STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315524	A. BUILDING _____ B. WING _____	C 10/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

(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 #:NJ165714 Survey Date: 10/3/2023 Census: 206 Sample Size: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential	F 842		11/17/23

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

Electronically Signed | 10/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 842	Continued From page 1	F 842		

all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-
(i) Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;

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F 842	Continued From page 2 (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Complaint #: NJ165714 Based on observations, interviews, a review of the medical record, and other pertinent facility documents on 10/3/23, it was determined that the facility failed to provide documented evidence of care provided to a resident (Resident #2). The facility also failed to follow the Certified Nursing Assistant's job description and its policies titled, "Activities of Daily Living (ADL), NJ Exec Order 26.4b1 for 1of 4 residents (Resident #2) reviewed. This deficient practice was evidenced by the following: Review of the Electronic Medical Record (EMR) was as follows: According to the AR Resident #2 was admitted to the facility on NJ ex order 26. with diagnoses which included but were not limited to NJ ex order 26.4b1 NJ ex order 26.4b1 According to the Minimum Data Set (MDS), an assessment tool dated NJ ex order 26., Resident # 2 had a BIMS score of NJ ex 15, which indicated the Resident #2 NJ ex order 26.4b1. The MDS also showed Resident #2 NJ ex order 26.4b1 NJ ex order 26.4b1 and NJ ex order 26.4b1 with most Activities of Daily Living (ADLs) and NJ ex order 26.4b1 .	F 842	F842 Resident Records Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) 1. Resident #2 no longer resides in the facility. 2. All residents have the potential to be affected by this deficient practice. 3. The Director of Nursing re-educated all CNA staff on documenting all evidence of care provided to a resident including Activities of Daily Living (ADLs). DON completed an audit of all residents Activities of Daily Living (ADLs) for completion of POC documentation. Staff corrected identified incomplete documentation. 4. The DON/designee will audit all Activities of Daily Living (ADLs)for completion of POC documentation, Daily x5 weekly x4 and monthly x3. Results of the audits will be reviewed Monthly with QAPI until substantial compliance is met. Any staff member with incomplete documentation will be contacted to complete their documentation. The QAPI Committee consists of the NHA, DON and Medical Director. 5. Date when corrective action will be completed: November 10, 2023	

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F 842	Continued From page 3	F 842		

Review of Resident #2's "ADL (Activity of Daily Living) Documentation," a form utilized for documentation of ADLs care by the Certified Nursing Assistants (CNAs) for [redacted], showed blank spaces indicating the tasks were not completed as follows:

[redacted] on [redacted], and [redacted] on the day shift. On [redacted], and [redacted] on the evening shift. On [redacted] and [redacted] on the evening shift.

[redacted] on [redacted] and [redacted] on the day shift. On [redacted] and [redacted] on the evening shift. On [redacted] and [redacted] on the night shift.

[redacted] on [redacted] and [redacted] on the day shift. On [redacted] and [redacted] on the evening shift. On [redacted] and [redacted] on the night shift.

[redacted] on [redacted] and [redacted] on the day shift. On [redacted] on the evening shift. On [redacted] and [redacted] on the night shift.

[redacted] on [redacted] and [redacted] on the day shift. On [redacted], and [redacted] on the evening shift. On [redacted] and [redacted] on the night shift.

[redacted] on [redacted] and [redacted] on the day shift. On [redacted] and [redacted] on the evening shift. On [redacted] and [redacted] on the night shift.

[redacted] on [redacted], and [redacted] on the day shift. On [redacted], and [redacted] on the

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F 842	Continued From page 4	F 842		

evening shift. On [redacted], [redacted] and [redacted] on the night shift.

[redacted] off Unit on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted] and [redacted] on the evening shift.

[redacted] on Unit on [redacted], [redacted] and [redacted] on the day shift.
On [redacted], [redacted], [redacted] and [redacted] on the evening shift.

[redacted]: [redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted] and [redacted] on the evening shift.

[redacted]: [redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift.

[redacted] including [redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift. On [redacted], [redacted] and [redacted] on the night shift.

[redacted] with [redacted] [redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted] and [redacted] on the evening shift. On [redacted], [redacted] and [redacted] on the night shift.

Stop and watch on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift. On [redacted], [redacted] and [redacted] on the night shift.

[redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on

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F 842	Continued From page 5	F 842		

the evening shift. On [redacted], [redacted] and [redacted] on the night shift.

[redacted] on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift.

NJ ex order 26.4b1 on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted] and [redacted] on the evening shift. On [redacted], [redacted] and [redacted] on the night shift.

NJ Exec Order 26.4b1 on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift.

NJ Exec Order 26.4b1 on [redacted], [redacted] and [redacted] on the day shift. On [redacted], [redacted], [redacted] and [redacted] on the evening shift.

During an interview on 10/3/23 at 10:50 A.M., the US FOIA (B) (6)) stated, "If the ADLs sheet is not signed off [not initialed], it does not necessarily mean the job [task] was not done, maybe the person [redacted] did not have the time to document. " When presented with the printed copy of the ADLs sheets and asked if the ADL sheets should be signed, the [redacted] stated, "Yes, the ADL sheets should be signed off every day by the [redacted] at the end of each shift. There should be no blank spaces."

