STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315279	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ155941, NJ157437, NJ157714, NJ160740, NJ166295, NJ167271, NJ169912, NJ172972, NJ174687, NJ174875, NJ175723 Survey Dates: 07/24/2024, 07/25/2024 Census: 229 Sample Size: 14 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint # NJ160740, NJ166295, NJ167271, NJ169912 Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 07/24/2024, it was determined that the facility failed to administer medications according to the acceptable standards of nursing practice for 1 of 3 residents (Resident #3) . The facility also failed to follow its policy titled "Administering Medications".	F 658	F658 D Services Provided Meet Professional Standards It is the practice of the facility to provide and arranged as outline by the comprehensive care plan services that meet professional standards of practice. 1) Medications found at bedside for resident# 3, were removed and discarded by the charge nurse. 2) All the other residents have the potential to be affected by this deficient	8/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315279	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

(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 658	Continued From page 1 This deficient practice was evidenced by the following: Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions " b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem. According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to, [redacted], [redacted], [redacted], and [redacted].	F 658	practice. 3) [redacted] of resident# 3 was in-service on appropriate process of medication administration; Medication Administration Competency was also completed. All other nurses were re in-serviced on the Steps for appropriate Medication Administration. 4) The director of nursing or designee will conduct medication administration observations to 5 nurses weekly to ensure compliance for two months. The director of nursing or designee will conduct rounds during medication administration to observe that no medications are left at bedside daily for two weeks then weekly for two months. Any issues identified will be reported immediately to the Administrator and the DON. The results of the findings will be reported to the QAPI Committee.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315279	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

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F 658	Continued From page 2	F 658		

A review of the NJ Ex Order 26.4(b)(1) Quarterly Minimum Data Set (MDS), an assessment tool reflected that the Resident #3 had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated the resident's cognition was NJ Ex Order 26.4(b)(1)

A review of the "Order Summary Report (OSR)" Active Orders as of 07/24/2024 included the following Physician's Orders (Pos):
NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 2 Give 1 tablet by mouth one time a day.
NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order Give 1 tablet by mouth one time a day.
NJ Ex Order 26.4(b)(1) Tablet NJ Ex Orc Give 1 tablet by mouth two times a day.
NJ Ex Order 26.4(b)(1) Tablet Give 1 tablet by mouth two times a day.
NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 26.4(b)(Give 1 tablet by mouth two times a day.
NJ Ex Order 26.4(b)(1) Unit Tablet Give 1 tablet by mouth one time a day.

During an interview with Resident #3 on 07/24/2024 at 10:13 A.M., the Surveyor observed NJ Ex pills in a medicine cup on Resident # 3's bedside table. Resident #3 stated "the nurse left the pills and never gave me water".

On 07/24/2024 at 10:20 A.M., the Surveyor notified the U.S. FOIA (b) (6) of pills in medicine cup on Resident #3's bedside table. The U.S. FOIA (b) (6) removed the medicine cup with pills from Resident #3's bedside and notified the Registered Nurse (RN#1) assigned to Resident #3.

The Surveyor attempted to interview RN #1 on 07/24/2024 at 10:23 A.M., but RN #1 was not

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	315279	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

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F 658	Continued From page 3	F 658		

available at that time.

During an Interview with the Surveyor on 07/24/2024 at 10:23 A.M., the U.S. FOIA (b) (6) stated, "the expectation was not to leave medications unattended in a resident's room". The U.S. FOIA (b) (6) further stated the expectation for nurses was to ensure residents took their medications before leaving the resident's room.

During an interview with the Surveyor on 07/24/2024 at 1:02 P.M., RN #1 stated, "this morning was a mistake". RN #1 further stated she became distracted with Resident #3's roommate and did not observe Resident #3 take their medications. RN #1 stated "expectation was to make sure resident took medications prior to leaving room". RN #1 stated she should not leave room without ensuring medications are taken by resident. RN #1 was able to confirm that medications in the medicine cup found at Resident #3's bedside were NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 26 NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 2 NJ Ex Order 26.4(b)(1) Tablet NJ Ex Orde NJ Ex Order 26.4(b)(1) Tablet, NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1) Unit.

During an interview with the U.S. FOIA (b) (6)) on 07/25/2024 at 4:45 P.M., the U.S. FOIA stated the expectation was the nurse should have ensured that the resident swallowed the pills with water or juice. The U.S. FOIA further stated, "I would never expect the nurse to leave medications at the resident's bedside". The U.S. FOIA stated, "it was important that the nurse ensures the resident swallows their medication to ensure they are getting the medication that they need".

Review of the undated facility policy titled,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315279	A. BUILDING _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	**10 BRUNSWICK AVENUE EDISON, NJ 08817**

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F 658	Continued From page 4 "Administering Medications" revealed under "Policy Statement", "Medications shall be administered in a safe and timely manner, and as prescribed." Under "Policy Interpretation and Implementation", "15. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely." NJAC 8:39-29.2(d)	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	061205	A. BUILDING: _____ B. WING _____	C 07/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHAE	10 BRUNSWICK AVENUE EDISON, NJ 08817

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S 000	Initial Comments Complaint#: NJ155941, NJ157437, NJ157714, NJ160740, NJ166295, NJ167271, NJ169912, NJ172972, NJ174687, NJ174875, NJ175723 Survey Dates: 07/24/2024, 07/25/2024 Census: 229 Sample: 14 The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ155941, NJ157437, NJ157714, NJ160740, NJ166295, NJ167271, NJ169912, NJ172972, NJ174687, NJ174875, NJ175723 Based on interviews and review of facility documents on 07/25/2024, it was determined that	S 560	S560 It is the practice of the facility to maintain the require minimum direct care staff to shift ratios as mandated by the state of New Jersey 1) Efforts to hire facility staff will continue until there is adequate staff to serve all	8/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/09/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHAE	10 BRUNSWICK AVENUE EDISON, NJ 08817

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S 560	Continued From page 1 the facility failed to ensure staffing ratios were met for 6 of 14-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 2 weeks of staffing prior to complaint survey from 07/07/2024 to 07/20/2024, the facility was deficient in CNA staffing for residents on 6 of 14-day shifts as follows: 07/07/24 had 24 CNAs for 230 residents on the day shift, required at least 29 CNAs. On 07/11/24 had 28 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 07/12/24 had 28 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 07/14/24 had 28 CNAs for 229 residents on	S 560	residents. Until that time, the facility will continue to utilize staffing agencies to fill any open shifts on the schedules will be review daily to ensure staffing levels for 24hrs period. 2) Due to the nature of this deficiency, all residents have the potential to be affected by this practice. 3) Contracts with additional staffing agencies have been secured to supplement facility staff. Hiring and recruitment efforts including wage analysis and adjustments , pay based on experience, online job listings, job fairs , shift differentials, and referral bonuses are being utilized to become more competitive in the marketplace. Call outs will be monitored and addressed according to policy. 4) The Administrator or Designee will review staffing schedules weekly to ensure adequate staffing for all shifts. The results of this audits will be submitted to QAPI committee monthly for two months and we have further evaluation.	

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EMBASSY MANOR AT EDISON NURSING AND REHAE	10 BRUNSWICK AVENUE EDISON, NJ 08817

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S 560	Continued From page 2 the day shift, required at least 29 CNAs. On 07/15/24 had 28 CNAs for 229 residents on the day shift, required at least 29 CNAs. On 07/20/24 had 28 CNAs for 230 residents on the day shift, required at least 29 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315279	A. Building B. Wing	8/28/2024

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658 Reg. # 483.21(b)(3)(i) LSC	Correction Completed 08/23/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
7/25/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061205 Y1	A. Building B. Wing Y2	8/28/2024 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EMBASSY MANOR AT EDISON NURSING AND REHABILITATION	10 BRUNSWICK AVENUE EDISON, NJ 08817

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 Reg. # 8:39-5.1(a) LSC	Correction Completed 08/23/2024	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
7/25/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO