

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

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint NJ #'s: 175388, 175449, 175708, 176224, 177067, 177069, 177592, 177765</p> <p>Survey Date: 10/8/24 to 10/16/24</p> <p>Census: 206</p> <p>Sample: 38 + 3 closed records</p> <p>A Recertification/LSC survey was conducted at Laurel Brook Rehabilitation and Healthcare Center from 10/8/24 through 10/16/24, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities.</p> <p>During the survey a finding which constituted an Immediate Jeopardy (IJ) was identified under 42 CFR 483.25(d)(1) F 689 as the facility failed to ensure their smoking policy interventions were implemented to reduce hazard(s) and risk(s) for residents who smoked tobacco and to ensure resident safety. The facility documented Resident #144 was found NJ Ex Order 26.4(b)(1) in their room on three occasions; NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). Interview with Resident #144 on 10/9/24, confirmed that the resident NJ Ex Order 26.4(b)(1) in their room with the last time being that morning (10/9/24) at 5:00 AM.</p> <p>Interviews with staff confirmed that Resident #144 had a history of NJ Ex Order 26.4(b)(1) in the facility, and that the resident was assessed as an NJ Ex Order 26.4(b)(1) who was allowed to hold onto their NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>The U.S. FOIA (b) (6) was informed of the F 689 IJ and was provided the IJ template on 10/9/24 at</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/10/2024

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 5:13 PM. An acceptable Removal Plan (RP) was received on 10/10/14 at 9:51 AM, indicating the action the facility will take to prevent serious harm from occurring or reoccurring. The facility implemented a corrective action plan to remediate the deficient practice including: the resident was placed on NJ Ex Order 26.4b1 ; the resident was re-educated on the facility's smoking policy and they relinquished their smoking materials; a smoking evaluation was completed; and the facility will conduct routine safety rounds on Resident #144's room.	F 000			
F 584 SS=F	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §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. The facility must provide- §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	F 584			11/21/24

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F 584	<p>Continued From page 2 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> <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: Complaint #: NJ177765; NJ177069</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to maintain the resident environment, equipment and living areas in a safe, sanitary, and homelike manner.</p> <p>This deficient practice was identified on 5 of 5 resident units (NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(2), NJ Ex Order 26.4(b)(3), NJ Ex Order 26.4(b)(4)) and (NJ Ex Order 26.4(b)(5)) and was evidenced by the following:</p> <p>1.) During the initial tour of the facility on 10/8/24 at 11:31 AM of the (NJ Ex Order 26.4(b)(1)) Unit, the surveyor</p>	F 584	<p>1. The IDT met about the resident in Room (NJ Ex Order 26.4(b)(1)) on 11/6/24 and determined the room was deep cleaned on 10/10/24 and has been maintained since.</p> <p>The IDT met about Resident #81 on 11/6/24 and determined repairs were made and no other homelike issues have been identified.</p> <p>Resident #123 was evaluated by licensed nurse with (NJ Ex Order 26.4(b)(1)) related to cited event noted. Resident #123 air conditioner unit filter was changed and removed from window on 10/30/24 by the Maintenance Department.</p> <p>The IDT team met to discuss residents</p>		

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F 584	<p>Continued From page 3 observed the following:</p> <p>-Room 64-A: the air conditioner (AC) unit had unidentified black discolorations on the vent grill and the front of the AC unit had an accumulation of dust.</p> <p>During an interview with the surveyor on 10/15/24 at 4:14 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated that housekeeping and maintenance should ensure the AC units were cleaned and remained dust free weekly.</p> <p>2.) During a tour on 10/9/24 at 8:34 AM of the NJ Ex Order 26.4) Unit, the surveyor observed the following:</p> <p>-Room 201: dust on the front cover of the window AC unit</p> <p>-Room 204: the inside of the bathroom door had brown paint peeling off.</p> <p>-Room 205: dust on the front cover of the window AC unit</p> <p>-Room 211: the inside of the bathroom door had brown paint peeling off.</p> <p>-Room 212: dust on the front cover of the window air conditioner (AC) unit.</p> <p>-Room 214: dust on the front cover of the window AC unit</p> <p>-Room 218: dust on the front cover of the window AC unit, napkins stuffed into open area on the side of the Window AC unit to prevent outside air from coming into the room.</p> <p>-Room 219: observed an uncovered mattress propped against the wall and a cabinet with visible red colored spots on the mattress</p> <p>-Room 223: the inside of the bathroom door had brown paint peeling off.</p> <p>-Room 224: dust on the front cover of the window</p>	F 584	<p>room change post room transfer. The Resident, # 191, indicates NJ Ex Order 26.4(b)(1) with NJ Ex O current living environment. No further concerns.</p> <p>NJ Ex Order Unit</p> <p>Room 64-A: the air conditioner (AC) unit was cleaned to include the removal of the unidentified black discolorations on the vent grill and the dust from the front of the AC unit.</p> <p>NJ Ex Order 26.4) Unit</p> <p>Room 201: was cleaned to include the removal of dust on the front cover of the window AC unit</p> <p>-Room 204: the inside of the bathroom door was scraped and painted with no further areas of peeling noted.</p> <p>-Room 205: was cleaned to include the removal of dust on the front cover of the window AC unit</p> <p>-Room 211: the inside of the bathroom door was scraped and painted with no further areas of peeling noted.</p> <p>-Room 212: was cleaned to include the removal of dust on the front cover of the window air conditioner (AC) unit.</p> <p>-Room 214: was cleaned to include the removal of dust on the front cover of the window AC unit</p> <p>-Room 218: was cleaned to include the removal of dust on the front cover of the window AC unit, napkins stuffed into open area</p> <p>on the side of the Window AC unit to prevent outside air from coming into the room was removed, ac unit is in working order. AC window unit was removed for the season</p>		

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F 584	<p>Continued From page 4</p> <p>AC unit</p> <p>During an interview with the surveyor on 10/15/24 at 2:36 PM, the U.S. FOIA (b) (6), in the presence of the survey team stated that he will check if any maintenance orders were placed for the peeling paint. The U.S. FOIA (b) (6) did not bring any additional information regarding the paint.</p> <p>On 10/15/24 at 3:06 PM, the surveyor interviewed the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6) in the presence of the survey team. The U.S. FOIA (b) (6) stated that floor mats and mattresses should be cleaned.</p> <p>3). During the initial tour on 10/8/24 at 10:35 AM of the NJ Ex Order 26.41 Unit, the surveyor observed the following:</p> <p>-Yellow tape on the hallway floor in multiple areas.</p> <p>-A strip of the flooring was partially raised off of the floor.</p> <p>On 10/9/24 at 2:19 PM, during a surveyor visit to Room NJ Ex Order 26.41 a resident occupied room, the following was observed:</p> <p>-a hardened brown substance on the resident's floor.</p> <p>During an interview with the surveyor, the resident in Room NJ Ex Order 26.41 stated, "my room has not been cleaned in a couple weeks."</p> <p>On 10/10/24 at 12:33 PM, the surveyor returned to Room NJ Ex Order 26.41 and the hardened brown substance was still on the resident's floor. An empty clear</p>	F 584	<p>on 10/30/24.</p> <p>-Room 219: the observed an uncovered mattress propped against the wall was removed and discarded. The cabinet was cleaned.</p> <p>-Room 223: the inside of the bathroom door was scraped and painted with no further areas of peeling noted.</p> <p>-Room 224: was cleaned to include the removal of dust on the front cover of the window AC unit NJ Ex Order 26.41 Unit</p> <p>-The identified yellow tape on the hallway floor in multiple areas were removed</p> <p>-The identified area with the flooring strip partially raised off the floor was appropriately secured.</p> <p>On 10/9/24 at 2:19 PM, during a surveyor visit to Room NJ Ex Order 26.41 was cleaned by housekeeping on 10/9/24 to include removal of the hardened brown substance on the floor and removal of empty clear manufacture packaging, an empty cardboard juice wrapping, and small debris were noted on the floor near the resident's bed.</p> <p>NJ Ex Order 26.41 Unit</p> <p>Room NJ Ex Order 26.41 The identified area with the hole in the ceiling was appropriately repaired, including removing the clear plastic surrounded by black electrical tape.</p> <p>The identified PTAC (packaged terminal air conditioner unit) was repaired and is in working order free of dents and/or damage.</p>		

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F 584	<p>Continued From page 5</p> <p>manufacture packaging, an empty cardboard juice wrapping, and small debris were noted on the floor near the resident's bed.</p> <p>On 10/15/24 at 3:06 PM during an interview with the surveyor in the presence of the U.S. FOIA (b) (6) and the survey team, the U.S. FOIA (b) (6) stated that the resident rooms were cleaned daily which included, "the tray tables, high touch areas, door knobs, furniture, and floors. When asked about the hardened substance stuck on the floor, the U.S. FOIA (b) (6) replied, "we usually spray, then we have scrapers for anything that is stuck to the floor."</p> <p>4.) During the initial tour on 10/8/24 from 10:55 AM to 1:11 PM of NJ Ex Order 26.4(b)(1) Unit, the surveyor observed the following:</p> <p>-Room NJ Ex Order 26.4(b)(1): There was a hole in the ceiling that was covered with clear plastic surrounded by black electrical tape. There was a dried substance noted in the center of the plastic that covered the hole in the ceiling. A PTAC (packaged terminal air conditioner unit) had a visibly dented and damaged front cover, and a portable air conditioner unit that was vented out of the resident's window were both in the room. Resident #81 and his/her spouse were present and stated, "the ceiling should not be that way, and it has been that way since around NJ Ex Order 26.4(b)(1). They put the plastic up in the early part of the year. I would think it would have been fixed by now." The resident's spouse stated that he/she mentioned it to maintenance previously, who stated that they would come back and fix it.</p> <p>-Room NJ Ex Order 26.4(b)(1): A wall unit air conditioner had a thick coating of dust on the outside of the vent</p>	F 584	<p>Room NJ Ex Order 26.4(b)(1) was cleaned to include the removal of dust from the outside of the vent cover of the identified wall unit air conditioner.</p> <p>Room NJ Ex Order 26.4(b)(1): The identified patched area on the ceiling was repaired. Room NJ Ex Order 26.4(b)(1), the identified NJ Ex Order 26.4(b)(1) including the wheels was cleaned and sanitized to be free of dust, debris and the hardened, dried, spillage noted on it.</p> <p>The three (3) geriatric chairs identified in the hallway were cleaned, and were not in resident use, were removed from resident areas until picked up by the hospice provider.</p> <p>The covering of the identified linen cart was replaced and is free from tears. The identified AC unit in the activities/dining room was cleaned and the cover replaced.</p> <p>The middle window including the windowsill was cleaned with no dust, debris, and/or cobwebs further noted. The AC unit in the window in the front of the room was cleaned to include the removal of dust and cobwebs.</p> <p>2. Current residents have the potential to be affected. An audit was completed of resident rooms and resident common areas to validate Safe/Clean/Comfortable/Homelike Environment is maintained to include but not limited to the need ac units and windows are free from dust, discoloration, debris are cobwebs. Bathroom doors are free of peeling paint. PTAC are in good</p>		

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F 584	<p>Continued From page 6 cover.</p> <p>During an interview with the surveyor on 10/9/24 at 12:20 PM, Certified Nursing Assistant (CNA) #8 stated that if she noted anything in need of repair she told the nurse and put a maintenance request into the system. CNA #8 further stated that she noticed the hole in the ceiling and saw the tape in Room [REDACTED] and figured that it was being taken care of.</p> <p>During an interview with the surveyor on 10/9/24 at 12:25 PM, Licensed Practical Nurse (LPN) #9 stated that when she noted something in need of repair, she placed a maintenance call and they responded within thirty minutes. LPN #9 further stated, "I think that they may have taken a vent out of room [REDACTED] LPN #9 stated that she would follow-up with maintenance.</p> <p>During an interview with the surveyor on 10/9/24 at 12:32 PM, Licensed Practical Nurse/Unit Manager (LPN/UM) #4 stated, "I honestly did not notice the air conditioner units. It has to be cleaned." LPN/UM #4 stated that he would notify maintenance or housekeeping.</p> <p>During an interview with the surveyor on 10/9/24 at 12:35 PM, Resident #123 stated that he/she had not seen the air conditioner unit filter changed or cleaned since he/she was admitted to the facility.</p> <p>During a later interview with the surveyor on 10/9/24 at 1:07 PM, LPN/UM #4 stated that he did not see a hole in the ceiling in room [REDACTED]. He stated, "It was not acceptable. They probably attempted to fix it, but had to see how to resolve it." LPN/UM #4 further stated, "It was not</p>	F 584	<p>repair. Resident room ceilings are in good repair, IV pole poles are clean to include wheels, Geri chairs out in resident areas are cleaned, in good repair and stored appropriately. Variances were addressed.</p> <p>3. The Regional Plant Operations Assistant/designee re-educated the [REDACTED] U.S. FOIA (b) (6), U.S. FOIA (b) (6), housekeeping and nursing staff on identifying areas requiring cleaning and/or repairs and the process for reporting to facilitate timely remediation. The housekeeping staff was re-educated by the Regional Director of Environmental Services 11/4/24 on the facility policy for thorough cleaning and sanitation along with the cleaning schedules. The maintenance staff was re-educated 11/4/24 by the Director of Maintenance on the facility policy for thorough evaluation of equipment, resident rooms and common area for repair to include maintenance check schedules. Maintenance, housekeeping and clinical Staff reeducation was provided to ensure the environment is kept clean and maintenance repairs are made timely as identified including those identified in the 2567</p> <p>4. The Administrator/designee will conduct 3 rounds weekly in resident rooms and common areas to validate Safe/Clean/Comfortable/Homelike Environment is maintained to include thoroughly cleaned areas and timely repairs completed. Variances will be addressed in a timely manner. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The</p>		

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F 584	<p>Continued From page 7</p> <p>acceptable for it to be like that since January." LPN/UM #4 stated that he would inform maintenance.</p> <p>During an interview with the surveyor on 10/10/24 at 11:24 AM, the U.S. FOIA (b) (6) stated that he had worked at the facility since NJ Ex Order . He stated that he was not sure how long room NJ Ex Order had been like that, but it was brought to his attention yesterday by the U.S. FOIA (b) (6), and was being patched now. The U.S. FOIA (b) (6) stated that we do weekly walk throughs. The U.S. FOIA (b) (6) stated that he did not think that the plastic should have been there and the repairs should have been made immediately or ASAP.</p> <p>At 11:33 AM, the surveyor asked the U.S. FOIA (b) (6) about the condition of the air conditioning unit in room NJ Ex Order on NJ Ex Order Unit. The U.S. FOIA (b) (6) stated that housekeeping was responsible to clean the outside of the air conditioning units and maintenance cleaned the filters.</p> <p>During an interview with the surveyor on 10/10/24 at 12:00 PM, Housekeeper (HK) #3 stated that she was responsible to dust the air conditioning units. HK #3 stated that her boss brought it to her attention today and the vent was wiped with an all purpose cleaner. HK #3 stated that it was important to clean the outside of the air conditioner vents because the resident's had to breathe air from it. The surveyor noted that there was still dust that remained on the air conditioner vent after it was reportedly cleaned.</p> <p>During an interview with the surveyor on 10/15/24 at 2:37 PM, the U.S. FOIA (b) (6) stated when an AC unit went bad, they placed a portable window unit. When asked if the maintenance department did</p>	F 584	<p>findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 584	<p>Continued From page 8</p> <p>walking rounds for preventative maintenance he stated, "We do more of a visual rounding, they take notes, and make repairs." The [U.S. FOIA (b) (6)] described the maintenance notes as personal notes and stated that there was no official form that staff were required to turn in.</p> <p>During an interview with the surveyor on 10/15/24 at 3:07 PM in the presence of the survey team, the [U.S. FOIA (b) (6)] stated that air conditioner vents were supposed to be wiped daily and deep cleaned weekly. The [U.S. FOIA (b) (6)] stated that she did not expect to see a thick coating of dust on the outside of the air-conditioning units. The [U.S. FOIA (b) (6)] further stated that it could cause health issues in residents with respiratory problems. At that time, the surveyor showed the [U.S. FOIA (b) (6)] photos of the air conditioner unit in room [U.S. FOIA (b) (6)], both before and after it was reportedly cleaned. The [U.S. FOIA (b) (6)] stated, "They can do better than that."</p> <p>5.) During a tour of [U.S. FOIA (b) (6)] Unit on 10/10/24 at 10:29 AM, the surveyor observed the following:</p> <p>-Room [U.S. FOIA (b) (6)]: The surveyor observed Resident #191 who was seated in a wheel chair directly beneath a patched area on the ceiling that had a white coating over it with a visible crack through the patched area that ran along the ceiling. Licensed Practical Nurse (LPN) #10 was present at the bedside and stated that she had not noticed the condition of the ceiling before.</p> <p>During an interview with the surveyor on 10/10/24 at 10:59 AM, the [U.S. FOIA (b) (6)] and the surveyor went into room 78-A together to see the condition of the ceiling. At that time, the [U.S. FOIA (b) (6)] stated, "Oh my God." When the</p>	F 584			

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F 584	<p>Continued From page 9</p> <p>surveyor asked her to clarify what she meant, she stated, "I want to see if it were previously addressed."</p> <p>During an interview with the surveyor on 10/10/24 at 11:30 AM, the surveyor and the [U.S. FOIA (b)] went to room [NJ Ex Order] to view the ceiling together. The [U.S. FOIA (b)] stated, "I see buckling here and we have to immediately address it and get the resident out of the room." The [U.S. FOIA (b)] (6) [U.S. FOIA (b)] was present and stated that the area looked like it was previously patched. The [U.S. FOIA (b)] stated, "It was very concerning to me. We cannot let it go on."</p> <p>During an interview with the surveyor on 10/15/24 at 2:37 PM, the [U.S. FOIA (b)] stated that he was unsure of the cause of the ceiling damage in room [NJ Ex Order]</p> <p>6.) During the initial tour on 10/8/24 at 10:34 AM of the [NJ Ex Order] Unit, the surveyor observed the following:</p> <p>In room [NJ Ex Order], the resident's [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] had hardened, dried, spillage on it. The wheels of the [NJ Ex Order 26.4] had dust and debris on it.</p> <p>At 1:07 PM the surveyor observed the following in the [NJ Ex Order] Unit:</p> <p>-In the hallway, there were three (3) geriatric chairs (geri-chair - used for those with mobility issues and have difficulty sitting upright) that had debris on the back of the chairs. One (1) of the geri-chairs had a tear on the right arm rest.</p>	F 584			

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F 584	<p>Continued From page 10</p> <p>-In the same hallway there was a linen cart with a black net covering that had white spatter on it and was torn.</p> <p>-In the activities/dining room, there was an air conditioning (AC) unit in the back of the room that had a brown color noted on the vents with visible debris. There was no cover over on AC unit vents. The middle window was partially opened and had dust, debris, and cobwebs noted on the windowsill. The AC unit in the window in the front of the room had dust and cobwebs on it.</p> <p>During an interview with the surveyor on 10/9/24 at 11:54 AM, LPN #9 stated the overnight nursing staff was responsible for cleaning the [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)(1)]. She further stated it was documented on the Treatment Administration Record (TAR) that the machine was cleaned.</p> <p>During an interview with the surveyor on 10/9/24 at 11:58 AM, LPN #8 stated that both nursing and housekeeping were responsible for cleaning the [NJ Ex Order 26.4(b)(1)] and the [NJ Ex Order 26.4(b)(1)]. She stated they were cleaned weekly and as needed. She further stated that the housekeeper wiped it daily, but was not sure if there was a cleaning schedule or where it would be documented.</p> <p>During an interview with the surveyor on 10/9/24 at 12:05 PM, CNA #9 stated the nurses were responsible for cleaning the [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)]. She stated that maintenance was responsible for checking the air conditioners.</p> <p>During an interview with the surveyor on 10/9/24 at 12:07 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) #2 stated that if there was</p>	F 584			

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F 584	<p>Continued From page 11</p> <p>spillage in the resident's room then the nurses would clean it, but then they would call housekeeping to follow up and disinfect it. LPN/UM #2 stated that she did not know if there was a cleaning schedule. She then stated if she had seen it, then she would notify housekeeping.</p> <p>At 12:10 PM, the surveyor continued to interview LPN/UM #2, who stated she was not sure if there was a cleaning schedule for the cleaning of the wheelchairs and geri-chairs. She stated that she knew they were cleaned but was unsure of how often they were cleaned.</p> <p>On 10/9/24 at 12:13 PM, LPN/UM #2 and the surveyor went to room [REDACTED] and at that time LPN/UM #2 confirmed there was spillage and drippings of the [REDACTED] NJ Ex Order 26.4(b)(1) on the machine, the [REDACTED] NJ Ex Order 26.4, and on the wheels of the [REDACTED] NJ Ex Order. She stated that she would get housekeeping to clean it.</p> <p>On 10/9/24 at 12:15 PM, LPN/UM #2 and the surveyor toured the hallway where the geri-chairs were located. LPN/UM #2 stated that the geri-chairs and high back wheelchair in the hallway were from the hospice company. She stated that the hospice company was supposed to come pick them up but did not come yet.</p> <p>During an interview with the surveyor on 10/9/24 at 12:26 PM, the Housekeeper (HK #1) stated that housekeeping would wipe the poles "if we have time after doing everything we are supposed to do." HK #1 stated that he mainly cleaned the main areas and not the resident's rooms. HK #1 explained if he cleaned the resident's room he would clean the bathroom, sweep, and mop the floor.</p>	F 584			

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F 584	<p>Continued From page 12</p> <p>During an interview with the surveyor on 10/9/24 at 12:29 PM, the U.S. FOIA (b) (6) stated housekeeping and nursing were responsible for cleaning the NJ Ex Order 26.4(b)(1) and the NJ Ex Order 26.4(b)(1). He stated that he would have to research to see if there was a cleaning schedule since he had only been the U.S. FOIA (b) at the facility for three (3) months. The U.S. FOIA (b) stated that even if the geri-chairs are from hospice the facility was still responsible for cleaning them. He stated that housekeeping was responsible to clean out any visible cobwebs and debris on the windowsill. He further stated housekeeping was also responsible for cleaning the air conditioners to ensure there was no dust and to ensure everything was clean. The U.S. FOIA (b) stated it was important to keep the equipment and areas clean to prevent infection and to create a homelike environment.</p> <p>On 10/9/24 at 12:36 PM, the U.S. FOIA (b) and the surveyor conducted an environmental tour on the NJ Ex Order Unit. At that time, the U.S. FOIA (b) stated the geri-chairs in the hallway were not being used, but he could see the areas that needed to be cleaned.</p> <p>At 12:37 PM, the U.S. FOIA (b) and the surveyor entered room NJ Ex Order. The U.S. FOIA (b) confirmed there were drippings and spillage from the NJ Ex Order 26.4(b)(1) on both the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). He stated he would have to check the frequency that equipment was cleaned but would expect it to be clean.</p> <p>At 12:39 PM, the surveyor showed the U.S. FOIA (b) the linen cart in the hallway. He stated he was aware of the linen cart and had ordered replacement covers but was waiting on a shipment.</p>	F 584			

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F 584	<p>Continued From page 13</p> <p>At 12:41 PM, the surveyor and the [U.S. FOIA (b)] entered the activities/dining room. At that time, the [U.S. FOIA (b)] confirmed the AC unit in the back of the room needed to be fixed, and the cobwebs and the dust on and by the air conditioner and in the windowsill needed to be cleaned. He stated it was the expectation for it to be cleaned to prevent allergens.</p> <p>During an interview with the surveyor on 10/10/24 at 10:41 AM, HK #2 stated that he was mainly on the [NJ Ex Order 26.4(b)] Unit. He stated that he was responsible for cleaning the resident's rooms, dining room, medication room, oxygen room, the unit manager's room, the spa/shower room, the pantry, and the supply room. He further stated in the resident's room, he cleaned the toilets, windowsills, handrails, soap dispenser, paper towel dispenser, swept and mopped the floors, the nightstands, [NJ Ex Order 26.4(b)] and mirrors. HK #2 stated that he tried to clean the [NJ Ex Order 26.4(b)] daily because they got dirty quick. He further stated, "it looks like I did not even clean it." He explained there was no documentation, but that it was done daily. HK #2 stated housekeeping was responsible for cleaning the wheelchair and geri-chairs and that he did them today, 10/10/24. When asked how often they are cleaned, HK #2 stated "I am not going to lie, I am not sure how often they were supposed to get cleaned." He further stated he was not sure if there was a log to track the wheelchairs and geri-chairs. HK #2 stated we was unsure if the chairs in the hallway were from the hospice company but that he cleaned anything he saw which would include the geri-chairs in the hallway.</p> <p>At 10:48 PM, the surveyor showed HK #2 the pictures that were taken on 10/8/24 and 10/9/24.</p>	F 584			

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F 584	<p>Continued From page 14</p> <p>At that time, HK #2 stated the drippings were hard to get off the [REDACTED] and [REDACTED]. He acknowledged they should have been cleaned.</p> <p>On 10/10/24 at 11:50 AM, the surveyor interviewed the [REDACTED] U.S. FOIA (b) (6) in the presence of the survey team. The [REDACTED] U.S. FOIA (b) stated the maintenance department was responsible for changing the AC filters and the housekeeping cleaned the exterior.</p> <p>On 10/15/24 at 2:36 PM, the surveyor conducted a follow up interview with the [REDACTED] U.S. FOIA (b) in the presence of the survey team. The [REDACTED] U.S. FOIA (b) stated that for the AC units, the maintenance department was responsible for preventive maintenance, to clean the filters, and if any issues were found to address them immediately. He stated that the filters were cleaned monthly and that housekeeping generally wiped the AC units down, but if maintenance saw them dusty, "we do not mind cleaning them."</p> <p>At 2:40 PM, the surveyor showed the [REDACTED] U.S. FOIA (b) the pictures of the AC unit in the [REDACTED] Unit activities/dining room. He stated that he noticed it today, 10/15/24, and placed a cover over it immediately. He further stated he generally toured each unit once a week. The [REDACTED] U.S. FOIA (b) stated the last time he rounded on the [REDACTED] Unit was last Monday, 10/7/24 or Tuesday, 10/8/24. He stated that it "stuck out today [10/15/24] and jumped right on it." He further stated that no one brought it to his attention. The [REDACTED] U.S. FOIA (b) stated the cover was temporary because the vents needed to be replaced. He stated that when the maintenance department inspected the AC units, they checked to ensure they were in place and if they needed to get replaced, it was done</p>	F 584			

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F 584	<p>Continued From page 15</p> <p>immediately. The [U.S. FOIA (b) (6)] stated that he generally conducted "visual" rounds, but there was no official documentation for the environmental rounds.</p> <p>On 10/15/24 at 3:06 PM, the surveyor interviewed the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] in the presence of the survey team. The [U.S. FOIA (b) (6)] stated the housekeepers (HK) were responsible for cleaning the resident's rooms, the wheelchairs, equipment, and the spa/shower rooms daily. She stated the HK had a check list on their cart on what to clean, but that there was nothing official to check off daily. She further stated that her and the [U.S. FOIA (b) (6)] conducted weekly and monthly audits. The [U.S. FOIA (b) (6)] stated that housekeeping was responsible for cleaning the windowsill and the front of the AC unit daily. She further stated that the maintenance department was responsible for changing the filters. The [U.S. FOIA (b) (6)] stated that the AC units should be cleaned because it could cause "effects" for residents with respiratory issues.</p> <p>At 3:15 PM, the [U.S. FOIA (b) (6)] stated that the [NU Ex Order] Unit was the most difficult to clean. He stated there was more movement and upkeep of the unit and that it was "harder to get clean with the clientele in that vicinity."</p> <p>At 3:18 PM, the surveyor showed the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] the pictures from 10/8/24 and 10/9/24. The [U.S. FOIA (b) (6)] stated that the expectation was that "it should definitely be better than that."</p> <p>A review of the facility's policy titled "Cleaning and Disinfection of Resident-Care Items and Equipment", (revised September 2022), reflected that resident care equipment, including items and</p>	F 584			

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F 584	<p>Continued From page 16</p> <p>durable medical equipment will be cleaned and disinfected according to Current CDC recommendations for disinfection and OSHA Bloodborne pathogens Standard. The Spaulding Classification System is used to distinguish the levels of sterilization/ disinfection necessary for items used in resident care:</p> <p>a. Critical items consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g. urinary catheters) or vascular system (e/g intravenous catheters) are considered critical items and must be sterile.</p> <p>b. Semi -critical items consist of items that may come in contact with mucous membranes or non-intact skin (e.g. respiratory equipment).</p> <p>c. Non-critical items are those that come in contact with intact skin but not mucous membranes, include resident care items such as bedpans, blood pressure cuffs, crutches and computes. Non- critical environmental surfaces include bed rails, bedside tables, etc.</p> <p>The policy further revealed that reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment (DME)). Single residents use items are cleaned and disinfected between uses by a single resident and disposed of afterwards (e.g. bedpans, urinals).</p> <p>A review of the facility's policy titled "Cleaning and Disinfection of Environmental Surfaces", (revised August 2019), revealed that environmental surfaces will be cleaned and disinfected according to current CDC recommendations for disinfection of healthcare facilities and OSHA blood borne pathogens standard. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used</p>	F 584			

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F 584	<p>Continued From page 17</p> <p>in resident care and those in the residents environment:</p> <p>A. Critical items consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g. urinary catheters) or vascular system (e/g intravenous catheters) are considered critical items and must be sterile.</p> <p>B. B. Semi -critical items consist of items that may come in contact with mucous membranes or non- intact skin (e.g respiratory equipment).</p> <p>C. Non-critical items are those that come in contact with skin but not mucous membranes.</p> <p>(1), non- critical environmental surfaces include bedrails, some food utensils, bedside tables, furniture, and floors.</p> <p>The policy further reflects that housekeeping surfaces (e.g. floors . tabletops, will be cleaned on a regular basis (e.g. daily, three times per week) and when visibly soiled. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g. daily, three times a week) and when surfaces are visibly soiled. Wall, blinds, and window curtains in resident rooms will be cleaned when these surfaces are visibly contaminated or soiled.</p> <p>A review of the facility's policy "Cleaning and Disinfection of Resident-Care Items and Equipment" revised September 2022, included, "Resident-care equipmentwill be cleaned and disinfected"</p> <p>A review of the facility's policy, "Homelike Environment" (Revised February 2021) revealed the following: Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p>	F 584			

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F 584	Continued From page 18 The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: clean, sanitary and orderly environment;... A review of an undated facility policy, "Maintenance Rounds Policy" revealed the following: Maintenance Staff will conduct daily rounds to ensure the center's environment is safe and free of any harm throughout the center. These rounds will occur every 2-3 hours while work orders checked on the...platform. Procedures: Maintenance staff will conduct rounds throughout the center daily to address any emergencies and work orders. ...The Maintenance Director or designee will check for work orders prior to leaving for the day to assure all items were addressed or have plan in place to complete timely... The weekly...summary will be reviewed by the NHA (nursing home administrator) and Maintenance Director to identify any outstanding issues or trends that are occurring within the facility.	F 584			
F 609 SS=D	NJAC 8:39- 4.1(a)11 Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 609			11/21/24

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F 609	<p>Continued From page 19</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review and review of other pertinent documentation, it was determined that the facility failed to report timely an allegation of NJ Ex Order 26.4(b)(1) to the facility administrator and the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 3 residents (Resident #173) reviewed for an allegation of NJ Ex Order 26.4(b)(1).</p> <p>This deficient practice was evidenced by the following:</p> <p>During the initial tour of the facility on 10/08/24 at</p>	F 609	<p>1. Resident #173 NJ Ex Order 26.4(b)(1) at the facility.</p> <p>The facility reported the event of the allegation to the Department of Health on NJ Ex Order 26.4(b)(1).</p> <p>On 10/18/24, The Medical Director re-educated the identified US FOIA (b)(8) on the facility NJ Ex Order 26.4(b)(1) policy upon completion of the investigation and prior to returning to work.</p> <p>LPN/UM #4 and the identified US FOIA (b)(8) were re-educated on the facility abuse policy on 10/15/24 by the</p>		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: UBXH11 Facility ID: NJ03015 If continuation sheet Page 21 of 171

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F 609	<p>Continued From page 21</p> <p>Interview for Mental Status (BIMS) score was NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26.4(b)(1). The remainder of the assessment remained in progress.</p> <p>A review of Resident #173's Care Plan included an entry dated NJ Ex Order 26.4(b)(1) with a Focus of: I have NJ Ex and/or potential NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1). The Goal included: I will be free from s/s/x (signs and symptoms) of NJ Ex Order 26.4(b)(1) by/through the review. Interventions included: Administer medications as ordered. Monitor for side effects and effectiveness. Educate me/RP (responsible party) on the importance of adequate NJ Ex Order 26.4(b)(1)...Notify U.S. FOIA (b) (6) of significant abnormalities and/or significant changes from baseline. The resident's Care Plan failed to contain an entry for the resident's refusal of medications or noncompliance with related interventions.</p> <p>A review of Resident #173's Electronic Health Record (EHR) revealed a U.S. FOIA (b) (6) Note dated NJ Ex Order 26.4(b)(1) at 9:32 AM, which indicated, "The reason for the visit was: f/u (follow up) NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)...The U.S. FOIA (b) (6) documented that the resident was seen per nursing request. Pur [sic.] nursing the patient is refusing NJ Ex Order 26.4(b)(1) supplementation. The patient is currently on NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) documented that the resident refused to talk to this author. reports he/she does not wish to take NJ Ex Order 26.4(b)(1) or medications, attempted to discuss with patient risk for NJ Ex Order 26.4(b)(1) if untreated, risk of NJ Ex Order 26.4(b)(1) with large amount of NJ Ex Order 26.4(b)(1) patient placed NJ Ex Order 26.4(b)(1) and refused to speak. no signs of NJ Ex Order 26.4(b)(1)</p>	F 609	months or ongoing until compliance is sustained.		