During an interview on 10/3/23 at 2:17 P.M., the US FOIA (B) (6) stated, "The [redacted] provide ADLs for the residents, and it is documented on the ADL (Activity of Daily Living) sheet at the end of each shift." She further stated, "There should be no blank spaces on the ADL sheets." When presented with the printed ADLs

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F 842	Continued From page 6 sheets, the [redacted] stated, "Looking at the ADL sheets with the blank spaces, that means the tasks were not completed." Review of the facility's document titled "Certified Nurse Aide Job Description" reveals under "Duties and Responsibilities": Record all entries on flow sheets, notes, charts, computers etc., in an informative and descriptive manner. Assist residents with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.). Assist residents to walk with or without self-help devices as instructed. Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc. Review of the facility's policy last revised 3/2018, titled "Activities of Daily Living (ADLs), Supporting, " under "Policy Statement" Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Under "Policy Interpretation and Implementation" 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral car); b. mobility (transfer and ambulation, including walking); c. elimination (toileting). NJAC 8:39-35.2 (a)(g)1	F 842		

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LAUREL BROOK REHABILITATION AND HEALTHCAR	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficieny 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#: NJ165714 Based on interviews and review of facility documents on 10/3/2023, it was determined that the facility failed to ensure staffing ratios were met for 28 of 28-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey	S 560	S560- 8:39-5.1 (a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. 1.No residents were affected by not meeting the State of New Jersey minimum staffing requirements. 2.All residents could have the potential to be affected by this area of concern. 3.Recruitment efforts continue to include: 1.Daily Staffing meetings 2.Care Champion mentor program to support and retain staff 3.Culture Committee to promote and improve staff morale 4.Recruitment Bonuses, Sign on Bonuses	11/10/23

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

Electronically Signed | 10/27/23

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S 560	Continued From page 1 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. 1.For the 2 weeks of Complaint staffing from 07/02/2023 to 07/15/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows: On 07/02/23 had 17 CNAs for 196 residents on the day shift, required at least 24 CNAs. On 07/03/23 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. On 07/04/23 had 20 CNAs for 194 residents on the day shift, required at least 24 CNAs. On 07/05/23 had 21 CNAs for 194 residents on the day shift, required at least 24 CNAs. On 07/06/23 had 20 CNAs for 194 residents on the day shift, required at least 24 CNAs. On 07/07/23 had 22 CNAs for 194 residents on the day shift, required at least 24 CNAs. On 07/08/23 had 19 CNAs for 206 residents on the day shift, required at least 26 CNAs. On 07/09/23 had 15 CNAs for 206 residents on	S 560	and Vacant Shift Bonuses offered 5.Utilizing multiple outside staffing agencies to fulfill staffing needs 6.Ongoing job fairs onsite 7.On-demand orientation classes 8.Prize raffles for staff picking up extra shifts 9.Daily interviews being conducted with any walk ins 4.The Director of Nursing/Designee will monitor staffing daily x5, weekly x4, and monthly x3 to maintain ongoing staffing compliance. The Director of Nursing will report the results to the Quality Initiative Committee. The Quality Initiative committee consists of the Administrator, Director of Nursing, and the Medical Director. 5. Date when corrective action will be completed: November 10, 2023	

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S 560	Continued From page 2 the day shift, required at least 26 CNAs. On 07/10/23 had 20 CNAs for 206 residents on the day shift, required at least 26 CNAs. On 07/10/23 had 14 total staff for 206 residents on the overnight shift, required at least 15 total staff. On 07/11/23 had 19 CNAs for 109 residents on the day shift, required at least 26 CNAs. On 07/12/23 had 22 CNAs for 208 residents on the day shift, required at least 26 CNAs. On 07/13/23 had 23 CNAs for 208 residents on the day shift, required at least 26 CNAs. On 07/14/23 had 20 CNAs for 208 residents on the day shift, required at least 26 CNAs. On 07/15/23 had 21 CNAs for 208 residents on the day shift, required at least 26 CNAs. 2.For the 2 weeks of staffing prior to survey from 09/17/2023 to 09/30/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: On 09/17/23 had 16 CNAs for 204 residents on the day shift, required at least 25 CNAs. On 09/18/23 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. ON 09/19/23 had 20 CNAs for 201 residents on the day shift, required at least 25 CNAs. On 09/20/23 had 19 CNAs for 201 residents on the day shift, required at least 25 CNAs. On 09/21/23 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. On 09/22/23 had 17 CNAs for 201 residents on the day shift, required at least 25 CNAs. On 09/23/23 had 18 CNAs for 201 residents on the day shift, required at least 25 CNAs. ON 09/24/23 had 14 CNAs for 201 residents on the day shift, required at least 25 CNAs. On 09/25/23 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs.	S 560		

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S 560	Continued From page 3 On 09/26/23 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs. On 09/27/23 had 19 CNAs for 203 residents on the day shift, required at least 25 CNAs. On 09/28/23 had 17 CNAs for 203 residents on the day shift, required at least 25 CNAs. On 09/29/23 had 18 CNAs for 204 residents on the day shift, required at least 25 CNAs. On 09/30/23 had 14 CNAs for 202 residents on the day shift, required at least 25 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315524 Y1	A. Building B. Wing Y2	11/21/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

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 F0842 Reg. # 483.20(f)(5), 483.70(i)(1)-(5) LSC	Correction Completed 11/17/2023	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
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	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
10/3/2023	☐ 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
03015 Y1	A. Building B. Wing Y2	11/21/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	3718 CHURCH ROAD MOUNT LAUREL, NJ 08054

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 11/10/2023	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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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
10/3/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO