

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

PRINTED: 05/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
(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	<p>INITIAL COMMENTS</p> <p>Complaint NJ #'s: 160175, 160357, 161422, 162953, 163136, 164609, 165194, 165278, 165590, 169210, 169818, 169889, 170486, 177246</p> <p>Survey Dates: 10/29/24 through 11/01/24</p> <p>Survey Census: 131</p> <p>Sample Size: 31</p> <p>A Recertification/LSC Survey was conducted at Allaire Rehabilitation and Nursing from 10/29/24 through 11/01/24, to determine compliance with 43 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>During the survey, a finding which constituted Immediate Jeopardy (IJ) was identified under 42 CFR 483.10(a) F 550 as the facility failed to protect Resident Rights by ensuring residents were treated with respect and dignity by searching all 136 residents' rooms without obtaining informed consent.</p> <p>Review of facility documents and interview with facility administration confirmed all 136 resident's rooms were searched by a canine (drug sniffing dog) and two staff members on [REDACTED], without resident consent. Interviews with Resident #65 and Resident #105 confirmed that the facility searched their rooms without consent, and the continued searches made the residents feel degraded or harassed.</p> <p>A Partial Extended Survey was initiated after the deficiency was identified at the IJ/SQC</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/29/2024

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 000	Continued From page 1 (substandard quality of care) level. The U.S. FOIA (b) (6) was informed of the Immediate Jeopardy and was provided with the Immediate Jeopardy template on 10/30/24 at 6:10 PM. An acceptable removal plan was submitted by the facility on 10/31/24 at 5:40 PM. The removal plan indicated the immediate action the facility took to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan relative to F 550 to remediate the deficient practice including: room searches will not be conducted for any resident without suspicion or probable cause; when probable cause was found the following must be done: the resident must be assessed, the care plan updated to reflect the findings of the assessment, and a written consent must be obtained from the resident; if the resident/representative does not consent, a room search cannot be completed; and all staff were educated on the updated facility's drug policy. The survey team verified the Removal Plan on-site on 11/01/24, and determined the IJ for F 550 was removed as of 11/01/24 at 1:45 PM.	F 000			
F 550 SS=L	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each	F 550			11/4/24

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F 550	<p>Continued From page 2</p> <p>resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of facility policy, it was determined that the facility failed to protect the residents' rights to be treated with respect and dignity when the facility searched all 136 residents' rooms for drugs, including marijuana without properly obtaining informed consent for 2 of 31 residents reviewed</p>	F 550	<p>1. The facility interviewed Resident #65 and Resident #105 to rule out NJ Ex Order 26.4(b)(1) related to canine room searches, and informed Resident #65 and Resident #105 that room searches will only be conducted if there is reason to suspect use of forbidden substances and</p>		

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F 550	<p>Continued From page 3</p> <p>for resident rights (Resident #65 and Resident #105) .</p> <p>Review of documentation provided by the U.S. FOIA (b) (6) revealed that on [REDACTED], all the resident rooms in the facility were searched. On [REDACTED] four resident rooms were searched, and on [REDACTED], an additional four resident rooms were searched.</p> <p>On 10/29/24 at 1:21 PM, the surveyor interviewed Resident #105 who stated that the facility had drug dogs come and search the facility every week. Resident #105 stated that they felt [REDACTED] by being searched.</p> <p>On 10/30/24 at 11:30 AM, the surveyor interviewed the [REDACTED] who stated when the searches were conducted, staff knocked on the resident's door before entering, and if the canine picked up on a scent, they asked the resident to open the drawer, closet, or wherever the canine was indicating. Further interview with the [REDACTED] revealed that if drugs were found during the search, it was thrown away and if "hard" drugs were found he called the police. There was no documented evidence that the police were notified when illegal substances were found.</p> <p>The facility developed a blanket policy which indicated that the facility could search resident rooms based on what they determined to be suspicion and probable cause. The facility contracted with a private agency for a drug canine to come into the facility. There was no law enforcement present during the searches nor was law enforcement called.</p> <p>The facility's failure to ensure that the residents</p>	F 550	<p>only after informed consent has been obtained. [REDACTED] services offered to resident #65 and resident refused services. [REDACTED] consult offered to resident #105 and resident requested to be evaluated. Facility offered [REDACTED] consult twice, however, resident was not available of the time of consult. Facility will attempt for [REDACTED] consult completion.</p> <p>2. All residents have the potential to be affected by the deficient practice. acility staff interviewed all capable residents to determine if they experienced psychosocial harm from canine room searches. Psychotherapy services were offered to residents upon request. Those who requested to speak with psychotherapy did so.</p> <p>3. The administrative team educated all staff on identifying signs, symptoms, and triggers of substance abuse, interventions to take when abuse is suspected, and the updated facility's drug policy including reporting requirements. The facility revised and updated the Drug policy to include a room search may be conducted, with my (or my representative's) consent. Prior to any room search being conducted, the administrator must give approval to ensure the new policy and procedure are being adhered to.</p> <p>4. The administrator will review every request for room search prior to occurrence; an ongoing room search consent audit will be completed and kept</p>		

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F 550	<p>Continued From page 4</p> <p>were allowed to exercise their rights as a resident of the facility and their rights to be treated with respect and dignity placed all residents at risk of serious NJ Ex Order 26.4(b)(1) harm due to causing the residents to feel degraded or harassed. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on NJ Ex Order 26.4(b), when all the resident rooms in the facility were illegally searched. The facility's Administration was notified of the IJ on 10/30/24 at 6:10 PM. The facility submitted an acceptable removal plan (RP) on 10/31/24 at 5:37 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 11/01/24 at 1:45 PM.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Resident Rights," dated 08/15/24, included employees shall treat all residents [...] with kindness, respect, and dignity; federal and state laws guarantee certain basic rights to all residents of this facility. These rights include: the resident's right to a dignified existence; be treated with respect, kindness, and dignity...exercise his or her rights as a resident of the facility and as a resident or citizen of the United States...</p> <p>Review of the facility's undated policy titled, "Forbidden Items Policy," included "For the safety of our residents, all weapons or items that can be used as such are banned from the facility at all times. In addition, alcohol, federally classified illegal drugs (including marijuana and THC products) and other contraband are strictly forbidden. Visitors who violate any of our rules will immediately lose their visiting privileges. Residents who violate any of our rules will cause</p>	F 550	<p>by the administrator monthly. A Quality Assurance and Performance Improvement plan (QAPI) was created and will be ongoing addressing proper procedure of room searches containing the consent audit and reported in monthly QAPI meeting for three months.</p>		

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F 550	<p>Continued From page 5</p> <p>discharge proceedings to be initiated on their behalf. In addition, violators will be reported to the police. We strongly encourage our residents and their families not to bring any of their own medications to the facility. If a resident insists on having their own medication, it must first be approved on an individual basis by nursing administration." The policy contained areas for the resident and/or Relative/Responsible Party names and signatures. There was no space for a witness or facility staff signature.</p> <p>Review of the undated policy titled, "Possession of Drugs, Taking of Drugs, or Possession With Intent To Sell," included "As a resident at [facility name] I [blank] agree that during my stay at the facility, I will NOT bring in drugs of any kind, I will NOT take any drugs that are not prescribed by my Physician and I will NOT give or sell drugs of any kind to any other resident, visitor or staff member. I understand and agree that if I am found in possession of drugs or observed taking or selling drugs of any kind, I may be discharged from the facility and not permitted readmission. If suspected of bringing federally classified illegal drugs (including marijuana and THC-based products) into the facility I agree to be searched/have my room searched. My Physician, as well as the local Police department will be notified promptly. If suspected, but not observed taking illegal drugs, I agree to urine and blood drug screening ordered by my Physician. My signature indicates my acceptance and agreement with this Policy." The form contained blanks for the signature of the resident and a witness.</p> <p>Review of a document titled, "3DK9 Deployment Report," dated NJ Ex Order 26.4(b)(1), and provided by the</p>	F 550			

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F 550	<p>Continued From page 6</p> <p>Administrator revealed, " ...K9 [canine; police dog trained to do tasks such as drug searches] team met with [two] designated people and began a search of every room in the facility. Approximately all 136 rooms were searched along with [REDACTED] individuals who showed [REDACTED] NJ Ex Order 26.4(b)(1) once the K9 was seen. See below for a complete list of items found... [room number withheld]... NJ Ex Order 26.4(b)(1) ..." The "Security Suggestions" revealed, "Increase frequency of searches and utilize a second K9."</p> <p>During an interview on 10/30/24 at 11:30 AM, with the [REDACTED] U.S. FOIA (b)(7) and [REDACTED] U.S. FOIA (b)(6), the [REDACTED] U.S. FOIA (b)(7) stated that the facility had been conducting searches for "a few years" due to the facility's population. The [REDACTED] U.S. FOIA (b)(7) stated that the facility had been conducting the searches quarterly because the facility wanted to have a safe environment for the residents who were not alert and oriented. The [REDACTED] U.S. FOIA (b)(7) stated they had "ramped" up the searches over the last month because there was a resident (Resident #125) who went to the hospital and was found with [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA (b)(7) stated that the facility decided to do searches with a canine for a month and then go back to quarterly if nothing else was found. The [REDACTED] U.S. FOIA (b)(7) stated that when the quarterly searches were done, they searched anyone who had a repeated offense or there was a reason to suspect drug use. The [REDACTED] U.S. FOIA (b)(7) stated that if someone was acting "off" or staff noticed something, then those residents' rooms were searched. The [REDACTED] U.S. FOIA (b)(7) stated after the resident was found with the [REDACTED] NJ Ex Order 26.4(b)(1), the facility searched every single room as a baseline on [REDACTED] NJ Ex Order 26.4(b)(1), and depending on the findings, that was who the facility went back to for subsequent searches. The surveyor asked if all 136 residents</p>	F 550			

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F 550	<p>Continued From page 7</p> <p>gave consent for the room searches on [REDACTED] and the [REDACTED] stated that staff knocked on the door before entering, and if the canine picked up on a scent, they asked the resident to open the drawer, closet, or wherever the canine was indicating. The [REDACTED] stated, "We do have a "Forbidden Item Policy", part of what they (the residents) agree to is searches." The [REDACTED] stated, "If they say no, we aren't going to go into their pocket unwilling." The [REDACTED] stated the signed copies of the policies were kept with the social services documentation and that the signatures were obtained upon admission to the facility. The [REDACTED] reported that the facility had an outside private company come in with a canine and a handler to conduct the searches, and the facility's [REDACTED], who was also a [REDACTED] monitor, accompanied the handler, and they tried to have two staff members present.</p> <p>On 10/30/24 at 12:47 PM, the [REDACTED] stated he was not keeping a log of what rooms were searched, but provided information from the outside company conducting the searches. The [REDACTED] stated that if something was found during the search, it was thrown away. The [REDACTED] stated that non-drug items went to the [REDACTED] monitor, and if it were drugs, the facility usually threw them out. The [REDACTED] reported that he had a conversation with the police department, and they informed him that if "hard" drugs were found, to call them and they would do an investigation.</p> <p>During an interview on 10/30/24 at 2:32 PM, the [REDACTED] stated the reason for the full facility search on [REDACTED], was because Resident #125 was sent to the hospital and had [REDACTED] with another resident's name on it. The [REDACTED] identified the other resident as Resident #103,</p>	F 550			

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F 550	<p>Continued From page 8</p> <p>who was still residing at the facility.</p> <p>1. During an interview on 10/29/24 at 1:21 PM, Resident #105 stated the facility had drug dogs come and search the facility every week. Resident #105 stated that they felt like they were being NJ Ex Order 26.4(b)(1). Resident #105 also stated that they told the facility once that it was okay because the resident did not have anything to hide. Resident #105 stated that they were tired of it, and the searches NJ Ex Order 26.4(b)(1) of NJ Ex Order. Resident #105 stated every room in the facility had been searched the first time, and NJ Ex Order 26.4(b)(1) they NJ Ex Order 26.4(b)(1).</p> <p>On 10/29/24 at 1:30 PM, the surveyor reviewed the medical record for Resident #105.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected Resident #105 was admitted to the facility with diagnoses that included; 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).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), reflected that Resident #105 had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated NJ Ex Order 26.4(b)(1). A further review of the MDS revealed that the resident had NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of the "Forbidden Items Policy" and "Possession of Drugs, Taking of Drugs, or Possession With Intent To Sell" policy both</p>	F 550			

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F 550	<p>Continued From page 9</p> <p>provided by the [US FOIA (b)], were not signed by Resident #105. The policies were dated as signed on 04/02/24, and handwritten by the [US FOIA (b)] that Resident #105 "verbally agrees."</p> <p>2. During an interview on 10/29/24 at 11:04 AM, Resident #65 was asked if they were treated with respect and dignity by the staff at the facility, and the resident stated, "Up until recently, they (the facility) were coming in with drug sniffing dogs. They have [NJ Ex Order 26.4(b)(1)]." The surveyor asked why the facility was performing these searches, and Resident #65 stated, "[NJ Ex Order 26.4(b)(1)]" The surveyor asked if the resident had consented to the searches, and Resident#65 stated, "I did not sign anything, the intake contract stated it was a random search. My understanding was that these searches are a weekly thing and it's done before families come to visit, so they are not aware of it."</p> <p>On 10/29/24 at 11:04 AM, the surveyor reviewed the medical record for Resident #65.</p> <p>A review of the Admission Record face sheet revealed Resident #65 was admitted to the facility with diagnoses which included; [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)].</p> <p>A review of the quarterly MDS dated [NJ Ex Order 26.4(b)(1)] indicated Resident #65 had a BIMS score of [NJ Ex Order 26.4(b)(1)] out of 15, which indicated the resident was [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the facility's "Forbidden Items Policy," provided by the [US FOIA (b)], dated 04/05/24, included a notation that Resident #65 refused to sign it and it</p>	F 550			

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F 550	<p>Continued From page 11</p> <p>feedback from staff or if a team member has a feeling a resident might ^{NJ Ex Order 26.4(b)(1)} [REDACTED], but it's usually someone ^{NJ Ex Order 26.4(b)(1)} [REDACTED]. When asked how the consent to search Resident #65's room was obtained, the ^{U.S. FOIA (b)(1)} [REDACTED] stated, "We knocked on the door, if the dog picked up a scent, then we asked them to open the drawers. We have a "Forbidden Items Policy," and they have agreed to the search. The ^{U.S. FOIA (b)(1)} [REDACTED] stated, "If they said no to the search, we would then review the policy with them, and if they deny us again, we will begin the 30-day discharge. When the ^{U.S. FOIA (b)(1)} [REDACTED] was asked if these policies were provided to Resident #65 upon admission, the ^{U.S. FOIA (b)(1)} [REDACTED] stated, "No, they were not in the admission packet."</p> <p>The acceptable Removal Plan on 10/31/24 at 5:37 PM, indicated the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: room searches will not be conducted for any resident without suspicion or probable cause; when probable cause was found the following must be done: the resident must be assessed, the care plan updated to reflect the findings of the assessment, and a written consent must be obtained from the resident; if the resident/representative does not consent, a room search cannot be completed; and all staff were educated on the updated facility's drug policy.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 11/01/24.</p> <p>On 11/01/24, the facility provided documentation of a resident questionnaire. The question was: "Have you experiences [sic] ^{NJ Ex Order 26.4(b)(1)} [REDACTED]"</p>	F 550			

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F 550	Continued From page 12 [NJ Ex Order 26.4(b)(1)] harm related to the canine searches." It was documented that there were four residents [Resident #59, Resident #63, Resident #69, and Resident #83] who answered, [NJ Ex Order 26.4(b)(1)] "	F 550			
F 563 SS=D	NJAC 8:39-4.1(a)(12)(15)(16)(34) Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for	F 563			12/2/24

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F 563	<p>Continued From page 13</p> <p>the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to promote the residents' right to have immediate access to visitors of immediate family members for one (1) of 31 sampled residents (Resident#126). This had the potential to cause NJ Ex Order 26.4b1 to R#126.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Visiting Hours Policy," dated 05/16/24 and provided by the facility, revealed, "Effective immediately, all visitors, including family members to [Name of the LTC Facility] are hereby notified of the following visiting hours policy:</p> <ol style="list-style-type: none"> 1. Visiting hours (free to roam) are from 8:00 AM to 8:00 PM daily. 2. Visitors seeking access outside of regular visiting hours must obtain prior permission from the Nursing Department (Supervisor/Nurse). 3. If permission is granted for after-hours visitation, visitors must proceed and remain in designated supervised areas, i.e., the Dayroom. Visitation to residents' rooms is not permitted, unless cleared by administration. <p>This policy was enacted to ensure the comfort and well-being of all residents at our facility. We kindly request visitors to adhere to these guidelines to maintain a safe and respectful environment for everyone.</p> <p>Thank you for your cooperation." The form indicated the name of the U.S. FOIA (b) (6)</p>	F 563	<ol style="list-style-type: none"> 1. Facility updated Visiting Policy reviewed with Resident #126 and resident family member US FOIA (b)(6) was educated on updated Visiting Policy. The policy was updated stating the following: The facility provides 24-hour access to all individuals visiting with consent of the resident. 2. All residents who receive visitors are at potential risk for being affected by the deficient practice. 3. The sign indicating, "Please Respect the Privacy of our Residents & Understand that Visiting Hours are from 8:00 AM through 8:00 PM Thank You, Security, was removed immediately. Facility revised and updated Visiting Policy to encourage visiting after normal hours. Assistant Director of Nursing (ADON) to provide education to all staff regarding updated Visiting Policy. The supervisor will monitor visitor activity nightly to ensure the visitor policy is followed. 4. Administrator or designee will audit three employees per week for one month and then five employees per month for three months to ensure understanding in the visitors policy in the form of competencies. Findings will be brought to monthly QAPI meeting. 		

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F 563	<p>Continued From page 14</p> <p>Review of R#126's undated "Admission Record," located under the "Profile" tab of the electronic medical record (EMR) revealed R#126 was admitted to the facility on [REDACTED], with diagnoses that included [REDACTED] and [REDACTED].</p> <p>Review of R#126's "NJ (New Jersey) Admission Packet," signed [REDACTED] and located under the "Misc [Miscellaneous]" tab of the EMR, revealed, "... Your rights and protections as a nursing home resident . . . Spend Time with Visitors: You have the following rights:</p> <p>To spend private time with visitors. To have visitors at any time, as long as you wish to see them, as long as the visit does not interfere with the provision of care and privacy rights of other residents. To see any person who gives you help with your health, social, legal, or other services may at any time [sic] . . ."</p> <p>Review of R#126's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [REDACTED], and located under the "MDS" tab of the EMR revealed R#126 had a "Brief Interview for Mental Status (BIMS)" score of [REDACTED] out of 15, which indicated the resident was [REDACTED].</p> <p>On 10/29/24, the survey team arrived at the facility at 9:00 AM. The doors were locked, and in order to enter the building, a staff member inside the building had to release the door. A keypad for the use of emergency personnel to enter the building was noted in the vestibule.</p>	F 563			

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F 563	<p>Continued From page 15</p> <p>During an interview on 10/29/24 at 2:46 PM, Resident#126's family member stated he came to the facility every day he was off work to spend time with and help care for R#126. The family member stated he had arrived at the facility before 8:00 AM on this day, and the facility's US FOIA (b)(6) had informed him that the staff on R#126's floor had complained and notified administration that he was arriving at the facility "too early." The family member stated the US FOIA (b)(6) had told him he would let him go ahead and visit on this day since he had not heard from the administration himself that he could not allow him inside the facility.</p> <p>During an interview on 10/29/24 at 4:34 PM, R#125, who was R#126's roommate, stated they did not have any concerns or issues with R#126's family visiting at any time and being present in their room. R#125 stated that they appreciated the presence of R#126's family member and other family members and had developed a good relationship with them. R#126 stated no one at the facility had asked if they had any concerns with R#126's family member visiting before 8:00 AM.</p> <p>During an observation on 10/30/24 at 9:00 AM, a sign was observed taped to the front door of the facility. The sign indicated, "Please Respect the Privacy of our Residents & Understand that Visiting Hours are from 8:00 AM through 8:00 PM Thank You, Security." There was no indication that visits could be scheduled after hours or that immediate family had immediate access to the residents.</p> <p>During an interview on 11/01/24 at 11:58 AM, the</p>	F 563			

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F 563	<p>Continued From page 16</p> <p>U.S. FOIA (b) (6) was asked why there were visiting hours posted on the front door of the facility. The U.S. FOIA (b) (6) stated there were still 24-hour visits available "as needed." He stated there had been instances with families being loud, creating a disturbance for residents who were sleeping, and they wanted the residents to feel safe and feel like they were home. The U.S. FOIA (b) (6) stated, "We don't want visitors coming in roaming, going in other residents' rooms, and we want them safe and to have a restful night." The U.S. FOIA (b) (6) stated that people tried to break the rules all the time. He stated there was a non-resident person seen coming out of the shower one time in a bathrobe, with a towel and NY Ex Order 26-4(b)(1) on her head. The U.S. FOIA (b) (6) stated that at 8:00 PM, there was an overhead page letting everyone know that visiting hours were over. He stated visitors remaining in the facility with a resident created an uncomfortable situation for roommates. The U.S. FOIA (b) (6) stated, "We created a protocol for scheduled and supervised visits after hours." He stated after-hour visits had to be in a public area, and they were given multiple suggestions for where the visits could occur, such as the day room and salon. He stated they were informed they were not free to roam through the facility. The U.S. FOIA (b) (6) stated residents still had the right to have 24-hour visits, but the visits could be supervised if needed. He stated, "It's 100% fine to visit after 8:00 PM and still available if it doesn't affect the other residents."</p> <p>During an interview on 11/01/24 at 2:08 PM, the U.S. FOIA (b) (6) stated the visiting hours policy had been posted at all nursing stations during May 2024. He stated residents could still have visitors at any time, but the visits had to be scheduled if they occurred between 8:00 PM and 8:00 AM.</p>	F 563			

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F 563	Continued From page 17	F 563			
F 582 SS=D	<p>NJAC 8:39-4.1(a)23</p> <p>Medicaid/Medicare Coverage/Liability Notice</p> <p>CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(g)(17) The facility must--</p> <p>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-</p> <p>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;</p> <p>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.</p> <p>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p>	F 582			12/2/24

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F 582	<p>Continued From page 18</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and review of facility policy, the facility failed to ensure the SNF ABN (skilled nursing facility advanced beneficiary notice) was complete and accurate prior to discharge from NJ Ex Order 26.4(b)(1) skilled services for two (2) of three (3) residents (Resident#12 and Resident#57) reviewed for SNF Beneficiary Protection. This failure placed the residents and/or representatives at risk of not being fully informed.</p> <p>Findings include:</p> <p>Review of the facility' policy titled, "Advanced Beneficiary Notices [ABN]," dated 02/2024 revealed " ...The facility shall inform Medicare beneficiaries of his or her potential liability for payment. A liability notice shall be issues to Medicare beneficiaries upon admission or during a resident's stay, before the facility provides</p>	F 582	<p>1. Resident #12 was reissued a completed Advanced Beneficiary Notices (ABN) form to reflect all information, including the Estimated Cost. Director of Social Services followed up with Resident #57's representative with the ABN form, including the Estimated Cost section, to complete the Options section of the form.</p> <p>2. Any resident or resident representative receiving an ABN form is at potential risk for being affected by the deficient practice.</p> <p>3. The Administrator educated social workers on completing all sections of the ABN forms, including Estimated Cost and Options section. All ABN forms are updated to reflect Estimated Cost. Social worker to reach out to patient</p>		

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F 582	<p>Continued From page 19 ...custodial care ..."</p> <p>1. Review of Resident#12's undated "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed Resident#12 was admitted to the facility on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of R#12's "ABN" dated? And provided by the facility indicated Resident#12 no longer required skilled care effective [REDACTED] NJ Ex Order 26.4(b)(1). Continued review of Resident#12's "ABN" revealed [REDACTED] NJ Ex Order 26.4(b)(1) doesn't pay for everything, even some care that you or your health care provider think you need. The Skilled Nursing Facility (SNF) or its Utilization Review Committee believes that the care listed below does not meet [REDACTED] NJ Ex Order 26.4(b)(1) coverage requirements. Beginning on [REDACTED] NJ Ex Order 26.4(b)(1), you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs." Resident#12's "ABN" noticed also documented " [REDACTED] NJ Ex Order 26.4(b)(1) " and the reason listed was "Highest Practical Level Achieved." The "Estimated Cost" was left blank.</p> <p>2. Review of Resident#57's undated "Admission Record" located in the "Profile" tab of the EMR revealed Resident#57 was admitted to the facility on [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident#57's "ABN" dated? And provided by the facility revealed the notice was provided to Resident#57's representative. The ABN indicated Resident#57 no longer required skilled care effective [REDACTED] NJ Ex Order 26.4(b)(1). Resident#57's "ABN" also revealed [REDACTED] NJ Ex Order 26.4(b)(1) doesn't pay for everything, even some care that you or your health care provider think you need. The Skilled</p>	F 582	<p>representatives once a month for three months to ensure completion of ABN forms.</p> <p>4. Social Worker will audit ABN forms to verify compliance in Estimated Cost and Options section. Social worker is to complete a monthly audit to ensure resident representative is informed by reaching out once a month for 3 months to ensure proper follow up is completed. Social worker will also audit that ABN form estimated cost section is properly filled out monthly for three months. Findings would be reported in monthly QAPI meetings.</p>		

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F 582	<p>Continued From page 20</p> <p>Nursing Facility (SNF) or its Utilization Review Committee believes that the care listed below does not meet ^{NJ Ex Order 26.4(b)(1)} coverage requirements. Beginning on ^{NJ Ex Order 26.4(b)(1)} you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs.</p> <p>^{NJ Ex Order 26.4(b)(1)}." Continued review revealed the reason listed was "Highest Practical Level Achieved." The "Estimated Cost" was left blank. In addition, the "ABN" notice revealed, "Option 1: I want the care listed above. I want ^{NJ Ex Order 26.4(b)(1)} to be billed for an official decision on payment, which will be sent to me on a Medicare Summary Notice (MSN). I understand that if ^{NJ Ex Order 26.4(b)(1)} doesn't pay, I'm responsible for paying. But I can appeal to ^{NJ Ex Order 26.4(b)(1)} by following the directions on the MSN ...Option 2: I want the care listed above but don't bill ^{NJ Ex Order 26.4(b)(1)} I understand that I may be billed now because I am responsible for payment of the care. I cannot appeal because ^{NJ Ex Order 26.4(b)(1)} won't be billed ...Option 3: I don't want the care listed above. I understand that I'm not responsible for paying and I can't appeal to see if ^{NJ Ex Order 26.4(b)(1)} would pay." There was a check box next to each option for the resident and/or representative to mark, indicating preference, however, the options check boxes were left blank.</p> <p>During an interview on 10/30/24 at 8:10 AM, the ^{U.S. FOIA (b) (6)} was asked why the "Estimated Cost" was not documented on the form. The ^{U.S. FOIA (b) (6)} stated, "I was not aware that it needed to be listed." When the ^{U.S. FOIA (b) (6)} was asked why the "ABN" options section was left blank for Resident#57, she stated, "I did send ^{NJ Ex Order 26.4(b)(1)} responsible." When asked if she had followed up with the representative, the ^{U.S. FOIA (b) (6)} stated, "No, I did</p>	F 582			

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F 582	Continued From page 21 not follow-up since the 'ABN' was sent to her."	F 582			
F 584 SS=D	<p>NJAC 8:39-5.1(a) Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§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.</p> <p>The facility must provide-</p> <p>§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.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</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>	F 584			12/2/24

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F 584	<p>Continued From page 22</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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure residents were provided with clean and unstained privacy curtains in their room for one (1) of 31 sampled residents (Resident#20). This failure placed the resident at risk of not being provided with a clean and homelike environment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Cleaning and Disinfection of Environmental Surfaces," revised January 2021, revealed, "... window/privacy curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled ..."</p> <p>During a tour of the facility on 10/30/24 at 8:39 AM, the privacy curtain for Resident#20 was noted to have multiple large, NJ Ex Order 26.4(b)(1) stains along the bottom edge of the curtain.</p> <p>During observations on 10/31/24 at 5:41 PM and 11/01/24 at 10:00 AM, the privacy curtain remained unchanged. The stained areas measured from four inches to 22 inches in height and extended almost the entire length of the curtain.</p>	F 584	<p>1. Resident #20 privacy curtain was changed on 11/1/24.</p> <p>2. All residents with privacy curtains are at potential risk of being affected by the deficient practice. Facility wide privacy curtain cleanliness audit was completed by the housekeeping director to ensure no other curtains were identified as soiled.</p> <p>3. The process regarding responsibility for removing, cleaning, and redistributing the privacy curtains was reviewed with all staff from the housekeeping and maintenance departments. Staff were educated on notifying the housekeeping director when a privacy curtain is identified as soiled.</p> <p>4. Weekly cleanliness privacy curtain audits will be completed by the housekeeping director for four weeks and then monthly for three months. Soiled curtains will be cleaned and replaced as necessary. Findings will be being reported monthly in QAPI meetings for three months.</p>		

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F 584	<p>Continued From page 23</p> <p>During an interview on 11/01/24 at 10:16 AM, the Housekeeping Aide (HSKP#1) was asked who was responsible for changing out soiled privacy curtains. She stated that it would be managed by the maintenance department. She stated it was not included in daily or deep cleaning. HSKP#1 stated if staff told her a curtain needed to be changed, she would notify her supervisor, and he would let the maintenance department know.</p> <p>During an observation and interview on 11/01/24 at 10:32 AM, the Licensed Practical Nurse (LPN#1) confirmed Resident#20's privacy curtain was stained, soiled, and should be changed out. She stated Resident#20 NJ Ex Order 26.4(b)(1), and the stains could be that. LPN#1 stated she would assume it was housekeeping's responsibility to change the privacy curtain, but she was not sure. She stated the condition of the curtain should have been noted and reported by someone.</p> <p>During an observation on 11/01/24 at 10:41 AM, the U.S. FOIA (b) (6) was observed with a ladder and a clean privacy curtain. He stated he was going to change Resident#20's privacy curtain. The U.S. FOIA (b) (6) HSKP confirmed it was the responsibility of the housekeeping department to change curtains if they were soiled. He denied any prior knowledge of Resident#20's privacy curtain being soiled.</p> <p>NJAC 8:39-4.1(a)11 NJAC 8:39-31.4(a)</p>	F 584			
F 585 SS=D	<p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances.</p>	F 585			12/2/24

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F 585	<p>Continued From page 24</p> <p>§483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her</p>	F 585			

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F 585	Continued From page 25 grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;	F 585			

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F 585	<p>Continued From page 26</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, facility policy review, and review email correspondence, the facility failed to make prompt efforts to resolve a grievance related to NJ Ex Order 26.4(b)(1) care for one of one (1) of 31 residents (Resident#126) reviewed for grievances. This failure caused Resident#126 to have an unresolved grievance, placed Resident#126 at continued risk of NJ Ex Order 26.4(b) of the NJ Ex Order 26.4(b)(1), and placed the resident at risk for a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, "Patient Concern/Grievance Policy," revealed, ". . . This facility strives to provide the best possible experience to its' Residents, Patients and Families . . . The grievance officer is the Director of Social Services . . . Social Services will notify each department of the concern that is attributed to their department . . . At Morning meeting/Department Head meeting, the Social Service department will discuss all outstanding concerns and/or resolutions . . . The Social</p>	F 585	<p>1. Resident #126 NJ Ex Order 26.4(b)(1) was assessed by primary nurse for signs and symptoms of NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1). None was noted. Physician order updated stating NJ Ex Order 26.4(b) change to twice a day.</p> <p>2. All residents are at potential risk of being affected by the deficient practice. Social worker completed grievance audit reviewing three months of grievances ensuring all grievances were followed up on appropriately.</p> <p>3. The administrator educated social workers on proper grievance follow up. Licensed nursing staff were educated on the importance of following all dressing change nursing orders as written by physician.</p> <p>4. The social worker will review resolved grievances from the previous month each week during Concern Day meeting to</p>		