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F 609	<p>Continued From page 22</p> <p>noted... NJ Ex Order 26.4(b)(1) Oriented to NJ Ex Ord NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) Oriented to NJ Ex Order 26.4(b)(1) Oriented to NJ Ex Order 26.4(b)(1) Oriented to NJ Ex Ord and NJ Ex Order 26.4(b)(1) or speaking to U.S. FO regarding care. ...Spoke with nursing and will discontinue medications for now due to patient refusing NJ Ex Order 26.4(b)(1) supplementation and high use of NJ Ex Order 26.4(b)(1) puts patient at risk for NJ Ex Order 26.4(b)(1) patient will be at risk for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) will monitor NJ Ex Order 26.4(b)(1) status closely if patient will allow...Rx (prescription) to discontinue NJ Ex Order 26.4(b)(1) placed, rx to discontinue NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) in the am only, continue NJ Ex Order 26.4(b)(1) once daily... NJ Ex Order 26.4(b)(1) placed order for NJ Ex Order 26.4(b)(1) ..."</p> <p>On 10/9/24 at 11:52 AM, the surveyor interviewed the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) who stated that she recalled speaking with Resident #173 and the resident would not NJ Ex Order 26.4(b)(1) and NJ Ex O NJ Ex Order 26.4(b)(1). The U.S. FO stated that the doctor was called and he told me to NJ Ex Order 26.4(b)(1) the NJ Ex Order 26.4(b)(1) if we could not get him/her to take the NJ Ex Order 26.4(b)(1) The U.S. FO stated she asked the resident if there was a reason that they refused to take the NJ Ex Order 26.4(b)(1) She stated that was when he/she put the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) to me. The U.S. FO further stated that the resident did not ask to stay on NJ Ex Order 26.4(b)(1)</p> <p>During an interview with the surveyor on 10/9/24 at 1:18 PM, Licensed Practical Nurse/Unit Manager (LPN/UM) #4 stated that he had spoken with Resident #173 and the resident did not tell him that he/she was NJ Ex Order 26.4(b)(1) just NJ Ex Order 26.4(b)(1) LPN/UM #4 stated that the nurses said the resident was NJ Ex Order 26.4(b)(1) medications and we put the resident in to see NJ Ex Order 26.4(b)(1) LPN/UM #4 stated that the resident did not bring it to his attention</p>	F 609			

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F 609	<p>Continued From page 23</p> <p>that [REDACTED] experienced [REDACTED] from the [REDACTED]</p> <p>During a follow-up interview with the surveyor on 10/10/24 at 12:39 PM, the surveyor asked LPN/UM #4 if he reported Resident #173's allegation of [REDACTED] by the [REDACTED]. The LPN/UM #4 stated that sometimes the resident did not [REDACTED] and wanted to do things the [REDACTED]. LPN #4 further stated, "I am going to report it."</p> <p>On 10/15/24 at 9:44 AM, the surveyor requested all incidents and investigations related to Resident #173 and the [REDACTED] confirmed that there were none.</p> <p>During an interview with the surveyor on 10/15/24 at 9:47 AM, the surveyor interviewed LPN/UM #4 who stated, "I reported the allegation of [REDACTED] to the [REDACTED] when I was done talking to you and he ordered the [REDACTED] to talk with the resident directly." He stated that no further investigation was completed on his end.</p> <p>A review of a Social Services note dated [REDACTED] at 4:37 PM revealed that the [REDACTED] documented, [REDACTED] rounded on resident and provided [REDACTED] and [REDACTED] support. ...A [REDACTED] referral made for an added layer of [REDACTED] support. [REDACTED] will continue to monitor and remain available".</p> <p>During an interview with the surveyor on 10/15/24 at 10:08 AM, the [REDACTED] stated that LPN/UM #4 had not conveyed any concerns to her regarding Resident #173. The [REDACTED] reconfirmed that no reportable events or investigations were completed for the resident. The [REDACTED]</p>	F 609			

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F 609	<p>Continued From page 24</p> <p>U.S. FOIA (b) (6)), who was present, stated that while no NJ Ex Order 26.4(b)(1) was made, the U.S. FOIA (b) (6) mentioned to the U.S. FOIA (b) (6) that the resident did not want to follow the U.S. FOIA (b) (6) recommendations. The U.S. FOIA (b) (6) stated that the U.S. FOIA (b) (6) came to me last week and stated that, "The resident did not want to follow the recommendations of the U.S. FOIA (b) (6) because he/she has been told what to do all of his/her life and did not want to be told what to do." The U.S. FOIA (b) (6) stated that if NJ Ex Order 26.4(b)(1) were suspected, then it would be reported immediately.</p> <p>At that time, the U.S. FOIA (b) (6) who was present, stated that she did not recall who informed her of a need to speak with Resident #173, and she did not think that it was LPN/UM #4. The U.S. FOIA (b) (6) stated that she was not informed that the resident felt NJ Ex Order 26.4(b)(1) prior to seeing the resident. The U.S. FOIA (b) (6) stated that the resident chose not to follow the plan of care or recommendations or abide by their Care Plan. The U.S. FOIA (b) (6) stated the resident was NJ Ex Order 26.4(b)(1) and just wanted to NJ Ex Order 26.4(b)(1) and understood the potential risks or dangers of not following medications as prescribed and wanted to do things on their terms as his/her responsible party.</p> <p>At that time, the U.S. FOIA (b) (6) stated that LPN/UM #4 should have reported to him or the U.S. FOIA (b) (6) and we should have followed the protocol to report to the Department of Health after an investigation within five days. The U.S. FOIA (b) (6) stated, "None of that has been done." The U.S. FOIA (b) (6) stated, "We will report it now, since we were just made aware."</p> <p>A review of an undated facility policy, "Recognizing Signs and Symptoms of Abuse/Neglect" revealed the following:</p>	F 609			

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F 609	Continued From page 25 All types of resident abuse, neglect, exploitation or misappropriation of resident property are strictly prohibited. All personnel are expected to report any signs and symptoms of abuse/neglect to their supervisor or to the director of nursing services immediately. A review of a facility policy, "Accidents and Incidents-Investigating and Reporting" dated revised July 2017 revealed the following: All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator. The nurse supervisor/charge nurse and/or the department director or supervisor shall promptly initiate and document investigation of the accident or incident. ...The nurse supervisor/charge nurse and/or the department director or supervisor shall complete a Report of Incident/Accident form and submit the original to the director of nursing services within 24 hours of the incident or accident. The director of nursing services shall ensure that the administrator receives a copy of the Report of Incident/Accidents for each occurrence...	F 609			
F 640 SS=D	NJAC 8:39-9.4(f) Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4)	F 640			11/21/24

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F 640	<p>Continued From page 26</p> <p>§483.20(f) Automated data processing requirement-</p> <p>§483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. <p>§483.20(f)(2) Transmitting data. Within 7 days after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. 	F 640			

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F 640	<p>Continued From page 27</p> <p>(viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment.</p> <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to complete a Tracking Record (Discharge) Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, for 2 of 38 residents (Resident #108 and Resident #406) reviewed for resident assessments.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 10/11/24 at 1:00 PM, the surveyor completed record review of Resident #108 specific to MDS assessment.</p> <p>Resident #108 was discharged to [REDACTED] on [REDACTED] NJ Ex Order 26.4(b)(1). The Discharge Return Not Anticipated/End of PPS Part A Stay MDS was completed on [REDACTED] NJ Ex Order 26.4(b)(1). The discharge MDS was [REDACTED] days overdue.</p> <p>2. On 10/11/24 at 3:00 PM, the surveyor completed record review of Resident #406 specific to MDS assessment.</p> <p>Resident #406 was discharged to [REDACTED] NJ Ex Order 26.4(b)(1) on [REDACTED] NJ Ex Order 26.4(b)(1). The Discharge Return Anticipated MDS was completed on [REDACTED] NJ Ex Order 26.4(b)(1). The discharge MDS</p>	F 640	<p>1. Resident #108 [REDACTED] NJ Ex Order 26.4(b)(1) at the facility. The MDS Coordinator completed the discharge tracking record on 10/12/24</p> <p>Resident #406 [REDACTED] NJ Ex Order 26.4b1 at the facility. The MDS Coordinator completed the discharge tracking record on 8/2/24</p> <p>2. Residents who were discharged from the facility have the potential to be affected. A review of residents who were discharged for the last 30 days was completed to validate that the discharge assessment/tracking record was completed timely per requirement. No further findings.</p> <p>3. The [REDACTED] US FOIA (b)(6) was re-educated by the Regional Director of Case Management on 10/31/24 on the need to complete. encoding/transmitting resident assessments timely per regulatory requirement. Staff education included those identified in the 2567</p> <p>4. The Director of Nursing/Designee will review 3 residents discharged to validate discharge/tracking assessments were completed timely per regulatory requirement. Variances will be immediately addressed. These audits will</p>		

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F 640	<p>Continued From page 28</p> <p>was [REDACTED] days overdue.</p> <p>Resident #406 was discharged to [REDACTED] on [REDACTED]. The Discharge Return Anticipated MDS was completed on [REDACTED]. The discharge MDS was [REDACTED] days overdue.</p> <p>Resident #406 was discharged to [REDACTED] on [REDACTED]. The Discharge Return Anticipated/End of PPS Part A Stay MDS was completed on [REDACTED]. The discharge MDS was [REDACTED] days overdue.</p> <p>Resident #406 was discharged to [REDACTED] on [REDACTED]. The Discharge Return Anticipated/End of PPS Part A Stay MDS was completed on [REDACTED]. The discharge MDS was [REDACTED] days overdue.</p> <p>On 10/15/24 at 10:36 AM, the surveyor interviewed the [REDACTED], [REDACTED], who has been working in the facility for almost [REDACTED]. The [REDACTED] stated, "The MDSs get completed on the 14th day, which we try to do. We were behind on completing the MDSs because we had many admissions and discharges. The discharge MDSs for those two residents, yes, they're discharges were all completed late."</p> <p>On 10/15/24 at 12:25 PM, the [REDACTED] provided the surveyor with the MDS Validation Reports from the Centers for Medicare and Medicaid Services (CMS) data base, which revealed the [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED] discharge MDS assessments were all completed late.</p> <p>On 10/15/24 at 1:50 PM, the surveyor in the presence of the Federal surveyor discussed with the facility administrative staff: [REDACTED]</p>	F 640	<p>be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 640	Continued From page 29 U.S. FOIA (b) (6), U.S. FOIA (b) (6) U.S. FOIA (b) (6), U.S. FOIA (b) (6) regarding the concerns with the late MDSs completion. The NJ Ex Order 26 who was the previous acknowledged, "I do not recall how long the problem has been, but I know that this was an issue." The surveyor informed the administrative staff that the CMS validation reports verified the late MDSs. A review of the most current facility Policy and Procedure titled "MDS Completion and Submission Timeframes", revised in October 2023 revealed, 'Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.'	F 640			
F 645 SS=E	NJAC 8:39 - 11.1 PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3) (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility;	F 645			11/21/24

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F 645	Continued From page 30 and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.	F 645			

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F 645	<p>Continued From page 31</p> <p>§483.20(k)(3) Definition. For purposes of this section-</p> <p>(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).</p> <p>(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review, and review of pertinent facility documentation it was determined that the facility failed to accurately complete a Preadmission Screening and Resident Review (PASARR) to ensure the resident was referred to the appropriate state-designated authority for level II PASARR evaluation and determination. This deficient practice was identified for one (1) of 1 resident (Resident #97) reviewed for level II PASARR and was evidenced by the following:</p> <p>On 10/15/24 at 10:08 AM, the surveyor reviewed the electronic medical record for Resident #97.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident had diagnosis that included, 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 PASARR level I Screening Tool dated NJ Ex Order 26 and signed by the facility's U.S. FOIA (b), indicated the following:</p> <p>Section II NJ Ex Order 26.4(b)(1) Screen showed the resident had diagnosis or evidence of a NJ Ex Order 26.4b1 and the screen was NJ Ex Order 26.4b1.</p>	F 645	<p>1. Resident #97 was reviewed by the Director of Social Services with NJ Ex related to cited occurrence. Resident #97 PASARR level one and two are completed and accurate as 10/10/24. The U.S. FOIA (b) (6) was re-educated on the PASARR and the need to validate timely completion.</p> <p>2. Current residents have the potential to be affected. Resident PASARR was reviewed for accuracy and validation that those who required a level two PASARR had one completed on 11/11/24. No further findings.</p> <p>3. The Director of Social Services re-educated US FOIA (b)(6) on the PASARR regulatory requirement to include need for accuracy and timely completion of level two as indicated.</p> <p>4. The Director of Social Services will audit 3 residents that are new / readmissions to validate PASARR accuracy and validate that level two PASARR timely completion as indicated. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then</p>		

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F 645	<p>Continued From page 32</p> <p>Section II- NJ Ex Order 26.4(b)(1) indicated a NJ Ex Order 26.4b(1) screening, which required a level II PASARR to be completed.</p> <p>Step 2: Determine Final Level I Screening Outcome revealed a NJ Ex Order 26.4b(1) screening and to refer to NJ Ex Order 26.4(b)(1).</p> <p>Section VIII - PASRR level Screening Outcome and Certification of Screening Professional Completing Level I form revealed a NJ Ex Order 26.4b(1) screen: admit to NJ Ex Order 26.4(b)(1).</p> <p>A review of the Notice of Referral for Level II Preadmission Screening and Resident Review (PASARR) Evaluation dated and signed on NJ Ex Order 26.4b(1) by the U.S. FOIA (b)(6) reflected a referral was made for a level II PASARR evaluation and determination for placement in a Medicaid certified nursing facility.</p> <p>Further review of the EMR revealed there was no evidence of a level II PASARR was completed.</p> <p>On 10/15/24 at 10:29 AM, the surveyor interviewed the U.S. FOIA (b)(6) and the U.S. FOIA (b)(6). The U.S. FOIA (b)(6) stated that their role regarding the PASARR included that upon admission the PASARR was uploaded into the electronic medical record (EMR) and that she kept a spreadsheet to ensure she had one for every resident. She further stated that she reviewed the PASSARs, updated the PASSAR's every year, and then uploaded them into the EMR. The U.S. FOIA (b)(6) explained if the resident came from NJ Ex Order 26.4(b)(1) and was in NJ Ex Order 26.4(b)(1) and had a NJ Ex Order 26.4b(1) level I and level II it would be a part</p>	F 645	<p>monthly x 2 months. The findings of the audits will be submitted by the Director of Social Services to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 645	<p>Continued From page 33</p> <p>of the admission records. She further explained if the resident was in long term care she would review the level I and level II and they would update the PASARR every year. When asked about Resident #97's [U.S. FOIA (b) (6)] level I and the notification for referral for level II PASARR evaluation completed by the [U.S. FOIA (b) (6)] on [U.S. FOIA (b) (6)]. Both the [U.S. FOIA (b) (6)] and the [U.S. FOIA (b) (6)] stated they would need to review it and then they could provide the clarification for the [U.S. FOIA (b) (6)] level I and notice of referral for level II.</p> <p>On 10/15/24 at 11:00 AM, the [U.S. FOIA (b) (6)] provided the level I PASARR and stated that it was corrected to reflect a [U.S. FOIA (b) (6)] level I. When asked about the referral of the notification for the level II and was a level II completed, the [U.S. FOIA (b) (6)] stated she would have to look into it.</p> <p>During an interview with the surveyor on 10/15/24 at 11:17 AM, the [U.S. FOIA (b) (6)] stated "the full level II application will not be completed until Thursday 10/17/24 by the [U.S. FOIA (b) (6)] and then it would be filled out and submitted that day. When asked when it should be completed? The [U.S. FOIA (b) (6)] stated she would have to get the answer from the regional [U.S. FOIA (b) (6)] to see when the level II should be completed. The [U.S. FOIA (b) (6)] confirmed the resident had a [U.S. FOIA (b) (6)] level I screening and a level II should have been completed prior to surveyor inquiry.</p> <p>On 10/15/24 at 11:20 AM, the [U.S. FOIA (b) (6)] provided another level I PASARR. At that time, the [U.S. FOIA (b) (6)] stated that the level I that was originally in the EMR "was uploaded by error" and that it was modified and the second copy she provided was accurate of the [U.S. FOIA (b) (6)] PASARR. When asked for the clarification on Section II [U.S. FOIA (b) (6)] screening but the outcome of level I was</p>	F 645			

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F 645	<p>Continued From page 34</p> <p><small>NJ Ex Order 26.451</small> The <small>U.S. FOIA (b)</small> stated that she "would get clarifications" on the PASARR.</p> <p>On 10/15/24 at 11:30 AM, the <small>U.S. FOIA</small> provided a third copy of the level I PASARR. At that time, the <small>U.S. FOIA</small> stated that she just modified the level I PASARR in the EMR. She stated that she would have to speak to the supervisor to see when the <small>NJ Ex Order 26.46</small> screening should have been reflected on the level I and after the notification of the referral for level II when the level II should be completed.</p> <p>During a follow up interview with the <small>U.S. FOIA (b)</small> on 10/15/24 at 12:01 PM, the <small>U.S. FOIA (b)</small> stated once the notification of referral was submitted then the state would review it and complete the level II. She was unable to speak on when they should follow up if there was no response for the completion of the level II. The <small>U.S. FOIA (b)</small> emphasized the resident would have the level II completed and acknowledged it should have been completed prior to surveyor inquiry.</p> <p>On 10/15/24 at 4:51 PM, the <small>U.S. FOIA (b) (6)</small> stated in the presence of the <small>U.S. FOIA (b) (6)</small>, <small>U.S. FOIA (b) (6)</small>, the <small>U.S. FOIA (b) (6)</small>, <small>U.S. FOIA (b) (6)</small> and the survey team the expectation was that the level II would be completed prior to admitting the resident. The <small>U.S. FOIA (b) (6)</small> acknowledged that the level II PASARR should have been completed.</p> <p>A review of the facility's policy "Admission Criteria" revised March 2019, included "8b. If the level I screen indicates that the individual may meet the criteria for a MD [mental disorder], ID [intellectual disabilities], or RD [related disorders,</p>	F 645			

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F 645	Continued From page 35 he or she is referred to the state PASARR representative for the level II (evaluation and determination) screening process. 8d. The state PASARR representative provides a copy of the report to the facility."	F 645			
F 656 SS=D	NJAC 8:39-11.2(i), 27.1(a) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the	F 656			11/21/24

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F 656	<p>Continued From page 36</p> <p>resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to develop and implement a comprehensive person-centered care plan that included measurable objectives, timelines, and interventions to meet resident's NJ Ex Order 26.4(b)(1) needs specifically by failing to implement a care plan for a resident diagnosed with NJ Ex Order 26.4 on admission. The deficient practice was identified for 1 of 6 residents (Resident #167) reviewed for unnecessary medication.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/8/2024 at 9:31 AM, during the initial tour, the surveyor observed Resident #167 in their room.</p> <p>A review of Resident 167's Admission Record</p>	F 656	<ol style="list-style-type: none"> 1. Resident#167 NJ Ex Order 26.4(b)(1) in the facility 2. Current residents have the potential to be affected. On 11/1/24, Unit Managers completed an audit of residents with a diagnosis of anxiety was completed to validate an individualized care plan is in place. No further findings. 3. The licensed nurses were re-educated by Director of Nursing, 10/31/24, on developing and implementing comprehensive person-centered care plans that included measurable objectives, timelines, and interventions to meet resident's psychological needs to include implementing care plans for residents diagnosed with anxiety. Staff re-education included those identified in the 2567. 4. The DON/designee will audit 3 		

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F 656	<p>Continued From page 37</p> <p>face sheet (an admission summary) revealed that they had a diagnosis that included but not limited to; U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6).</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1), under Section I- revealed an active diagnosis of NJ Ex Order 26.4(b)(1).</p> <p>A review of the physician orders (PO) revealed the following: NJ Ex Order 26.4(b)(1) () oral tablet NJ Ex Order 26.4(b)(1), Give one (1) tablet by mouth every six (6) hours as needed for NJ Ex Order 26.4(b)(1).</p> <p>A review of the Individualized Comprehensive Care Plan (ICCP) did not include a focus area and interventions that addressed that Resident #167 had NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/15/24 at 12:28 PM, the U.S. FOIA (b) (6) stated that if a resident had a diagnosis of NJ Ex Order 26.4(b)(1) and was being treated for it, he would expect it to be on the resident's care plan.</p> <p>A review of the facility's policy titled " Care Plans, Comprehensive Person Centered," date revised March 2022, revealed, "7. The Comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..."</p> <p>NJAC 8:39-11.2</p>	F 656	<p>residents that are new admissions or newly diagnosed with anxiety to validate a care plan is in place and implemented. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 657 F 657 SS=E	Continued From page 38 Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to revise a resident's individualized comprehensive care plan (ICCP) related to [REDACTED] for 3 of 6 residents (Resident #73, #102 and #198) reviewed for accidents.	F 657 F 657	1. Resident #102 was re-evaluated for [REDACTED] by licensed nurse on 10/11/24, to include but not limited to need for a [REDACTED] NJ Ex Order 26.4(b)(1) and ability for resident to safely store [REDACTED] materials in compliance with facility policy. Resident #102 care plan was reviewed and revised		11/21/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 657	<p>Continued From page 40</p> <p>facility [REDACTED] policy through the review date, that for my safety the facility will store my [REDACTED] products and my [REDACTED] and the facility will store my [REDACTED] and [REDACTED] for safety reasons. The interventions did not include a [REDACTED] was needed.</p> <p>A review of Resident #102's ICCP, with revision date of [REDACTED], included a focus area of "[REDACTED] that for my safety, the facility will store my [REDACTED] products and my [REDACTED] I understand that the facility will store my [REDACTED] and [REDACTED] for safety reasons, I am able to [REDACTED] safely independently (initiated [REDACTED]), and I use a [REDACTED] (initiated [REDACTED]).</p> <p>2.) On 10/9/24 at 1:35 PM, the surveyor observed Resident #198 [REDACTED] in the [REDACTED] area.</p> <p>On 10/9/24 at 1:46 PM, the surveyor observed Resident #198 return to his/her room. At that time, the resident stated he/she had been [REDACTED] since admission to the facility and kept [REDACTED] materials in his/her bedside drawer. The surveyor observed three boxes of [REDACTED] in a brown bag on the resident's chair and the resident patted his/her pocket when the surveyor asked where he/she kept the [REDACTED].</p> <p>A review of the most recent admission Minimum Data Set (MDS), an assessment tool, dated [REDACTED], included the resident had a Brief Interview for Mental Status score of [REDACTED] out of 15, which indicated the resident's cognition was [REDACTED].</p>	F 657	months or ongoing until compliance is sustained.		

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F 657	<p>Continued From page 41</p> <p>A review of the resident's [REDACTED] Safety Evaluation, dated [REDACTED], included the resident smoked and two conflicting interventions that the resident was to "store all [REDACTED] materials in my room," and that, "the facility will safely secure all [REDACTED] materials."</p> <p>A review of the resident's ICCP included a focus, created [REDACTED], of "I [REDACTED] with two conflicting interventions: "store all [REDACTED] materials in my room," and that, "the facility will safely secure all [REDACTED] materials."</p> <p>During an interview with the surveyor on 10/15/24 at 11:53 AM, Certified Nursing Assistant (CNA) #2 stated she was made aware of the [REDACTED] on her assignment through verbal report. The CNA further stated that residents should not have [REDACTED] materials in their rooms and that [REDACTED] materials were locked up by the nurse.</p> <p>During an interview with the surveyor on 10/15/24 at 12:01 PM, Licensed Practical Nurse (LPN) #4 stated that the [REDACTED] Safety Evaluation determined if a resident was allowed to keep [REDACTED] materials in their room. The LPN further stated that all nurses were responsible for reviewing and revising the resident care plans so that all staff would know the resident's current status.</p> <p>During an interview with the surveyor on 10/15/24 at 12:26 PM, the [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that residents who smoke were assessed upon admission to determine whether the resident could hold onto their own [REDACTED] materials or if [REDACTED] materials would be kept by the facility. The [REDACTED] further stated that the nurses were responsible for reviewing and</p>	F 657			

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F 657	<p>Continued From page 42</p> <p>revising the resident care plans to reflect the most current information about the resident. When asked about Resident #198, the [U.S. FOIA (b) (6)] [NJ Ex Order 26.4(b)(1)] stated that the resident kept his/her own materials in his/her room. At that time, the surveyor reviewed the resident's ICCP with the [U.S. FOIA (b) (6)] [NJ Ex Order 26.4(b)(1)] and asked how someone reading the ICCP would know where the resident's materials should be kept. The [U.S. FOIA (b) (6)] [NJ Ex Order 26.4(b)(1)] stated, "You wouldn't. The Care Plan would have to be clarified." The [U.S. FOIA (b) (6)] [NJ Ex Order 26.4(b)(1)] further stated it was important to accurately document where the resident's materials should be kept "to make sure the residents are safe."</p> <p>3.) On 10/9/24 at 11:31 AM, the surveyor observed Resident #73 lying in bed, resting with their eyes closed.</p> <p>A review of the Admission Record reflected that the resident had diagnoses that included, [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)], included the resident had a Brief Interview for Mental Status score of [NJ Ex Order 26.4(b)(1)] out of 15, which indicated a [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the resident's [NJ Ex Order 26.4(b)(1)] Safety Evaluation, dated [NJ Ex Order 26.4(b)(1)], included, the resident smoked, and two conflicting interventions that the resident was to "store all [NJ Ex Order 26.4(b)(1)] materials in my room," and that, "the facility will safely secure all [NJ Ex Order 26.4(b)(1)] materials."</p> <p>A review of the resident's ICCP included a focus, revised [NJ Ex Order 26.4(b)(1)], of [NJ Ex Order 26.4(b)(1)] "with two conflicting interventions: "I am able to [NJ Ex Order 26.4(b)(1)] independently</p>	F 657			

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F 657	<p>Continued From page 43</p> <p>and store all [NJ Ex Order 26.4(b)] materials in my room," and that, "for my safety, the facility will safely secure all [NJ Ex Order 26.4(b)] materials."</p> <p>During an interview with the surveyor on 10/9/24 at 12:00 PM, LPN #8 stated that she worked per diem but was given report that the resident was a [NJ Ex Order 26.4(b)] and generally went [NJ Ex Order 26.4(b)(1)] after lunch. LPN #8 stated that the [NJ Ex Order 26.4(b)(1)] was kept in the medication cart. At that time, she looked in the medication cart and showed the surveyor the [NJ Ex Order 26.4(b)(1)]. When asked where the [NJ Ex Order 26.4(b)(1)] was kept, LPN #8 stated she was not sure who kept the [NJ Ex Order 26.4(b)(1)].</p> <p>During an interview with the surveyor on 10/9/24 at 12:03 PM, CNA #9 stated the resident was a [NJ Ex Order 26.4(b)] and generally [NJ Ex Order 26.4(b)] in the afternoon. CNA #9 stated the nurse kept the [NJ Ex Order 26.4(b)(1)] and the [NJ Ex Order 26.4(b)(1)] and that the aide went out with the resident to the courtyard when he/she wanted to [NJ Ex Order 26.4(b)(1)]. She further stated the resident did not need an [NJ Ex Order 26.4(b)(1)] they were just supervised.</p> <p>During an interview with the surveyor on 10/9/24 at 12:09 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM #2) stated the resident was a smoker. LPN/UM #2 further stated that the [NJ Ex Order 26.4(b)(1)] and the [NJ Ex Order 26.4(b)(1)] were kept in the medication cart.</p> <p>During a follow up interview with the surveyor on 10/15/24 at 2:17 PM, LPN/UM #2 stated she was responsible for completing the ICCP to ensure that it was done. She further stated that anyone could do it, but it was her responsibility. LPN/UM #2 stated the care plan was updated quarterly and as needed. She explained the care plan was generally discussed during the care conference</p>	F 657			

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F 657	<p>Continued From page 44</p> <p>which was done quarterly and anything new would be updated on the ICCP. LPN/UM #2 stated that if things were contradicting on the ICCP, she would try to review it and resolve it.</p> <p>On 10/15/24 at 2:20 PM, LPN/UM #2 reviewed the ICCP in the electronic medical record (EMR) and stated that the resident was not on the west unit at that time the ICCP was created. She stated because the resident was on the memory care unit which had wandering residents, she wanted the [NJ Ex Order 26.4(b)(1)] and the [NJ Ex Order 26.4(b)(1)] to be stored on the medication cart. She further stated that she updated the ICCP to include that all items were stored at the nurse's station.</p> <p>Further review of the ICCP, reflected it was revised on [NJ Ex Order 26.4(b)(1)] by the U.S. FOIA (b) (6) [redacted] and LPN/UM #2 to include intervention "I am able to [NJ Ex Order 26.4(b)(1)] with supervision, and store all [NJ Ex Order 26.4(b)(1)] materials at the nurse's station" after surveyor's inquiry on 10/9/24.</p> <p>During an interview with the surveyor on 10/15/24 at 4:20 PM, in the presence of the survey team, the U.S. FOIA (b) (6) [redacted] stated that the smoking care plan was auto populated by the responses on the [NJ Ex Order 26.4(b)(1)] Safety Evaluation and that any conflicting interventions should have been corrected the next day by nursing management.</p> <p>A review of the facility's "Care Plans, Comprehensive Person-Centered" policy, revised 03/2022, included, "Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change."</p>	F 657			

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F 657	Continued From page 45	F 657			
F 658 SS=D	<p>NJAC 8:39-27.1(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ176224</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a.) a resident was assessed by a Registered Nurse (RN) after NJ Ex Order 26.4(b)(1) and b.) a resident was evaluated by a U.S. FOIA (b) (6) as per a physician's order.</p> <p>This deficient practice was evidenced for 1 of 6 residents (Resident #305) reviewed for NJ Ex Order 26.4(b)(1) and evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and 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 prescribed by a licensed or otherwise legally authorized physician or dentist."</p>	F 658	<p>1. Resident #305 NJ Ex Order 26.4(b)(1) at the facility.</p> <p>2. Current residents at risk for falls have the potential to be affected by this deficient practice. A review of current residents with actual falls within the last 30 days was completed by the Director of Nursing/Designee on 11/6/24 to validate the resident was assessed timely by an RN and that a physical therapy evaluation was completed if ordered by the clinical provider. Variances were addressed.</p> <p>3. The licensed nurses were re-educated by Director of Nursing/Designee on 11/6/24 to include residents being immediately assessed by a Registered Nurse (RN) with results documented after sustaining a fall and following through to ensure that that a physical therapy evaluation was completed if ordered by the clinical provider. Staff education included those identified in the 2567.</p> <p>4. The DON/designee will audit 3 residents post fall to validate that residents were timely assessed by a</p>		11/21/24

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F 658	<p>Continued From page 46</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>A review of the Admission Record (an admission summary) reflected Resident #305 was admitted to the facility with diagnoses which included, but not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1), revealed that Resident #305 had a Brief Interview for Mental Status (BIMS) of NJ Ex Order 26.4(b)(1) out of 15, which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). Further review of the MDS included in Section NJ Ex Order 26.4(b)(1) and Goals that the resident required NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1).</p> <p>A review of the individualized comprehensive care plan (ICCP), initiated on NJ Ex Order 26.4(b)(1), included a focus area of "I am at risk for NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1). Interventions included: "Create a safe environment."</p> <p>A review of the facility's Full QA (quality</p>	F 658	<p>Registered Nurse and follow through on physical therapy evaluations as indicated per clinical provider orders was completed. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>		

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F 658	<p>Continued From page 47</p> <p>assurance) Report revealed, on [NJ Ex Order 26.4(b)(1)] at 10:00 AM, Resident #305 [NJ Ex Order 26.4(b)(1)] during a [NJ Ex Order 26.4(b)(1)] from the bed to the wheelchair. CNA #13 reported, "I was [NJ Ex Order 26.4(b)(1)] the patient and as [he/she] got in the chair, the cushion [he/she] has on the chair slide making [him/her] [NJ Ex Order 26.4(b)(1)] and I assisted as [he/she] [NJ Ex Order 26.4(b)(1)]..."</p> <p>There was no evidence that a Registered Nurse (RN) assessed Resident #305 after [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the [U.S. FOIA (b) (6)] progress note, dated [NJ Ex Order 26.4(b)(1)] at 6:32 PM, revealed, the [U.S. FOIA (b)(6)] assessed the resident and recommended a follow-up with [NJ Ex Order 26.4(b)(1)] for [NJ Ex Order 26.4(b)(1)] safety.</p> <p>There was no evidence that Resident #305 was evaluated by [NJ Ex Order 26.4(b)(1)] as recommended by the [U.S. FOIA (b)(6)].</p> <p>During an interview with the surveyor on 10/15/24 at 11:09 AM, the [U.S. FOIA (b) (6)] confirmed that the [NJ Ex Order 26.4(b)(1)] evaluation was not done. When asked if it should have been done as per the [NJ Ex Order 26.4(b)(1)] recommendation, she replied, "yes."</p> <p>During an interview with the surveyor on 10/15/24 at 12:26 PM, the [U.S. FOIA (b) (6)] stated that their process was after a PO was written then [NJ Ex Order 26.4(b)(1)] would be notified that the resident needed to be evaluated.</p> <p>During an interview with the surveyor on 10/16/24 at 10:27 AM, the [U.S. FOIA (b)(6)] stated, "yes", an assessment was conducted after [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)].</p>	F 658			

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F 658	Continued From page 48 A review of an undated facility policy "Investigating Resident Injuries" revealed, "1. The director of nursing services or a designee assesses all resident injuries and documents findings in the medical record. ...6. The medical director or attending physician shall review and verify conclusions about the possibility of a medical or other similar cause of the findings."	F 658			
F 684 SS=D	NJAC 8:39-27.1(a) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint #: NJ177592 Based on interview, record review, and a review of other pertinent documentation, it was determined that the facility failed to ensure that the appropriate care was provided with no delay in treatment for a.) a resident who had a change in condition, with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) suspected NJ Ex Order 26.4(b)(1) () received a STAT (immediate) NJ Ex Order 26.4(b)(1) () in a timely manner before being transferred to NJ Ex Order 26.4(b)(1) with emergency services, and b.) a resident who had a change in condition and	F 684	1. Resident #255 NJ Ex Order 26.4(b)(1) sides at the facility. Resident #7 clinical provider was notified and the NJ Ex Order 26.4(b)(1) was ordered and completed on NJ Ex Order 26.4(b)(1). Resident #7 clinical provider orders were reviewed and implemented per plan of care 2. Current residents with orders for ultrasounds and / or CT scans have the potential to be affected. An audit of current residents with orders for STAT venous dopplers and CT scans in the last 90 days were reviewed to validate completion and / or clinical provider and		11/21/24

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F 684	<p>Continued From page 49</p> <p>experienced [REDACTED] NJ Ex Order 26.4(b) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] and [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] was rescheduled for an outpatient [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] in a timely manner in accordance with professional standards of nursing practice.</p> <p>This deficient practice was identified for 1 of 1 resident (Resident #255) reviewed for a change in condition and 1 of 5 residents (Resident #7) reviewed for [REDACTED] NJ Ex Order 26.4(b) [REDACTED].</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and 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 prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p>	F 684	<p>RP notification with barriers or delays for further guidance. No further findings found.</p> <p>3. The licensed nurses were re-educated by Director of Nursing/Designee on the need for appropriate care provision with no delay in treatment to include but not limited to notifying the clinical provider and RP if there will be a delay in the completion of diagnostic testing such as a STAT venous doppler and/or outpatient CT scan for further guidance in accordance with professional standards of nursing practice to include documentation in the medical record. The review also consisted of education of what timelines are considered for stat orders and improved communication when transportation is set up for outpatient testing. Staff re-education included those identified in the 2567</p> <p>4. The DON/designee will audit 3 residents with clinical provider orders for diagnostic testing to validate for appropriate care provision with no delay in treatment to include but not limited to notifying the clinical provider and RP if there will be a delay in the completion of diagnostic testing such as a STAT venous doppler and/or outpatient CT scan in accordance with professional standards of nursing practice to include documentation in medical record. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review</p>		

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F 684	<p>Continued From page 50</p> <p>1.) A review of Resident #255's Admission Record face sheet (an admission summary), revealed that the resident was admitted to the facility with diagnosis which included but were not limited to; NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED], and a history of NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of Resident #255's comprehensive Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1) [REDACTED] revealed that the resident's Brief Interview for Mental Status (BIMS) score was NJ Ex Order 26.4(b)(1) [REDACTED] out of 15, and indicated that the resident was fully NJ Ex Order 26.4(b)(1) [REDACTED]. The remainder of the MDS was still in progress and was not able to be viewed.</p> <p>A review of Resident #255's individualized comprehensive Care Plan (ICCP) revealed an entry with a Focus of: I have NJ Ex Order 26.4(b)(1) [REDACTED] related to unspecified, Goal: I will be at reduced risk for NJ Ex Order 26.4(b)(1) [REDACTED] daily through the review date.</p> <p>Interventions included: Monitor for new or worsening signs and symptoms of complications and infection: NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], ... NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], etc. Report to physician if noted and follow-up as indicated; and Obtain and monitor lab/diagnostic (testing) work as ordered. Report results to physician and RN (Registered Nurse)/LPN (Licensed Practical Nurse) follow-up as indicated.</p> <p>A review of Resident #255's Order Summary Report revealed an order written on NJ Ex Order 26.4(b)(1) [REDACTED] for a STAT NJ Ex Order 26.4(b)(1) [REDACTED] on NJ Ex Order 26.4(b)(1) [REDACTED].</p>	F 684	and recommendation monthly for 3 months or ongoing until compliance is sustained		

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F 684	<p>Continued From page 51</p> <p>A review of a Nurse Practitioner (NP) Note within Resident #255's Progress Notes revealed an entry dated 9/23/24 at 11:38 AM, written by Nurse Practitioner #2 indicated: "This patient is being seen per nursing request. Per nursing the patient is having some [REDACTED] NJ Ex Order 26.4(b)(1) and Patient is seen today in bed...reports [REDACTED] NJ Ex Order 26.4(b)(1) to his/her [REDACTED] NJ Ex Order 26.4(b)(1). He/She reports this was noticed yesterday by his/her responsible party. The patient denies change in [REDACTED] NJ Ex Order 26.4(b)(1). The patient denies [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1). Further review of the Nurse Practitioner Note revealed interventions which included: [REDACTED] NJ Ex Order 26.4(b)(1): ordered stat [REDACTED] NJ Ex Order 26.4(b)(1) to [REDACTED] NJ Ex Order 26.4(b)(1) ...Plan: Nursing: POC (plan of care) reviewed with nursing...</p> <p>A review of a Health Status Note entry written by Licensed Practical Nurse/Unit Manager (LPN/UM) #1, dated [REDACTED] NJ Ex Order 26.4(b)(1) at 6:01 PM revealed, "Resident has [REDACTED] NJ Ex Order 26.4(b)(1) and reports [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) Company name redacted) has not done STAT [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) with [REDACTED] NJ Ex Order 26.4(b)(1) (Responsible Party) at bedside requesting [REDACTED] NJ Ex Order 26.4(b)(1). NP made aware. [REDACTED] NJ Ex Order 26.4(b)(1) dispatched at 5:55 pm."</p> <p>A review of an SBAR (Situation, Background, Assessment, Recommendation) note written by LPN/UM #1 at 19:01 (7:01 PM) revealed: Situation: [REDACTED] NJ Ex Order 26.4(b)(1), Background: recent [REDACTED] NJ Ex Order 26.4(b)(1), Assessment: [REDACTED] NJ Ex Order 26.4(b)(1), Recommendation: send to [REDACTED] NJ Ex Order 26.4(b)(1) for eval and tx (treatment), Response: [REDACTED] NJ Ex Order 26.4(b)(1) per (responsible party) request." Further review of the EHR revealed that there was no documented evidence that the facility contacted the hospital to provide or receive a clinical update on the</p>	F 684			

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F 684	<p>Continued From page 52 resident's condition and disposition.</p> <p>A review of a New Jersey Universal Transfer Form (a form that communicates pertinent, accurate clinical patient care information at the time of transfer between the health care facilities) indicated that the time of transfer was on [REDACTED] at 7:00 PM. The resident's [REDACTED], reason for transfer (must include brief medical history and recent changes in physical function or cognition), Primary Diagnosis, Secondary Diagnosis, and [REDACTED] Condition sections of the form were not filled in as required to alert the receiving facility of the resident's clinical status at the time of transfer to a higher level of care.</p> <p>During an interview with the surveyor on 10/09/24 at 11:01 AM, LPN/UM #1 stated that she believed that Resident #255 had a [REDACTED]. LPN/UM #1 stated that the [REDACTED] put the order in for the STAT [REDACTED] in the computer. LPN/UM #1 stated that she reached out to the third party [REDACTED] company via the portal, faxed a face sheet (an Admission Record) and called the company. LPN/UM #1 stated that when she called the company for an ETA (estimated time of arrival) they could not give me one, they stated within three hours, not a specific ETA. LPN/UM #1 stated that the order was time stamped and confirmed by me at 11:48 AM. LPN/UM #1 stated that she would have contacted the [REDACTED] company by phone around 12:00 PM or 12:15 PM, and an ETA was not available. LPN/UM #1 stated that around 5:00 PM or 6:00 PM, she called the [REDACTED] company back and they said the wait time was 90 minutes. LPN/UM #1 stated that the resident's responsible party arrived and did not want to wait. LPN/UM #1 stated that the</p>	F 684			

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F 684	<p>Continued From page 53</p> <p>imaging company arrived about 20 minutes after the resident was sent to [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>At that time, LPN/UM #1 further stated Resident #255 "...complained of [REDACTED] and [REDACTED] earlier in the day, and at around 5:00 PM, then it got [REDACTED] and [REDACTED] and was a [REDACTED] NJ Ex Order 26.4(b)(1)". LPN/UM #1 stated, "The resident did have a [REDACTED] a [REDACTED] NJ Ex Order 26.4(b)(1) in the [REDACTED] NJ Ex Order 26.4(b)(1), confirmed by [REDACTED] NJ Ex Order 26.4(b)(1) to myself". The surveyor asked why the residents's change in status and confirmed hospital diagnosis were not documented in the resident's medical record? LPN/UM #1 stated that if we do not document in the EHR, then we were required to do a status update note. The surveyor requested that LPN/UM #1 review the resident's EHR and demonstrate where the documentation was charted. LPN/UM #1 stated, "It does not appear that there was one in here." LPN/Um #1 stated that she did a follow up with [REDACTED] NJ Ex Order 26.4(b)(1) just to see where the resident was at and put the orders on hold and admissions discharged the resident out of the system once confirmed. LPN/UM #1 stated that night shift called [REDACTED] NJ Ex Order 26.4(b)(1) to confirm resident status and then I called the next morning. LPN/UM #1 stated, "Both the night shift and myself should have documented the call to [REDACTED] NJ Ex Order 26.4(b)(1) and the resident' status".</p> <p>At that time, LPN/UM #1 further stated that if we have a STAT order, it was expected to be completed within an hour or two, and give grace up until about three hours. LPN/UM #1 stated that the [REDACTED] U.S. FD was notified of the delay, and she stated that it would be okay if it were not done by the end of the night then the resident would need to go out for evaluation. LPN/UM #1 stated, "I did not document that conversation anywhere."</p>	F 684			

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F 684	<p>Continued From page 54</p> <p>During an interview with the surveyor on 10/09/24 at 11:43 AM, the Nurse Practitioner (NP) #1 stated that she was contracted to work at the facility since [REDACTED] or [REDACTED]. When the surveyor asked NP #2 about the process for ordering a STAT [REDACTED] she stated, "They do not do STAT [REDACTED] here. We found that out after we ordered it." NP #2 stated that she followed up when it was not ordered by the evening time, and sent the resident out to the hospital. NP #2 stated that she was informed by the U.S. FOIA (b) (6) [REDACTED] that the [REDACTED] company does to do STAT ultrasounds. NP #2 confirmed that Resident ##255 was admitted to [REDACTED] with a [REDACTED] NP #3 who was present at that time, stated that we attended a Return to [REDACTED] Meeting to see if there was anything we could have done better, with root cause analysis, then we learned the resident was admitted with [REDACTED]. NP #1 stated that we did not realize that they do not do the order STAT. NP #1 stated that nursing notified me that the [REDACTED] company was not coming and the resident's family wanted the resident sent out. NP #2 stated that it was up to the facility and their protocol for nursing to document the conversation.</p> <p>During an interview with the surveyor on 10/11/24 at 10:44 AM, the U.S. FOIA (b) (6) [REDACTED] stated that when an order was placed for STAT diagnostic test nursing acknowledged the order and notified the provider. The [REDACTED] stated that for a STAT [REDACTED] the company usually lets us know how expeditiously they can or can not come. He stated that was contingent upon the clinical picture of the patient. The [REDACTED] further stated, generally within four hours was an acceptable wait time. The [REDACTED] stated that if the provider can</p>	F 684			

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F 684	<p>Continued From page 55</p> <p>not get here within four hours, we let the health care provider know and they make further recommendations.</p> <p>At that time, the [U.S. FOIA (b)] further stated that the New Jersey Universal Transfer form should be completed and sent with the resident, and we also called report to the ER (emergency room) to advise of the reason for transfer. The [U.S. FOIA (b)] stated that he would have expect for the nurses to do it and document it. The [U.S. FOIA (b)] stated that he would expect the nurse to do a pain assessment and document in a narrative note or on the pain assessment sheet. The [U.S. FOIA (b)] stated that we usually called the hospital and documented the outcome in the clinical record.</p> <p>2. During the initial tour of the facility on 10/08/24 at 11:53 AM, the surveyor observed Resident #7 lying in bed awake. The resident expressed concern regarding transportation and stated that he/she was [NJ Ex Order 26.4(b)(1)] and had missed [NJ Ex Order 26.4(b)(1)] appointments for diagnostic testing related to transport. The resident still had their breakfast tray in front of them that was untouched. The resident stated I have [NJ Ex Order 26.4(b)(1)] and they are giving me [NJ Ex Order 26.4(b)(1)]</p> <p>A review of Resident #7's Admission Record, an admission summary, revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: [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 Resident #7's most recent Quarterly Minimum Data Set (MDS), an assessment tool, dated [NJ Ex Order 26.4(b)(1)] revealed that the resident had a</p>	F 684			

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F 684	<p>Continued From page 56</p> <p>Brief Interview for Mental Status score of NJ Ex out of 15, which indicated that the resident was fully NJ Ex Order 26.4(b)(1). Review of Section NJ Ex Order 26.4(b)(1) revealed that the resident had an NJ Ex Order 26.4(b)(1) of NJ Ex or more in the last month or NJ Ex Order 26.4(b)(1) or more in the last six months.</p> <p>A review of Resident #7's Order Summary Report revealed an order dated NJ Ex Order 26.4(b)(1): Please have patient set up for NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1).</p> <p>A review of a Nurse Practitioner Note dated NJ Ex Order 26.4(b)(1) at 13:26 (1:36 PM) that was written by Nurse Practitioner (NP) # 2 documented..."pending NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1), reviewed U.S. FOIA (b) (6) recommendations, recommending NJ Ex Order 26.4(b)(1) in 3 months-patient is currently refusing NJ Ex Order 26.4(b)(1).</p> <p>Further review of Resident #7's Electronic Health Record (EHR) revealed a Nurse Practitioner Note dated NJ Ex Order 26.4(b)(1) at 11:12 AM, which detailed: "...Interventions:..." NJ Ex Order 26.4(b)(1) : ordered NJ Ex Order 26.4(b)(1) after 12 am on NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1), pending CT NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1) ...</p> <p>Further review of Resident #7's EHR revealed a Health Status Note dated NJ Ex Order 26.4(b)(1) at 13:53 (1:53 PM) which indicated: "Patient as unable to go for NJ Ex Order 26.4(b)(1) due to transport having wrong address. Pt and Scheduler made aware. Pt will be rescheduled. No orders at this time. Care ongoing".</p>	F 684			

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F 684	<p>Continued From page 57</p> <p>Further review of Resident #7's EHR revealed an Acknowledgement note dated [REDACTED] at 8:40 AM, that was written by Unit Clerk (UC) #1 and indicated, "unit clerk received a call from [REDACTED] stating they needed a new [REDACTED] faxed over. Notified NP...Update was made Trip confirmation # [REDACTED]"</p> <p>Further review of Resident #7's EHR revealed a Health Status Note dated [REDACTED] at 3:37 PM which indicated, "Transport arrived to escort resident to [REDACTED] appointment, appointment scheduled for 10 am, transportation stated they could not sit with resident until scheduled appointment. ... [REDACTED] stated that pt needed to [REDACTED] prior to arriving. Transport stated they could not take resident at present time and a new ride needed to be scheduled."</p> <p>Further review of Resident #7's EHR revealed a Nurse Practitioner Note dated [REDACTED] 22:14 (10:14 PM) which indicated..."Interventions: [REDACTED], on [REDACTED] pending [REDACTED], pending [REDACTED]"</p> <p>Further review of Resident #7's EHR revealed a Nurse Practitioner Note dated [REDACTED] at 8:30 AM, which indicated: "...The patient would like to know when he/she will have outpatient [REDACTED]. The patient had outpatient [REDACTED] evaluation and [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] was recommended. The patient does not want to do [REDACTED]. The patient reports ongoing [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] denies [REDACTED] NJ Ex Order 26.4(b)(1)." [REDACTED]</p> <p>Further review of Resident #7's EHR revealed a</p>	F 684			

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F 684	<p>Continued From page 58</p> <p>Nurse Practitioner Note dated [REDACTED] at 2:20 PM which indicated: "... [REDACTED] pending outpatient [REDACTED] NJ Ex Order 26.4(b)(1), pending [REDACTED] NJ Ex Order 26.4(b)(1). No current symptoms or [REDACTED] on today's exam..."</p> <p>During an interview with the surveyor on 10/09/24 at 11:30 AM, UC #1 stated that Resident #7 had a few issues with missed appointments which were not transportation related. UC #1 stated that Resident #7 was scheduled for a [REDACTED] and nursing was confused as to why the appointment was scheduled two hours early to allow for the resident to complete the [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED]) and the nurse sent the driver away. UC #1 stated that she was no longer assigned to that unit and was unsure if the [REDACTED] was not rescheduled.</p> <p>During an interview with the surveyor on 10/09/24 at 11:39 AM, UC #2 stated that she has not set up transportation for Resident #7, and would need to follow up.</p> <p>During an interview with the surveyor on 10/09/24 at 11:59 AM, NP #2 stated that she ordered a [REDACTED] for Resident #7 and they came, but the resident did not make it out to the appointment. When the surveyor asked if she had a responsibility to follow up and ensure that the [REDACTED] was completed? NP #2 stated, "The facility would handle it." NP #3 was present at that time and stated, "We write the prescription and the staff handled it from there."</p> <p>During an interview with the surveyor on 10/09/24 at 12:05 PM, Licensed Practical Nurse (LPN) #4 stated that she reviewed Resident #7's Progress Notes for nurse communication and there were no notes about missed transport for a scheduled</p>	F 684			

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F 684	<p>Continued From page 59</p> <p>NJ Ex Order 26.4(b)(1). LPN #4 further stated that there was an order for a NJ Ex O on NJ Ex Order 26.4(b)(1), re: NJ Ex Order 26.4) and NJ Ex Order 26.4(b)(1), but there were no results in the system to show it was done.</p> <p>During an interview with the surveyor on 10/09/24 at 1:12 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) # 4 stated that there must have been a miscommunication because the U.S. FOIA sets the pick up time, and she did not alert the nurse of a need to get the NJ Ex Order done. He stated that we should have rescheduled the NJ Ex O for another day and the U.S. FOI should have been notified. LPN/UM #4 stated, "That is a delay, we have to rectify it, and set it up for him/her."</p> <p>A review of Resident #7's EHR revealed an Acknowledgement note dated NJ Ex Order 26.4(b)(1) at 14:30 (2:30 PM) that specified: ... NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) [sic.] NJ Ex Order 26.4(b)(1)...Aide needs to be present. Will f/u (follow up) with transport. A second Acknowledgement note dated NJ Ex Order 26.4(b)(1) at 14:32 (2:32 PM) indicated:" ...Appt. NJ Ex Order 2 @ 11 am. Needs to be there NJ Ex Order 26.4(b)(1) to NJ Ex Order ...". The surveyor noted that the appointment for NJ Ex Order 26.4(b)(1) was rescheduled after surveyor inquiry.</p> <p>During an interview with the surveyor on 10/15/24 at 11:02 AM, the U.S. FOIA (b) (6) stated that when a NJ Ex Order 26.4(b)(1) was ordered the nurse verified the order and the information was given to our scheduler to schedule it. Then we implement the diagnostic and verify that transportation was ordered and they can accommodate the resident. If transport were unable to take the resident, we notify the provider and attempt to reschedule. The U.S. FOIA (b) stated that</p>	F 684			

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F 684	<p>Continued From page 60</p> <p>if it were missed, we typically verify through a chart check or documentation. The [U.S. FOIA(b)] stated there was a responsibility on the provider to follow up and see if it were done. The [U.S. FOIA(b)] stated that it should have been documented in a progress note. The [U.S. FOIA(b)] stated that we have not identified the etiology of the cause of why the [NJ Ex Order 25.4(b)] was not reordered.</p> <p>A review of an undated facility policy, "Request for Diagnostic Services" revealed the following:</p> <p>...Orders for diagnostic services will be promptly carried out as instructed by the physician's order.</p> <p>Emergency requests must be labeled "stat" to assure that prompt action is taken.</p> <p>A review of the facility policy, "Lab and Diagnostic Test Results-Clinical Protocol" (Revision November 2018) revealed the following:</p> <p>The physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs.</p> <p>The staff will process test requisitions and arrange for tests.</p> <p>The laboratory, diagnostic radiology provider, or other testing source will report results to the facility.</p> <p>...A nurse will identify the urgency communicating with the Attending Physician based on physician request, the seriousness of any abnormality, and the individual's current condition.</p> <p>A nurse will try to determine whether the test was</p>	F 684			

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F 684	Continued From page 61 done: a. As a routine screen or follow-up; b. To assess a condition change or recent onset of signs and symptoms;... (1)...The reason for getting a test often affects the urgency of acting upon the result. ...Nursing staff will consider the following factors to help identify situations requiring prompt physician notification concerning lab or diagnostic test results: Whether the physician has requested to be notified as soon as a result is received. Whether the results should be conveyed to a physician regardless of other circumstances (that is, abnormal result is problematic regardless of any other factors). Whether the resident/patient's clinical status is unclear or he/she has signs and symptoms of acute illness or change and is not stable or improving, or there are not a previous result for comparison. ...Facility staff should document information about when, how, and to whom the information was provided and the response. This should be done in the Progress Notes section of the medical record and not on the lab results report, because test results could be correlated with other relevant information such as the resident's overall situation, current symptoms, advance directives, prognosis, etc. Physician's or nurses who have concerns about how tests have been handled and reported should communicate such concerns to the DON and/or Medical Director. Such concerns or disagreements should not prevent timely, clinically appropriate management of a current result or clinical situation. A review of a facility policy, "Alert Charting and	F 684			

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F 684	<p>Continued From page 62 Documentation" (Adopted November 2023) revealed the following:</p> <p>Services provided to the resident that outline a change in the resident's medical or mental condition, shall be documented in the resident's medical record.</p> <p>...All changes in a resident's status are to be promptly communicated to the physician for further review, evaluation and interventions as appropriate.</p> <p>A review of the facility policy, "Transfer or Discharge, Facility-Initiated" (Revision October 2022) revealed the following:</p> <p>...Each resident will be permitted to remain in the facility, and not be transferred or discharged unless: the transfer or discharge is necessary for the resident's welfare and the resident's needs can not be met in this facility; ...the safety of the individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>...Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge.</p> <p>...All special instructions or precautions for ongoing care, as appropriate such as: ...special risks such as risk for falls...</p> <p>...All other information necessary to meet the resident's needs, including but not limited to: resident status, including baseline and current mental, behavioral, and functional status; ...diagnoses and allergies; medications (including last received); most recent relevant labs, other diagnostic tests, and recent immunizations; a copy of the resident's discharge summary; and</p>	F 684			

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F 684	Continued From page 63 any other documentation, as applicable, to ensure a safe and effective transition of care. Documentation of Facility-Initiated Transfer or Discharge: When a resident is transferred or discharged from the facility, the following information is documented in the medical record: The basis for the transfer or discharge; If the resident is being transferred or discharged because his or her needs cannot be met at the facility, documentation will include: the specific resident needs that cannot be met; the facility's attempt to meet those needs; and the receiving facility's service (s) that are available to meet those needs; ...The date and time of the transfer or discharge; The new location of the resident; The mode of transportation; A summary of the resident's overall medical, physical and mental condition; Disposition of personal effects; ...ascertain an accurate status of the resident's condition, which will be accomplished via communication between the hospital and facility staff and/or through visits by facility staff to the hospital;	F 684			
F 686 SS=D	NJAC 8:39-11.2(b), 27.1 (a) Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with	F 686			11/21/24

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F 686	<p>Continued From page 64</p> <p>professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, record review, and review of other pertinent documentation, it was determined that the facility failed to perform and document a [NJ Ex Ord] assessment, obtain a treatment order, and implement timely interventions to prevent the development of a [NJ Ex Order 26.4(b)(1)] upon the identification of an [NJ Ex Order 26.4(b)(1)] for a resident previously identified to be at risk for the [NJ Ex Order 26.4(b)(1)] of [NJ Ex Order 26.4(b)(1)]. This deficient practice was identified for 1 of 2 residents (Resident #101) reviewed for [NJ Ex Order 26.4(b)(1)].</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/8/24 at 10:18 AM, during the initial tour of the facility the surveyor observed Resident #101 lying awake in bed with [NJ Ex Order 26.4(b)(1)] noted at the foot of the bed. The resident stated that they had a [NJ Ex Order 26.4(b)(1)] on [NJ Ex Order 26.4(b)(1)] and did not receive care or [NJ Ex Order 26.4(b)(1)] medicine for [NJ Ex Order 26.4(b)(1)] in a timely manner when requested during the 11 PM to 7 AM shift. The resident stated that the last incidence occurred three (3) weeks ago when they waited 3 hours.</p> <p>A review of Resident #101's Admission Record</p>	F 686	<p>1. A [NJ Ex Order 26.4(b)(1)] evaluation and a [NJ Ex Ord] evaluation was completed for Resident #101 by licensed nurse on 10/15/24 with findings reviewed with clinical provider and orders received, transcribed and implemented. Resident #101 care plan was also updated to reflect current status, orders and preferences.</p> <p>2. Current residents with skin integrity impairments have the potential to be affected. The DON/designee conducted an audit of residents with skin impairments, and/or had treatment orders to validate an updated skin and pain evaluation had been completed, clinical provider notification, orders were in place, and care plan intervention were in place to address resident status and preferences. Variances were addressed.</p> <p>3. The DON/designee re-educated the Unit Managers and licensed nurses on the facility Wound care program to include but not limited to performing and documenting skin assessments, obtaining treatment orders, implementing timely interventions to prevent the development of pressure ulcers upon the identification of an</p>		

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F 686	<p>Continued From page 66</p> <p>Administration Record (TAR) revealed a treatment order dated ^{NJ Ex Order 26.4(b)} at 5:00 PM, for ^{NJ Ex Order 26.4(b)(1)}</p> <p>^{NJ Ex Order 26.4(b)(1)} Apply to ^{NJ Ex Order 26.4(b)(1)} times a day for ^{NJ Ex Order 26.4(b)(1)} for three (3) months.</p> <p>During an interview with the surveyor on 10/09/24 at 12:13 PM, Licensed Practical Nurse (LPN) #9 stated that Resident #101 had ^{NJ Ex Order 26.4(b)(1)} on their ^{NJ Ex Order 26.4(b)(1)} and received ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} daily. LPN #9 stated that the resident's last ^{NJ Ex Order 26.4(b)(1)} was on ^{NJ Ex Order 26.4(b)}, which identified that no new ^{NJ Ex Order 26.4(b)(1)} were identified, and she further stated that the ^{NJ Ex Order 26.4(b)(1)} did not entail ^{NJ Ex Order 26.4(b)(1)}. LPN #9 stated that the ^{NJ Ex Order 26.4} treatment order for ^{NJ Ex Order} documented on the resident's Treatment Administration Record (TAR). When the surveyor asked if she had received complaints of delayed care on the 11PM to 7AM shift she stated, "I have received complaints about delayed care on the 11-7 shift in the past two months, but it was getting better."</p> <p>A review of Resident #101's TAR and Physician Order's failed to contain a ^{NJ Ex Order 26.4} treatment order for ^{NJ Ex Order} and ^{NJ Ex Order 26.4(b)(1)} daily for treatment of a ^{NJ Ex Order 26.4(b)(1)} as previously described by LPN #9.</p> <p>During an interview with the surveyor on 10/10/24 at 12:25 PM, Certified Nursing Assistant (CNA) #10 stated that Resident #101 still had a ^{NJ Ex Order 26.4} their ^{NJ Ex Order 26.4} that came and went. Resident #101 stated that when CNA #10 was there he/she received better care. Resident #101 further stated that CNA #10 placed something</p>	F 686			

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F 686	<p>Continued From page 67</p> <p>NJ Ex Order 26.4(b) him/her to assist the resident with NJ Ex Order 26.4(b) [REDACTED]</p> <p>During an interview with the surveyor on 10/10/24 at 12:41 PM, Licensed Practical Nurse/Unit Manager (LPN/UM) # 4 stated that Resident #101 had NJ Ex Order 26.4(b)(1). He stated that the resident's NJ Ex Order 26.4(b)(1) was NJ Ex Order 26.4(b)(1) but periodically NJ Ex Order 26.4(b)(1). LPN/UM #4 stated that the NJ Ex Order 26.4(b)(1) was not NJ Ex Order 26.4(b)(1) now. LPN/UM #4 stated that the resident was only ordered NJ Ex Order 26.4(b)(1) and no other NJ Ex Order 26.4(b)(1) treatment was in place. The surveyor relayed that CNA #10 reported that Resident #101 still had a NJ Ex Order 26.4(b)(1) on their NJ Ex Order 26.4(b)(1) LPN/UM #4 stated, "I have to look at it." LPN/UM #4 further stated that the resident had the potential, but his/her NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #101's NJ Ex Order 26.4(b)(1) Assessments dated NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) revealed that the resident had no documented NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/15/24 at 9:49 AM, LPN/UM #4 agreed to assess Resident #101's NJ Ex Order 26.4(b)(1) with resident permission in the presence of the surveyor. Certified Nursing Assistant (CNA) #11 assisted LPN/UM #4 to turn the resident onto his/her side. At that time, the surveyor observed that the resident's NJ Ex Order 26.4(b)(1) had NJ Ex Order 26.4(b)(1) [REDACTED], and there was an NJ Ex Order 26.4(b)(1) on the NJ Ex Order 26.4(b)(1) [REDACTED]. CNA #11 stated that the resident's NJ Ex Order 26.4(b)(1) on NJ Ex Order 26.4(b)(1) and she alerted the nurse. CNA #11 stated, "The nurse looked at it, and stated that it was NJ Ex Order 26.4(b)(1) as she thought." LPN/UM #4 stated, "It was a NJ Ex Order 26.4(b)(1), a NJ Ex Order 26.4(b)(1)". The resident stated that he/she was last changed at</p>	F 686			

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F 686	<p>Continued From page 68</p> <p>5:00 AM. CNA #11 stated that the resident was a [REDACTED] and should have been [REDACTED] every two hours, but she had not gotten to change or turn the resident yet, since 7:00 AM. LPN/UM #4 stated, "The resident should have been [REDACTED]." LPN/UM #4 further stated, "The nurse should have done a [REDACTED] assessment and a risk assessment should have been completed".</p> <p>During an interview with the surveyor on 10/15/24 at 10:04 AM, LPN #10 confirmed that she was assigned to Resident #101 and had not received a report of [REDACTED] on the resident this morning. LPN #10 stated that the supervisor should have been notified of [REDACTED], a skilled risk management report should have been completed, and a [REDACTED] assessment should have been completed upon identification of [REDACTED].</p> <p>During an interview with the surveyor on 10/15/24 at 10:35 AM, the [REDACTED] (U.S. FOIA (b) (6)) stated that upon identification of a [REDACTED] or [REDACTED] he would have had the nurse evaluate the area and the information was then relayed to the provider, and a treatment would then be implemented, with a potential referral for a [REDACTED] consult. The [REDACTED] (U.S. FOIA (b) (6)) stated that when the aide told the nurse of a [REDACTED], the nurse should have looked at the [REDACTED] and documented it. The [REDACTED] (U.S. FOIA (b) (6)) stated that the [REDACTED] (U.S. FOIA (b) (6)) should have evaluated the [REDACTED] as well upon the initial surveyor inquiry. The [REDACTED] (U.S. FOIA (b) (6)) stated that the suggested [REDACTED] (NJ Ex Order 26.4(b)(1)) was every two hours and when indicated by the resident. The [REDACTED] (U.S. FOIA (b) (6)) stated that if the resident were last [REDACTED] (NJ Ex Order 26.4(b)(1)) at 5 AM, then the resident should have been checked by change of shift, around</p>	F 686			

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 686	<p>Continued From page 70</p> <p>assisting with personal care or ADLs (activities of daily living).</p> <p>...Reporting: ...Notify physician of new skin alteration (s) noted. Notify family, guardian or resident of new skin alteration (s) noted. Report other information in accordance with facility policy and professional standards of nursing practice.</p> <p>A review of the facility policy, "Pressure Ulcers/Skin Breakdown-Clinical Protocol" (Revision Date March 2014) revealed the following:</p> <p>Assessment and Recognition:</p> <p>The nursing staff and Attending Physician will assess and document an individual's significant risk factors for developing pressure sores; for example, immobility, recent weight loss, and a history of pressure ulcer (s).</p> <p>In addition, the nurse shall describe and document/report the following:</p> <p>Full assessment of pressure sore including location, stage, length, width, depth, presence of exudates or necrotic tissue; Pain assessment' Resident's mobility status; Current treatments, including support surfaces; and all active diagnosis.</p> <p>...the physician will authorize pertinent orders related to wound treatments, including wound cleansing...dressings, ...and application of topical</p>	F 686			

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F 686	Continued From page 71 agents if indicated for type of skin alteration.	F 686			
F 689 SS=L	<p>NJAC 8:39-27.1 (a) (b)</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§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</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Part A:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure their NJ Ex Order 26.4(b)(1) policy interventions were implemented to reduce hazard(s) and risk(s) for residents who NJ Ex Order 26.4(b)(1) and to ensure resident safety. This deficient practice was identified for 1 of 7 residents reviewed for NJ Ex Order 26.4(b)(1) (Resident #144).</p> <p>On 10/9/24 at 12:27 PM, the surveyor entered Resident #144's room and smelled a NJ Ex Order 26.4(b)(1) scent. The resident was observed lying in bed with the fan on and the window open. At that time, the surveyor interviewed the resident who stated they were not allowed to NJ Ex Order 26.4(b)(1) in their room, but they had to wait for hours for the staff to come into the room to assist them. The resident stated that the staff did not take them NJ Ex Order 26.4(b)(1), so they NJ Ex Order 26.4(b)(1) in their room. During a follow-up</p>	F 689	<p>1. A NJ Ex Order evaluation was immediately completed on Resident #144 on 10/9/24 by the licensed nurse with no adverse effect related to cited occurrence. Resident #144 had a NJ Ex Order 26.4(b)(1) re-evaluation completed on 10/11/24 with care plan updated based on evaluation to include NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) materials to be maintained by staff. Resident #144 was re-educated on the facility NJ Ex Order 26.4(b)(1) policy. Resident #144 is currently on NJ Ex Order with no further variances noted at this time. A NJ Ex Order evaluation was completed on Resident #191 on 10/9/24 by the licensed nurse with no adverse effect related to cited occurrence. Resident #191 had a NJ Ex Order 26.4(b)(1) re-evaluation completed on NJ Ex Order 26.4(b)(1) with care plan updated based on evaluation to include, 24/7 1:1, NJ Ex Order 26.4(b)(1) during mandated locations and times, facility was secure</p>		11/21/24

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F 689	<p>Continued From page 72</p> <p>interview with the surveyor on 10/9/24 at 2:19 PM, the resident pulled [NJ Ex Order 26.4(b)] out of a red bag to show the surveyor and the resident [NJ Ex Order 26.4(b)(1)]. Resident #144 stated the facility did not review the [NJ Ex Order 26.4(b)] policy with them, and acknowledged the last time they [NJ Ex Order 26.4(b)] in their room was [NJ Ex Order 26.4(b)(1)] at 5:00 AM.</p> <p>During an interview on 10/9/23 at 2:16 PM, the Certified Nursing Assistant (CNA #1), stated that a few months ago she reported to the nurse that she observed the resident holding [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)] in their room. A review of Resident #144's incident reports revealed that the resident was observed [NJ Ex Order 26.4(b)(1)] in their room on [NJ Ex Order 26.4(b)] [NJ Ex Order 26.4(b)] and [NJ Ex Order 26.4(b)]. Interventions included that the individualized comprehensive care plan (ICCP) was updated.</p> <p>The facility's failure to implement the [NJ Ex Order 26.4(b)] policy for safety to reduce hazard(s) and risk(s) for residents who [NJ Ex Order 26.4(b)(1)] posed a likelihood of serious injury, harm, impairment, or death could occur to all residents. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 11/16/23, when Resident #144 was reported to have [NJ Ex Order 26.4(b)(1)] in their room. The facility Administration was notified of the IJ on 10/9/24 at 5:13 PM. The facility submitted an acceptable Removal Plan (RP) on 10/10/24 at 9:51 AM. The survey team verified the implementation of the RP during the continuation of the on-site on 10/10/24.</p> <p>The evidence was as follows:</p> <p>A review of the facility's "Smoking" policy dated revised March 2024, included, "2. Smoking is only</p>	F 689	<p>and maintain [NJ Ex Order 26.4(b)] items. Resident #191 was re-educated on the facility [NJ Ex Order 26.4(b)] policy.</p> <p>2. Current residents have the potential to be affected. Current residents identified as smokers were reviewed by the Licensed Nursing Home Administrator/designee. An audit was completed to include interviews, a visual audit and/or with the resident's permission to search conducted to validate compliance with facility policy, which included but was not limited to smoking materials maintained by the resident based on current evaluation, current individualized care plan and adherence to facility policy to include storage and smoking strictly in designated areas. Resident identified with a change in smoking status were re-evaluated and care plan was updated to reflect status. No further variances were noted. Completed on 10/10/24.</p> <p>3. Facility staff were re-educated on the smoking policy, including the requirement to visually inspect rooms during rounds, care, and in-room visits for the presence of smoking materials, or noncompliance with designated smoking areas. Variances are to be immediately addressed and reported to the Supervisor for physician, and facility Administrator/DON for follow-up.</p> <p>Licensed Nurses were re-educated on the need to complete a new evaluation on Residents identified with a change in smoking status and the resident's care plan to reflect current individualized needs.</p>		

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F 689	<p>Continued From page 73</p> <p>permitted in designated resident smoking areas, which are located outside of the building. Smoking is not allowed inside the facility under any circumstances...11. The facility may impose smoking restrictions on a resident at any time if it is determined that the resident cannot smoke safely and with available levels of support and supervision...13. Residents who have independent smoking privileges are permitted to keep cigarette, electronic cigarettes, pipes, tobacco, and other smoking items in their possession. Only disposable safety lighters are permitted. All other forms of lighters, including matches, are prohibited."</p> <p>On 10/9/24 at 12:27 PM, the surveyor entered Resident #144's room and smelled a NJ Ex Order 26.4(b)(1) scent. The resident was observed lying in bed with the fan on and the window open. At that time, the surveyor interviewed the resident who stated that they were not allowed NJ Ex Order 26.4(b)(1) in their room, but they had to wait for hours for the staff to come into the room to assist them. The resident stated that the staff did not take them NJ Ex Order 26.4(b)(1), so they NJ Ex Order 26.4(b)(1) in their room.</p> <p>On 10/9/24 at 1:15 PM, the surveyor reviewed the medical record of Resident #144.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to: 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</p>	F 689	<p>In addition, nursing assistants were re-educated by Director of Nursing /Designee on the need to assist residents to smoke in designated areas during designated times. Staff education included those identified in the 2567 Resident Council meeting was held on 10/10/24 with a review of the facility smoking policy completed by Director of Life Enrichment.</p> <p>4. The Administrator/designee will complete an audit of 3 residents who are identified as smokers to validate that timely and accurate evaluations are in place, care plan is in place and implemented per evaluation and individualized resident needs and that the facility policy is adhered to. Resident care plans will also be reviewed to validate resident that had a change in smoking status had an evaluation and care plan update completed.</p> <p>In addition, a weekly visual audit of resident rooms and interview of residents identified as smokers will be conducted by Social Worker/designee to validate individual plan of care and facility policy is followed. Interview will also validate timely assistance with staff assistance with smoking per designated times. Variances will be immediately addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 689	<p>Continued From page 74</p> <p>9/18/24, included the resident had a Brief Interview for Mental Status score of [REDACTED] out of 15, which indicated a [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the ICCP included a focus area, dated [REDACTED] NJ Ex Order 26.4(b)(1), for [REDACTED] NJ Ex Order 26.4(b)(1) interventions that included: "I understand that for my safety, the facility will store my [REDACTED] NJ Ex Order 26.4(b)(1) and my [REDACTED] NJ Ex Order 26.4(b)(1). The ICCP was updated on [REDACTED] NJ Ex Order 26.4(b)(1), to include the intervention. "I am able to [REDACTED] NJ Ex Order 26.4(b)(1), follow facility policy, and store all [REDACTED] NJ Ex Order 26.4(b)(1) in my room." These interventions were added to the ICCP after the resident was discovered [REDACTED] NJ Ex Order 26.4(b)(1) in the facility three times.</p> <p>A review of the Full Quality Assurance (QA) Reports (incident report) for Resident #144 revealed the following:</p> <p>On [REDACTED] NJ Ex Order 26.4(b)(1) at 3:00 PM, the Licensed Practical Nurse (LPN) observed the resident [REDACTED] NJ Ex Order 26.4(b)(1) in their room. Actions taken included that the resident was re-educated on the [REDACTED] NJ Ex Order 26.4(b)(1) policy.</p> <p>On [REDACTED] NJ Ex Order 26.4(b)(1) at 11:00 AM, the resident was noted [REDACTED] NJ Ex Order 26.4(b)(1) and the resident admitted to [REDACTED] NJ Ex Order 26.4(b)(1) in their room. Actions taken included that the ICCP was updated, and a [REDACTED] NJ Ex Order 26.4(b)(1) consultation ordered.</p> <p>On [REDACTED] NJ Ex Order 26.4(b)(1) at 9:30 AM, the resident was noted [REDACTED] NJ Ex Order 26.4(b)(1) in their room. Actions taken included [REDACTED] NJ Ex Order 26.4(b)(1) was notified, and the resident was educated on safety concerns related to [REDACTED] NJ Ex Order 26.4(b)(1) in the room.</p> <p>On [REDACTED] NJ Ex Order 26.4(b)(1) at 12:00 PM, another resident suspected Resident #144 of [REDACTED] NJ Ex Order 26.4(b)(1) and called the [REDACTED] NJ Ex Order 26.4(b)(1). Actions taken included [REDACTED] NJ Ex Order 26.4(b)(1).</p>	F 689			

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F 689	<p>Continued From page 75</p> <p>NJ Ex Order 26.4(b)(1) came to the facility and the resident was re-educated on safety concerns and the NJ Ex Order 26.4(b)(1) policy.</p> <p>On NJ Ex Order 26.4(b)(1) at 11:00 AM, during rounds, a staff member smelled NJ Ex Order 26.4(b)(1) coming from resident's room, and NJ Ex Order 26.4(b)(1) were observed covering the NJ Ex Order 26.4(b)(1). Actions taken included clinical staff were assigned to the unit; monitor for further behaviors; ICCP updated; routine safety checks; and the resident was educated.</p> <p>During an interview with the surveyor on 10/9/24 at 1:30 PM, the U.S. FOIA (b) (6) stated that the resident was assessed as an NJ Ex Order 26.4(b)(1) and was allowed to hold their NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). When asked did the resident NJ Ex Order 26.4(b)(1) in their room, the U.S. FOIA (b) (6) stated that the resident informed them that they had NJ Ex Order 26.4(b)(1) in their room. The U.S. FOIA (b) (6) stated the facility had completed several incident reports, called the resident's representative, and they have called the NJ Ex Order 26.4(b)(1) because staff reported NJ Ex Order 26.4(b)(1) in the resident's room.</p> <p>During an interview with the surveyor on 10/9/24 at 2:08 PM, CNA #5 stated that she never observed the resident NJ Ex Order 26.4(b)(1) in the facility, but the CNA had smelled NJ Ex Order 26.4(b)(1) in the resident's room. CNA #5 stated that she often smelled NJ Ex Order 26.4(b)(1) and reported it to the U.S. FOIA (b) (6). CNA #5 stated that certain residents were able to keep their NJ Ex Order 26.4(b)(1), but if a resident was a NJ Ex Order 26.4(b)(1) or an NJ Ex Order 26.4(b)(1) who was caught NJ Ex Order 26.4(b)(1) in the facility, then the NJ Ex Order 26.4(b)(1) was kept at the front desk, or the nurse kept it in the NJ Ex Order 26.4(b)(1) box. CNA #5 stated that the resident "probably"</p>	F 689			

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F 689	<p>Continued From page 76</p> <p>had NJ Ex Order 26.4(b)(1) in their possession, but she never saw the resident NJ Ex Order 26.4(b)(1) she just NJ Ex Order 26.4(b)(1). CNA #5 stated that the resident was able to NJ Ex Order 26.4(b)(1) with a NJ Ex Order 26.4(b)(1) and took themselves NJ Ex Order 26.4(b)(1) She stated that the resident sometimes refused to NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/9/24 at 2:16 PM, CNA #1 stated that she was familiar with the resident's NJ Ex Order 26.4(b)(1) habits and stated that she guessed the resident NJ Ex Order 26.4(b)(1) because she "smelled it in the hallway." CNA #1 stated that visitors had also raised concerns regarding the smell of NJ Ex Order 26.4(b)(1) in the hallway. When asked if she had ever witnessed the resident NJ Ex Order 26.4(b)(1) in their room, CNA #1 nodded her head, "yes." CNA #1 stated that a couple of months ago when she went into the resident's room, she saw the resident holding NJ Ex Order 26.4(b)(1) in their hand. CNA #1 stated that she reported it to the nurse but could not recall which nurse she reported it to. CNA #1 stated that the staff reported that the resident NJ Ex Order 26.4(b)(1) in their room, but nothing happened after the NJ Ex Order 26.4(b)(1) was reported. She explained that the NJ Ex Order 26.4(b)(1) was supposed to be kept at the front desk, and when the resident was ready to NJ Ex Order 26.4(b)(1), staff provided the resident with the NJ Ex Order 26.4(b)(1). CNA #1 stated that the resident used to NJ Ex Order 26.4(b)(1), but now the resident just laid in the bed and NJ Ex Order 26.4(b)(1) even though the resident could NJ Ex Order 26.4(b)(1) at any time.</p> <p>During a follow-up interview with the surveyor on 10/9/24 at 2:19 PM, Resident #144 stated that it took one and a half hours to get help NJ Ex Order 26.4(b)(1). "When asked if they NJ Ex Order 26.4(b)(1) the resident stated, "yes, because NJ Ex Order 26.4(b)(1) get</p>	F 689			

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F 689	<p>Continued From page 77</p> <p>NJ Ex Order 26.4(b)(1) and most of the time I NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1) At that time, the resident pulled a NJ Ex Order 26.4(b)(1) out of a red bag to show the surveyor and NJ Ex Order 26.4(b)(1). The resident stated that the facility called the NJ Ex Order 26.4(b)(1) on them because they smelled NJ Ex Order 26.4(b)(1). The resident further stated that "the facility did not go over a NJ Ex Order 26.4(b)(1) policy with me and that they do not do anything." The resident stated in the past, the front desk kept their NJ Ex Order 26.4(b)(1), but staff was not getting them out of bed regularly, so they purchased another NJ Ex Order 26.4(b)(1). Resident #144 stated that the last time they NJ Ex Order 26.4(b)(1) in the room was on NJ Ex Order 26.4(b)(1) at 5:00 AM (that morning).</p> <p>The surveyor conducted a telephone interview on 10/16/24 at 8:48 AM, with the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1), who stated that he had a problem with Resident #144 NJ Ex Order 26.4(b)(1) since they had been caring for the resident. The U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) stated that the resident had been NJ Ex Order 26.4(b)(1) and that the staff "bend over backward." The U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) stated that the facility had done everything to keep the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from the resident, and the facility was going to "do better with the NJ Ex Order 26.4(b)(1) residents" and the other residents.</p> <p>An acceptable RP on 10/10/24, 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 the resident was placed on NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) on 10/9/24 at 3:10 PM; the resident was re-educated on the facility's smoking policy and relinquished their smoking materials; a smoking evaluation was completed; the facility will conduct routine safety rounds in Resident #144's room; and the ICCP was updated.</p>	F 689			

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F 689	<p>Continued From page 78</p> <p>The survey team verified the implementation of the removal plan during the continuation of the on-site survey on 10/10/24.</p> <p>Part B.</p> <p>The facility further failed to: complete a safe NJ Ex Order 26.4(b) evaluation immediately upon the identification of a change in resident's NJ Ex Order 26.4(b) status. This deficient practice was identified for 1 of 7 residents (Resident #191) reviewed for NJ Ex Order 26.4(b)(1)</p> <p>This deficient practice was evidenced by the following:</p> <p>2.) On 10/9/24 at 1:44 PM, the surveyor attempted to meet with Resident #191 who was not in their room. Licensed Practical Nurse (LPN) #10 was present outside of the resident's room and stated that the resident was NJ Ex Order 26.4(b)(1). The surveyor went to the NJ Ex Order 26.4(b)(1) and observed Resident #191 seated at a table with another resident in the NJ Ex Order 26.4(b)(1). When interviewed, the resident stated that they only NJ Ex Order 26.4(b) now and then. Resident #191 stated that they had NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1) and proceeded to show the surveyor the NJ Ex Order 26.4(b) that were stored in a pencil case and a NJ Ex Order 26.4(b) that were on the table in front of the resident. The resident stated that there was no</p>	F 689			

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F 689	<p>Continued From page 79</p> <p>NJ Ex Order 26.4(b)(1) allowed inside of the facility. The resident stated that he/she was allowed to keep their NJ Ex Order 26.4(b)(1) in their room. There was no NJ Ex Order 26.4(b)(1) attendant in the courtyard at the time of the observation.</p> <p>A review of Resident #191's Admission Record (an admission summary), revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: 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 Resident # 191's Comprehensive Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1) revealed that the resident's Brief Interview for Mental Status (BIMS) score was NJ Ex Order 26.4(b)(1) out of 15, which indicated that the resident was NJ Ex Order 26.4(b)(1). A review of Section J-Health Conditions indicated that the entry was coded as a "0" or "No" for NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #191's Care Plan failed to identify Resident #191 as a NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #191's Admission/Readmission Evaluation Packet dated NJ Ex Order 26.4(b)(1) at 3:45 PM revealed that the resident NJ Ex Order 26.4(b)(1) Safety Evaluation and History of NJ Ex Order 26.4(b)(1) detailed that the resident did not currently NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/9/24 at 1:55 PM, LPN #10 stated that NJ Ex Order 26.4(b)(1) assessments were completed upon admission. LPN #10 reviewed Resident #191's electronic</p>	F 689			

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F 689	<p>Continued From page 80</p> <p>health record (EHR) in the presence of the surveyor and stated that she did not see that a [REDACTED] evaluation was completed for the resident. LPN #10 stated that Resident #191 needed a [REDACTED] evaluation to see if he/she were safe to [REDACTED]</p> <p>During a review of Resident #191's EHR the surveyor observed a [REDACTED] Safety Evaluation that was completed on 10/9/24 at 2:19 PM after surveyor inquiry, which detailed, "Does the resident currently [REDACTED]? [REDACTED] Further review of the assessment revealed that the resident was safe to [REDACTED], [REDACTED] and [REDACTED] or [REDACTED] in an [REDACTED] without adaptive equipment such as a [REDACTED], [REDACTED], or [REDACTED]. Further review of the assessment revealed that the resident was able to [REDACTED], follow the facility policy, and safely secure all [REDACTED] in their room.</p> <p>On 10/10/24 at 10:29 AM, the surveyor observed Resident #191 seated in a chair at the bedside. When interviewed, the resident stated, "A man told me yesterday that I am not allowed to have [REDACTED] so I threw the [REDACTED] down the toilet." The resident stated that his/her friend had given the resident a [REDACTED]. The resident stated, "I was told to follow the rules, with no [REDACTED]. The resident further stated, "I did not know that I could not use [REDACTED]. LPN #10 was present at that time, and stated that residents were not permitted to borrow [REDACTED]. LPN #10 stated that if a resident was admitted as a [REDACTED] then the resident needed to be reassessed.</p> <p>During an interview with the surveyor on 10/10/24</p>	F 689			

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F 689	<p>Continued From page 81</p> <p>at 10:45 AM, the U.S. FOIA (b) (6)) stated that upon admission to the facility nursing did a smoking assessment as part of the screening process. The U.S. FOIA (b) (6) stated that upon admission to the facility Resident #191 was deemed to be NJ Ex Order 26.4(b)(1) and within the past day or two, was identified as NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that she did not know who identified when the resident started NJ Ex Order 26.4(b)(1) or when he/she was identified as NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that it was brought to our attention that the resident was going outside and NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that the resident may only use a NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were not permitted. The U.S. FOIA (b) (6) stated that a NJ Ex Order 26.4(b)(1) assessment was necessary to determine if a resident were safe to NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/15/24 at 11:13 AM, the U.S. FOIA (b) (6)) stated that the NJ Ex Order 26.4(b)(1) evaluation was part of the admission assessment. The U.S. FOIA (b) (6) stated that the purpose of a NJ Ex Order 26.4(b)(1) assessment was to identify if the resident was NJ Ex Order 26.4(b)(1), and to make sure that the resident had the dexterity to safely manage NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated, "As part of the admission agreement, resident's are not supposed to have NJ Ex Order 26.4(b)(1) in their rooms, and are supposed to have NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that when he spoke to Resident #191 the resident only had NJ Ex Order 26.4(b)(1) left that was already NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that the resident obtained NJ Ex Order 26.4(b)(1) from other residents in the courtyard. The U.S. FOIA (b) (6) stated that a NJ Ex Order 26.4(b)(1) evaluation should have been completed when the nurse realized that the resident was NJ Ex Order 26.4(b)(1). The NJ Ex Order 26.4(b)(1) further stated, "If it were not done, there was a potential safety hazard."</p>	F 689			

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F 689	<p>Continued From page 82</p> <p>A review of the facility policy, "Smoking Policy-Residents" dated revised October 2023 revealed the following:</p> <p>This facility has established and maintains safe resident smoking practices.</p> <p>Prior to, and upon admission, residents are informed of the facility smoking policy, including designated smoking areas, and the extent to which the facility can accommodate their smoking or non-smoking preferences.</p> <p>Smoking is only permitted in designated smoking areas, which are located outside of the building. Smoking is not allowed inside the facility under any circumstances.</p> <p>...Resident smoking status is evaluated upon admission. If a smoker, the evaluation includes: Current level of tobacco consumption; method of tobacco consumption (traditional cigarettes; electronic cigarettes; pipe, etc.); desire to quit smoking; and ability to smoke safely with or without supervision (per a completed Safe Smoking Evaluation).</p> <p>The staff consults with the attending physician and the director of nursing services (DNS) to determine if safety restrictions need to be placed on a resident's smoking privileges based on the Safe Smoking Evaluation.</p> <p>A resident's ability to smoke safely is re-evaluated quarterly, upon a significant change (physical or cognitive) and as determined by the staff.</p> <p>...Resident's who have independent smoking</p>	F 689			

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F 689	Continued From page 83 privileges are permitted to keep cigarettes, electronic-cigarettes, pipes, tobacco, and other smoking items in their possession. Only disposable safety lighters are permitted. All other forms of lighters, including matches, are prohibited. Residents are not permitted to give smoking items to other residents...	F 689			
F 690 SS=D	N.J.A.C 8:39-31.6(e) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690			11/21/24

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F 690	<p>Continued From page 84</p> <p>prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) ensure an NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) did not touch the floor and b.) ensure the NJ Ex Order 26.4(b)(1) was changed as ordered by the physician for 2 of 2 residents (Resident #174 and #188) reviewed for NJ Ex Order 26.4</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 10/8/24 at 11:27 AM, the surveyor observed Resident #188 sitting in a wheelchair with a NJ Ex Order 26.4(b)(1) secured to the wheelchair. The NJ Ex Order 26.4(b)(1) was touching the floor.</p> <p>On 10/9/24 at 09:03 AM, the surveyor observed Resident #188 sitting in a wheelchair with a NJ Ex Order 26.4(b)(1) secured to the wheelchair. The NJ Ex Order 26.4(b)(1) that connected the NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) was touching the floor.</p>	F 690	<p>1. Resident # 174 NJ Ex Order 26.4(b)(1) in the facility. Resident #188 NJ Ex Order 26.4(b)(1) & NJ Ex Order 26.4(b)(1) was changed. NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) remained off the floor.</p> <p>2. Current residents with indwelling urinary catheters have the potential to be affected. An audit of current residents with indwelling urinary catheter was conducted to validate urinary catheter drainage bag was changed as ordered by the physician and that the drainage bag and tubing were not touching the floor. Variances were addressed.</p> <p>3. The DON/designee re-educated clinical staff on the need for indwelling urinary catheter drainage bag to be changed as ordered by the physician and to validate that drainage bags and tubing did not touch the floor to minimize risk of infection. Staff education included those identified in the 2567</p> <p>4. The DON/designee will complete audit of 3 residents with an indwelling urinary catheter to validate urinary catheter drainage bag are changed as ordered by the physician and that the drainage bags and tubing were not touching the floor.</p>		

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F 690	<p>Continued From page 85</p> <p>On 10/10/24 at 10:24 AM, the surveyor observed Resident #188 sitting in a wheelchair with a NJ Ex Order 26.4(b)(1) secured to the wheelchair. The NJ Ex Order 26.4(b)(1) that connected the NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1) was touching the floor. The surveyor also observed that the NJ Ex Order 26.4(b)(1) was dated NJ Ex Order 26.4(b)(1) 3-11," which indicated the NJ Ex Order 26.4(b)(1) was last changed on NJ Ex Order 26.4(b)(1) on the 3:00 PM to 11:00 PM shift.</p> <p>According to the Admission Record (admission summary), Resident #188 had diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26.4(b)(1), included the resident had a Brief Interview for Mental Status score of NJ Ex Order 26.4(b)(1) which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). Further review of the MDS included the resident had an NJ Ex Order 26.4(b)(1).</p> <p>Review of the Individualized Comprehensive Care Plan (ICCP) included a focus, created NJ Ex Order 26.4(b)(1), of "I have an NJ Ex Order 26.4(b)(1) r/t [related to] NJ Ex Order 26.4(b)(1)," with an intervention to provide NJ Ex Order 26.4(b)(1) care every shift and as needed. The ICCP did not include an intervention to keep the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) off the floor nor did it include an intervention to indicate how often the NJ Ex Order 26.4(b)(1) should be changed.</p> <p>Review of the Order Summary Report, as of NJ Ex Order 26.4(b)(1), revealed a physician's order to "Change NJ Ex Order 26.4(b)(1) every week on shower day: Wednesday 3-11," ordered NJ Ex Order 26.4(b)(1).</p>	F 690	<p>Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>		

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F 690	<p>Continued From page 86</p> <p>Review of the NJ Ex Order 26.4(b)(1) Treatment Administration Record (TAR) included the aforementioned order was signed out as completed on NJ Ex Order 26.4(b)(1) and signed out as not completed due to the resident being out of the facility on NJ Ex Order 26.4(b)(1).</p> <p>Review of the Progress Notes, dated NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1), did not include a rationale for why the NJ Ex Order 26.4(b)(1) was not changed on NJ Ex Order 26.4(b)(1) or that the resident was out of the facility on NJ Ex Order 26.4(b)(1).</p> <p>During an interview with the surveyor on 10/10/24 at 10:43 AM, Certified Nursing Assistant (CNA) #3 stated NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) should not touch the floor for infection control reasons. At that time, the CNA accompanied the surveyor to Resident #188's room and acknowledged the NJ Ex Order 26.4(b)(1) was touching the floor. The CNA then repositioned and secured the NJ Ex Order 26.4(b)(1) to the wheelchair so that the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) were not touching the floor.</p> <p>During an interview with the surveyor on 10/10/24 at 10:51 AM, Licensed Practical Nurse (LPN) # 5 stated NJ Ex Order 26.4(b)(1) should be kept off the floor for sanitary reasons. The LPN further stated the NJ Ex Order 26.4(b)(1) should be changed to prevent the risk of infection.</p> <p>During an interview with the surveyor on 10/10/24 at 11:02 AM, the U.S. FOIA (b) (6) stated that NJ Ex Order 26.4(b)(1) and the NJ Ex Order 26.4(b)(1) should not touch the floor for infection prevention. The U.S. FOIA (b) (6) further stated that NJ Ex Order 26.4(b)(1) should also be changed as ordered by the physician for infection prevention.</p>	F 690			

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F 690	<p>Continued From page 87</p> <p>At that time, the surveyor reviewed Resident #188's ^{NJ Ex Order 26.4(b)(1)} TAR with the ^{U.S. FOIA (b) (6)} The ^{U.S. FOIA (b) (6)} verified that the resident's ^{NJ Ex Order 26.4(b)(1)} was ordered to be changed weekly and accompanied the surveyor to the resident's room. The ^{U.S. FOIA (b) (6)} acknowledged that the ^{NJ Ex Order 26.4(b)(1)} was last changed on ^{NJ Ex Order 26.4(b)(1)} and that the nurse should not have signed the order as completed on ^{NJ Ex Order 26.4(b)(1)}. The ^{U.S. FOIA (b) (6)} further stated that on 10/09/24, the nurse should have rescheduled the treatment order to be completed on the following shift. The ^{U.S. FOIA (b) (6)} stated that it was important to accurately document in the resident's medical record to maintain continuity of care.</p> <p>During an interview with the surveyor on 10/10/24 at 1:10 PM, the ^{U.S. FOIA (b) (6)} stated ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} should not touch the floor for infection control reasons. The ^{U.S. FOIA (b) (6)} further stated that nurses should follow the physician's orders on when to change the ^{NJ Ex Order 26.4(b)(1)} and then label the ^{NJ Ex Order 26.4(b)(1)} with the date it was changed. The ^{U.S. FOIA (b) (6)} also stated that it was important to accurately document on the TAR to ensure the order was completed.</p> <p>2.) On 10/8/24 at 10:35 AM, during the initial tour, the surveyor observed Resident #174 resting in bed with his/her eyes closed. The ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} was touching the floor.</p> <p>On 10/10/24 at 10:28 AM, during another visit to the resident's room, the ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26.4(b)(1)} were touching on the floor.</p> <p>On the same day at 10:42 AM, the surveyor</p>	F 690			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 690	<p>Continued From page 88</p> <p>accompanied the Licensed Practical Nurse Unit Manager (LPN/UM) #1 to Resident #174's room to confirm the findings. LPN/UM #1 picked the NJ Ex Order 26.4(b)(1) off the floor and NJ Ex Order 26.4b1</p> <p>A review of the Admission Record (admission summary) reflected that the resident was admitted with diagnoses, which included but were not limited to: 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 admission comprehensive Minimum Data Set (MDS), an assessment tool dated NJ Ex Order 26.4(b)(1), included the resident had a Brief Interview for Mental Status score of NJ Ex Order 26.4(b)(1) which indicated the resident's cognition was NJ Ex Order 26.4(b)(1). Further review of the MDS included the resident had an NJ Ex Order 26.4(b)(1).</p> <p>A review of the Individualized Comprehensive Care Plan (ICCP) included a focus area, created NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1). Intervention included: to provide NJ Ex Order 26.4(b)(1) care every shift and as needed. The ICCP did not include an intervention to keep the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) off the floor.</p> <p>A review of the physician's orders included, "Catheter Care every shift."</p> <p>During an interview with the surveyor on 10/10/24 at 10:50 AM, LPN/UM #1 stated the NJ Ex Order 26.4(b)(1) should not touch the floor and that they usually used the underframe of the bed to keep it off the floor. LPN/UM #1 stated, when the residents are mobile on the unit, we always attempt to utilize a NJ Ex Order 26.4(b)(1). LPN/UM #1 further</p>	F 690			

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F 690	Continued From page 89 stated if they refuse the ^{NJ Ex Order 26.4(i)} , then "we ensure they have ^{NJ Ex Order 26.4(b)(1)} and it is stored underneath the wheelchair so it does not get in their way." LPN/UM #1 stated it was important to keep the ^{NJ Ex Order 26.4(b)(1)} and ^{NJ Ex Order 26} off the floor for infection control purposes, dignity, and prevent the ^{NJ Ex Order 26} from getting ^{NJ Ex Order 26.4(b)(1)} Review of the facility's Catheter Care, Urinary policy, revised 08/2022, included, "Be sure the catheter tubing and drainage bag are kept off the floor." Further review of the policy did not include to change the drainage bag as ordered by the physician.	F 690			
F 692 SS=D	NJAC 8:39 - 27.1(a) Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (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)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;	F 692			11/21/24

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F 692	<p>Continued From page 90</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) provide NJ Ex Order 26.4(b)(1) as prescribed by the physician, b.) obtain weekly NJ Ex Order 26.4(b) as recommended by the U.S. FOIA (b) (6), and c.) obtain NJ Ex Order 26.4(b)(1) according to the facility's policy for 2 of 5 residents (Resident #91 and #7) reviewed for NJ Ex Order 26.4(b).</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 10/11/24 at 12:12 PM, the surveyor observed Resident #91 receive his/her lunch tray which included a NJ Ex Order 26.4(b)(1) without a label. According to the resident's meal ticket, the resident was supposed to receive NJ Ex Order 26.4(b)(1)).</p> <p>The surveyor took a picture of the lunch tray. At 12:35 PM, the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) for the resident who stated he/she would sometimes eat the NJ Ex Order 26.4(b) and did not have a preference for flavor.</p> <p>On 10/15/24 at 12:37 PM, the surveyor observed Resident #91's lunch tray which included a serving of NJ Ex Order 26.4(b) packaged by the facility. According to the resident's meal ticket, the resident was supposed to receive NJ Ex Order 26.4(b). The surveyor took a picture of the lunch tray. At that time, the U.S. FOIA (b) (6) NJ Ex Order 26.4(b)(1) for the resident who stated he/she enjoyed the food and would eat the NJ Ex Order 26.4(b) later.</p>	F 692	<p>1. Resident #91's NJ Ex Order 26.4b1 and plan of care was reviewed by the Registered Dietitian and the clinical provider. NJ Ex Order 26.4(b)(1) have been implemented as ordered without interruption. Resident #7's was NJ Ex Order 26.4(b)(1) by licensed nurse on 10/10/24. Resident #7's NJ Ex Order 26.4(b)(1) orders, NJ Ex Order 26.4(b) and plan of care was reviewed by the Registered Dietitian and the clinical provider. With plan of care in place and implemented per clinical provider orders and individualized NJ Ex Order 26.4b1 plan.</p> <p>2. Current residents have the potential to be affected. An audit of residents with orders for fortified foods was completed to validate implementation per clinical provider orders by the RD. Resident with orders for weekly weights were reviewed and residents with weight variances were reviewed to validate a reweigh was completed per policy by the RD. Variances were addressed.</p> <p>3. The VP of Food Services re-educated food service staff on servicing residents food as per order and meal ticket to include fortified foods, barriers should be reported to Food Service Director. The DON/designee re-educated nursing staff on the need to complete weekly weights as ordered and to consistently complete re-weighs per facility policy. Staff education included those identified in</p>		

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F 692	<p>Continued From page 91</p> <p>According to the Admission Record, an admission summary, Resident #91 had diagnoses which included, but were not limited to, [REDACTED] and [REDACTED].</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], included the resident had a Brief Interview for Mental Status score of [REDACTED] which indicated the resident's cognition was [REDACTED]. Further review of the MDS included the resident had a [REDACTED] of [REDACTED] in the last month or [REDACTED] in the last six months and was not on a physician-prescribed [REDACTED].</p> <p>Review of the Individualized Comprehensive Care Plan (ICCP) included a focus, revised [REDACTED] that the resident had a [REDACTED] problem related to [REDACTED] and [REDACTED] with meals and [REDACTED]. Further review of the ICCP included an intervention for [REDACTED]: ... [REDACTED] Lunch and Dinner," revised [REDACTED].</p> <p>Review of the Order Summary Report, as of [REDACTED], included a physician's order for [REDACTED] with Lunch and Dinner," ordered [REDACTED].</p> <p>Review of the Quarterly [REDACTED] Assessment, dated [REDACTED] included the resident was on [REDACTED] twice a day which provided [REDACTED] and [REDACTED].</p> <p>During an interview with the surveyor on 10/15/24 at 1:49 PM, the [REDACTED] (b) (6) stated that [REDACTED] was made in-house</p>	F 692	<p>the 2567.</p> <p>4. The RD/designee will complete an audit of 3 residents with orders for fortified foods to validate provision per clinical provider orders. In addition, the RD will review 3 residents with weekly weight orders to validate weights taken per clinical provider orders and re-weighs completed as indicated based on facility policy. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 692	<p>Continued From page 92</p> <p>daily, but that there wasn't any [NJ Ex Order 26.4(b)(1)] currently in the building. At that time, the surveyor showed the [U.S. FOIA] the pictures of Resident #91's lunch trays on 10/11/24 and 10/15/24 and the [U.S. FOIA] confirmed that [NJ Ex Order 26.4(b)(1)] was not given to the resident. The [U.S. FOIA] further stated he was unsure why [NJ Ex Order 26.4(b)(1)] was not provided for the resident. The [U.S. FOIA] explained that a [U.S. FOIA (b) (6)] was responsible for checking the residents' meal trays to ensure [NJ Ex Order 26.4(b)(1)] were included on the designated trays. The [U.S. FOIA] further stated that if [NJ Ex Order 26.4(b)(1)] was not available, he would either increase the amount of [NJ Ex Order 26.4(b)(1)] on the tray or contact the [U.S. FOIA (b) (6)] for recommendations.</p> <p>During an interview with the surveyor on 10/15/24 at 1:56 PM, the [U.S. FOIA (b) (6)] responsible for checking the meal trays stated there wasn't any [NJ Ex Order 26.4(b)(1)] to provide to the residents on 10/11/24 or 10/15/24 but was not sure why.</p> <p>During an interview with the surveyor on 10/15/24 at 2:08 PM, the [U.S. FOIA (b) (6)] stated he makes rounds to ensure designated residents receive [NJ Ex Order 26.4(b)(1)] on their meal trays. When asked how the [U.S. FOIA] knows whether the pudding on the resident's tray is [NJ Ex Order 26.4(b)(1)] or not, the [U.S. FOIA] stated he just assumes that the [NJ Ex Order 26.4(b)(1)] provided was [NJ Ex Order 26.4(b)(1)] if the meal ticket indicated [NJ Ex Order 26.4(b)(1)]. The [U.S. FOIA] further stated he had not been notified that the kitchen was unable to provide [NJ Ex Order 26.4(b)(1)] on 10/11/24 and 10/15/24, and if he had been notified, he would have developed new interventions for residents on [NJ Ex Order 26.4(b)(1)] until it was available again. The [U.S. FOIA] added that the kitchen staff should not determine their own intervention, but should instead notify the [U.S. FOIA] when [NJ Ex Order 26.4(b)(1)] are not</p>	F 692			

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F 692	<p>Continued From page 93 available.</p> <p>During an interview with the surveyor on 10/15/24 at 4:16 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated the or a reasonable substitute should have been provided to Resident #91.</p> <p>Review of the (Special Program) Roster, dated , revealed there were 30 residents at the facility who were supposed to receive at lunch.</p> <p>Review of the facility's Special Nutrition Program policy, revised 08/08/22, included, "The Special Nutrition Program (SNP) is a fortified food program that should provide for the increased nutritional requirements of residents who are underweight, have pressure injuries, experiencing significant weight loss, have poor intake and/or have a low albumin." Further review of the policy did not indicate what the facility should do if fortified foods were unavailable.</p> <p>2.) On 10/15/24 at 12:37 PM, the surveyor observed Resident #91 lying in bed. The resident's lunch tray was on the bedside table with approximately of the . At that time, the for the resident who stated he/she the food and had enough to eat.</p> <p>According to the Admission Record, an admission summary, Resident #91 had diagnoses which included, but were not limited to, and</p>	F 692			

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F 692	<p>Continued From page 94</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] NJ Ex Order 26.4(b)(1), included the resident had a Brief Interview for Mental Status score of [REDACTED] NJ Ex Order 26.4(b)(1) which indicated the resident's [REDACTED] NJ Ex Order 26.4(b)(1). Further review of the MDS included the resident had a [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) in the last month or [REDACTED] NJ Ex Order 26.4(b)(1) in the last six months and was not on a physician-prescribed [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of the Care Plan included a focus, revised [REDACTED] NJ Ex Order 26.4(b)(1), that the resident had a [REDACTED] NJ Ex Order 26.4(b)(1) related to [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) with [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of the [REDACTED] NJ Ex Order 26.4(b)(1) Assessment, written by the [REDACTED] U.S. FOIA (b) (6) [REDACTED] and dated [REDACTED] NJ Ex Order 26.4(b)(1) revealed the resident had a [REDACTED] NJ Ex Order 26.4(b)(1) in 30 days and experienced a [REDACTED] NJ Ex Order 26.4(b)(1) in [REDACTED] NJ Ex Order 26.4(b)(1). The [REDACTED] U.S. FOIA (b) (6) further recommended to start [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] twice a day.</p> <p>Review of the [REDACTED] NJ Ex Order 26.4(b)(1) Note, written by RD #2 and dated [REDACTED] NJ Ex Order 26.4(b)(1) included a recommendation for weekly [REDACTED] NJ Ex Order 26.4(b)(1) for four weeks to monitor resident's [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>Review of the [REDACTED] NJ Ex Order 26.4(b)(1) and Vitals Summary, generated [REDACTED] NJ Ex Order 26.4(b)(1) revealed the following weights for [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1): [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>There were no additional [REDACTED] NJ Ex Order 26.4(b)(1) for [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1) in the resident's electronic medical record (EMR).</p>	F 692			

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F 692	<p>Continued From page 95</p> <p>During an interview with the surveyor on 10/15/24 at 12:40 PM, Certified Nursing Assistant (CNA) #4 stated that residents are [NJ Ex Order 26.4(b)] monthly unless the nurse notified the CNA of more frequent [NJ Ex Order 26.4(b)]. The CNA further stated that [NJ Ex Order 26.4(b)] are documented in a [NJ Ex Order 26.4(b)] book and then the nurse enters the [NJ Ex Order 26.4(b)] into the EMR.</p> <p>During an interview with the surveyor on 10/15/24 at 12:46 PM, Licensed Practical Nurse (LPN) #7 stated residents were [NJ Ex Order 26.4(b)] monthly unless the [U.S. FO] recommended more frequent [NJ Ex Order 26.4(b)]. The LPN further stated that [NJ Ex Order 26.4(b)] were documented in the [NJ Ex Order 26.4(b)] book and then entered into the resident's EMR. When asked the importance of adequately monitoring [NJ Ex Order 26.4(b)] for a resident who experienced a [NJ Ex Order 26.4(b)(1)], the LPN stated, "to determine the cause of the [NJ Ex Order 26.4(b)]".</p> <p>During an interview with the surveyor on 10/15/24 at 12:54 PM, Licensed Practical Nurse/Unit Manager (LPN/UM) #3 stated residents were [NJ Ex Order 26.4(b)(1)] monthly unless otherwise instructed by the [U.S. FO] or physician. The LPN/UM further stated that [NJ Ex Order 26.4(b)] are written in the [NJ Ex Order 26.4(b)] book, transferred into the residents' EMR, and then the paper copies of the [NJ Ex Order 26.4(b)] were shredded. When asked about Resident #91's weekly [NJ Ex Order 26.4(b)] that were recommended in [NJ Ex Order 26.4(b)(1)] the LPN/UM reviewed the resident's EMR and verified the weekly [NJ Ex Order 26.4(b)] were not completed and that she could not find a discontinued physician's order for the weekly [NJ Ex Order 26.4(b)]. The LPN/UM added that the weekly [NJ Ex Order 26.4(b)] should have been done if the [U.S. FO] recommended it to "prevent [NJ Ex Order 26.4(b)(1)]."</p> <p>During an interview with the surveyor on 10/15/24</p>	F 692			

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F 692	<p>Continued From page 96</p> <p>at 1:01 PM, the [U.S. FOIA (b)(6)] stated that if weekly [NJ Ex Order 26.4(b)(1)] are recommended, the [U.S. FOIA (b)(6)] will obtain a physician's order and then review the completed [NJ Ex Order 26.4(b)(1)] in the resident's EMR. When asked about Resident #91's weekly [NJ Ex Order 26.4(b)(1)] for [NJ Ex Order 26.4(b)(1)], the [U.S. FOIA (b)(6)] stated that the weekly [NJ Ex Order 26.4(b)(1)] should have been obtained based on the recommendation and then entered into the resident's EMR.</p> <p>During an interview with the surveyor on 10/15/24 at 4:16 PM, in the presence of the survey team, the [U.S. FOIA (b)(6)] stated Resident #91's weekly [NJ Ex Order 26.4(b)(1)] should have been completed as recommended by the [U.S. FOIA (b)(6)].</p> <p>3.) During the initial tour of the facility on 10/8/24 at 11:53 AM, the surveyor observed Resident #7 lying in bed with a meal tray in front of him/her that was untouched. The resident stated that he/she had [NJ Ex Order 26.4(b)(1)], but received [NJ Ex Order 26.4(b)(1)].</p> <p>A review of Resident #7's Admission Record, an admission summary, revealed that the resident was admitted to the facility with diagnosis which included, but were not limited to, [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 Resident #7's quarterly Minimum Data Set (MDS), an assessment tool, dated [NJ Ex Order 26.4(b)(1)] revealed that the resident had a Brief Interview for Mental Status score of [NJ Ex Order 26.4(b)(1)] out 15, which indicated that the resident was [NJ Ex Order 26.4(b)(1)]. Further review of the MDS under Section</p>	F 692			

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F 692	<p>Continued From page 97</p> <p>NJ Ex Order 26.4(b)(1) reflected that the resident had a NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) in the last month or NJ Ex Order 26.4(b)(1) in the last six months and was not on a physician-prescribed NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #7's Individualized Comprehensive Care Plan (ICCP) revealed an entry with a revision date of NJ Ex Order 26.4(b)(1), and a focus of: "I have a NJ Ex Order 26.4(b)(1) r/t (related to) NJ Ex Order 26.4(b)(1)...The Goal included: I will NJ Ex Order 26.4(b)(1) at least NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) through next review date...Interventions/Tasks included but were not limited to: ...Monitor NJ Ex Order 26.4(b)(1) as ordered: Monthly unless otherwise indicated. Resident may refuse to be NJ Ex Order 26.4(b)(1) Educate and encourage on importance of NJ Ex Order 26.4(b)(1)."</p> <p>A review of Resident #7's Electronic Health Record (EHR) revealed a NJ Ex Order 26.4(b)(1) dated NJ Ex Order 26.4(b)(1) at 7:40 AM, that was written by Registered Dietician (RD) #1 and indicated that the resident was evaluated for a NJ Ex Order 26.4(b)(1): "...Assessment: The resident has experienced a NJ Ex Order 26.4(b)(1) x 180 days. NJ Ex Order 26.4(b)(1) not planned, but is appropriate in the presence of good NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) is only obtained NJ Ex Order 26.4(b)(1) since increasing NJ Ex Order 26.4(b)(1) regimen on NJ Ex Order 26.4(b)(1) due to resident NJ Ex Order 26.4(b)(1). The resident has NJ Ex Order 26.4(b)(1) of meals and NJ Ex Order 26.4(b)(1) of NJ Ex Order 26.4(b)(1)...Plan: 1. Continue POC (Plan of Care) 2. Monitor NJ Ex Order 26.4(b)(1) labs, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p> <p>Further review of Resident #7's EHR revealed a NJ Ex Order 26.4(b)(1) Note, dated NJ Ex Order 26.4(b)(1) at 8:16 AM, that was written by RD #2 and indicated that on</p>	F 692			

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F 692	<p>Continued From page 98</p> <p>NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1) and the resident had documented NJ Ex Order 26.4(b)(1) refusals on NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1) and a NJ Ex Order 26.4(b)(1) was addressed. RD #2 documented that an NJ Ex Order 26.4(b)(1) was pending.</p> <p>The surveyor reviewed Resident #7's NJ Ex Order 26.4(b)(1) under the NJ Ex Order 26.4(b)(1) and vitals tab in the EHR which revealed:</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>NJ Ex Order 26.4(b)(1) recorded in NJ Ex Order 26.4(b)(1) of</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>-There was no NJ Ex Order 26.4(b)(1) recorded in NJ Ex Order 26.4(b)(1) of</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>-On NJ Ex Order 26.4(b)(1) the resident had a documented NJ Ex Order 26.4(b)(1) refusal.</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>-On NJ Ex Order 26.4(b)(1) the resident NJ Ex Order 26.4(b)(1)</p> <p>During an interview with the surveyor on 10/09/24 at 11:15 AM, Licensed Practical Nurse/Unit Manager (LPN/UM) #1 stated that both the aides and nurses NJ Ex Order 26.4(b)(1) the residents together and the NJ Ex Order 26.4(b)(1) was recorded in the EHR. LPN/UM #1 stated that residents were NJ Ex Order 26.4(b)(1) upon admission, then weekly for four weeks, then monthly thereafter unless there was a NJ Ex Order 26.4(b)(1). LPN/UM #1 stated that RD #1</p>	F 692			

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F 692	<p>Continued From page 99</p> <p>informed the nursing staff when a [REDACTED] was required. LPN/UM #1 stated, "Sometimes [REDACTED] get missed...and the charting process was not always the best."</p> <p>On 10/10/24 at 12:23 PM, the surveyor observed Resident #7 lying in bed with their meal tray in front of him/her that was [REDACTED]. The resident stated that he/she was [REDACTED] today.</p> <p>During an interview with surveyor on 10/10/24 at 1:00 PM, RD #1 stated that [REDACTED] were done on the first of the month and were due by the fifth of the month. He stated that if a [REDACTED] or [REDACTED] was noted, a repeat [REDACTED] was requested. RD #1 stated that he put the requests in a book on the unit and communicated with the [REDACTED] U.S. FOIA (b) (6). RD #1 stated that he questioned Resident #7's [REDACTED] NJ Ex Order 26.4(b)(1). He stated that the resident expressed a desire to [REDACTED] NJ Ex Order 26.4(b)(1) and was recently placed on an [REDACTED] at the resident's request. RD #1 stated that it was not due to him/her [REDACTED] NJ Ex Order 26.4(b)(1), the resident [REDACTED] NJ Ex Order 26.4(b)(1) most of the time. RD #1 stated that he did not recall the last time that he did a [REDACTED] observation of the resident's [REDACTED] NJ Ex Order 26.4(b)(1). RD #1 stated that a review of the Certified Nursing Aid (CNA) documentation indicated that more often than not, the resident was [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>At that time, RD #1 stated that a [REDACTED] NJ Ex Order 26.4(b)(1) should be documented in the EHR if there was a change [REDACTED] NJ Ex Order 26.4(b)(1) in consecutive months. The surveyor questioned a [REDACTED] NJ Ex Order 26.4(b)(1) between [REDACTED] NJ Ex Order 26.4(b)(1) of [REDACTED] NJ Ex Order 26.4(b)(1) and on [REDACTED] NJ Ex Order 26.4(b)(1) of [REDACTED] NJ Ex Order 26.4(b)(1). RD #1 stated that the [REDACTED] NJ Ex Order 26.4(b)(1) desired. RD #1 stated that a [REDACTED] NJ Ex Order 26.4(b)(1) was required to be done in two days, but it did not</p>	F 692			

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F 692	<p>Continued From page 100</p> <p>appear that it was done. Further review of the resident's [REDACTED] revealed that there was no documented evidence that the resident was [REDACTED] in [REDACTED] and a monthly [REDACTED] was not documented within the EHR in [REDACTED]. Further review of the resident's documented [REDACTED] revealed that on [REDACTED] the resident had a documented [REDACTED] of [REDACTED], and a [REDACTED] was not recorded. On [REDACTED] the resident had a documented [REDACTED] of [REDACTED] and a [REDACTED] refusal was documented on [REDACTED], eighteen days after the initial monthly [REDACTED]. The resident's last recorded [REDACTED] of [REDACTED] was documented on [REDACTED], with no documented [REDACTED].</p> <p>During an interview with the surveyor on 10/15/24 at 11:02 AM, the [REDACTED] U.S. FOIA (b) (6) stated that the [REDACTED] followed resident [REDACTED] and [REDACTED] but typically, a [REDACTED] NJ Ex Order 26.4(b)(1) of [REDACTED] would trigger a [REDACTED] The [REDACTED] U.S. FOIA (b) (6) stated that the [REDACTED] U.S. FOIA (b) (6) reported the [REDACTED] and the [REDACTED] then noted if there was a disparity and notified the [REDACTED] U.S. FOIA (b) (6). The [REDACTED] U.S. FOIA (b) (6) further stated that the [REDACTED] would request a [REDACTED] NJ Ex Order 26.4(b)(1) if indicated.</p> <p>On 10/10/24 at 9:35 AM, The surveyor reviewed the [REDACTED] Book in the presence of the [REDACTED] U.S. FOIA (b) (6) and noted that Resident #7's [REDACTED] had not yet been documented for the month of [REDACTED] The [REDACTED] U.S. FOIA (b) (6) stated that he was filling in for Licensed Practical Nurse/Unit Manager (LPN/UM) #4 who was off, and he was unable to explain why there were blanks on the [REDACTED] NJ Ex Order 26.4(b)(1) sheet. There was no documented evidence that staff had attempted to [REDACTED] Resident #7 in accordance with the facility protocol and policy.</p>	F 692			

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F 692	Continued From page 101 A review of the facility's "Weight Assessment and Intervention" policy, revised 03/2022, included, "Residents are weighed upon admission and at intervals established by the interdisciplinary team," and, "Weights are recorded in each unit's weight record chart and in the individual's medical record." Further review of the policy included, "Resident weights are monitored for undesirable or unintended weight loss or gain," and, "Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation... If the weight is verified, nursing will immediately notify the dietician in writing."	F 692			
F 695 SS=D	NJAC 8:39-17.4(a)1,3; 27.2 (a)(e) Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and review of other pertinent documentation, it was determined that the facility failed to store [NJ Ex Order 26.4(b)(1)] equipment in a safe and sanitary manner when not in use to reduce the incidence of [NJ Ex Order 26.4(b)] for 1 of 3 residents (Resident #123) reviewed for [NJ Ex Order 26.4(b)(1)] care.	F 695	1. Resident #123 was reviewed by the licensed nurse on 1 [NJ Ex Order 26.4(b)(1)] 4 with [NJ Ex Order 26.4(b)(1)] or signs and symptoms of infection related to cited occurrence. Resident #123 [NJ Ex Order 26.4(b)(1)] was appropriately cleaned and sanitized by nursing on [NJ Ex Order 26.4(b)(1)] and a new [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] was provided and stored in a new		11/21/24

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F 695	<p>Continued From page 102</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/8/24 at 1:11 PM, during the initial tour of the facility, the surveyor entered Resident #123's room with permission and observed a [REDACTED] that was stored on top of a crowded table with the resident's personal belongings. The [REDACTED] was not stored in a bag and [REDACTED] was noted in the [REDACTED]. A vast area of an unknown brown substance was noted on two of the four sides of the [REDACTED]. The [REDACTED] was stored directly above a wall unit air conditioning unit which had a thick coating of dust on the vent covers.</p> <p>The resident stated that the [REDACTED] was normally stored in a bag. The resident was unable to identify the brown matter on the [REDACTED].</p> <p>A review of Resident #123's Admission Record, an admission summary, revealed that the resident had diagnoses which included but were not limited to: [REDACTED].</p> <p>A review of Resident #123's Significant Change in Status Minimum Data Set, an assessment tool, [REDACTED] revealed that the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15, which indicated that the resident was [REDACTED].</p> <p>A review of Resident #123's Order Summary</p>	F 695	<p>bag that was labeled dated and appropriately stored away from the AC unit. Resident #123 AC unit was also cleaned and made free of dust particles.</p> <p>2. Current residents with order for nebulizer treatments have the potential to be affected by the cited occurrence. On 10/10/14 the Respiratory therapist conducted an audit of current resident identified with nebulizer treatment orders. Rounds were made to validate the equipment to include but not limited to the nebulizer machine, mask and tubing was clean, dry, appropriately stored in a sanitary manner.</p> <p>3. DON re-educated licensed nursing staff on the need to validate that respiratory equipment to include nebulizer machine, mask and tubing was clean, dry, appropriately stored in a sanitary manner to prevent the risk of infection. Staff education included those identified in the 2567</p> <p>4. The Respiratory therapist conducted an audit of 3 residents identified with nebulizer treatment orders. Rounds will be made to validate the equipment to include but not limited to the nebulizer machine, mask and tubing was clean, dry, and appropriately stored in a sanitary manner. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>		

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F 695	<p>Continued From page 103</p> <p>Report revealed an order dated [NJ Ex Order 26.4(b)(1)] to: "Change [NJ Ex Order 26.4(b)(1)] and delivery device with patient [NJ Ex Order 26.4(b)(1)] for storage weekly on [Specify Day and Shift]. Change as needed for soiling and damage. Every night shift every Wed *Please date [NJ Ex Order 26.4(b)(1)]</p> <p>A review of Resident #123's Medication Administration Record (MAR) revealed an entry with a start date of [NJ Ex Order 26.4(b)(1)] for [NJ Ex Order 26.4(b)(1)] [redacted] [redacted] every 6 hours for [NJ Ex Order 26.4(b)(1)]. The entry was signed out as administered on [NJ Ex Order 26.4(b)(1)] at 12:00 PM, prior to the surveyor's initial observation.</p> <p>On 10/9/24 at 12:35 PM, the surveyor observed Resident #123 lying in bed. The Resident stated that [NJ Ex Order 26.4(b)(1)] had a [NJ Ex Order 26.4(b)(1)] today and the nurse took the [NJ Ex Order 26.4(b)(1)] off of the table above the air conditioning unit, during the treatment. The [NJ Ex Order 26.4(b)(1)] was dated [NJ Ex Order 26.4(b)(1)] and it was stored in a plastic bag. A vast area of an unknown brown substance was noted on two of the four sides of the [NJ Ex Order 26.4(b)(1)].</p> <p>During an interview with the surveyor on 10/09/24 at 12:40 PM, Licensed Practical Nurse (LPN) #1 stated that she noticed that the [NJ Ex Order 26.4(b)(1)] was a little dirty from Resident #123 touching it and that it needed to be wiped off when she administered the resident's [NJ Ex Order 26.4(b)(1)]. The surveyor accompanied LPN #1 into the resident's room and pointed out that the [NJ Ex Order 26.4(b)(1)] had not yet been wiped off as she had previously described. LPN #1 stated that the [NJ Ex Order 26.4(b)(1)] was supposed to be stored in a bag and should not have condensation in it. LPN #1 stated that the</p>	F 695			

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F 695	<p>Continued From page 104</p> <p>[REDACTED] was in a bag and had [REDACTED] in it when she arrived that morning. LPN #1 stated that both the [REDACTED] and [REDACTED] was changed last shift. The surveyor showed LPN #1 the brown matter on the outside of the [REDACTED] and the thick coating of dust that covered the air conditioner vents. The surveyor asked LPN #1 what could result if the [REDACTED] were stored outside of the bag with [REDACTED] in the [REDACTED] above the air conditioning unit and LPN #1 stated, "That is disgusting. If the resident [REDACTED] that in there was a chance of contamination."</p> <p>During an interview with the surveyor on 10/10/24 at 10:17 AM, the [REDACTED] stated that she expected for [REDACTED] to be stored in a bag and labeled with the resident's name, room number, and dated on both the bag and the [REDACTED] and it was good for one week. The [REDACTED] stated that she hoped that there was no [REDACTED] in the chamber to ensure that that medication was delivered. The [REDACTED] stated that if the [REDACTED] were dirty then wipe it, and if it were still dirty, change the [REDACTED] out. The [REDACTED] stated that if the [REDACTED] were left out of the bag and were exposed to dust and dirt on the air conditioner unit and you put the [REDACTED] on someone's [REDACTED] it would expose the person to bacteria. The [REDACTED] stated that nursing was responsible for [REDACTED], but she would bring it to their attention if she noticed it.</p> <p>On 10/10/24 at 12:09 PM, the surveyor observed Resident #123 lying in bed awake. The surveyor noticed that the [REDACTED] no longer had a brown substance on it. The resident stated that it was cleaned yesterday.</p>	F 695			

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F 695	<p>Continued From page 105</p> <p>During an interview with the surveyor on 10/10/24 at 12:48 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) #4 stated that Resident #123's NJ Ex Order 26.4(b)(1) should have been cleaned right away. The LPN/UM #4 stated that housekeeping worked on cleaning the air conditioner unit yesterday, but he would get them to come back again today if it was still not clean.</p> <p>During an interview with the surveyor on 10/11/24 at 11:22 AM, the U.S. FOIA (b) (6) stated that the NJ Ex Order 26.4(b)(1) should be wiped down and stored in a plastic bag and labeled and dated. The U.S. FOIA (b) (6) stated that the NJ Ex Order 26.4(b)(1) was dated and changed weekly and as needed. When asked what could result if the NJ Ex Order 26.4(b)(1) were left out of the bag with NJ Ex Order 26.4(b)(1) in the U.S. FOIA (b) (6) above a dusty air conditioner unit, the U.S. FOIA (b) (6) stated that NJ Ex Order 26.4(b)(1) could result. The U.S. FOIA (b) (6) stated that there was a risk for infection if the NJ Ex Order 26.4(b)(1) were not wiped down and kept clean.</p> <p>During an interview with the surveyor on 10/15/24 at 10:58 AM, the U.S. FOIA (b) (6) stated that there was a plastic bag where the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) were stored. The U.S. FOIA (b) (6) stated that it was a potential infection control issue if it were not properly stored and the outside of the NJ Ex Order 26.4(b)(1) would need to be cleaned. The U.S. FOIA (b) (6) stated there was a chance of cross contamination and the air conditioner machine vents should have been cleaned.</p> <p>A review of the facility policy, "Administering Medications through a Small Volume (handheld) Nebulizer" (Revision Date October 2010)</p>	F 695			

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F 695	Continued From page 106 revealed the following: "The purpose of this procedure is to safely and aseptically (free from contamination caused by harmful bacteria, viruses or other organisms) administer aerosolized particles of medications into the resident's airway. ...When treatment is complete, turn off nebulizer and disconnect T-piece, mouthpiece and medication cup. ...Rinse and disinfect the nebulizer equipment according to facility protocol, or: a. wash pieces with warm soapy water; b. rinse with hot water; c. place all pieces a bowl and cover with isopropyl (rubbing) alcohol. Soak for five minutes; d. rinse all pieces with sterile water (Not tap, bottled, or distilled); and e. allow to air dry on a paper towel... ...When equipment is completely dry, store in a plastic bag with the resident's name and date on it. ...Change equipment and tubing every seven days, or according to facility protocol. ...Disinfect outside of the compressor between residents, according to manufacturer's instructions."	F 695			
F 730 SS=D	NJAC 8:39-19.4(a) Nurse Aide Peform 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).	F 730			11/21/24

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F 730	<p>Continued From page 107</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to complete a performance review of all Certified Nurse Aides (CNA) at least every twelve months and provide regular in-service education based on the outcome of employee job performance reviews.</p> <p>The deficient practice was identified for 2 of 6 CNAs (CNA # 12 and #8) reviewed for the completion of annual performance evaluations and was evidenced by the following:</p> <p>1.) On 10/11/24 at 11:09 AM, the surveyor reviewed the personnel files of five Certified Nursing Assistants and noted that the Annual Staff Performance Appraisal of CNA #12 dated [REDACTED], was not signed by the employee, Supervisor or Department Head in the spaced provided. The caption above the signature block indicated, "This performance appraisal has been reviewed and acknowledged by the Employee, Supervisor and Department Head, and a copy shall be placed in the employee's Human Resource File.</p> <p>During an interview with the surveyor on 10/11/24 at 12:00 PM, the [REDACTED] stated, "We do not necessarily make the employee sign the Annual Staff Performance Appraisal, but the rater should have signed to confirm that the evaluation was given to the employee and that it was completed." The [REDACTED] further stated that some employees refused to sign.</p> <p>During an interview with the surveyor on 10/15/24</p>	F 730	<p>1. No specific residents were identified. Performance evaluations and in-service education based on the outcome of reviews were completed for Nursing Assistant #12, and #8 on 11/6/24 and were signed by both the both the employee and their supervisor .</p> <p>2. All CNA employee files were audited for completion of a performance review of at least every twelve months. The Director of Nursing/Designee validated current Nursing Assistant staff are scheduled performance review based on their anniversary date for performance reviews and education provided as indicated based on evaluation results.</p> <p>3. The [REDACTED] and the [REDACTED] were re-educated by the Administrator on the policy for performance review completion and in-service education. Staff education included those identified in the 2567</p> <p>4. The Administrator/designee will conduct 3 reviews of Nursing Assistant files around the employee anniversary date to validate that performance reviews have been completed and include in-service education based on the outcome of review. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 730	<p>Continued From page 108</p> <p>at 10:57 AM, the U.S. FOIA (b) (6) stated that both the employee and their supervisor were required to sign the CNA's performance appraisal.</p> <p>2.) On 10/11/24 at 12:35 PM, the U.S. FOIA (b) (6) provided a copy of CNA #8's Employee Performance Improvement Notification (EPIN). A review of the EPIN revealed the following:</p> <p>On NJ Ex Order 26.4b1, CNA #8 received a verbal notice for NJ Ex Order 26.4b1 to a resident. Residents on the CNA's assignment had complained of being rounded on only once, their call bells were on for a long time, and the sheets on the bed were NJ Ex Order 26.4b1 on NJ Ex Order 26.4b1, during the 11 PM to 7 AM shift.</p> <p>Further review indicated that the CNA was in-serviced on rounds with a verbal notice by the U.S. FOIA (b) (6) on NJ Ex Order 26.4b1 and not to touch the resident who filed the grievance. There was no evidence of an in-service for NJ Ex Order 26.4b1 after NJ Ex Order 26.4b1 and not answering call bells.</p> <p>On 10/16/24 at 11:17 AM, the U.S. FOIA (b) (6) provided a summary for CNA #8, which indicated for NJ Ex Order 26.4b1 she was not in-serviced on NJ Ex Order 26.4b1 completing tasks.</p> <p>A review of the facility's "Staffing, Sufficient and</p>	F 730			

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F 730	<p>Continued From page 109</p> <p>Competent Nursing" policy, revised August 2022, included, "2. All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements...5. Competency requirements and training for nursing staff are established and monitored by nursing leadership.</p> <p>...Competency requirements and training for nursing staff are established and monitored by nursing leadership with input from the medical director to ensure that:</p> <p>programming for staff training results in nursing competency;</p> <p>gaps in education are identified and addressed;</p> <p>education topics and skills are determined based on the resident population;</p> <p>tracking or other mechanisms are in place to evaluate the effectiveness of training; and training includes critical thinking skills and managing care in a complex environment with multiple interruptions..."</p> <p>A review of the facility's undated "Performance Evaluations" (Version: 1.3 (H5MAPL0615)) policy, revealed the following:</p> <p>"The job performance of each employee shall be reviewed and evaluated at least annually.</p> <p>...The written performance evaluations will contain the director's and/or supervisor's remarks and suggestions, any action that should be taken (e.g., further training, etc.), and goals.</p> <p>...The director and/or supervisor and the evaluated employee should sign and date the evaluation form. If the employee refuses to sign the form, the director and/or supervisor should note such refusal on the form.</p> <p>...The facility may alter, amend, modify, delete, add to, or eliminate, this policy, in whole or in part, at any time."</p>	F 730			

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F 730	Continued From page 110	F 730			
F 732 SS=D	<p>NJAC 8:39-43.17(b) Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the</p>	F 732			11/21/24

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F 732	<p>Continued From page 111</p> <p>posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review and review of other pertinent documentation, it was determined that the facility failed to ensure that the current resident census was accurately reflected and recorded on the Nursing Home Resident Care Staffing Report prior to posting the notice in prominent areas for residents and the general public to view.</p> <p>This deficient practice was identified on three of six survey dates was evidenced by the following:</p> <p>On 10/8/24 at 9:11 AM, the U.S. FOIA (b) (6) stated that the facility census was 207. A review of the facility daily staffing sheet indicated that the resident census was 208. A review of the Nursing Home Resident Care Staffing Report dated 10/8/24-Day Shift, reflected that the Current Resident Census was 203.</p> <p>On 10/09/24 at 10:57 AM, the surveyor reviewed the Nursing Home Resident Care Staffing Report dated 10/9/24 which reflected that the current census was 203. A review of the facility daily staffing sheet indicated that the resident census was 208.</p> <p>On 10/11/24 at 1:08 PM, the surveyor reviewed the Nursing Home Resident Care Staffing Report and noted that the census was 206. A review of the daily staffing sheet indicated that the resident census was 203.</p>	F 732	<ol style="list-style-type: none"> 1. No specifics residents were identified. The three identified Nurse Staffing Information Sheets were corrected with accurate census information by the Administrator 2. Current residents have the potential to be affected. On 10/11/24, 10/14/24, & 10/15/24 the Administrator conducted audits to validate current resident census was accurately reflected and recorded on the Nursing Home Resident Care Staffing Report posted. No further variances were noted. 3. The Administrator re-educated the U.S. FOIA (b) (6) on the need for current resident census to be accurately reflected and recorded on the Nursing Home Resident Care Staffing Report prior to posting the notice in prominent areas for residents and the general public to view. Staff education included those identified in the 2567 4. The Administrator/designee will conduct 3 audits to validate current resident census was accurately reflected and recorded on the Nursing Home Resident Care Staffing Report posted. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is 		

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F 732	<p>Continued From page 112</p> <p>During an interview with the surveyor on 10/11/24 at 1:09 PM, the U.S. FOIA (b) (6) stated that the current census was 203. The U.S. FOIA (b) (6) stated that she posted the Nursing Home Resident Care Staffing Report with the current census based on the calculations formulated from the computer software that was used. When the surveyor asked why the current resident census of 203 that she reported differed from the recorded resident census number of 206 on the Nursing Home Resident Care Staffing Report that was posted in the main lobby, the U.S. FOIA (b) (6) stated, "I was not aware of a census of 206." The U.S. FOIA (b) (6) stated that she obtained the daily resident census number during a group meeting and any pending admissions and discharges were reflected on the form prior to posting the following day.</p> <p>During an interview with the surveyor on 10/11/24 at 1:38 PM, the U.S. FOIA (b) (6) stated that the current resident census was 203. When asked why the Nursing Home Resident Care Staffing Report that was posted in the main lobby reflected a census of 206, the U.S. FOIA (b) (6) stated that the he would follow up with the U.S. FOIA (b) (6) and clarify why she did not list the correct information.</p> <p>During an interview with the surveyor on 10/15/24 at 10:32 AM, the U.S. FOIA (b) (6) stated that the Business Office generated a midnight census report and sent it to the U.S. FOIA (b) (6) who did not have an updated version of the computer software, so the calculation that she made was not based on the midnight census. The U.S. FOIA (b) (6) stated that if the reported resident census were not accurate, it could affect staffing accuracy. The U.S. FOIA (b) (6) explained that if the resident census were higher than reported than the facility could have additional staff on duty, and if it were under, the</p>	F 732	sustained.		

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F 732	Continued From page 113 inverse pattern of too few staff may be on duty. A review of the facility policy, "Staffing, Sufficient and Competent Nursing" (Revision Date August 2022) revealed the following: "...Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staff. ...Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift. ...Inquiries or concerns relative to our facility's staffing should be directed to the director of nursing services (DNS) or his/her designee."	F 732			
F 755 SS=D	NJAC 8:39-41.2(c) (d) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 755			11/21/24

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F 755	<p>Continued From page 114</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ177069</p> <p>Based on observation, interview, and pertinent record review, it was determined that the facility failed to a.) ensure the accountability of the Narcotic Shift Count logs were completed in accordance with facility policy, b.) ensure that narcotics were properly secured under two secured locks per facility policy, and c.) obtain and administer a medication per physicians order.</p> <p>This deficient practice was observed in 1 of 5 medication carts reviewed for medication storage and 1 of 5 residents (Resident # 355) reviewed for medication administration, and was evidenced by the following:</p> <p>1.) On 10/10/24 10:45 AM, the surveyor, in the presence of Registered Nurse #1 (RN #1), reviewed the [NJ Ex Order 26.4(b)] Unit's medication B Cart shift to shift narcotic count logs which indicated</p>	F 755	<p>1. Resident #355 [NJ Ex Order 26.4(b)(1)] in the facility. A full house [NJ Ex Order 26.4(b)] count was completed with no variances noted. Signatures of the count were recorded by 2 licensed nurses The unidentified [NJ Ex Order 26.4(b)] lock box lid was replaced with double lock validated by the pharmacy technician on 10/10/24.</p> <p>2. Current residents have the potential to be affected by the cited occurrence. An audit was completed 10/10/24 to validate consistent accountability of the Narcotic Shift Count logs were completed in accordance with facility policy, and medication carts narcotics were properly secured under two secured locks. In addition, an audit of residents that are on Xarelto was completed to validate that residents were administered medication per clinical provider orders on 10/10/24 by</p>		

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F 755	<p>Continued From page 115</p> <p>the following missing documentation: Nurse's signature going off duty for 9/26/24 7 AM - 3 PM shift Nurse's signature coming on duty 10/9/24 11 PM - 7 AM shift Nurse's signature coming on duty 10/10/24 7 AM - 3 PM shift The "Is count correct: Yes / No" column was blank for all shifts from 9/26/24 through 10/10/24</p> <p>At that time, the surveyor interviewed RN #1 who stated that the incoming and outgoing nurses were supposed to perform the narcotic count together at each shift change and complete the count log and sign it together to indicate the count was performed and accurate. The RN further stated that there was not to be any missing documentation or nursing signatures.</p> <p>On 10/10/24 at 1:50 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that the incoming and outgoing nurses were expected to perform the narcotic count for each medication cart at each shift change for narcotic accountability reasons. The U.S. FOIA (b) (6) further stated that there should be no missing signatures, and "probably not acceptable" for the column labeled "is count correct?" to have been left blank.</p> <p>2.) On 10/10/24 10:45 AM, the surveyor, in the presence of RN #1, observed the NJ Ex Order 26.46 Unit's medication B Cart and upon checking to see if the narcotic lock box was secured to the medication cart drawer by gently pulling up on the lock box by the edges of the lid, the lid opened revealing narcotics which were stored in the box. The lock box was then closed shut with the locking mechanism engaged into the latch of the box, and this was repeated with the same result</p>	F 755	<p>the Director of Nursing. No further findings.</p> <p>3. The DON/ designee re-educated licensed nurses on the facility policy on accountability of the Narcotic Shift Count logs and need for consistent completion, the need to validate medication carts narcotics are properly secured under two secured locks with immediate DON and or Administrator notification with variances and the need to administer medications such as Xarelto per physician orders. Education further indicated if the medication is not available the pharmacy should be contacted followed by notification to the clinical provider for further guidance. Notifications should be documented. Barriers or findings should be immediately reported to the Supervisor or the Director of Nursing. Staff education included those identified in the 2567</p> <p>4. The DON/designee will complete 3 rounds to validate consistent accountability of the Narcotic Shift Count logs were completed in accordance with facility policy, and medication carts narcotics were properly secured under two secured locks.</p> <p>In addition, an audit of 3 residents on Xarelto will be completed to validate that residents were administered medication per clinical provider orders. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is</p>		

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F 755	<p>Continued From page 116</p> <p>of the box being opened. The RN then closed the lid and engaged the locking latch and tugged on the lid with the same result of having the narcotic box open without using a key. The RN then stated that the lock box was always in a locked position and should open only with the use of a key. She then confirmed that this box was able to be opened without a key and minimal effort.</p> <p>On 10/10/24 at 11:42 AM, the surveyor observed the U.S. FOIA (b) (6) at the NJ Ex Order 26.41 medication B Cart speaking with RN #1 and handling the narcotic lock box. At this time, the surveyor interviewed the U.S. FOIA (b) (6) who stated they "will have someone come out and take a look at it."</p> <p>On 10/10/24 at 1:50 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that narcotic lock boxes should be adequately secured and locked and that no one should be able to access contents without a key.</p> <p>On 10/16/24 at 9:15 AM, the U.S. FOIA (b) (6) acknowledged the narcotic lock box not adequately securing the contents of the box and informed the surveyor by email that a pharmacist was on-site and serviced the medication cart and that the narcotic box was addressed on 10/10/24.</p> <p>A review of the facility's "Control of Controlled Dangerous Substances" policy with updated date of October 2023 included but was not limited to: "the controlled dangerous substances will be double locked at all times in the medication cart. The key to the medication cart shall be in the possession of the nurse on the unit at all times. Narcotic counts must be conducted by the</p>	F 755	sustained.		

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F 755	<p>Continued From page 117</p> <p>incoming and outgoing nurse at the change of shift... both nurses sign the count on the Pharmacy Controlled Drug Record."</p> <p>3.) The surveyor reviewed Resident #355's electronic medical records (EMR) records and the paper medical records which revealed the following:</p> <p>A review of the Admission Record (an admission summary) revealed that the resident was admitted to the facility with diagnoses which included, but were not limited to: [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], and [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the Social Services Assessment, dated [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], revealed the resident was [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] and did not exhibit any behavior of [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the individual baseline care plan, dated [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] revealed that the resident was on [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] therapy related to [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] with an intervention to administer medication as ordered.</p> <p>A review of the Active Order Summary Report, dated [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED], included a physician's order (PO) for [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] tablet; give one tablet by mouth in the evening for [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] for 14 days; monitor for signs and symptoms (s/s) of [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the corresponding [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] Medication Administration Record (MAR) revealed that the the [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] administration on</p>	F 755			

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F 755	<p>Continued From page 118</p> <p>NJ Ex Order 26.4(b) at 8:00 PM had a number "5" documented by the nurse. A review of Chart Code located on the MAR, indicated a "5" was "hold."</p> <p>A review of the corresponding Progress Notes did not include documentation on NJ Ex Order 26.4(b), for why the NJ Ex Order 26.4(b) was held.</p> <p>A Physician History and NJ Ex Order 26.4(b) note, dated NJ Ex Order 26.4(b) at 1:22 PM, revealed that the resident informed the doctor that the resident did not receive their medications last night.</p> <p>On 10/10/24 at 10:29 AM, the surveyor interviewed Licensed Practical Nurse (LPN #2), who stated that if a medication was not available in the medication cart, the nurse checked the backup house stock or the Automated Medication Dispensing System (AMDS). If the medication was not available in house stock or the AMDS, then the nurse contacted the pharmacy to see when the medication would be available, or called the doctor to get an order for a substitute medication. The surveyor reviewed the NJ Ex Order 26.4(b)(1) MAR with LPN #2, who confirmed it was her initials with the number "5" documented on NJ Ex Order 26.4(b). LPN #2 stated that if she documented hold, that meant the medication was unavailable. LPN #2 stated that when a new admission came in on evening shift, the only medication available for administration was the house stock medications or in the AMDS. LPN #2 acknowledged that since the medication was a NJ Ex Order 26.4(b)(1), it should have been administered.</p> <p>On 10/10/24 at 10:30 AM, the U.S. FOIA (b) (6) provided the surveyor with an inventory of medications located in the backup</p>	F 755			

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F 755	<p>Continued From page 119</p> <p>AMDS which revealed that [REDACTED] was not a medication available in the backup system.</p> <p>On 10/10/24 at 11:07 AM, the surveyor interviewed the LPN Unit Manager (LPN/UM#1), who stated that if a medication was not available with the in house stock or in the AMDS, then the nurse should call the doctor or the pharmacy to see when the medication would be available. LPN/UM #1 stated that they were unsure if [REDACTED] was a medication available in the AMDS, but if it was not in the AMDS, the nurse should have called the pharmacy and see when it would have been available or notified the doctor.</p> <p>On 10/10/24 at 11:32 AM, the surveyor interviewed the [REDACTED], who stated that they reviewed the AMDS inventory list provided by the [REDACTED] and they confirmed that [REDACTED] was not on the list. The [REDACTED] stated that if a medication was not available, the nurse should have called the pharmacy to find out when it would be available, and notified the doctor. The CP further stated that [REDACTED] should be given as ordered because it was a [REDACTED] and if not given, it increased risk for [REDACTED] or [REDACTED].</p> <p>On 10/10/24 at 1:12 PM, the surveyor interviewed the [REDACTED] who stated they would have expected the nurses to notify the pharmacy if a medication was not in the AMDS or back-up pharmacy and notify the physician. The [REDACTED] further stated that a number "5" code on the MAR meant not administered and the nurse should have notified the physician and wrote a note in the Progress Notes. The [REDACTED] stated that [REDACTED] was an [REDACTED] so "you want to make sure the resident was monitored for potential [REDACTED] issues."</p>	F 755			

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F 755	Continued From page 120 A review of the facility's policy titled "Unavailable Medication", dated June 2021, revealed that in the event that medication ordered for a resident is noted to be unavailable near or at the time it is to be dispensed, nursing staff shall: "a. Contact the pharmacy regarding unavailable medication b. Attempt to obtain the medication from the Automated medication dispensing system or emergency kit c. Notify the physician of the unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy. i. obtain anew order and discontinue prior order or; ii obtain a hold order for the unavailable medication."			F 755			
F 758 SS=E	<p>NJAC 8:39-27.1(a) NJAC 8:39-29.7(c) Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p>			F 758			11/21/24

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F 758	<p>Continued From page 121</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to a.) address recommendations for a gradual dose reduction</p>	F 758	<p>1. Resident #17 NJ Ex Order 26.4(b)(1) in the facility Resident #167 NJ Ex Order 26.4(b)(1) in the facility Resident #40 was reviewed by the clinical provider to include a review of</p>		

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F 758	<p>Continued From page 122</p> <p>(GDR) of [redacted] medications ([redacted] medications), b.) ensure as needed (PRN) [redacted] medications were prescribed with a 14-day duration and re-evaluated for continued use, and c.) adequately monitor target behaviors for the use of [redacted] medications for 5 of 6 residents (Resident #17, #40, #109, #167, and #358) reviewed for unnecessary medications.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 10/9/24 at 12:36 PM, the surveyor observed Resident #17 lying in bed. The resident was in a [redacted] and had no complaints.</p> <p>A review of the Admission Record (an admission summary), Resident #17 had diagnoses which included, but were not limited to, [redacted], [redacted], NJ Ex Order 26.4(b)(1), and [redacted].</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [redacted], included the resident had a Brief Interview for Mental Status score of [redacted] out of 15, which indicated the resident's cognition was [redacted]. Further review of the MDS revealed the resident had [redacted] and received [redacted] and [redacted] medications (types of [redacted] medications).</p> <p>A review of the individualized comprehensive care plan (ICCP), initiated [redacted], included that the resident used [redacted] and [redacted] medication with interventions to "consult with</p>	F 758	<p>[redacted] evaluation. [redacted] monitoring was initiated on [redacted]. The provider assessed Resident #40 and [redacted] was ordered. Resident #109 was reviewed by the clinical provider to include a review of [redacted] evaluation. [redacted] monitoring was started on [redacted]. The provider assessed the resident #109 and [redacted] was ordered. Resident #358 medication was reviewed by the provider and [redacted] was discontinued on [redacted].</p> <p>2. Current residents on psychotropic medications have the potential to be affected by cited occurrences. An audit was completed to validate resident on psychotropic medications had behavior monitoring in place, reviews for gradual dose reduction of psychotropic medications were completed per facility policy and documented and resident receiving as needed (PRN) psychotropic medications were prescribed with a 14-day duration and reevaluated for continued use per regulatory guidelines. Variances were addressed.</p> <p>3. The DON/designee re-educated licensed nurses and Social Workers on the facility psychotropic policy to include but not limited to validate residents on psychotropic medications had behavior monitoring in place, reviews for gradual dose reduction of psychotropic medications were completed and documented and resident receiving as needed (PRN) psychotropic medications were prescribed with a 14-day duration and reevaluated for continued use per regulatory guidelines. Staff education included those identified in the 2567 4.</p>		

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F 758	<p>Continued From page 123</p> <p>physician to consider dosage reduction when clinically appropriate."</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] Evaluation [NJ Ex Order 26.4(b)(1)] (eval), dated [NJ Ex Order 26.4(b)(1)], revealed the resident reported he/she had been refusing [NJ Ex Order 26.4(b)(1)] because it gave him/her [NJ Ex Order 26.4(b)(1)] and that he/she requested to stop [NJ Ex Order 26.4(b)(1)]. Further review of the [NJ Ex Order 26.4(b)(1)] eval included recommendations of a GDR by stopping [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the Nurse Practitioner (NP) note, written by NP #2 and dated [NJ Ex Order 26.4(b)(1)], included, [NJ Ex Order 26.4(b)(1)] pending [NJ Ex Order 26.4(b)(1)] eval and treat." Further review of the note did not indicate whether NP #2 addressed the [NJ Ex Order 26.4(b)(1)] eval recommendations for a GDR that were made the day prior.</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] Medication Administration Record (MAR) included the following physician orders: [NJ Ex Order 26.4(b)(1)] by mouth once a day for [NJ Ex Order 26.4(b)(1)] with an order date of [NJ Ex Order 26.4(b)(1)] - [NJ Ex Order 26.4(b)(1)]. [NJ Ex Order 26.4(b)(1)] by mouth at bedtime for [NJ Ex Order 26.4(b)(1)] with an order date of [NJ Ex Order 26.4(b)(1)] - [NJ Ex Order 26.4(b)(1)].</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] MAR included the following physician orders: [NJ Ex Order 26.4(b)(1)] by mouth once a day for [NJ Ex Order 26.4(b)(1)] with an order date of [NJ Ex Order 26.4(b)(1)] - [NJ Ex Order 26.4(b)(1)]. The medication was last administered on [NJ Ex Order 26.4(b)(1)]. [NJ Ex Order 26.4(b)(1)] by mouth at bedtime for [NJ Ex Order 26.4(b)(1)] with a start date of [NJ Ex Order 26.4(b)(1)]. The medication was administered [NJ Ex Order 26.4(b)(1)] through [NJ Ex Order 26.4(b)(1)].</p>	F 758	<p>The DON/designee will conduct an audit on 3 residents with orders for psychotropic medications to validate that residents on psychotropic medications had behavior monitoring in place, reviews for gradual dose reduction of psychotropic medications were completed and documented and resident receiving as needed (PRN) psychotropic medications were prescribed with a 14-day duration and reevaluated for continued use per regulatory guidelines. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 758	<p>Continued From page 124</p> <p>NJ Ex Order 26.4(b)(1) .</p> <p>During an interview with the surveyor on 10/15/24 at 11:50 AM, Certified Nursing Assistant (CNA) #2 stated Resident #17 NJ Ex Order 26.4b1 .</p> <p>During an interview with the surveyor on 10/15/24 at 11:55 AM, Licensed Practical Nurse (LPN) #4 stated the U.S. FOIA (b) (6) came to the facility weekly and if recommendations were made, the nurse would follow-up with the physician. The LPN further stated that NJ Ex Order 26.4(b)(1) recommendations should be addressed immediately to "see if the medications are working and keep the resident safe."</p> <p>During an interview with the surveyor on 10/15/24 at 12:09 PM, the U.S. FOIA (b) (6)) stated when a resident was on a NJ Ex Order 26.4(b)(1) medication, a NJ Ex Order 26.4(b)(1) eval was ordered to see if the resident was appropriate for a GDR. The U.S. FOIA (b) (6) explained that when the U.S. FOIA (b) (6) made a recommendation, the physician would review the NJ Ex Order 26.4(b)(1) eval in the resident's EMR and address the recommendations as soon as possible. When asked about Resident #17, the U.S. FOIA (b) (6) confirmed the resident was still ordered the NJ Ex Order 26.4(b)(1) and that if NP #2 saw the resident after the NJ Ex Order 26.4(b)(1) eval, the NP should have addressed the recommendations. The U.S. FOIA (b) (6) further stated that it was important to address NJ Ex Order 26.4(b)(1) recommendations to "decrease the amount of time the resident is on NJ Ex Order 26.4(b)(1) meds if they are not appropriate."</p> <p>During an interview with the surveyor on 10/15/24 at 4:18 PM, in the presence of the survey team, the U.S. FOIA (b) (6)) stated that NJ Ex Order 26.4(b)(1)</p>	F 758			

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F 758	<p>Continued From page 125</p> <p>recommendations should be verified and implemented according to the provider. The U.S. FOIA(b) further stated that the provider should document in the resident's medical record when recommendations were reviewed.</p> <p>2.) On 10/08/24 at 9:31 AM, the surveyor observed Resident #167 in his/her room.</p> <p>A review of the Admission Record (admission summary) reflected the resident had diagnoses which included, but were not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1) revealed the resident had a Brief Interview for Mental Status score of NJ Ex which indicated that the resident's cognition was NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #167's Physician's orders located in the Electronic Medical Record (EMR) revealed an order for NJ Ex Order 26.4(b)(1) tablet to be given by mouth every 6 hours as needed for NJ Ex Order 26.4(b)(1), with a start date of NJ Ex Order 26.4(b)(1). The active order did not include a duration for use or stop date.</p> <p>A review of the Pharmacy Consultant Report, dated NJ Ex Order 26.4(b)(1), revealed the following documentation: "Resident has a PRN (as needed) order for NJ Ex Order 26.4(b)(1) as needed. PRN NJ Ex Order 26.4(b)(1) medications should be ordered for a duration of 14 days, then reassessed, reordered for a specific duration, scheduled routinely, or discontinued. CMS (Center for Medicaid Service) 14 Day Rule MEGA RULE."</p>	F 758			

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F 758	<p>Continued From page 126</p> <p>During an interview with surveyor on 10/15/24 at 3:57 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated that typically after 14 days, the provider would be contacted and would determine if the medication should be extended or discontinued. The U.S. FOIA (b) (6) further stated that if the PRN was ordered beyond 14 days, then there should be documentation in the medical record.</p> <p>During an interview with the surveyor on 10/16/24 at 8:56 AM, the U.S. FOIA (b) (6) stated the PRN order of NJ Ex Order 26.4(b)(1) should have been time-limited for 14 days and then re-evaluated. He further stated that when the PRN NJ Ex Order 26.4(b)(1) was continued, there should be a progress note in the medical record with a rationale.</p> <p>A further review review of Resident #167's PO revealed that the resident had an active order for NJ Ex Order 26.4(b)(1) give 1 tablet by mouth at bedtime for NJ Ex Order 26.4(b)(1).</p> <p>There was no evidence in the EMR that the resident's NJ Ex Order 26.4(b)(1) was being monitored.</p> <p>During an interview with the surveyor on 10/15/24 at 3:57 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated that typically the NJ Ex Order 26.4(b)(1) monitoring was done every shift and it would be documented on the Medical Administration Record (MAR).</p> <p>3.) On 10/8/24 at 10:43 AM, during the initial tour of the NJ Ex Order 26.4(b)(1) Unit, the surveyor observed Resident #358, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) lying in bed. During the observation, the resident started NJ Ex Order 26.4(b)(1)</p>	F 758			

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F 758	<p>Continued From page 127</p> <p>and stated NJ Ex Order 26.4(b)(1), and I don't know if NJ Ex Order 26.4(b)(1). I may need to have an NJ Ex Order 26.4(b)(1). I was receiving NJ Ex Order 26.4(b)(1), but I had refused NJ Ex Order 26.4(b)(1), so they discontinued it."</p> <p>A review of the Admission Record revealed that Resident #358 was admitted to the facility with diagnoses including, but not limited to, NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1)).</p> <p>The surveyor reviewed the residents NJ Ex Order 26.4(b)(1) Physician OSR which reflected that Resident #358 was on the following NJ Ex Order 26.4(b)(1) medications:</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) Tablet NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth every 12 hours as needed for NJ Ex Order 26.4(b)(1). NO STOP DATE.</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) Oral Tablet NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth in the morning for NJ Ex Order 26.4(b)(1).</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth at bedtime for NJ Ex Order 26.4(b)(1).</p> <p>A PO, dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) Give 1 tablet by mouth in the morning for NJ Ex Order 26.4(b)(1).</p>	F 758			

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F 758	<p>Continued From page 128</p> <p>A PO, dated [REDACTED] NJ Ex Order 26.4, for NJ Ex Order 26.4(b)(1) [REDACTED]</p> <p>Give 1 capsule by mouth two times a day for [REDACTED] NJ Ex Order 26.4(b)(1)</p> <p>A PO, dated [REDACTED] NJ Ex Order 26.4, for NJ Ex Order 26.4(b)(1) [REDACTED] Give [REDACTED] tablet by mouth at bedtime for NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of Resident #358's admission MDS, dated [REDACTED] NJ Ex Order 26.4(b), included the resident had a BIMS score of [REDACTED] out of 15 which indicated the resident's cognition was [REDACTED] NJ Ex Order 26.4(b)(1). The MDS further revealed that the resident was on an [REDACTED] NJ Ex Order 26.4(b)(1), [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) medications and had not had any [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's ICCP, included a Focus, created [REDACTED] NJ Ex Order 26.4(b)(1), "I use [REDACTED] NJ Ex Order 26.4(b)(1) medication," with interventions that included: Monitor/document/report to physician PRN (as needed) signs and symptoms (s/sx) of [REDACTED] NJ Ex Order 26.4(b)(1) unaltered by [REDACTED] NJ Ex Order 26.4(b)(1) medication or worsening s/sx of [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of the ICCP included a focus, created [REDACTED] NJ Ex Order 26.4(b)(1), "I use [REDACTED] NJ Ex Order 26.4(b)(1) medication related to [REDACTED] NJ Ex Order 26.4(b)(1) and interventions did not include [REDACTED] NJ Ex Order 26.4(b)(1) monitoring.</p> <p>Further review of the ICCP included a focus, created [REDACTED] NJ Ex Order 26.4(b)(1), "I use [REDACTED] NJ Ex Order 26.4(b)(1) medication," and interventions did not include [REDACTED] NJ Ex Order 26.4(b)(1) monitoring.</p> <p>A review of the [REDACTED] NJ Ex Order 26.4(b)(1) notes, dated [REDACTED] NJ Ex Order 26.4(b)(1) revealed that resident appeared [REDACTED] NJ Ex Order 26.4(b)(1) and stated that his/her [REDACTED] NJ Ex Order 26.4(b)(1) was [REDACTED] NJ Ex Order 26.4(b)(1) after being</p>	F 758			

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F 758	<p>Continued From page 129</p> <p>transferred to his/her new room. A low dose [redacted] was ordered to help with the [redacted] A GDR was not recommended.</p> <p>A review of the progress notes, dated [redacted] through [redacted], revealed a progress note date by LPN #3 dated [redacted] which included the resident was [redacted] his/her [redacted], that encouragement was given, and the resident refused to [redacted] or [redacted]. The resident told the NP that he/she was [redacted] [redacted] and [redacted] and [redacted] was ordered. No other documentation of [redacted] was noted in the progress notes.</p> <p>A review of the [redacted] [redacted] [redacted] and [redacted] MARS and TARs did not reveal any PO for [redacted] monitoring related to [redacted] [redacted] or [redacted] medications.</p> <p>On 10/15/24 at 10:37 AM, the surveyor interviewed LPN #3 who stated that when a resident was placed on a new [redacted] medication, [redacted] monitoring would be documented for 14 days every shift, either in the progress notes or in the MAR. LPN # 3 further stated that the facility does not do monthly [redacted] monitoring or daily [redacted] monitoring for residents on long term use of [redacted] medications. If the staff saw any change in the resident's [redacted] then they would notify the doctor or [redacted] and have them seen by the [redacted] LPN#3 further stated that [redacted] medications ordered as a PRN (as needed), such as [redacted] should be ordered for 14 days and would need a stop date on the PO.</p> <p>On 10/15/24 at 10:52 PM, the surveyor</p>	F 758			

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F 758	<p>Continued From page 130</p> <p>interviewed the LPN/UM #3 who stated that if a new [NJ Ex Order 26.4(b)(1)] medication was ordered or a resident's [NJ Ex Order 26.4(b)(1)] medications were changed, then a 14-day [NJ Ex Order 26.4(b)] monitoring would be completed. LPN UM #3 further confirmed that a new PO for PRN [NJ Ex Order 26] should have a 14 day duration and a stop date on the order. The [NJ Ex Order 26.4(b)] monitoring would be documented in the progress notes or the MAR. The LPN/UM #3 stated it was important to conduct [NJ Ex Order 26.4(b)] monitoring so that they know that the resident was on the appropriate behavior management and appropriate dosages of medications. When asked how the U.S. FOIA (b) (6) or U.S. FOIA (b) (6) would know what [NJ Ex Order 26.4(b)(1)] the resident was presenting, LPN/UM #3 stated the U.S. FOIA (b) (6) would look at the PO to see what medications were ordered, review the progress notes, and would discuss with the nurses.</p> <p>During an interview with the surveyor on 10/15/24 at 3:57 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated the facility utilized a batch order set to create physician's orders for [NJ Ex Order 26.4(b)] monitoring. The U.S. FOIA (b) further stated that [NJ Ex Order 26.4(b)] monitoring should be documented on the MAR every shift.</p> <p>On 10/15/24 at 3:45 PM, in the presence of the U.S. FOIA (b) (6) the U.S. FOIA (b) (6), the U.S. FOIA (b) (6) and the survey team, the U.S. FOIA (b) (6) stated that a PO for PRN [NJ Ex Order 26] would need a 14-day stop date on the order.</p> <p>4.) On 10/9/24 at 9:20 AM and 10/10/24 at 12:45 PM, the surveyor observed Resident #40 in his/her room. The resident did not display any</p>	F 758			

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F 758	<p>Continued From page 131</p> <p>NJ Ex Order 26.4(b)1 that time.</p> <p>A review of the Admission Record revealed that Resident #40 was admitted to the facility with diagnoses including, but not limited to, NJ Ex Order 26.4(b)1 and NJ Ex Order 26.4(b)(1).</p> <p>The surveyor reviewed the residents NJ Ex Order 26.4(b)1 Physician Order Summary Report (OSR) which reflected that Resident #40 was on the following NJ Ex Order 26.4(b)(1) medications:</p> <p>-A physician's order (PO), dated NJ Ex Order 26.4(b)1, for NJ Ex Order 26.4(b)(1); Give 1 tablet by mouth every 12 hours for NJ Ex Order 26.4(b)1.</p> <p>-A PO, dated NJ Ex Order 26.4(b)1, for NJ Ex Order 26.4(b)(1); Give 2 tablets by mouth at bedtime for NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's Significant Change MDS, dated NJ Ex Order 26.4(b)1, included the resident had a Brief Interview for Mental Status score of NJ Ex Order 26.4(b)1 out of 15 which indicated the resident's cognition was NJ Ex Order 26.4(b)1. The MDS further revealed that the resident was on an NJ Ex Order 26.4(b)(1) and an NJ Ex Order 26.4(b)(1) and had not had any NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's ICCP included a focus, created NJ Ex Order 26.4(b)1, of "I use NJ Ex Order 26.4(b)(1) medication related to NJ Ex Order 26.4(b)(1). The interventions did not include any monitoring of target NJ Ex Order 26.4(b)(1).</p> <p>The ICCP included a focus, dated NJ Ex Order 26.4(b)1, of: "I use NJ Ex Order 26.4(b)(1) medication related to NJ Ex Order 26.4(b)(1) disorder." The interventions did not include any monitoring of target NJ Ex Order 26.4(b)(1).</p>	F 758			

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F 758	<p>Continued From page 132</p> <p>A review of a psychiatrist note, dated [REDACTED] NJ Ex Order 26.4(b)(1), revealed that the resident has a history of [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) and had been on [REDACTED] NJ Ex Order 26.4(b)(1) twice a day (BID) for the last 3 years.</p> <p>On 10/15/24 at 10:37 AM, the surveyor interview LPN #3 who stated that Resident #40 was currently on [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) but had no change in his/her [REDACTED] NJ Ex Order 26.4(b)(1) lately. LPN #3 stated that Resident #40 did not have any [REDACTED] NJ Ex Order 26.4(b)(1) monitoring and if there were any changes in the resident's [REDACTED] NJ Ex Order 26.4(b)(1) a [REDACTED] NJ Ex Order 26.4(b)(1) note would be written in the progress note and the [REDACTED] NJ Ex Order 26.4(b)(1) would be notified. LPN #3 stated that the importance of [REDACTED] NJ Ex Order 26.4(b)(1) monitoring was to see if the resident needed an increase or decrease in their medications.</p> <p>On 10/15/24 at 10:52 AM, the surveyor interviewed LPN/UM #3 who stated that Resident #40 was not on any [REDACTED] NJ Ex Order 26.4(b)(1) monitoring, his/her [REDACTED] NJ Ex Order 26.4(b)(1) included [REDACTED] NJ Ex Order 26.4(b)(1), and his/her medication had not been adjusted in "a while." LPN/UM #3 confirmed that the last [REDACTED] NJ Ex Order 26.4(b)(1) monitoring documentation in the EMR was [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #40's progress notes dated [REDACTED] NJ Ex Order 26.4(b)(1) through [REDACTED] NJ Ex Order 26.4(b)(1) did not reveal documentation of [REDACTED] NJ Ex Order 26.4(b)(1) monitoring.</p> <p>A review of the [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) [REDACTED] NJ Ex Order 26.4(b)(1) and [REDACTED] NJ Ex Order 26.4(b)(1) MARs and TARs did not reveal any PO for targeted [REDACTED] NJ Ex Order 26.4(b)(1) monitoring related to [REDACTED] NJ Ex Order 26.4(b)(1) or [REDACTED] NJ Ex Order 26.4(b)(1).</p> <p>5.) On 10/9/24 at 12:36 PM, the surveyor</p>	F 758			

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F 758	<p>Continued From page 133</p> <p>observed Resident #17 lying in bed. The resident was in a [NJ Ex Order 26.4(b)(1)] and had no complaints.</p> <p>A review of the Admission Record, Resident #17 had diagnoses which included, but were not limited to, [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 admission comprehensive Minimum Data Set (MDS), an assessment tool, dated [NJ Ex Order 26.4(b)(1)], included the resident had a Brief Interview for Mental Status score of [NJ Ex Order 26.4(b)(1)] out of 15, which indicated the resident's cognition was [NJ Ex Order 26.4(b)(1)]. Further review of the MDS revealed the resident had no [NJ Ex Order 26.4(b)(1)] and received [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] medications (types of [NJ Ex Order 26.4(b)(1)] medications).</p> <p>A review of the ICCP, initiated [NJ Ex Order 26.4(b)(1)], included the resident was on [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)], and [NJ Ex Order 26.4(b)(1)] medications ([NJ Ex Order 26.4(b)(1)] medications) with interventions to "observe for effectiveness and side effects."</p> <p>A review of the Order Summary Report (OSR), with active orders as of [NJ Ex Order 26.4(b)(1)], included the following physician's orders: [NJ Ex Order 26.4(b)(1)] by mouth twice a day for [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] by mouth at bedtime for [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] by mouth at bedtime for [NJ Ex Order 26.4(b)(1)]</p> <p>A review of the [NJ Ex Order 26.4(b)(1)] [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)] Medication Administration Record (MAR) revealed the following physician's orders:</p>	F 758			

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F 758	<p>Continued From page 134</p> <p>-NJ Ex Order 26.4(b)(1) _____ _____) by mouth once a day for NJ Ex Order 26.4(b)(1) with order dates of NJ Ex Order 26.4(b)(1) - NJ Ex Order 26.4(b)(1) ; - NJ Ex Order 26.4(b)(1) _____ - NJ Ex Order 26.4(b)(1) by mouth at bedtime for NJ Ex Order 26.4(b)(1) with order dates of NJ Ex Order 26.4(b)(1) - NJ Ex Order 26.4(b)(1) ; - ongoing.</p> <p>-NJ Ex Order 26.4(b)(1) by mouth at bedtime for with order dates of NJ Ex Order 26.4(b)(1) - NJ Ex Order 26.4(b)(1) ; - ongoing.</p> <p>-NJ Ex Order 26.4(b)(1) _____) by mouth twice a day for NJ Ex Order 26.4(b)(1) with order dates of NJ Ex Order 26.4(b)(1) - ongoing.</p> <p>Further review of the NJ Ex Order _____ through NJ Ex Order 26.4(b)(1) MARs revealed there were no physician's orders to monitor target NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) medication use prior to NJ Ex Order 26.4(b)(1) .</p> <p>During an interview with the surveyor on 10/15/24 at 11:50 AM, Certified Nursing Assistant (CNA) #2 stated that if a resident had NJ Ex Order 26.4(b)(1) the CNA would notify the nurse and come back later to attempt to provide care. The CNA further stated Resident #17 did not have any NJ Ex Order 26.4(b)(1)</p> <p>During an interview with the surveyor on 10/15/24 at 11:55 AM, Licensed Practical Nurse (LPN) #4 stated the U.S. FOIA (b) (6) was supposed to evaluate residents monthly related to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) medication use. When asked where those assessments were documented, the LPN was unsure. The LPN further stated it was important to monitor NJ Ex Order 26.4(b)(1) for residents who received NJ Ex Order 26.4(b)(1) medications for the resident's safety and "to see if there is any change in the resident's status." The LPN added that Resident #17 did not have any NJ Ex Order 26.4(b)(1)</p>	F 758			

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F 758	<p>Continued From page 135</p> <p>During an interview with the surveyor on 10/15/24 at 12:09 PM, the U.S. FOIA (b) (6) stated that residents being monitored for target NJ Ex Order 26.4(b)(1) would have a physician's order and NJ Ex Order 26.4(b)(1) or lack of NJ Ex Order 26.4(b)(1) would be documented on the MAR. The U.S. FOIA (b) (6) further stated she was unsure who was supposed to evaluate residents monthly related to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) medication use. When asked about Resident #17, U.S. FOIA (b) (6) was unsure if the resident had NJ Ex Order 26.4(b)(1) but the NJ Ex Order 26.4(b)(1) or lack of NJ Ex Order 26.4(b)(1) should have been documented on the resident's MAR. The U.S. FOIA (b) (6) added that it was important to monitor NJ Ex Order 26.4(b)(1) for residents who received NJ Ex Order 26.4(b)(1) medications "for effectiveness and side effects."</p> <p>During an interview with the surveyor on 10/15/24 at 3:57 PM, in the presence of the survey team, the U.S. FOIA (b) (6) stated the facility utilized a batch order set to create physician's orders for NJ Ex Order 26.4b1. The U.S. FOIA (b) (6) further stated that NJ Ex Order 26.4b1 should be documented on the MAR every shift.</p> <p>During a follow-up interview with the surveyor on 10/16/24 at 10:43 AM, the U.S. FOIA (b) (6) stated NJ Ex Order 26.4b1 should have been ordered for Resident #17 when the resident's NJ Ex Order 26.4(b)(1) medications were started.</p> <p>6.) On 10/9/24 at 11:30 AM, the surveyor observed Resident #109 lying in bed sleeping.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident had diagnosis that included NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1)</p>	F 758			

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F 758	<p>Continued From page 136</p> <p>NJ Ex Order 26.4(b)(1)</p> <p>).</p> <p>A review of the annual comprehensive Minimum Data Set (MDS), an assessment tool, dated NJ Ex Order 26.4(b)(1), included the resident had a Brief Interview for Mental Status score of NJ Ex Order 26.4(b)(1) out of 15, which indicated NJ Ex Order 26.4(b)(1). Further review in Section N - Medication included: the resident was on an NJ Ex Order 26.4(b)(1) medication.</p> <p>A review of the Order Summary Report (OSR) dated as of NJ Ex Order 26.4(b)(1), included the following physician's order (PO):</p> <ul style="list-style-type: none"> -A PO dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1), administer 1 tablet by mouth two times a day for NJ Ex Order 26.4(b)(1) -A PO dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1), administer 1 tablet by mouth in the morning for NJ Ex Order 26.4(b)(1) <p>Further review of the OSR indicated the following PO after surveyor inquiry:</p> <ul style="list-style-type: none"> -A PO dated NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)/interventions - monitor for NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) -A PO dated NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1)/interventions - monitor for NJ Ex Order 26.4(b)(1) -A PO dated NJ Ex Order 26.4(b)(1), Side effects - monitor for side effects of NJ Ex Order 26.4(b)(1) medications every shift. <p>A review of the NJ Ex Order 26.4(b)(1) MAR reflected no evidence of NJ Ex Order 26.4(b)(1) monitoring and monitoring of side effects of NJ Ex Order 26.4(b)(1) medications prior to NJ Ex Order 26.4(b)(1).</p> <p>A review of the resident's Individual</p>	F 758			

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F 758	<p>Continued From page 137</p> <p>Comprehensive Care Plan (ICCP) included a focus, revised [REDACTED], of "potential to demonstrate verbal [REDACTED] Interventions created [REDACTED], included: "monitor and document observed [REDACTED] and attempted interventions in [REDACTED] log."</p> <p>A review of the Progress Notes (PN) included [REDACTED] Progress Note [REDACTED] which revealed the following:</p> <p>On 7/4/24 at 9:58 PM, the [REDACTED] U.S. FOIA (b) (6) [REDACTED] assessed the resident and checked off [REDACTED] medication requiring management/risk assessment (effectiveness/monitored)."</p> <p>During an interview with the surveyor on 10/15/24 at 1:07 PM, Licensed Practical Nurse/Unit Manager (LPN/UM #2) stated the resident had [REDACTED] when placed in a [REDACTED] [REDACTED]. She stated they would try to [REDACTED] the resident, but it could be difficult to [REDACTED] LPN/UM #2 stated that they would monitor the resident's [REDACTED] by documenting in the progress notes. She stated that the resident had not had any [REDACTED] recently. She further stated the nurse did not report any [REDACTED] to her lately and the [REDACTED] U.S. FOIA (b) (6) [REDACTED] did not mention any recent [REDACTED] LPN/UM #2 stated the [REDACTED] U.S. FOIA (b) (6) [REDACTED] came last week and the last time the resident was seen was [REDACTED] U.S. FOIA (b) (6) [REDACTED].</p> <p>On 10/16/24 at 9:33 AM, the surveyor conducted a telephone interview with the [REDACTED] U.S. FOIA (b) (6) [REDACTED] in the presence of the survey team. The [REDACTED] U.S. FOIA (b) (6) [REDACTED] stated that he was not familiar with the standard</p>	F 758			

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F 758	<p>Continued From page 138</p> <p>protocol for [REDACTED] monitoring, but that the facility did document behaviors. He further stated if the resident had [REDACTED] they would be seen more frequently.</p> <p>A review of the facility's "Psychotropic Medication Use" policy, revised 07/2022, included, "Residents on psychotropic medications receive gradual dose reductions (coupled with non-pharmacological interventions), unless clinically contraindicated, in an effort to discontinue these medications." Further review of the policy included, "Psychotropic medications are not prescribed or given on a PRN basis unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record," and, "PRN orders for psychotropic medications are limited to 14 days." The policy also included, "Psychotropic medication management includes: ... adequate monitoring for efficacy and adverse consequences," and, "Consideration for the use of any psychotropic medication is based on comprehensive review of the resident. This includes evaluation of the resident's signs and symptoms in order to identify underlying causes."</p> <p>Review of the facility's "Behavioral Assessment, Intervention and Monitoring" policy, revised 03/2019, included, "When medications are prescribed for behavioral symptoms, documentation will include: ... specific target behaviors and expected outcomes; ... monitoring for efficacy and adverse consequences." Further review of the policy included, "If the resident is being treated for an altered behavior or mood, the IDT [interdisciplinary team] will seek and document any improvements or worsening in the</p>	F 758			

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F 758	Continued From page 139 individual's behavior, mood, and function."	F 758			
F 759 SS=D	<p>NJAC 8:39-27.1(a) NJAC 8:39-29.2(d) Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1)</p> <p>§483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to ensure that all medications were administered without an error rate of 5% or less. During the medication pass observation on 10/9/24 at 8:21 AM, the surveyor observed four nurses administer medications to four residents. There were 32 opportunities and 2 errors which calculated to a medication administration error rate of 6.25%.</p> <p>This deficient practice was identified for 1 of 4 residents (Resident #92) and was evidenced by the following:</p> <p>On 10/9/24 at 8:21 AM, the surveyor observed Licensed Practical Nurse (LPN) #2 obtain a bottle labeled NJ Ex Order 26.4(b)(1) from the supply of house stock medications (medication that can be obtained over the counter without a prescription). The LPN placed the NJ Ex Order 26.4(b)(1) capsule in a medication cup and immediately after, documented on the Medication Administration Record (MAR) that the</p>	F 759	<p>1. Resident #92 was evaluated by a Registered Nurse with NJ Ex Order 26.4(b)(1) related to cited event. Resident #92's Clinical Provider and RP were made aware. No new orders were obtained. LPN #2 was re-educated by Assistant Director of Nursing on 10/21/24 the facility medication administration policy, signing for medication after administration, process when a medication is not available on the cart and medications that should not be crushed. A medication competency was also completed for LPN #2</p> <p>2. Current residents have the potential to be affected by the cited occurrence. An audit was completed on residents with orders for Ascorbic Acid to validate that the medication was available and on hand in the medication cart for administration. In addition, an audit of residents on Oxybutin Chloride ER was completed to validate the residents did not require there</p>		11/21/24

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F 759	<p>Continued From page 140</p> <p>medication was administered. The LPN gathered all the resident's medications, including the [REDACTED] The surveyor asked the LPN if she had all the resident's correct medications in the cup and LPN #2 confirmed with the surveyor that all the medications were correct and that she was going to administer the medications. When the LPN was asked if [REDACTED] was the same as the [REDACTED] ordered, she replied "yes" LPN #2 further stated, that was what they had in their house stock medication, and "central supply said it is ok."</p> <p>A review of the Physician Orders (PO) there was an active order for [REDACTED] one time a day at 9:00 AM for [REDACTED] with a start date of [REDACTED]. At that time, the resident did not have an order for a [REDACTED].</p> <p>The surveyor continued to interview LPN #2 who stated, when a house stock bottle of medication was empty she could go to the central supply or go to the backup supply in the medication room. When asked did she check the medication supply room today (10/9/24), she replied "no." LPN #2 then stated she also did not check with central supply for the medication today (10/9/24), She explained this was her first resident with an order for [REDACTED].</p> <p>During an interview with the surveyor on 10/10/24 at 10:55 AM, the LPN/UM #1 stated the process for when a medication was not available in the medication cart, was she would contact the pharmacy immediately to get an explanation for an estimated time of arrival (ETA) or any underlining issue as to why the medication did not</p>	F 759	<p>medications to be crushed. No further variances were noted.</p> <p>3. DON re-educated licensed nurses on the facility medication administration policy, signing for medication after administration, process when a medication is not available on the cart and medications that should not be crushed. Staff education included those identified in the 2567</p> <p>4. The DON/designee will conduct an audit on 3 residents with orders for Ascorbic Acid to validate that the medication was available and on hand in the medication cart for administration. In addition, an audit of 3 residents on Oxybutin Chloride ER will be completed to validate the residents did not require or have their medications crushed. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>		

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F 759	<p>Continued From page 141</p> <p>arrive. She explained that way they could notify the physician if there needed to be a one time orders or an adjustment for that medication. LPN/UM#1 stated that the automated medication dispensing machine would be checked first to see if it was available. LPN/UM #1 confirmed that [NJ Ex Order 26.4(b)(1)] was a house stock medication. She stated, "I have never encountered one of our house stock meds (medications) not being available."</p> <p>During the same medication administration observation, LPN #2 removed an [NJ Ex Order 26.4(b)] [REDACTED] ER (extended release) (medication that is gradually released over time) [NJ Ex Order 26.4(b)(1)] tablet from the resident's medication packet. LPN #2 then placed the [NJ Ex Order 26.4(b)(1)] tablet in a plastic pouch and proceeded to crush the medication using the pill crusher. LPN #2 stated, the resident took their medications crushed.</p> <p>A review of the PO revealed [NJ Ex Order 26.4(b)(1)] ER Tablet 24 hour [NJ Ex Order 26.4(b)(1)] give one (1) tablet by mouth one time a day for [NJ Ex Order 26.4(b)(1)] at 9:00 AM. There was no evidence that the medication should be crushed.</p> <p>During an interview with the surveyor on 10/10/24 at 11:39 AM, the [U.S. FOIA (b) (6)] [NJ Ex Order 26.4(b)(1)] stated the [NJ Ex Order 26.4(b)(1)] ER tablets could not be crushed.</p> <p>A review of the facility's policy revised on 4/2019, Administering Medications revealed, "...4. Medications are administered in accordance with prescriber orders, including any required time frame. ...10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of</p>	F 759			

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F 759	Continued From page 142 administration before giving the medication."	F 759			
F 761 SS=D	N.J.A.C 8:39-29.2(d) 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 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to properly dispose of expired medical equipment and maintain clean and sanitary medication storage	F 761			11/21/24
			1. No specific residents were identified. East Medication Storage room- on 10/10/24 the RN/UM discarded the identified box of Shiley inner cannulas containing 10 expired cannulas.		

