNA #1 was observed coming out of the room with a bag of soiled linens. She was asked what the resident needed assistance with. She stated the resident had a [redacted] and needed to be changed. On 07/22/2021 at 10:29 AM, CNA #1 stated she and three other aides were working and providing care to 57 total residents. The CNA stated she was responsible for providing the care to Resident #1. When asked about the resident yelling for help to go to the bathroom, she stated the resident indicated the resident needed a brief changed due to being [redacted]. She was asked about the resident yelling for over 20 minutes for help. She stated that was too long, but she could not get to the resident sooner because she was busy helping other residents. She then stated it	F 725	risk. 3. What measures will be put into place or systematic changes made to ensure that the deficient practice will not recur. -Implementation of new process titled No Passing Zone to be introduced to all departments no later than completion date. -In-service of staff on No Passing Zone to be completed no later than completion date. -Education of staff to be completed during orientation process for new hires and annually after introduction. -Reinforcement of No Passing Zone with 1:1 education as needed when process not followed. -Staffing coordinator will communicate to other departments of available needs and provide a sign-up sheet. -Biweekly review of recruitment efforts by HR, Administrator & DON and monitoring of vacant positions and new hires. 4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: -New process of No Passing Zone will be audited for effectiveness with a minimum of 25 audits conducted weekly x 4, then bi-weekly x 4 and then monthly x 3; until a minimum of 95% compliance is reached. -Audit results will be reported to QAPI	

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F 725	Continued From page 9 was hard to provide good timely care when you are responsible for over 15 residents. CNA #1 again confirmed the resident was [redacted] of bowel and needed the resident's brief changed when she was finally able to go into the room. On 07/22/2021 at 6:11 PM, an interview was conducted with the Director Nursing (DON). The DON stated it was everyone's responsibility to check on residents when they need help. When told about Resident #1 yelling for over 20 minutes for help with going to the bathroom she stated, "The aides can't be everywhere, someone needed to go and check on [the resident]." The DON was made aware the resident had an [redacted] episode and needed to be changed and cleaned up. She stated the resident had waited too long to get the care needed. 2. Resident #6 was admitted to the facility with diagnoses which included [redacted], and a [redacted]. A review of the resident's current care plan indicated the resident required total assistance from staff for transfers, mobility, and hygiene. On 07/22/2021 at 3:45 PM, Resident #6 was heard yelling through the resident's closed door. A nurse was observed outside the room at a medication cart and was not observed entering the room to check on the resident. From 3:45 PM through 3:50 PM, the resident continued to yell in the room and could be heard in the hall through the closed door. Staff were observed walking by the room, and no one had entered the room to assist the resident.	F 725	Committee Quarterly by DON/designee. -Staffing Coordinator will report to DON/designee on other departmental assistance weekly x4 and then bi-weekly x4. -DON/designee will report results of other department assistance at QAPI Quarterly. -HR Director, Administrator and DON will meet biweekly for a minimum of 12 weeks and ongoing for as long as needed with regards to reporting of open positions and recruitment efforts. -HR Director will report results of recruitment efforts at QAPI Quarterly.	

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F 725	Continued From page 10 On 07/22/2021 at 3:50 PM, the surveyor knocked on the door of the room and entered. The resident was observed on the floor with the resident's back to the roommate's bed. The resident was observed scooting across the floor, attempting to use a wheelchair in an attempt to get up off the floor. The resident continued to yell loudly, and no one entered the room to assist. On 07/22/2021 at 3:57 PM, Certified Nursing Assistant (CNA) #3 stated there were four aides working to take care of 12 to 15 residents each. He stated it was hard to take care of the residents and provide care when you are taking care of that many residents. During the interview, the resident continued to be heard yelling. Registered Nurse #1 was observed working outside the door and he did not enter the room to assist the resident. On 07/22/2021 at 4:02 PM, Registered Nurse #1 was observed entering the room to assist the resident. The resident had been yelling and could be heard in the hall for 17 minutes. At 4:08 PM, the RN was observed wheeling the resident out of the resident's room in a wheelchair. The nurse stated the resident had been on the floor wanting to come out of the room. On 07/22/2021 at 3:57 PM, CNA #3 stated he was responsible for the care of Resident #6. He stated he could not help the resident because he was assisting some of his other assigned residents. He then stated it was hard to care for the residents when you were the only person taking care of 15 residents. He stated, "It is very difficult to get things done." On 07/22/2021 at 6:11 PM, an interview was conducted with the Director of Nursing (DON).	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315142		C 07/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 725	Continued From page 11 When asked about the length of time Resident #6 was on the floor yelling without assistance, she stated she was aware there were not enough staff and the aides had to do the best they could. She then stated the facility was aware there were not enough staff and was not sure how they would correct it. New Jersey Administrative Code § 8:39-5.1(a)	F 725		