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F 585	<p>Continued From page 27</p> <p>Service department will review all concerns on a monthly basis, to observe any trends . . ."</p> <p>Review of Resident#126's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR) revealed Resident#126 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED] and [REDACTED].</p> <p>Review of Resident#126's "Care Plan," dated [REDACTED], and located under the "Care Plan" tab of the EMR revealed Resident#126 had [REDACTED] due to potential for [REDACTED] Interventions included providing care of the [REDACTED] as ordered by the physician.</p> <p>Review of an email from Resident#126's family member to the [REDACTED] U.S. FOIA (b) (6), dated [REDACTED] at 9:46 AM and provided by Resident#126's family member, revealed, ". . . I am going to send you a separate email with a picture of the condition of [Resident#126]'s [REDACTED] when we arrived yesterday. . . [REDACTED] was [REDACTED] and [REDACTED] . . . I had the nurse clean it and [REDACTED] last night . . ."</p> <p>Review of Resident#126's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [REDACTED], and located under the "MDS" tab of the EMR, revealed Resident#126 had a "Brief Interview Mental Status (BIMS)" score of [REDACTED] out of 15, which indicated the resident was [REDACTED].</p> <p>Review of Resident#126's "Physician Orders," dated [REDACTED], and located under the "Orders" tab of the EMR revealed staff was to cleanse the</p>	F 585	<p>ensure that resolutions have been followed through. Findings will be reported monthly in QAPI for three months.</p>		

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F 585	<p>Continued From page 28</p> <p>resident's [REDACTED] with [REDACTED], cover with [REDACTED], and secure with [REDACTED] each day shift. It was ordered for the [REDACTED] to be dated.</p> <p>During an interview on 10/29/24 at 2:46 PM with Resident#126's family member who stated the facility did not [REDACTED] the resident's [REDACTED] or change [REDACTED] as ordered. The family member stated [REDACTED] had been [REDACTED] at times due to it not being cleaned. The family member further stated staff did not date the [REDACTED] and showed the surveyor pictures, dated [REDACTED], [REDACTED], [REDACTED] and [REDACTED], of what appeared to be the resident's [REDACTED] and [REDACTED] NJ Ex Order 26.4(b)(1) Resident#126). The pictures showed [REDACTED] that were [REDACTED] with [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 10/31/24 at 12:15 PM, Resident#126's family member stated emails had been sent to the facility regarding the lack of care of Resident#126's [REDACTED] with the latest being sent on [REDACTED]. The family member stated the [REDACTED] U.S. FOIA (b) (6)) had responded to the grievance and said that staff would begin cleaning the site twice daily and reach out to the Nurse Practitioner (NP) to see if anything else could be done.</p> <p>During an interview on 10/31/24 at 12:49 PM, the [REDACTED] U.S. FOIA (b) (6) confirmed she had received an email from Resident#126's family member on [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA (b) (6) stated she had talked with LPN#1, who had informed the [REDACTED] U.S. FOIA (b) (6) that she would talk with the nurse practitioner and have the orders changed to twice daily [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA (b) (6) stated she had informed Resident#126's family member of this</p>	F 585			

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F 585	<p>Continued From page 29</p> <p>and then closed the grievance. The [U.S. FOIA] was asked who verified to make sure the changes occurred. The [U.S. FOIA] confirmed she did not verify it. The [U.S. FOIA] was asked to provide the email correspondence between herself and Resident#126's family member.</p> <p>Review of the email correspondence between the family member and the [U.S. FOIA] dated [NJ Ex Order 26.4(b)(1)] at 2:03 PM and provided by the [U.S. FOIA] revealed that Resident#126's family member wrote, "... [Resident#126] is not [NJ Ex Order 26.4(b)(1)] on a daily basis. Nor is the date on [Resident#126] [NJ Ex Order 26.4(b)(1)] getting [NJ Ex Order 26.4(b)(1)] ... complained of [NJ Ex Order 26.4(b)(1)]. When he took the [NJ Ex Order 26.4(b)(1)] - there was [NJ Ex Order 26.4(b)(1)] underneath [NJ Ex Order 26.4(b)(1)] [Resident#126] ... " The [U.S. FOIA] response was, "... I asked [LPN#1] to take a look at this. Moving forward, we will be putting in an order to have the [NJ Ex Order 26.4(b)(1)] for the [NJ Ex Order 26.4(b)(1)] done twice daily. We will also have [NP] take a look at this when she is in to see if there is anything she can recommend for the [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] to the [NJ Ex Order 26.4(b)(1)] ... "</p> <p>Review of Resident#126's "Orders" tab of the EMR revealed no order to [NJ Ex Order 26.4(b)(1)] twice daily.</p> <p>During an interview on 10/31/24 at 2:08 PM, the [U.S. FOIA] was asked how the grievance could be resolved if the nurses did not do what they said they were going to do. She stated, "I understand."</p> <p>During an interview on 11/01/24 at 10:32 AM, LPN#1 was asked if the [U.S. FOIA] had spoken with her regarding Resident#126's family member grievance on [NJ Ex Order 26.4(b)(1)] related to Resident#126's [NJ Ex Order 26.4(b)(1)]. LPN#1 stated, "Yes, that's my fault." She stated she had failed to speak with the</p>	F 585			

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F 585	Continued From page 30 NP and obtain orders for twice daily [REDACTED] (Cross Reference F693) NJAC 8:39-4.1(a)35 NJAC 8:39-13.2(c)	F 585			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident safety for one (1) of 31 residents (Resident#125) reviewed for [REDACTED] when they did not assess the risk of [REDACTED] while in the facility, develop a comprehensive care plan with interventions to help prevent [REDACTED] and increase monitoring and supervision after Resident#125 experienced [REDACTED] while at the facility. Findings include: Review of Resident#125's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed Resident#125 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED], [REDACTED], and [REDACTED], NJ Ex Order 26.4(b)(1)	F 689	1. Resident #125 care plan was reviewed and appropriately updated to reflect the following interventions: including identifying signs and symptoms of [REDACTED] for staff observation, increase staff supervision following out on pass visits, providing encouragement to engage in [REDACTED] and administering medication assisted treatments as appropriate. Administrator educated social workers on updating care plan accordingly with appropriate interventions for Resident #125. 2. All residents with history of substance use are at risk of being affected by the deficient practice. 3. All care plans of residents who have a	12/2/24	