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F 761	<p>Continued From page 143</p> <p>areas. This deficient practice was observed in 2 of 3 medication storage rooms and 1 of 5 medication carts reviewed for medication storage and labeling and was evidenced by the following:</p> <p>On 10/10/24 at 9:31 AM, the surveyor, in the presence of the U.S. FOIA (b) (6) observed the East Medication Storage Room, which contained one (1) box of Shiley inner cannulas (a plastic medical tube which is inserted into a resident's tracheostomy (an opening in the neck into the windpipe to help a person breathe) containing 10 expired cannulas with an expiration date of 3/25/24.</p> <p>On 10/10/24 at 10:07 AM, the surveyor, in the presence of Licensed Practical Nurse Unit Manager #1 (LPN/UM #1) observed the North One nursing unit's medication storage room in which the following expired items were identified:</p> <p>One (1) tracheostomy care tray expired 9/10/23 Two (2) gastrostomy (an opening into the stomach from the abdominal wall, made surgically for the introduction of food.) feeding tube one expired on 12/26/2023 and one expired 11/6/2023 One (1) VAD access kit (a set of tools used to place a guide wire into a patient's vascular system) expired 8/31/24</p> <p>On 10/10/24 at 10:45 AM, the surveyor, in the presence of Registered Nurse #1 (RN #1), observed the NU Ex Order One nursing unit's B medication cart which contained 13 unidentifiable loose pills of various shapes, colors, and sizes in the bottom of cart drawers.</p> <p>At this time, RN #1 informed the surveyor that</p>	F 761	<p>North 1 Medication Storage room- on 10/10/24 the LPN/UM #1 discarded the identified expired tracheostomy care tray, the Two (2) gastrostomy feeding tubes and the One (1) VAD access kit. In addition, the 13 unidentifiable loose pills noted on the bottom cart of unit's B medication cart were appropriately discarded and the cart was cleaned. Expired items and medications were replaced as indicated.</p> <p>2. An audit was completed medication storage rooms and medication carts by the Unit Mangers/designee 10/11/24 to validate the facility medication storage/medical equipment policy was followed to include removal and proper disposition of expired medical equipment and removal and appropriate disposal of loose pills in the medication cart. No further variances were noted.</p> <p>3. The DON/designee re-educated licensed nurses on the facility medication storage/medical equipment policy to include removal and proper disposition of expired medical equipment and removal and appropriate disposal of loose pills in the medication cart. Staff education included those identified in the 2567</p> <p>4. The DON/designee will conduct 3 rounds to validate the facility medication storage/medical equipment policy is followed to include removal and proper disposition of expired medical equipment and removal and appropriate disposal of loose pills in the medication cart. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then</p>		

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F 761	Continued From page 144 there should not have been any loose pills in the medication cart. On 10/10/24 at 1:50 PM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that there should not have been any expired items in the medication storage areas and that there should be no loose pills in the medication carts. A review of the facility's undated "Medication Labeling and Storage" policy included but was not limited to: "the nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returninf or destroying these items."	F 761	monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.		
F 791 SS=E	N.J.A.C. 8:39-29.4 Routine/Emergency Dental Srvc in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(f) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;	F 791			11/21/24

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F 791	<p>Continued From page 145</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews, record review, and review of other pertinent documentation, it was determined that the facility failed to provide necessary [NJ Ex Order 26] care services in a timely manner for 1 of 1 resident (Resident #143) reviewed for [NJ Ex Order 26] care services.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/8/24 at 11:06 AM, during the initial tour of</p>	F 791	<p>1. Resident #143 had a [NJ Ex Order 26] consult completed on [NJ Ex Order 26.4b] with [NJ Ex Order 26.4(b)] ordered. Resident #143 is aware and satisfied with the resolution and the grievance updated</p> <p>2. Current residents have the potential to be affected by cited occurrences. An audit was completed of residents that utilize dentures or have missing dentures was completed to validate that provision of dental care services in a timely manner as</p>		

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F 791	<p>Continued From page 146</p> <p>the facility the surveyor observed Resident #143 lying in bed awake with a visitor present at the bedside. The resident stated that he/she was ordered a NJ Ex Order 26.4(b)(1) _____).</p> <p>The resident further stated, "I lost my _____ a _____ ago and thought that the facility was going to replace them, but it never happened".</p> <p>A review of Resident 143's Admission Record (an admission summary) revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: 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 Resident #143's quarterly Minimum Data Set (MDS), an assessment tool, NJ Ex Order 26.4(b)(1) _____ revealed that the resident had a Brief Interview for Mental Status (BIMS) score of _____ out of 15 which indicated that the resident was _____.</p> <p>A review of Resident #143's Care Plan revealed an entry dated NJ Ex Order 26.4(b)(1) _____, with a Focus: "I have NJ Ex Order 26.4(b)(1) _____ problems r/t (related to) with no specification provided. The Care Plan Goal included: I will not experience complications of NJ Ex Order 26.4(b)(1) _____ problems through the review date. Interventions/Tasks included: Coordinate arrangement for _____ care, transportation as needed/as ordered...Monitor/document/report to physician PRN (as needed) s/sx (signs/symptoms) of NJ Ex Order 26.4(b)(1) _____ needing attention: NJ Ex Order 26.4(b)(1) _____.</p>	F 791	<p>indicated. Variances were addressed. Completed on 10/17/24 by Director of Nursing/Designee.</p> <p>3. The Administrator/ designee re-educated the Social Workers and the Licensed nurses on timely follow up regarding dental care services, notifying resident of appointments or resolution and notification to Administrator and/or DON with barriers. Staff education included those identified in the 2567</p> <p>4. The Director of Social Services/designee will conduct 3 audits of residents that utilize dentures or have missing dentures was completed to validate that provision of dental care services was completed in a timely manner to include documentation of follow-up/resolution. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 791	<p>Continued From page 147</p> <p>A review of a [NJ Ex Order 26.4(b)(1)] Therapy Treatment Encounter Note (s) dated [NJ Ex Order 26.4(b)(1)] revealed, "Pt (patient) seen in bedroom for [NJ Ex Order 26.4(b)(1)] tx. (treatment)... [NJ Ex Order 26.4(b)(1)] given partial [NJ Ex Order 26.4(b)(1)] , yet seen to be functional...A second entry dated [NJ Ex Order 26.4(b)(1)] , revealed... [NJ Ex Order 26.4(b)(1)] assisting pt to insert [NJ Ex Order 26.4(b)(1)] ; pt still awaiting [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] ..."</p> <p>On 10/9/24 at 9:45 AM, the surveyor requested to view a list of those residents who had filed grievances for reimbursement of missing items. The surveyor reviewed the list provided and noted that the resident was not on the list.</p> <p>During an interview with the surveyor on 10/9/24 at 11:24 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #1 who stated that if a resident reported a missing item she immediately searched for the item with resident permission. LPN/UM #1 stated that if the item was not found, she reached out to housekeeping and dietary and all parties were made aware. LPN/UM #1 stated that Social Work filed a grievance and we started an investigation process.</p> <p>On 10/9/24 at 12:51 PM, the surveyor observed Resident #143 lying in bed with their meal tray in front of them. The resident stated that he/she reported the [NJ Ex Order 26.4(b)(1)] to the [U.S. FOIA (b)(6)] , but did not recall when the report was made.</p> <p>During an interview with the surveyor on 10/9/24 at 12:54 PM, the [U.S. FOIA (b)(6)] stated that when someone lost their [NJ Ex Order 26.4(b)(1)] she put a grievance</p>	F 791			

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F 791	<p>Continued From page 148</p> <p>into the portal and assigned it to both housekeeping and the laundry and then rerouted the grievance to the business office if they were not found. The U.S. FOIA (b) (6) stated that there was a grievance filed on behalf of Resident #143 on [REDACTED], after the residents [REDACTED] were not found. The U.S. FOIA (b) (6) [REDACTED] was present and stated that once the grievance was filed it went to everyone's email and the matter was discussed in morning meeting. The U.S. FOIA (b) (6) stated that she did not remember if there was any follow up. The U.S. FOIA (b) (6) stated that she spoke with the resident yesterday and he/she mentioned that he/she wanted their [REDACTED] replaced due to [REDACTED]. The U.S. FOIA (b) (6) stated that she communicated that to both the U.S. FOIA (b) (6) and the U.S. FOIA (b) (6). The surveyor asked the [REDACTED] if she ever followed up with the grievance filed on [REDACTED] prior to yesterday and she stated that when the resident brought it up to her previously, she informed the resident that the facility was still looking for them. The surveyor asked the U.S. FOIA (b) (6) if she documented when the resident asked about the status of his/her missing [REDACTED] and she stated, "No".</p> <p>At that time, the U.S. FOIA (b) (6) stated that the U.S. FOIA (b) (6) should have documented the resident's concerns about their missing [REDACTED] and followed up. The U.S. FOIA (b) (6) further stated that the delay could have been prevented if there was follow up with both the business office and the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated that there have been a few different Administrators and Business Office Officials since that time.</p> <p>On 10/9/24 at 4:15 PM, the surveyor reviewed a physician's order dated [REDACTED], within Resident #143's Electronic Health Record (EHR) for a</p>	F 791			

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F 791	<p>Continued From page 149</p> <p>NJ Ex Order 26.4(b)(1) Consult RE: NJ Ex Order 26.4(b)(1), that was placed after surveyor inquiry.</p> <p>During an interview with the surveyor on 10/10/24 at 11:05 AM, the U.S. FOIA (b) (6) stated that she had worked at the facility since the end of NJ Ex Order 26.4(b)(1). She stated that when a grievance was filed in the portal a notification email was sent that informed the recipient, "A grievance has been assigned to your department." The U.S. FOIA (b) (6) stated that the grievance should live in the system historically, but there may have been a discrepancy, as she did not see a grievance related to Resident #143's missing NJ Ex Order 26.4(b)(1) and could not speak to that. The U.S. FOIA (b) (6) stated that this happened fairly recently with another resident and it was identified that it was the facility's liability and we received an invoice from the resident's NJ Ex Order 26.4(b)(1) and paid the NJ Ex Order 26.4(b)(1) directly. The U.S. FOIA (b) (6) stated that she was informed yesterday that Resident #143's NJ Ex Order 26.4(b)(1) were missing and spoke with the resident's spouse to initiate the process.</p> <p>During an interview with the surveyor on 10/10/24 at 11:52 AM, the surveyor interviewed the U.S. FOIA (b) (6) who stated that he was not the U.S. FOIA (b) (6) on record when Resident #143's grievance for NJ Ex Order 26.4b1 was reportedly filed. The U.S. FOIA (b) (6) stated that a grievance was assigned to a party, and an email was sent out to all parties, and the U.S. FOIA (b) (6) was responsible to drive the investigation at that moment. The U.S. FOIA (b) (6) stated the communication was well connected, but there was no answer on the grievance related to the missing NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) stated that he would have liked to have thought that the U.S. FOIA (b) (6)</p>	F 791			

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F 791	<p>Continued From page 150</p> <p>U.S. FOIA (b) (6) followed up. The U.S. FOIA (b) (6) stated, The grievance investigation starts and stops with the U.S. FOIA (b) (6). The U.S. FOIA (b) (6) stated, "There was certainly a lapse and delay there." The U.S. FOIA (b) (6) further stated that the NJ Ex Order 26.4(b)(1) did not follow up with the new U.S. FOIA (b) (6) or it would have been taken care of.</p> <p>During an interview with the surveyor on 10/10/24 at 12:52 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) #4 stated that Resident #143 was set up to go and see the NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1) after surveyor inquiry. LPN/UM #4 further stated that he did not think that the resident reported the missing NJ Ex Order 26.4(b)(1) to him prior.</p> <p>During an interview with the surveyor on 10/15/24 at 10:51 AM, the U.S. FOIA (b) (6) (NJ Ex Order 26.4(b)(1)) stated that when a resident's NJ Ex Order 26.4(b)(1) was missing and could not be found we contacted the family to verify and if we can not find it, we consult with NJ Ex Order 26.4(b)(1) and get an impression and pay for the service if we found out that we were at fault or the NJ Ex Order 26.4(b)(1) was lost. The U.S. FOIA (b) (6) stated, "My expectation was for the service to be provided sooner."</p> <p>During an interview with the surveyor in the presence of the survey team on 10/16/24 at 10:33 AM, the U.S. FOIA (b) (6) (NJ Ex Order 26.4(b)(1)) stated that Resident #143's NJ Ex Order 26.4(b)(1) appointment was scheduled and the Business Office would pay for NJ Ex Order 26.4(b)(1). The U.S. FOIA (b) (6) (NJ Ex Order 26.4(b)(1)) provided the surveyor with an updated physician's order dated NJ Ex Order 26.4(b)(1) at 20:51 (8:51 PM) for a NJ Ex Order 26.4(b)(1) consult for replacement NJ Ex Order 26.4(b)(1).</p> <p>A review of an undated facility policy, "Grievances/Complaints, Recording and</p>	F 791			

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F 791	Continued From page 151 Investigating" revealed the following: All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve grievances (s). The administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer. Upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations. ...The Resident Grievance/Complaint Investigation Report will be filed with the administrator within five (5) working days of the incident. The Resident, or person acting on behalf of the resident will be informed of the findings of the investigation, as well as any corrective actions recommended. ...Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident.	F 791			
F 812 SS=F	NJAC 8:39-15.1(b) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.	F 812			11/21/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 812	<p>Continued From page 152</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was identified in the facility's kitchen and 5 of 5 refrigerators designated for resident food, and was evidenced by the following:</p> <p>On 10/08/24 from 9:30 AM to 10:45 AM, the surveyor, accompanied by the U.S. FOIA (b) (6) toured the kitchen and observed the following:</p> <p>In the refrigerator identified as the "Refrigerator":</p> <p>1. Two sealed bags of cooked rice with a use-by date of 10/02/24. The removed the two bags from refrigerator and discarded them.</p> <p>On 10/15/24 at 10:36 AM, the surveyor,</p>	F 812	<p>1. No specific residents were specified. In the refrigerator identified as the "Refrigerator":</p> <p>The two sealed bags of cooked rice identified were removed and discard by the FSD on 10/8/24</p> <p>East unit pantry:</p> <p>The identified expired 20 single-serving size containers of cranberry cocktail juice, the 18 single-serving size containers of apple juice, one single-serving size container of orange juice, and the 3 single-serving size containers of fat-free lactose-free milk were removed and discarded by the Food Service staff on 10/15/24.</p> <p>The two blue reusable tote bags with containers of unlabeled, undated food were removed and discarded by who and when. The refrigerator was cleaned to include removal of the identified syrup like liquid by who and when</p> <p>Central unit:</p> <p>A thermometer was place inside the</p>		

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F 812	<p>Continued From page 153</p> <p>accompanied by the U.S. FOIA (b) (6) observed the following in the refrigerator designated for resident food in the East unit pantry:</p> <ol style="list-style-type: none"> Single-serving size containers of cranberry cocktail juice that had a use-by date of: -01/2024 (1 container) -03/2024 (1 container) -04/2024 (1 container) -07/2024 (1 container) -08/2024 (3 containers) -09/2024 (12 containers) -10/05/24 (1 container) Single-serving size containers of apple juice with a use-by date of: -06/2024 (8 containers) -08/2024 (2 containers) -09/2024 (8 containers) Single-serving size containers of orange juice with a use-by date of: -09/2024 (1 container) Single-serving size container of fat-free lactose-free milk with a use by date of: -10/12/24 (2 containers) -Undated (1 container) <p>The U.S. FOIA (b) (6) removed and discarded the expired beverages.</p> <p>5. Two blue reusable tote bags with containers of unlabeled, undated food. One tote bag was stuck to the shelf of the refrigerator and was leaking a sticky, syrup-like liquid. The U.S. FOIA (b) (6) stated the tote bags contained food brought in by visitors.</p>	F 812	<p>refrigerator and a temperature log is posted to monitor refrigerator temperatures, the identified two unlabeled, undated plastic beverage cups, one cup containing an opaque white liquid, cup containing a clear, yellow liquid, the expired single-serving size container of vanilla yogurt and strawberry parfait were removed and discarded by 10/15/24 by Food Service Staff.</p> <p>West Unit pantry: The refrigerator was checked 10/15/24 by the Director of Maintenance and is in working order. The refrigerator temperature is set appropriately with temperatures within range. The identified single-serving size container of creamy strawberry Glucerna, the five single-serving size containers of apple juice, and the plastic wrapped peanut butter and jelly sandwich were removed and discarded by the licensed nurse.</p> <p>North 2 unit pantry: The identified single-serving size fat-free lactose-free milk was removed and discarded by the Food Service staff on 10/15/24</p> <p>North 1 unit pantry: The identified two sealed cheese sticks, the two unlabeled, undated plastic beverage cups were removed and discarded by Food Service staff on 10/15/24</p> <p>2. Current residents have the potential to be affected by the cited occurrence. On 10/15/24 The Director of Food Services conducted rounds of the pantry rooms to validate the Refrigerators were cleaned,</p>		

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F 812	<p>Continued From page 154</p> <p>During an interview at that time, the U.S. FOIA(b)(6) stated she was unsure who was supposed to maintain the unit pantry.</p> <p>On 10/15/24 at 10:48 AM, the surveyor, accompanied by Licensed Practical Nurse (LPN) #1, observed the following in the refrigerator designated for resident food on the Central unit:</p> <ol style="list-style-type: none"> 1. There was no thermometer inside the refrigerator, nor a temperature log posted on the outside of the refrigerator to monitor refrigerator temperatures. 2. Two unlabeled, undated plastic beverage cups that were covered with a lid. One cup contained an opaque white liquid, and the other cup contained a clear, yellow liquid. 3. A single-serving size container of vanilla yogurt and strawberry parfait which had a use-by date of 10/02/24. <p>During an interview at that time, LPN #2 stated she would discard the expired/undated items, but was not sure who was responsible for maintaining the refrigerator.</p> <p>At that time, Licensed Practical Nurse/Unit Manager (LPN/UM) #4 entered the nurses' station and stated the refrigerator thermometer must have been "misplaced," and that the 3:00 PM - 11:00 PM and 11:00 PM - 7:00 AM shift nurses were responsible for checking the refrigerator temperatures.</p> <p>On 10/15/24 at 10:57 AM, the surveyor, accompanied by LPN/UM #2, observed the following in the refrigerator designated for</p>	F 812	<p>food were dated, labeled and within use by dates. Review also validated that refrigerator had thermometers, and that temperatures were taken and within range. Variances were addressed</p> <p>3. The Director of Food Service/designee re-educated dietary and nursing staff on the facility food procurement, storage, preparation and serve-sanitary policies that includes labeling and dating of food discarding expired items, temperature monitoring and cleanliness of refrigerators. The process of staff assigned to monitor pantry area and refrigerators for compliance was also reviewed. Staff education included those identified in the 2567</p> <p>4. The Director of Food Services/designee will complete 3 rounds of the pantry rooms to validate the Refrigerators were cleaned, food was dated, labeled and within use by dates. The review will also validate those refrigerators had thermometers, and that temperatures were taken and within range. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 812	<p>Continued From page 155</p> <p>resident food in the West Unit pantry:</p> <ol style="list-style-type: none"> 1. The temperature of the refrigerator was 22 degrees Fahrenheit. The U.S. FOIA (b) (6) adjusted the refrigerator thermostat. 2. A single-serving size container of creamy strawberry Glucerna (nutritional supplement) that was in the back of the refrigerator and frozen. LPN/UM #2 removed the supplement to discard. 3. Five single-serving size containers of apple juice that had no use-by date. LPN/UM #2 removed the juice containers to discard. 4. A plastic wrapped peanut butter and jelly sandwich that had a use-by date of 10/11/24. LPN/UM #2 removed the sandwich to discard. <p>During an interview at that time, LPN/UM #2 stated the nurses were responsible for maintaining the unit pantry and refrigerator temps.</p> <p>On 10/15/24 at 11:08 AM, the surveyor, accompanied by LPN/UM #3, observed the following in the refrigerator designated for resident food in the North 2 unit pantry:</p> <ol style="list-style-type: none"> 1. A single-serving size fat-free lactose-free milk with a use-by date of 10/12/24. LPN/UM #3 removed the milk to discard. <p>During an interview at that time, LPN/UM #3 stated housekeeping maintained the unit pantry and nursing staff monitors the refrigerator temperatures.</p> <p>On 10/15/24 at 11:19 AM, the surveyor,</p>	F 812			

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F 812	<p>Continued From page 156</p> <p>accompanied by LPN/UM #1, observed the following in the refrigerator designated for resident food in the North 1 unit pantry:</p> <ol style="list-style-type: none"> 1. Two sealed cheese sticks without a use-by date. LPN/UM #1 stated the cheese sticks could have belonged to staff, but removed them from the refrigerator to discard. 2. Two unlabeled, undated plastic beverage cups that were covered with a lid that were in the freezer portion of the refrigerator and contained frozen liquids. LPN/UM #1 stated the cups belonged to staff and left them in the freezer. <p>During an interview at that time, LPN/UM #1 stated the nursing staff maintained the unit pantry.</p> <p>During an interview with the surveyor on 10/15/24 at 1:59 PM, the [U.S. FOIA] stated nursing staff should be checking the unit pantries for expired food and monitoring the refrigerator temperatures daily. The [U.S. FOIA] further stated that food brought in by visitors should be labeled and dated with a use-by date since it would only be good for three days. The [U.S. FOIA] added that staff members should not be storing their personal food in the refrigerators designated for resident food.</p> <p>During an interview with the surveyor on 10/15/24 at 4:12 PM, the [U.S. FOIA (b) (6)] stated her expectations were that dietary staff should inspect all food items in the kitchen to ensure food is within date and to discard any expired foods. The [U.S. FOIA (b) (6)] further stated that the nursing staff and the [U.S. FOIA] should have checked the nursing unit pantries to ensure all food items were stored properly,</p>	F 812			

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F 812	Continued From page 157 expired foods were discarded, staff were not storing personal food items in resident refrigerators, and the refrigerator temperatures were monitored. Review of the facility's Refrigerators and Freezers policy, revised 11/2022, included, "Refrigerators and/or freezers are maintained in good working condition. Refrigerators keep foods at or below 41 degrees Fahrenheit and freezers keep frozen foods solid," and, "Monthly tracking sheets for all refrigerators and freezers are posted to record temperatures." Further review of the policy included, "Supervisors are responsible for ensuring food items in the pantry, refrigerators, and freezers are not past 'use by' or expiration dates." Review of the facility's Foods Brought by Family/Visitors, undated, included, "Food brought in by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that is clearly distinguishable from facility-prepared food," and, "The nursing staff will discard perishable foods on or before the 'use by' date."	F 812			
F 835 SS=F	NJAC 8:39-17.2(g) Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	F 835			11/21/24

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F 835	<p>Continued From page 158</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility's U.S. FOIA (b) (6) failed to ensure staff implemented facility policies and procedures to ensure a.) residents were provided with care and services to achieve their highest practical wellbeing, and b.) maintain the resident environment, equipment and living areas in a safe, sanitary, and homelike manner. This deficient practice was identified for and 5 out of 5 nursing units, and was evidenced by the following:</p> <p>Refer to F584, F645, F657, F689, F758, and F812</p> <p>A review of the U.S. FOIA (b) (6) job description provided by the facility revealed the following:</p> <p>The U.S. FOIA (b) (6) primary purpose is to direct the day-to-day functions of the center in accordance with current federal, state, and local standards, guideline, and regulations that govern nursing centers to assure that the highest degree of quality care can be provided to the residents at all times.</p> <p>Duties and Responsibilities included but not limited to: plan, develop, organize, implement, evaluate, and direct the center's programs and activities. Develop and maintain written policies and procedures and professional standards of practice that govern the operation of the center. Review the center's policies and procedures at least annually and make changes as necessary to assure continued compliance with current</p>	F 835	<ol style="list-style-type: none"> 1. For specific resident correction, refer to F584, F645, F657, F689, F758, and F812 for full plan of correction. 2. Current residents have the potential to be affected by the cited occurrence. For specific audits and review refer to F584, F645, F657, F689, F758, and F812 for full plan of correction. 3. The facility U.S. FOIA (b) (6) and U.S. FOIA (b) (6) was re-educated by the Vice President of Clinical Operations on the Facility Administrator duties as outlined in their job description and regulatory guidance for Administration which includes but is not limited to the need to validate implementation of facility policies and procedures by staff to promote resident provision of care and services to achieve their highest practical wellbeing, and maintain the resident environment, equipment and living areas in a safe, sanitary, and homelike manner. Staff education included those identified in the 2567 4. For specific ongoing audits and review refer to F584, F645, F657, F689, F758, and F812 for full plan of correction. A consultant Administrator and a consultant DON were hired and began services 40 hours a week on 11/5.24 to assist the administrator and DON with implementation of all corrective actions to ensure immediate and sustained compliance with standards of practice and regulations and implement the following actions: 		

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F 835	<p>Continued From page 159</p> <p>regulations. Ensure that all employees, residents, visitors, and the general public follow the center's established policies and procedures. Delegate administrative authority, responsibility, and accountability to other staff personnel as deemed necessary to perform their assigned duties. Ensure that all Center personnel, residents, visitors, etc., follow established safety regulations, to include fire protection/prevention, smoking regulations, infection control, etc. Ensure that the building and grounds are maintained in good repair. Ensure that the Center is maintained in a clean and safe manner for resident comfort and convenience by assuring that necessary equipment and supplies are maintained to perform such duties/services.</p> <p>During the entrance conference on 10/8/24 at 9:45 AM, the [U.S. FOIA (b)(1)] stated that she started at the facility [NJ Ex Order 26.4(b)(1)] days ago and the [U.S. FOIA (b)(6)] started at the facility [NJ Ex Order 26.4(b)(1)] months ago. At that time, the [U.S. FOIA (b)(1)] stated the facility had residents who identified as [NJ Ex Order 26.4(b)(1)].</p> <p>1.) On 10/9/24 at 12:27 PM, the surveyor entered Resident #144's room and smelled a [NJ Ex Order 26.4(b)(1)] scent. The resident was observed lying in bed with the fan on and the window open. At that time, the surveyor interviewed the resident who stated they were not allowed to [NJ Ex Order 26.4(b)(1)] in their room, but they had to wait for hours for the staff to come into the room to assist them. The resident stated that the staff did not take them out to [NJ Ex Order 26.4(b)(1)] so they [NJ Ex Order 26.4(b)(1)] in their room.</p> <p>A review of Resident #144's incident reports revealed that the resident was observed [NJ Ex Order 26.4(b)(1)] in their room on [NJ Ex Order 26.4(b)(1)], [NJ Ex Order 26.4(b)(1)], and [NJ Ex Order 26.4(b)(1)].</p>	F 835	<p>The Administrator Consultant shall: Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance Oversee the development, implementation, and evaluation of corrective action plans Develop and implement compliance management systems at the facility Collaborate with facility leadership to ensure that operating procedures, systems, and standards align with compliance requirements Ensure staff training needed to comply with applicable licensing standards; and, Take other actions as may be necessary to ensure the identification of compliance issues and implementation of timely corrective measures Weekly reports will be provided each Friday to NJDOH addressing corrective actions taken regarding: Identified areas of non-compliance Corrective measures to address identified areas of non-compliance; and, Status of corrective measures implementation. The facility has retained the full-time, on-site services of a Consultant Director of Nursing who has been approved by the Department of Health. The Consultant Director of Nursing shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The contract with the consultant includes provisions for immediate corrective action with applicable state licensing standards.</p>		

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F 835	<p>Continued From page 160</p> <p>NJ Ex Order 26.4(b)(1). Interventions included that the individualized comprehensive care plan (ICCP) was updated.</p> <p>During an interview with the surveyor on 10/9/24 at 1:30 PM, the U.S. FOIA (b) (6) stated that the resident was assessed as an NJ Ex Order 26.4(b)(1) and was allowed to hold their NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). When asked did the resident NJ Ex Order 26.4(b)(1) in their room, the U.S. FOIA (b) (6) stated that the resident informed them that they had NJ Ex Order 26.4(b)(1) in their room.</p> <p>The surveyor conducted a telephone interview on 10/16/24 at 8:48 AM, with the U.S. FOIA (b) (6), who stated that he had a problem with Resident #144 NJ Ex Order 26.4(b)(1) since they had been caring for the resident. The U.S. FOIA (b) (6) stated that the resident had been NJ Ex Order 26.4(b)(1) and that the staff "bend over backward." The U.S. FOIA (b) (6) stated that the facility had done everything to keep the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) from the resident, and the facility was going to "do better with the NJ Ex Order 26.4(b)(1) residents" and the other residents.</p> <p>2.) During the tour of the facility throughout the survey, it was determined that the facility failed to maintain the residents' environment, equipment and living areas in a safe, sanitary, and homelike manner on all five nursing units (East, West, Central, North 1, and North 2).</p> <p>During an interview with the surveyor on 10/15/24 at 3:06 PM, the U.S. FOIA (b) (6) stated in the presence of the the U.S. FOIA (b) (6) and survey team, that the floor mats and mattresses should be cleaned.</p> <p>On 10/15/24 at 3:07 PM, in the presence of the</p>	F 835	<p>The Consultant shall be responsible for ensuring that immediate corrective action is taken to verify that resident safety is not jeopardized, and applicable state licensing standards are met.</p>		

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F 835	<p>Continued From page 161</p> <p>survey team, the [U.S. FOIA (b) (6)] stated that the air conditioner (AC) vents were supposed to be wiped daily and deep cleaned weekly. The [U.S. FOIA (b) (6)] stated that she did not expect to see a thick coating of dust on the outside of the air-conditioning units. The [U.S. FOIA (b) (6)] further stated that it could cause health issues in residents with respiratory problems.</p> <p>On 10/15/24 at 3:15 PM, the [U.S. FOIA (b) (6)] stated that the West Unit was the most difficult to clean. He stated there was more movement and upkeep of the unit and that it was "harder to get clean with the clientele in that vicinity."</p> <p>During an interview with the surveyor on 10/15/24 at 4:14 PM, in the presence of the survey team, the [U.S. FOIA (b) (6)] stated that housekeeping and maintenance should ensure the AC units were cleaned and remained dust free weekly.</p> <p>3.) On 10/08/24 from 9:30 AM to 10:45 AM, the surveyor, accompanied by the [U.S. FOIA (b) (6)] toured the kitchen and it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness.</p> <p>During an interview with the surveyor on 10/15/24 at 1:59 PM, the [U.S. FOIA (b) (6)] stated the nursing staff should be checking the unit pantries for expired food and monitoring the refrigerator temperatures daily. The [U.S. FOIA (b) (6)] further stated that food brought in by visitors should be labeled and dated with a use-by date since it would only be good for three days. The [U.S. FOIA (b) (6)] added that staff members should not be storing their personal food in the</p>	F 835			

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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F 835	<p>Continued From page 162</p> <p>refrigerators designated for resident food.</p> <p>4.) On 10/15/24 at 10:08 AM, the surveyor reviewed the electronic medical record (EMR) for Resident #97.</p> <p>A review of the PASARR level I Screening Tool dated [NJ Ex Order 26.4(b)(1)] and signed by the facility's [U.S. FOIA (b) (6)], indicated the following:</p> <p>Section [NJ Ex Order 26.4(b)(1)] Screen [NJ Ex Order 26.4(b)(1)] indicated a positive screening, which required a level II PASARR to be completed.</p> <p>Further review of the EMR revealed there was no evidence of a level II PASARR was completed.</p> <p>During an interview with the surveyor on 10/15/24 at 4:51 PM, the [U.S. FOIA (b) (6)] stated in the presence of the [U.S. FOIA (b) (6)], the [U.S. FOIA (b) (6)] and the survey team that the expectation was that the level II PASARR would be completed prior to admitting the resident. The [U.S. FOIA (b) (6)] acknowledged that the level II PASARR should have been completed.</p> <p>5.) A review of Resident #73, #102 and #198 individualized comprehensive care plan (ICCP) revealed conflicting interventions related to [NJ Ex Order 26.4(b)(1)]</p> <p>A review of Resident #198's ICCP included a focus, created [NJ Ex Order 26.4(b)(1)] of "[U.S. FOIA (b) (6)] Interventions included two conflicting interventions: "store all [NJ Ex Order 26.4(b)(1)] in my</p>	F 835			