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F 689	<p>Continued From page 31</p> <p>NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident#125's "Social History," dated NJ Ex Order 26.4(b)(1) at 1:05 PM and located under the "Evaluations" tab of the EMR, revealed, "... Life events reviewed with [family member] and the resident. [Family member] reports significant history of NJ Ex Order 26.4(b)(1) starting at NJ Ex Order 26.4(b)(1). [Family member] reports NJ Ex Order 26.4(b)(1), but NJ Ex Order 26.4(b)(1) were resident's preference. [Family member] reports several NJ Ex Order 26.4(b)(1) and that [Resident#125] attends NJ Ex Order 26.4(b)(1).</p> <p>[Family member] reports last NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1), and [Resident#125] has denied any NJ Ex Order 26.4(b)(1) during hospitalization and NJ Ex Order 26.4(b)(1). "... The U.S. FOIA (b) (6) wrote the note.</p> <p>Review of Resident#125's "Care Plan," dated NJ Ex Order 26.4(b)(1), and located under the "Care Plan" tab of the EMR, revealed, "... have a history of NJ Ex Order 26.4(b)(1) ... The goal was the resident would not NJ Ex Order 26.4(b)(1) in NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) through the next review. Interventions were to administer medications as ordered, to encourage the resident to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), to offer NJ Ex Order 26.4(b)(1) as needed, to offer NJ Ex Order 26.4(b)(1) if desired, and to consult NJ Ex Order 26.4(b)(1) services and treat as ordered. The care plan did not address signs and symptoms of possible NJ Ex Order 26.4(b)(1) to monitor for or to encourage the resident to NJ Ex Order 26.4(b)(1). There was no documentation to show the resident was assessed for the risk of NJ Ex Order 26.4(b)(1) in the facility. There were no interventions identified to implement if NJ Ex Order 26.4(b)(1) was suspected or identified.</p>	F 689	<p>history of substance use were reviewed and updated accordingly. Administrator educated US FOIA (b)(6) and assistant director of nursing educated all licensed nursing staff on the importance of including specific substance use interventions in their care plans.</p> <p>4. Monthly audit will be completed by social worker to ensure that all residents with history of substance use have appropriate care plans with specific interventions. Findings of the audits will be submitted to monthly QAPI for three months to monitor appropriate completion of residents with history of substance use.</p>		

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F 689	<p>Continued From page 32</p> <p>Review of Resident#125's "NJ Ex Order 26.4(b)(1) Note," dated "NJ Ex Order 26.4(b)(1)" at 8:30 AM and located under the "Misc (Miscellaneous)" tab of the EMR, revealed, "... H/O [history of] NJ Ex Order 26.4(b)(1) but reports [Resident#125] is NJ Ex Order 26.4(b)(1) ..."</p> <p>Review of Resident#125's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1), and located under the "MDS" tab of the EMR, revealed Resident#125 had a "Brief Interview for Mental Status (BIMS)" score of NJ Ex out of 15, which indicated the resident was NJ Ex Order 26.4(b)(1). It was recorded that the resident had NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident#125's "Progress Notes" and "Misc" tabs of the EMR, dated NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1), revealed no documented evidence the resident showed any signs and symptoms of NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1). There was no documented evidence that the facility encouraged Resident#125 to NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident#125's emergency department "Provider Note," dated NJ Ex Order 26.4(b)(1) at 8:37 PM and located under the "Misc" tab of the EMR, revealed, "... brought from [Name redacted] for evaluation of NJ Ex Order 26.4(b)(1) ... found the patient NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and the patient NJ Ex Order 26.4(b)(1) ... [Resident#125] denies NJ Ex Order 26.4(b)(1). States [he/she] only NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) for [his/her] NJ Ex Order 26.4(b)(1). Differential diagnosis includes NJ Ex Order 26.4(b)(1) ... Screen, NJ Ex Order 26.4(b)(1) ... NJ Ex Order 26.4(b)(1) ... NJ Ex Order 26.4(b)(1) ..."</p> <p>Review of Resident#125's "Progress Note," dated NJ Ex Order 26.4(b)(1) at 12:27 AM and located under the "Progress Notes" tab of the EMR, revealed, "...</p>	F 689			

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F 689	<p>Continued From page 33</p> <p>ER [emergency room] nurse . . . notified this nurse at 12:20 AM that they found on [Resident#125] [NJ Ex Order 26.4(b)(1)] in a container with the names of [name redacted] and [NJ Ex Order 26.4(b)(1)] in [his/her] [NJ Ex Order 26.4(b)(1)] Resident is coming back to the facility . . ."</p> <p>Review of Resident#125's "Social Service Note," dated [NJ Ex Order 26.4(b)(1)] at 3:44 PM and located under the "Progress Notes" tab of the EMR, revealed, ". . . U.S. FOIA (b) (6)] met with resident today following return from hospital. Investigation initiated. Virtual [NJ Ex Order 26.4(b)(1)] offered to resident, who expressed agreement. Virtual [NJ Ex Order 26.4(b)(1)] meetings to be scheduled within resident's preferred times. [NJ Ex Order 26.4(b)(1)] made aware for follow-up. [U.S. FOIA (b)(6)] will remain available and follow up with resident as appropriate . . ."</p> <p>Review of Resident#125's "Social Service Note," dated [NJ Ex Order 26.4(b)(1)] at 9:40 AM as a late entry and located under the "Progress Notes" tab of the EMR, revealed, ". . . Met with resident to review virtual [NJ Ex Order 26.4(b)(1)] options. Discussed various dates/times, resident requesting to attend [NJ Ex Order 26.4(b)(1)] [U.S. FOIA (b)(6)] will continue to follow . . ."</p> <p>Review of Resident#125's "Care Plan," located under the "Care Plan" tab of the EMR, revealed the care plan was updated on [NJ Ex Order 26.4(b)(1)] to include, ". . . I participate in virtual [NJ Ex Order 26.4(b)(1)] meetings on [NJ Ex Order 26.4(b)(1)] per my request . . ."</p> <p>Review of Resident#125's "Care Plan," "Progress Notes," and "Misc" tabs of the EMR, revealed no documented evidence that the facility increased [NJ Ex Order 26.4(b)(1)] and supervision of the resident or visitors, assessed the resident's risk for</p>	F 689			

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F 689	<p>Continued From page 34</p> <p>NJ Ex Order 26.4(b)(1), educated staff on signs and symptoms of possible NJ Ex Order 26.4(b)(1), or encouraged the resident's participation in NJ Ex Order 26.4(b)(1) following the NJ Ex Order 26.4(b)(1) incident on NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 10/30/24 at 4:34 PM, Resident#125 stated they had recently experienced NJ Ex Order 26.4(b)(1). The resident further stated he/she thought the NJ Ex Order 26.4(b)(1) they took was NJ Ex Order 26.4(b)(1) but it was not. Resident#125 stated he/she had been involved in NJ Ex Order 26.4(b)(1) before coming to the facility, but had not been attending the NJ Ex Order 26.4(b)(1) since their admission. Resident#125 stated the U.S. FOIA (b) (6) had helped get it set up after his/her NJ Ex Order 26.4(b)(1) so that he/she could attend virtual NJ Ex Order 26.4(b)(1) on their phone.</p> <p>During an interview on 10/31/24 at 10:00 AM, Licensed Practical Nurse (LPN#7) confirmed there was no NJ Ex Order 26.4(b)(1) or supervision provided for Resident#125.</p> <p>During an interview on 10/31/24 at 10:49 AM, the U.S. FOIA (b) (6) confirmed that the facility had a large population of residents with NJ Ex Order 26.4(b)(1). He stated that after Resident#125's NJ Ex Order 26.4(b)(1) the facility had increased their efforts to rid the facility of NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 10/31/24 at 1:05 PM, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were asked if Resident#125 had been offered and encouraged to continue with their NJ Ex Order 26.4(b)(1) after admission to the facility. The NJ Ex Order 26.4(b)(1) stated she could not remember if she had done that when she had gathered the resident's social</p>	F 689			

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F 689	Continued From page 35 history. The [U.S. FOIA] was asked what interventions had been identified and implemented to help minimize Resident#125's risk of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) since the [U.S. FOIA] or NJ Ex Order 26.4(b)(1). The [U.S. FOIA] stated she had helped the resident get set up for [U.S. FOIA] on their phone. The [U.S. FOIA] confirmed she was not encouraging Resident#125 to attend the [U.S. FOIA]. She stated, "[Resident#125] is a great [U.S. FOIA]. I didn't feel it was necessary to check in on him/her to see if he/she was attending them."	F 689			
F 693 SS=D	NJAC 8:39-33.1(d) Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers.	F 693			12/2/24

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F 693	<p>Continued From page 36</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide appropriate NJ Ex Order 26.4(b)(1) care for one (1) of two (2) residents (Resident#126) reviewed for NJ Ex Order 26.4(b)(1). This failure increased Resident#126's risks of NJ Ex Order 26.4(b)(1) complications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Gastrostomy/Jejunostomy Site Care," revised December 2023, revealed, "... The purposes of this procedure are to promote cleanliness and to protect the gastrostomy ... site from irritation, breakdown and infection ..."</p> <p>Review of Resident#126's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed Resident#126 was admitted to the facility on NJ Ex Order 26.4(b)(1) with diagnoses that included NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of Resident#126's "Care Plan," dated NJ Ex Order 26.4(b)(1), and located under the "Care Plan" tab of the electronic medical record (EMR), revealed Resident#126 had NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1). Interventions included providing care of the NJ Ex Order 26.4(b)(1) as ordered by the physician.</p> <p>Review of Resident#126's "Physician Orders," dated NJ Ex Order 26.4(b)(1) and located under the "Orders" tab of the electronic medical record (EMR), revealed staff was to NJ Ex Order 26.4(b)(1) the resident's NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1), cover</p>	F 693	<p>1. Resident #126 NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) immediately. NJ Ex Order 26.4(b)(1) was assessed for any signs and symptoms of NJ Ex Order 26.4(b)(1).</p> <p>2. All residents with gastrostomy tubes are at risk for the potential to be affected by this deficient practice.</p> <p>3. ADON provided education to all licensed nursing staff on assessing the gastrostomy site, changing the gastrostomy dressing according to physician orders, and replacing it when soiled.</p> <p>4. ADON/designee will audit three residents' gastrostomy sites for proper practice weekly for four weeks and then monthly for three months. Results will be brought to monthly QAPI for review.</p>		

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F 693	<p>Continued From page 37</p> <p>with [NJ Ex Order 26.4(b)(1)], and secure with [NJ Ex Order 26.4(b)(1)] each day shift. It was ordered for the [NJ Ex Order 26.4(b)(1)] to be dated.</p> <p>On 10/31/24 at 9:00 AM, the Licensed Practical Nurse (LPN#1) was asked to perform [NJ Ex Order 26.4(b)(1)] for Resident#126. LPN#1 reported the care had been provided by the previous shift, so she was not assigned to complete it.</p> <p>Review of Resident#126's "Treatment Administration Record (TAR)," dated [NJ Ex Order 26.4(b)(1)], revealed it was documented the care had been performed at 7:00 AM on [NJ Ex Order 26.4(b)(1)].</p> <p>During an observation and interview on 10/31/24 at 9:58 AM, Resident#126 was observed in their room, with a [NJ Ex Order 26.4(b)(1)] in their hand. There were [NJ Ex Order 26.4(b)(1)] attached to the [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] was noted on the [NJ Ex Order 26.4(b)(1)] Resident#126 turned the [NJ Ex Order 26.4(b)(1)] over in their hand, and there was no date noted on the [NJ Ex Order 26.4(b)(1)] Resident#126 was asked if staff had [NJ Ex Order 26.4(b)(1)] their [NJ Ex Order 26.4(b)(1)] on this day. The resident stated, "No." Resident#125, the roommate (who was assessed to be [NJ Ex Order 26.4(b)(1)]) was asked if staff had performed [NJ Ex Order 26.4(b)(1)] for Resident#126 on this day, stated, "No."</p> <p>During an observation and interview on 10/31/24 at 10:13 AM, LPN#1 and the surveyor observed Resident#126's [NJ Ex Order 26.4(b)(1)]. The surveyor observed a [NJ Ex Order 26.4(b)(1)] noted on the underside of the [NJ Ex Order 26.4(b)(1)]. There were small amounts of [NJ Ex Order 26.4(b)(1)] on the [NJ Ex Order 26.4(b)(1)] itself below the [NJ Ex Order 26.4(b)(1)] LPN#1 confirmed the [NJ Ex Order 26.4(b)(1)] and stated the [NJ Ex Order 26.4(b)(1)]</p>	F 693			

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F 693	Continued From page 38 and NJ Ex Order 26 had not been cleaned. During an interview on 10/31/24 at 1:38 PM, the U.S. FOIA (b) (6) stated the facility's policy was to follow physician orders related to NJ Ex Order 26.4(b)(1) and NJ Ex Order and that she expected staff to complete the care. (Cross Reference F585)	F 693			
F 730 SS=E	NJAC 8:39-27.1(a) Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure a performance review was completed every 12 months for five (5) of seven (7) employees' personnel records reviewed. Findings include: Review of the facility's policy titled, "Performance Review," revised on 11/2023 indicated, "The performance appraisal process provides a means for discussing, planning and reviewing the performance of each employee. Performance appraisals are conducted annually on dates announced by HR. Each manager is responsible	F 730	1. Employee files were reviewed, and performance reviews were completed, for UM#2, CA#1, HKSP#2, DOR, CNA#2. 2. All residents are at risk of having the potential to be affected by this deficient practice. 3. Administrator educated U.S. FOIA (b)(6) (b)(6) and all directors on conducting and completing employee performance reviews timely. 4. HR will conduct audit five employee files each month to ensure timely		12/2/24

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F 730	<p>Continued From page 39 for the timely and equitable assessment of the performance and contribution of employees in their department."</p> <p>Review of Unit Manager (UM#2) personnel record revealed a hire date of [REDACTED] NJ Ex Order 26.4(b)(1). The UM#2 signed the Job Description on [REDACTED] NJ Ex Order 26.4(b)(1). Continued review of UM#2's personnel file revealed no documented evidence a performance evaluation had been complete.</p> <p>Review of Companion Aid (CA#1) personnel records revealed a hire date of [REDACTED] NJ Ex Order 26.4(b)(1). The CA#1 signed the Job Description for the companion position on [REDACTED] NJ Ex Order 26.4(b)(1). There was no performance evaluation located in the personnel record.</p> <p>Review of Housekeeping (HKSP#2) personnel records revealed a hire date of [REDACTED] NJ Ex Order 26.4(b)(1). There was no performance evaluation located in the personnel record.</p> <p>Review of [REDACTED] U.S. FOIA (b) (6)) personnel records revealed a hire date of [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA (b) (6) signed the Job Description for [REDACTED] U.S. FOIA (b) (6) after being promoted on [REDACTED] NJ Ex Order 26.4(b)(1). Continued review of the [REDACTED] U.S. FOIA (b) (6) personnel file revealed no documented evidence a performance evaluation had been completed since the hire date of [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of Certified Nursing Aide (CNA#2) personnel records revealed a hire date of [REDACTED] NJ Ex Order 26.4(b)(1). The CNA#2 signed the Job Description for certified nurse aide on [REDACTED] NJ Ex Order 26.4(b)(1). Continued review of the personnel file revealed no documented evidence that a performance evaluation had been complete since the hires</p>	F 730	<p>completion of performance reviews. Findings will be reported in monthly QAPI meetings for three months.</p>		

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F 730	Continued From page 40 date of NJ Ex Order 25.4(b)(1) During an interview on 11/01/24 at 1:28 PM, the U.S. FOIA (b) (6) stated, "There are no performance reviews. This has caused a lot of people to quit or want raises, and they were not specific to each department. This is an item on the agenda for our next corporate meeting. We officially stopped doing them [performance evaluations] July 2024."	F 730			
F 761 SS=F	NJAC 8:39-43.17(b) Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	F 761			12/2/24

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

PRINTED: 05/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
(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 761	<p>Continued From page 41</p> <p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and policy review, the facility failed to ensure four (4) of four (4) medication storage carts, and three of three treatment supply carts were free of dust, debris, and residue. This failure had the potential to contaminate all resident medications and treatment supplies stored in the carts.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Medication/Treatment Cart Cleaning and Disinfection," dated 02/2024 indicated " ...it is recommended to clean carts at least once a month and as needed..."</p> <p>During an observation and interview with Licensed Practical Nurse (LPN#6) on 10/31/24 at 1:00 PM, the top left and right drawer of the medication cart for the annex had a buildup of dust, paper, and debris inside it. The third drawer on the left and right had dust and paper inside it. The drawer on the bottom right had dust, hair, and paper in it. LPN#6 stated he did not know how often the medication carts should be cleaned.</p> <p>During an observation and interview with Registered Nurse (RN#1) on 10/31/24 at 4:09 PM, the first floor North Hall medication cart revealed the top right drawer had dust, debris, and a pink sticky substance in it. Registered Nurse (RN#1) stated the carts should be cleaned after each shift.</p>	F 761	<p>1. All medication carts and treatment carts were cleaned.</p> <p>2. All residents have the potential of being affected by this deficient practice.</p> <p>3. Administrator educated housekeeping department and ADON educated nurses on the importance of clean medication and treatment carts. A cleaning schedule was created and established to ensure that medication and treatment carts are cleaned on a monthly basis and as needed.</p> <p>4. The Housekeeping Director or their designee will conduct monthly audits of medication and treatment carts for three months to check for cleanliness. Findings will be reported during monthly QAPI meetings.</p>		

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NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
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F 761	<p>Continued From page 42</p> <p>During an observation and interview with LPN#3 on 10/31/24 at 4:16 PM, the first floor South Hall medication cart revealed the top right drawer had a build-up of dust and debris in it. The bottom right drawer had a build-up of dust and debris. The bottom of the cart below the drawers had a build-up of dust and debris on it. LPN#3 stated the carts were checked and wiped down yesterday with the pharmacist but were still dirty.</p> <p>During an observation and interview with LPN#2 on 10/31/24 at 4:26 PM, the third-floor North medication cart revealed the first and fourth drawer on the right side had dust, debris, and hair in the drawers. LPN#2 stated she was not sure how often or when the medications carts were cleaned.</p> <p>During an observation and interview with Unit Manager (UM#3) on 11/01/24 at 9:25 AM, the third-floor South Cart revealed the top drawer on the right side had dust, debris, and hair inside it. The third and fourth drawers on the right side had hair and debris inside them. The bottom left drawer had a brown sticky substance inside it. The third drawer on the left side had a white substance and debris inside it. The UM#3 stated she was not sure how often or when the carts should be cleaned. She verified the drawers on the cart were not clean.</p> <p>During an observation and interview with UM#3 on 11/01/24 at 9:32 AM, the South treatment cart's fourth drawer had dust, paper, and loose screws inside it. The fifth drawer contained paper, dust, and debris inside it. The outside of the cart was dusty and sticky below the fifth drawer. UM#3 confirmed the cart was dirty.</p>	F 761			

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F 761	<p>Continued From page 43</p> <p>During an observation and interview with UM#3 on 11/01/24 at 9:35 AM, the hall 300 North treatment cart revealed the cart had paper, dust, and debris in the second drawer. The third drawer on the cart had hair, dust, and paper in it. The bottom of the cart was dirty and dusty below the fifth drawer. There was a black sticky substance above one of the front wheels. The UM#3 confirmed the cart was dirty.</p> <p>During an interview on 11/01/24 at 10:25 AM, UM#1 stated the medication carts should be wiped down and cleaned at least once a week.</p> <p>During an interview on 11/01/24 at 12:23 PM, the U.S. FOIA (b) (6) stated the nurses should be cleaning the carts; however, it is housekeeping responsibility to clean the carts once the carts were empty. This was discussed with the previous director before he left.</p> <p>NJAC 8:39-29.7(a)</p>	F 761			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061314	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
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S 000	Initial Comments The facility is 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: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 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 Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which	S 560	1. The facility cannot retroactively correct the deficient practice. 2. All residents are at risk to affected by the deficient practice. 3. The facility will utilize internal and external resources to increase recruitment of direct staff and to ensure the availability of other staffing resources (e.g contracted staff) in the event of staffing shortage. The facility distributed retention bonuses and bonus pay to ensure shifts are staffed appropriately. Facility attends Certified nursing aide graduation classes for	12/2/24

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

TITLE

(X6) DATE

Electronically Signed

11/29/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>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.</p> <p>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 CNA and shall perform nurse aide duties: and</p> <p>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>The findings include:</p> <p>1. For the 2 weeks of Complaint staffing from 12/11/2022 to 12/24/2022, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -12/12/22 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -12/14/22 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. -12/18/22 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -12/19/22 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -12/20/22 had 12 CNAs for 134 residents on the day shift, required at least 17 CNAs. -12/21/22 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs. -12/22/22 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. 	S 560	<p>recruitment purposes. facility implemented a weekend warrior shift and extra shift weekend bonus.</p> <p>4. For the next month the administrator or designee will review the projected staffing hours daily to ensure staffing ratios meet state minimum requirement. Findings will be submitted for 3 months to the monthly QAPI committee who will determine further interventions as needed.</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>-12/23/22 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs. -12/24/22 had 14 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>2. For the week of Complaint staffing from 02/12/2023 to 02/18/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-02/12/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -02/13/23 had 16 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>3. For the 2 weeks of Complaint staffing from 03/26/2023 to 04/08/2023, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>-03/28/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -03/29/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/01/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -04/05/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -04/06/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/07/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -04/08/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>4. For the week of Complaint staffing from 05/28/2023 to 06/03/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>-06/01/23 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 06/18/2023 to 07/01/2023, the facility was deficient in CNA staffing for residents on 4 of 14 day shifts as follows:</p> <p>-06/18/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/21/23 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -06/23/23 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs. -06/26/23 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>6. For the week of Complaint staffing from 07/09/2023 to 07/15/2023, the facility was deficient in CNA staffing for residents on 2 of 7 day shifts as follows:</p> <p>-07/09/23 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs. -07/15/23 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>7. For the week of Complaint staffing from 11/12/2023 to 11/18/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-11/12/23 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>8. For the week of Complaint staffing from 12/17/2023 to 12/23/2023, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p>	S 560			

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S 560	<p>Continued From page 4</p> <p>-12/19/23 had 17 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>9. For the week of Complaint staffing from 01/14/2024 to 01/20/2024, the facility was deficient in CNA staffing for residents on 1 of 7 day shifts as follows:</p> <p>-01/14/24 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>10. For the 2 weeks of staffing prior to survey from 10/13/2024 to 10/26/2024, the facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows:</p> <p>-10/13/24 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-10/14/24 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-10/15/24 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-10/16/24 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-10/20/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-10/21/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-10/22/24 had 15 CNAs for 134 residents on the day shift, required at least 17 CNAs.</p> <p>-10/23/24 had 15 CNAs for 132 residents on the day shift, required at least 17 CNAs.</p> <p>-10/24/24 had 15 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p>	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315387	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/27/2024
NAME OF FACILITY ALLAIRE REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	

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 F0550	Correction	ID Prefix F0563	Correction	ID Prefix F0582	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(4)(ii)-(v)	Completed	Reg. # 483.10(g)(17)(18)(i)-(v)	Completed
LSC	11/04/2024	LSC	12/02/2024	LSC	12/02/2024
ID Prefix F0584	Correction	ID Prefix F0585	Correction	ID Prefix F0689	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.10(j)(1)-(4)	Completed	Reg. # 483.25(d)(1)(2)	Completed
LSC	12/02/2024	LSC	12/02/2024	LSC	12/02/2024
ID Prefix F0693	Correction	ID Prefix F0730	Correction	ID Prefix F0761	Correction
Reg. # 483.25(g)(4)(5)	Completed	Reg. # 483.35(d)(7)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	12/02/2024	LSC	12/02/2024	LSC	12/02/2024
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	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/1/2024		<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 061314	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/27/2024
NAME OF FACILITY ALLAIRE REHAB & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	

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	12/02/2024	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	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/1/2024		<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			

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E 000	Initial Comments	E 000			
	An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/31/24. The facility was found to be in compliance with 42 CFR 483.73				
K 000	INITIAL COMMENTS	K 000			
	A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 10/31/24 and was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.				
	Allaire Rehab & Nursing is a four-story building built in the 1970's. It is composed of Type II protected construction. The facility is divided into 22 - smoke zones. The generator powers 100 % of the building per Maintenance Director. The current occupied beds are 137 of 174.				

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

TITLE

(X6) DATE

Electronically Signed

11/29/2024

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.