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F 835	<p>Continued From page 163</p> <p>room," and that, "the facility will safely secure all NJ Ex Order 26.4(b)(1)."</p> <p>A review of Resident #102's ICCP, with revision dated of [NJ Ex Order 26.4(b)(1)], included a focus area of "I NJ Ex Order 26.4(b)(1)." Interventions included: I understand that for my safety, the facility will store my NJ Ex Order 26.4(b)(1) and my [NJ Ex Order 26.4(b)(1)] I understand that the facility will store my [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)] for safety reason, I am able to [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] (initiated [NJ Ex Order 26.4(b)(1)] and I use a [NJ Ex Order 26.4(b)(1)] (initiated [NJ Ex Order 26.4(b)(1)]).</p> <p>A review of Resident #73's ICCP included a focus, revised [NJ Ex Order 26.4(b)(1)], of "I [NJ Ex Order 26.4(b)(1)] Interventions included two conflicting interventions: "I am able to [NJ Ex Order 26.4(b)(1)] and store all [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)] in my room," and that, "for my safety, the facility will safely secure all [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)]"</p> <p>During an interview with the surveyor on 10/15/24 at 4:20 PM, in the presence of the survey team, the [U.S. FOIA b] stated that the [NJ Ex Order 26.4(b)(1)] care plan was auto populated by the responses on the [NJ Ex Order 26.4(b)(1)] Safety Evaluation and that any conflicting interventions should have been corrected the next day by nursing management.</p> <p>6.) A review of 5 of 5 residents (Resident #17, #40, #109, #167, and #358) for [NJ Ex Order 26.4(b)(1)] medications revealed the following was not addressed: recommendations for a gradual dose reduction (GDR) of [NJ Ex Order 26.4(b)(1)] medications [NJ Ex Order 26.4(b)(1)] medications); ensure as needed (PRN) [NJ Ex Order 26.4(b)(1)] medications were prescribed with a 14-day duration and re-evaluated for continued use; and adequately monitor target</p>	F 835			

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F 835	<p>Continued From page 164</p> <p>NJ Ex Order 26.4(b)(1) for the use of NJ Ex Order 26.4(b)(1) medications.</p> <p>A review of Resident #17's NJ Ex Order 26.4b1, dated NJ Ex Order 26.4(b)(1) revealed the resident reported they had been refusing NJ Ex Order 26.4(b)(1) because it gave them NJ Ex Order 26.4(b)(1) and that they requested to stop NJ Ex Order 26.4(b)(1). Further review of the NJ Ex Order 26.4(b)(1) eval included recommendations of a GDR by stopping NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #17's NJ Ex Order 26.4(b)(1) through NJ Ex Order 26.4(b)(1) Medication Administration Records (MARs) revealed there were no physician's orders to monitor target NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) medication use prior to NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #40's NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) MARs and Treatment Administration Record (TARs) did not include any PO for targeted NJ Ex Order 26.4(b)(1) monitoring related to NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1).</p> <p>A review of Resident #358's NJ Ex Order 26.4(b)(1) Physician Order Summary Report (OSR) reflected that the resident was on the following NJ Ex Order 26.4(b)(1) medications: A physician's order (PO), dated NJ Ex Order 26.4(b)(1), for NJ Ex Order 26.4(b)(1) give one tablet by mouth every 12 hours as needed for NJ Ex Order 26.4(b)(1). There was no stop date indicated.</p> <p>A review of Resident #358's NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) MARs and TARs did not include any PO for NJ Ex Order 26.4(b)(1) monitoring related to NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1).</p>	F 835			

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F 835	<p>Continued From page 165 medications.</p> <p>A review of Resident #109's OSR dated as of 10/16/24, included the following PO: A PO dated [REDACTED], for [REDACTED]; administer one tablet by mouth two times a day for [REDACTED].</p> <p>A review of Resident 109's [REDACTED] MAR did not include any [REDACTED] monitoring or monitoring of side effects of [REDACTED] medications prior to surveyor inquiry.</p> <p>A review of Resident #167's PO revealed that the resident had an order for [REDACTED]; give one tablet by mouth at bedtime for [REDACTED].</p> <p>There was no evidence that the resident's behavior was being monitored.</p> <p>During an interview with the surveyor on 10/15/24 at 3:45 PM, in the presence of the [REDACTED] the [REDACTED], the [REDACTED], the [REDACTED] and the survey team, the [REDACTED] stated that a PO for [REDACTED] would need a 14-day stop date on the order.</p> <p>During an interview with the surveyor on 10/15/24 at 3:57 PM, in the presence of the survey team, the [REDACTED] stated the facility utilized a batch order set to create physician's orders for [REDACTED] monitoring. The [REDACTED] further stated that [REDACTED] monitoring should be documented on the MAR every shift.</p> <p>During an interview with the surveyor on 10/15/24 at 4:18 PM, in the presence of the survey team, the [REDACTED] stated that [REDACTED] recommendations</p>	F 835			

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F 835	Continued From page 166 should be verified and implemented according to the provider. The [U.S. FOIA (b)(7)] further stated that the provider should document in the resident's medical record when recommendations were reviewed. On 10/16/24 at 10:26 AM, the [U.S. FOIA (b)(7)] acknowledged the concerns that were brought to her attention in the presence of the [U.S. FOIA (b)(7)] and the survey team.	F 835			
F 880 SS=D	NJAC 8:39-9.2(a); 9.3(a); 27.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F 880			11/21/24

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F 880	<p>Continued From page 167</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>	F 880			

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F 880	<p>Continued From page 168</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to A.) perform hand hygiene before preparing and administering medications. B.) failed to maintain a non-touch technique when returning excess medication to the original bottle. and C. failed to disinfect the blood pressure equipment after each use. This breach in infection control practice occurred during 2 of 4 medication administration observation.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On 10/09/2024 at 08:21 AM during the Medication Administration task, the surveyor observed Licensed Practical Nurse (LPN) #1 prepare and administer Resident #92's medication. He/She did not perform hand hygiene prior to preparing the resident's medication and after administration.</p> <p>2.) During the same medication observation, Resident #92 had an order for NJ Ex Order 26.4(b)(1), give two tablet by mouth every 12 hours. LPN #1 erroneously poured 3 tablets into the bottle cap instead of 2 tablets. As LPN #1 returned the excess tablet to the original bottle, she touched the resident's 2 tablets with bare hands to prevent them from falling back into the bottle along with the excess tablet.</p> <p>3.) On 10/09/24 at 09:02 AM, during a medication</p>	F 880	<p>1. Resident #92 was reviewed by the licensed nurse with NJ Ex Order 26.4(b)(1) related to cited event. Resident # 16 was reviewed by licensed nurse with NJ Ex Order 26.4(b)(1) related to cited event. The Infection Preventionist re-educated LPN #1 and LPN #7 on the facility infection prevention policy to include but not limited to performing hand hygiene before preparing and administering medications, maintaining a non-touch technique when returning excess medication to the original bottle, and disinfecting blood pressure equipment after each use.</p> <p>2. Current residents have the potential to be affected by this deficient practice. An audit was completed during medication pass to determine if nurses were following proper infection control and medication administration practices. No further variances were noted.</p> <p>3. The Infection Preventionist re-educated licensed nurses on the facility infection prevention policy to include but not limited to performing hand hygiene before preparing and administering medications, maintaining a non-touch technique when returning excess medication to the original bottle, and disinfecting blood pressure equipment after each use Staff education included those identified in</p>		

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F 880	<p>Continued From page 169</p> <p>observation, LPN#7 took Resident #16's [REDACTED] (U.S. FOIA (b) (6)). He/She did not disinfect the [REDACTED] after taking the resident's [REDACTED] (U.S. FOIA (b) (6)).</p> <p>On 10/10/24 at 10:55 AM, during an interview with the surveyor, when asked when should hand hygiene be performed, LPN/UM#1 stated before entering and exiting a resident's room. LPN/#1 was also asked when should a [REDACTED] (U.S. FOIA (b) (6)) be cleaned? She/He stated, "it should be cleaned immediately after use and after every resident."</p> <p>On 10/11/24 at 11:54 AM, during an interview with the surveyor, the [REDACTED] (U.S. FOIA (b) (6)) stated, hand should be performed prior to medication pass and after and in between each resident, by using alcohol based hand sanitizer or washing with soap and water.</p> <p>During further interview with the [REDACTED] (U.S. FOIA (b) (6)) she/he stated that pills should never be touched with bare hands.</p> <p>When asked what is the process for cleaning the [REDACTED] (U.S. FOIA (b) (6)), the [REDACTED] (U.S. FOIA (b) (6)) stated, it should be cleaned after every use, take them and wipe it down and sanitize them before using it for the next person.</p> <p>A review of the facility policy revised in 10/2023, "Hand Washing/Hand Hygiene Administrative Practices to Promote Hand Hygiene 1. All personnel are trained and regularly in-serviced on the importance of hand hygiene and preventing the transmission of healthcare-associated infections. Indications for Hand Hygiene 1. ... C. after contact with blood, body fluids or contaminated surfaces;</p>	F 880	<p>the 2567</p> <p>4. The Infection Preventionist /designee will complete 3 rounds during medication pass to determine if nurses were following proper infection control and medication administration practices. Variances will be addressed. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Infection Preventionist to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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F 880	Continued From page 170 NJAC 8:39-19.4(a)	F 880			

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H 000	Initials Comments The facility is not in compliance with N.J.A.C. Title 8 Chapter 43E- General Licensure Procedures and Standards Applicable To All Licensed Facilities.	H 000		
H5790	8:43E-13.4(d) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM A licensed healthcare facility or program shall retain a completed copy of the Universal Transfer Form sent with a patient when a patient is transferred as part of the patient's medical record. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, as well as other pertinent facility documentations, it was determined that the facility failed to maintain a completed copy of the New Jersey Universal Transfer Form (NJUTF) as part of the medical record. This deficient practice was identified for one (1) of two (2) residents reviewed for hospitalizations (Resident # 137) and was evidenced by the following: Reference: New Jersey Hospital Association "Provider Resources" Section 6: The NJ Universal Transfer Form (UTF) must be used by all licensed healthcare facilities and programs when a patient is transferred from one care setting to another.	H5790	1. Resident #137 NJ Ex Order 26.4(b)(1) in the facility. 2. Current residents that are transferred to the hospital have the potential to be affected by the cited occurrence to maintain a completed copy of the New Jersey Universal Transfer Form (NJUTF) as part of the medical record. An audit was completed of all residents who were transferred to hospital form 10/9/24 to present to validate New Jersey Universal Transfer Form was completed. No further variances were noted. 3. DON re-educated licensed nursing staff on the need to complete and	11/21/24

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

TITLE

(X6) DATE

Electronically Signed

11/10/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEAL'		STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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H5790	<p>Continued From page 1</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident had diagnosis that included, NJ Ex Order 26.4(b)(1) [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], and NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>A review of the Progress Notes (PN) included Nurse's Note (NN) which revealed the following: On NJ Ex Order 26.4(b) [REDACTED] at 8:26 AM, the nurse practitioner (NP) was in to assess the resident and ordered to send the resident to the NJ Ex Order 26.4(b) [REDACTED].</p> <p>On NJ Ex Order 26.4(b) [REDACTED] at 9:10 AM, transportation to the NJ Ex Order 26.4(b) [REDACTED] was scheduled for 10 AM.</p> <p>On NJ Ex Order 26.4(b) [REDACTED] at 6:12 AM, the resident was admitted to the NJ Ex Order 26.4(b) [REDACTED] for NJ Ex Order 26.4(b)(1) [REDACTED].</p> <p>Further review the PN did not indicate the resident returned to the facility or was transferred to the NJ Ex Order 26.4(b) [REDACTED] on NJ Ex Order 26.4(b) [REDACTED].</p> <p>On 10/16/24 at 9:29 AM, a review of the NJUTF in the EMR was incomplete and indicated the resident's date of transfer was on NJ Ex Order 26.4(b) [REDACTED] at 12:10 PM. It further revealed the following required information (Items 1-29 must be completed) were blank: #1 transfer to, #6 code status, #8 reason for transfer, #9 primary diagnosis, #10 restraints, #11 respiratory needs, #12 isolation/precautions, #14 sensory, #15 skin conditions, #16 diet, #17 IV [intravenous] access, #18, personal items sent with resident, #19 attached documents, #20 at risk alerts, #21 mental status, #22 PASRR (Preadmission Screening and Resident Review- is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes) level</p>	H5790	<p>maintain a completed copy of the New Jersey Universal Transfer Form (NJUTF) as part of the medical record.</p> <p>4. These audits will be conducted weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Nursing to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>	

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H5790	<p>Continued From page 2</p> <p>1 completed, #23 function, #25 bowel, #26 bladder, #27 sending facility contact, #28 form prefilled by (if applicable), and #29 form completed by.</p> <p>During an interview with the surveyor on 10/16/24 at 9:45 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM #2) for the [REDACTED] Unit stated she has worked at the facility for seven (7) months. LPN/UM #2 stated that the process for the Universal Transfer form (UTF), was when a resident was transferred out, the nurse filled out the SBAR [Situation, Background, Assessment, Recommendation] in the electronic medical record (EMR). She further stated that they printed out the resident's paperwork which included the face sheet, orders for transfer with medication list and the Universal Transform Form. The LPN/UM stated generally the nurse supervisor completed the UTF for it to go with the resident. She explained it was filled out in the EMR and then printed. When asked was a copy made, the LPN/UM stated, "I do not make a copy of it, we send it to the [REDACTED] The LPN/UM stated that Resident #137 was sent out to the [REDACTED] on [REDACTED] due to an [REDACTED] and the admitting diagnosis from the [REDACTED] was [REDACTED]. She then stated, "I'm guessing that the SBAR was not done because the NP wrote everything on her note and ordered for resident to be transferred."</p> <p>During an interview with the surveyor on 10/16/24 at 10:11 AM, the Licensed Practical Nurse (LPN #6) stated when a resident was transferred the Universal Transfer form, a list of their medications, the recent labs, orders, and recent progress notes from the doctor if they were available. She further stated "I do recall filling out the UTF out" for the resident because that was</p>	H5790			

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H5790	<p>Continued From page 3</p> <p>how the [NJ Ex Order 26.4(b)] knew why we were transferring them out. LPN #6 stated the resident was sent out because they had [NJ Ex Order 26.4(b)(1)].</p> <p>During an interview with the surveyor on 10/16/24 at 10:30 AM, the [U.S. FOIA (b) (6)] stated the NJUTF was not completed until [NJ Ex Order 26.4(b)]. She stated the reason the resident was sent to the hospital was because their [NJ Ex Order 26.4(b)(1)] was [NJ Ex Order 26.4(b)(1)] and the resident had a [NJ Ex Order 26.4(b)(1)] [NJ Ex Order 26.4(b)(1)].</p> <p>The LNHA confirmed the NJUTF was not done on [NJ Ex Order 26.4(b)] and the NJUTF dated [NJ Ex Order 26.4(b)] was not completely filled out. The LNHA acknowledged the NJUTF should be completed the day the resident was transferred, and it should be filled out in its entirety.</p> <p>A review of the facility's "New Jersey Universal Transfer Form" undated, included "2. The facility will ensure a completed ...copy of the New Jersey Universal Transfer Form is sent with each resident at the time of the patient's transfer to another licensed healthcare facility or program. 2. All sections of the New Jersey Universal Transfer Form will be completed ..."</p>	H5790		
S 000	<p>Initial Comments</p> <p>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</p>	S 000		

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S 000	Continued From page 4 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 observation, interview, and 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. This deficient practice was evidenced by the following: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant	S 560	1. An ongoing staffing analysis is reviewed by shift to determine the amount of direct care staff and licensed nursing staff required by regulatory requirements to meet the care needs of the residents based on the daily census and is used to ensure additional staff are scheduled to cover call outs. • Vacancy and retention rates are analyzed weekly by the DON, Staffing Coordinator, and Administrator and communicated to the corporate team to ensure adequate staffing to identify additional hiring to ensure care needs and regulatory requirements are met. • A \$2K bonus was implemented to convert per diem nursing staff to fulltime positions. • Forfeit of Employee Benefits "No frills" rates were increased from \$3 to \$4 per hour. • Perfect attendance bonuses were	11/21/24

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S 560	<p>Continued From page 5</p> <p>to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios:</p> <p>(1) one certified nurse aide to every eight residents for the day shift;</p> <p>(2) 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 certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and</p> <p>(3) 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 certified nurse aide and perform certified nurse aide duties</p> <p>b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census.</p> <p>c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place.</p> <p>(2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher.</p>	S 560	<p>implemented.</p> <ul style="list-style-type: none"> • Perfect attendance and vacant shift pickup raffles were implemented and include special raffles for upcoming holiday coverage to minimize callouts. • Exit interviews are conducted to determine reasons for nursing staff separation with resignations. • Another CNA job fair is scheduled for 11/12/24. • Daily recruitment and onboarding calls are held with the facility management and regional support teams. • Corporate reviews are conducted daily of prior day staffing of actual to scheduled CNA's to determine if the ratio of aide to resident is met with actions taken based on reviews. • OnShift software is used to ensure daily staffing complies with regulatory requirements and resident acuties and is used off shifts by nursing supervisors to cover call outs. • The staffing schedule was reviewed by the DON, DON consultant, Administrator, and the staffing coordinator to identify by shift the required number of direct care and licensed nursing staff based on current and projected census. • Staffing schedules include scheduling additional on call direct care staff to cover unexpected call outs. • Innovative scheduling is being used to ensure adequate licensed nursing staff meet the regulatory requirements and resident care needs based on acuties. This includes per diem and RN admission nurses and part time or per diem LPN's to cover callouts and vacations of regularly scheduled staff. 	

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S 560	<p>Continued From page 6</p> <p>(3) All computations shall be based on the midnight census for the day in which the shift begins.</p> <p>d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum ...</p> <p>A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the 2 weeks of staffing prior to survey from 09/22/2024 to 10/05/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-09/22/24 had 14 CNAs for 199 residents on the day shift, required at least 25 CNAs. -09/23/24 had 18 CNAs for 197 residents on the day shift, required at least 25 CNAs. -09/24/24 had 20 CNAs for 197 residents on the day shift, required at least 25 CNAs. -09/25/24 had 19 CNAs for 197 residents on the day shift, required at least 25 CNAs. -09/26/24 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. -09/27/24 had 17 CNAs for 194 residents on the day shift, required at least 24 CNAs. -09/28/24 had 19 CNAs for 194 residents on the day shift, required at least 24 CNAs. -09/29/24 had 15 CNAs for 194 residents on the day shift, required at least 24 CNAs. -09/30/24 had 17 CNAs for 199 residents on the day shift, required at least 25 CNAs.</p>	S 560	<ul style="list-style-type: none"> The facility has agreements with CNA and LPN programs/schools to utilize the facility as a clinical site for their students. A QAPI root cause analysis was conducted and a performance improvement project (PIP) was implemented that includes direct care and licensed nurses from all shifts to identify internal and external barriers to attract new staff. The PIP members are making recommendations to management based on their discussions. Focus groups have been conducted on all three shifts and weekends to identify issues or concerns direct care and licensed nursing staff may have and seek input. Assignments were reviewed to assure residents with high acuities are equally distributed on direct care staff assignments. Performance evaluations are completed and targeted education provided to staff to ensure they feel competent in their role to enhance job satisfaction. Job applications are readily available at the reception desk to ensure individuals looking for a job can be provided with an application immediately and an interview can be coordinated that same day to expedite hiring. Signs are posted in and outside the facility and in local community settings to attract new hires. Phones calls have been made to prior employees who resigned in good standing to inform them of current rates and interest in rehiring. 	

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S 560	<p>Continued From page 7</p> <p>-10/01/24 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs. -10/02/24 had 16 CNAs for 199 residents on the day shift, required at least 25 CNAs. -10/03/24 had 18 CNAs for 199 residents on the day shift, required at least 25 CNAs. -10/04/24 had 18 CNAs for 207 residents on the day shift, required at least 26 CNAs. -10/05/24 had 16 CNAs for 207 residents on the day shift, required at least 26 CNAs.</p> <p>During an interview with the surveyor on 10/11/24 at 1:09 PM, the Staffing Coordinator (SC) was unable to describe the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. The SC further stated that there were no issues with low weekend staffing rates at the facility.</p> <p>During an interview with the surveyor on 10/11/24 at 1:24 PM, the Director of Nursing (DON) who was unable to describe the required minimum direct care staff-to-resident ratios as mandated by the State of New Jersey. The DON stated, "Let me check my notes, I do not know them by heart." The DON stated that he felt that the SC should be able to speak to the state mandated ratios. The DON further stated that there had been shortfalls on weekend staffing.</p> <p>On 10/15/24 at 4:50 PM, the survey team informed the Licensed Nursing Home Administrator (LNHA), the Vice President of Clinical (VPCS), Regional Director of Clinical Services (RDCS), the Regional Director of Operations (RDO), and the Director of Nursing (DON) of the shifts when the minimum direct care staff to resident ratio was not met.</p> <p>A review of the facility's Staffing, Sufficient and</p>	S 560	<p>2 All residents have the potential to be affected by this practice.</p> <p>1. The action plan for back up staff to ensure meeting staffing to resident ratios was reviewed and updated as follow: o An on call pool of nursing staff was developed that includes CNAs, LPNs, and RNs as needed with sister facilities in the area. The pool expands the current on call staff from within the facility. Additional incentives are provided to on call staff. Transportation to the facility via facility transport and/or Uber or other transportation methods will be offered to staff as part of the pool. o Transportation pools are also available to staff who may live in similar geographic areas to attract and retain employees. o Agreements are in place with sister facilities to utilize extra staff as needed, ensuring adequate staff and providing employees throughout the organization with access to additional hours of work. o The On Shift software utilized by the facility enables the off shift supervisors and nurse managers to quickly contact staff who are interested in picking up additional shifts. o The corporate Cultural committee plans events to recognize all staff with additional incentives for those who go above and beyond caring for residents. The cultural committee will review recommendations from the Staffing Performance Improvement Project (PIP) members and nursing staff meetings for implementation and will review and address both internal and external barriers</p>	

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S 560	Continued From page 8 Competent Nursing" policy revised August 2022, included, "7. Factors considered in determining appropriate staffing ratio and skills.....and acuity; 8. minimum staffing requirements imposed by state, are adhered to when determining staff ratios.."	S 560	<p>identified by the PIP.</p> <ul style="list-style-type: none"> o The facility will secure contracts for supplemental staffing that will be used as needed. • Administration has formed a staffing committee and has conducted salary analyses and implemented creative strategies for attracting new employees to minimize the use of agency personnel with the goal of zero use of supplemental staffing. • Bonuses and incentive programs previously implemented to attract and to retain current staff have been reviewed and modified to attract more new hires. • Referral bonuses for current employees supports filling vacant positions as well as retaining current staff. • An employee recognition committee comprised of front line workers was implemented to plan events to improve the morale of staff, recognize the exemplary services provided by staff, and make the work environment enjoyable. • Quarterly employee appreciation events are planned by the employee recognition committee to improve retention and attract new employees. • Improvements in the environment and working conditions have helped attract new staff. • The facility utilizes all types of social and digital media as well as headhunters to identify and hire new staff. • The facility management team is working with the union to promote cooperation, to enhance hiring, and minimize call outs. <p>4, Daily staffing levels are reported to the</p>		

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S 560	Continued From page 9	S 560	<p>facility core team and management company and additional incentives are provided for working an extra shift if needed. The success of bonuses and incentives is analyzed by the facility Administrator and Director of Nursing who make recommendations to the QAPI compliance committee at weekly meetings regarding what incentives or bonuses are attracting new hires.</p> <ul style="list-style-type: none"> • Staffing is discussed at daily morning operations meetings and recommendations solicited from the management team about ways to attract new hires to fill vacant positions. • Staffing levels of direct care staff and recruitment efforts are discussed daily by nursing management and the administrator, are reported monthly to the corporate clinical team, and are reviewed at the quarterly QAPI committee meetings. • Vacancy rates are reviewed weekly by the Director of Nursing and discussed with the Administrator. The effectiveness of strategies to attract and retain staff are discussed and strategies modified as needed. Findings are also discussed monthly with the corporate team that provides direct assistance with recruitment efforts. 	
S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing</p>	S1680		11/21/24

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S1680	<p>Continued From page 10</p> <p>provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a)) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p style="padding-left: 40px;">Wound care 0.75 hour/day</p> <p style="padding-left: 40px;">Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p style="padding-left: 40px;">Oxygen therapy 0.75 hour/day</p> <p style="padding-left: 40px;">Tracheostomy 1.25 hours/day</p> <p style="padding-left: 40px;">Intravenous therapy 1.50 hours/day</p> <p style="padding-left: 40px;">Use of respirator 1.25 hours/day</p> <p style="padding-left: 40px;">Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680			

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S1680	Continued From page 12 A review of the facility's Staffing, Sufficient and Competent Nursing" policy revised August 2022, included, "7. Factors considered in determining appropriate staffing ratio and skills.....and acuity; 8. minimum staffing requirements imposed by state, are adhered to when determining staff ratios.."	S1680	<p>rates were increased from \$3 to \$4 per hour.</p> <ul style="list-style-type: none"> • Perfect attendance bonuses were implemented. • Perfect attendance and vacant shift pickup raffles were implemented and include special raffles for upcoming holiday coverage to minimize callouts. • Exit interviews are conducted to determine reasons for nursing staff separation with resignations. • Daily recruitment and onboarding calls are held with the facility management and regional support teams. • OnShift software is used to ensure daily staffing complies with regulatory requirements and resident acuties and is used off shifts by nursing supervisors to cover call outs. • The staffing schedule was reviewed by the DON, DON consultant, Administrator, and the staffing coordinator to identify by shift the required number of direct care and licensed nursing staff based on current and projected census. • Staffing schedules include scheduling additional on call direct care staff to cover unexpected call outs. • Innovative scheduling is being used to ensure adequate licensed nursing staff meet the regulatory requirements and resident care needs based on acuties. This includes per diem and RN admission nurses and part time or per diem LPN's to cover callouts and vacations of regularly scheduled staff. • The facility has agreements with CNA and LPN programs/schools to utilize the facility as a clinical site for their students. • A QAPI root cause analysis was 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEAL'		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S1680	Continued From page 13	S1680	<p>conducted and a performance improvement project (PIP) was implemented that includes direct care and licensed nurses from all shifts to identify internal and external barriers to attract new staff. The PIP members are making recommendations to management based on their discussions.</p> <ul style="list-style-type: none"> • Focus groups have been conducted on all three shifts and weekends to identify issues or concerns direct care and licensed nursing staff may have and seek input. • Assignments were reviewed to assure residents with high acuities are equally distributed. • Performance evaluations are completed and targeted education provided to staff to ensure they feel competent in their role to enhance job satisfaction. • Job applications are readily available at the reception desk to ensure individuals looking for a job can be provided with an application immediately and an interview can be coordinated that same day to expedite hiring. • Signs are posted in and outside the facility and in local community settings to attract new hires. • Phones calls have been made to prior employees who resigned in good standing to inform them of current rates and interest in rehiring. <p>2. All residents have the potential to be affected by this practice.</p> <p>3.</p> <ul style="list-style-type: none"> • The action plan for back up staff to 	

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S1680	Continued From page 14	S1680	<p>ensure meeting staffing to resident ratios was reviewed and updated as follow:</p> <ul style="list-style-type: none"> o An on call pool of nursing staff was developed that includes CNAs, LPNs, and RNs as needed with sister facilities in the area. The pool expands the current on call staff from within the facility. Additional incentives are provided to on call staff. Transportation to the facility via facility transport and/or Uber or other transportation methods will be offered to staff as part of the pool. o Transportation pools are also available to staff who may live in similar geographic areas to attract and retain employees. o Agreements are in place with sister facilities to utilize extra staff as needed, ensuring adequate staff and providing employees throughout the organization with access to additional hours of work. o The On Shift software utilized by the facility enables the off shift supervisors and nurse managers to quickly contact staff who are interested in picking up additional shifts. o The corporate Cultural committee plans events to recognize all staff with additional incentives for those who go above and beyond caring for residents. The cultural committee will review recommendations from the Staffing Performance Improvement Project (PIP) members and nursing staff meetings for implementation and will review and address both internal and external barriers identified by the PIP. o The facility will secure contracts for supplemental staffing that will be used as needed. 	

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S1680	Continued From page 15	S1680	<ul style="list-style-type: none"> Administration has formed a staffing committee and has conducted salary analyses and implemented creative strategies for attracting new employees to minimize the use of agency personnel with the goal of zero use of supplemental staffing. Bonuses and incentive programs previously implemented to attract and to retain current staff have been reviewed and modified to attract more new hires. Referral bonuses for current employees supports filling vacant positions as well as retaining current staff. An employee recognition committee comprised of front line workers was implemented to plan events to improve the morale of staff, recognize the exemplary services provided by staff, and make the work environment enjoyable. Quarterly employee appreciation events are planned by the employee recognition committee to improve retention and attract new employees. Improvements in the environment and working conditions have helped attract new staff. The facility utilizes all types of social and digital media as well as headhunters to identify and hire new staff. The facility management team is working with the union to promote cooperation, to enhance hiring, and minimize call outs. <p>4.</p> <ul style="list-style-type: none"> Daily staffing levels are reported to the facility core team and management company and additional incentives are provided for working an extra shift if 	

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S1680	Continued From page 16	S1680	needed. The success of bonuses and incentives is analyzed by the facility Administrator and Director of Nursing who make recommendations to the QAPI compliance committee at weekly meetings regarding what incentives or bonuses are attracting new hires. • Staffing is discussed at daily morning operations meetings and recommendations solicited from the management team about ways to attract new hires to fill vacant positions. • Staffing levels of direct care staff and license staff recruitment efforts are discussed daily by nursing management and the administrator, are reported monthly to the corporate clinical team, and are reviewed at the quarterly QAPI committee meetings. • Vacancy rates are reviewed weekly by the Director of Nursing and discussed with the Administrator. The effectiveness of strategies to attract and retain staff are discussed and strategies modified as needed. Findings are also discussed monthly with the corporate team that provides direct assistance with recruitment efforts.	
S2460	8:39-31.8(c)(8) Mandatory Physical Environment (c) All residents shall have, in their rooms: 8. Night lights;	S2460		11/21/24

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEAL'		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
S2460	<p>Continued From page 17</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/09/24 and 10/10/24 in the presence of the Director of Maintenance (DM), Assistant Director of Plant Operations (ADPO) and Regional Plant Operations Director (RPOD), it was determined the facility failed to ensure residents rooms night lights were maintained in operational condition in accordance with NJAC 8:39-31.8(c)(8) and 8:39-31.2(e). This deficient practice had the potential to affect 24 of 207 residents and was evidenced by the following:</p> <p>Observations during a facility tour on 10/09/24 between 11:04 AM and 2:20 PM and on 10/10/24 between 9:50 AM and 11:45 AM, revealed 12 of 24 resident room night lights observed did not operate. The DM and ADPO tested the switch at the surveyor request. The non-operational night lights were located in rooms: 24, 30, 39, 61, 125, 121, 216, 220, 102, 110, 120 and 122.</p> <p>In an interview at the time, the DM, ADPO and RPOD confirmed the observations.</p> <p>The facility's Administrator, Vice President of Operations and Regional Director of Operations were informed of the deficient practice at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM.</p>	S2460	<p>1. The 12 of the 24-night lights identified in patient room numbers: 24, 30, 39, 61, 125, 121, 216, 220, 102, 110, 120 and 122 were repaired on 11/8/24.</p> <p>2. All Current residents have the potential to be affected. A center wide audit was performed on 11/8/24 to identify any current issues with night lights in all patient rooms to ensure all were properly functioning. No further findings.</p> <p>3. The Director of Maintenance along with Maintenance staff were in-serviced on 11/8/24 on the proper guidelines in checking night lights in patients' rooms to ensure they are properly functioning.</p> <p>4. The Director of Maintenance/designee will audit all resident rooms weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Director of Maintenance to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315524	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/3/2024
NAME OF FACILITY LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0584	Correction	ID Prefix F0609	Correction	ID Prefix F0640	Correction
Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.20(f)(1)-(4)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0645	Correction	ID Prefix F0656	Correction	ID Prefix F0657	Correction
Reg. # 483.20(k)(1)-(3)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0658	Correction	ID Prefix F0684	Correction	ID Prefix F0686	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0689	Correction	ID Prefix F0690	Correction	ID Prefix F0692	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0695	Correction	ID Prefix F0730	Correction	ID Prefix F0732	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.35(d)(7)	Completed	Reg. # 483.35(g)(1)-(4)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315524	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/3/2024
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0755	Correction	ID Prefix F0758	Correction	ID Prefix F0759	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed	Reg. # 483.45(f)(1)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0761	Correction	ID Prefix F0791	Correction	ID Prefix F0812	Correction
Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.55(b)(1)-(5)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
ID Prefix F0835	Correction	ID Prefix F0880	Correction		
Reg. # 483.70	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed		
LSC	11/21/2024	LSC	11/21/2024		
REVIEWED BY STATE AGENCY <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
REVIEWED BY CMS RO <input type="checkbox"/>		REVIEWED BY (INITIALS)		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/16/2024		<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 03015	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/3/2024
NAME OF FACILITY LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix H5790	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-13.4(d)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/21/2024	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	
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 10/16/2024		<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 03015	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/3/2024
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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix S1680	Correction	ID Prefix S2460	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-25.2(b)(1)&(2)	Completed	Reg. # 8:39-31.8(c)(8)	Completed
LSC	11/21/2024	LSC	11/21/2024	LSC	11/21/2024
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	
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 10/16/2024		<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			

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

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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
E 000	Initial Comments	E 000			
K 000	<p>laurel Brook was in substantial compliance with Appendix Z-Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance 483.73, Requirements for Long Term Care (LTC) Facilities.</p> <p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 10/08/2024, 10/09/2024 and 10/10/2024 and Laurel Brook Rehabilitation and Healthcare Center was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.</p> <p>The nursing home building construction was stated to be around 1990's with no current major renovations or noted additions. It is a two story building Type II (000) construction and is fully sprinklered. The building utilizes 2-interior natural gas generators 30 and 85 KW and does approximately 60% of the building. The 2-elevators have fire sprinkler protection at the top and bottom of each shaft as per the U.S. FOIA (b) (6).</p> <p>There is supervised smoke detection located in the corridors, spaces open to the corridors and in resident rooms. The generator outside the facility is stated to be tied to the fire alarm control panel, cross corridor door hold open devices, exterior door releases, emergency facility lighting and life safety components utilized for preservation of life</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

11/08/2024

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.

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

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K 000	Continued From page 1	K 000			
K 293 SS=F	<p>The facility has 220 certified beds. At the time of the survey the census was 207.</p> <p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/09/2024 in the presence of the [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] it was determined that the facility failed to install exit signs to ensure exit and directional exit signs were provided in accordance with NFPA 101:2012 Edition, Section 19.2.10.1 and 7.10. This deficient practice had the potential to affect 207 residents and was evidenced by the following:</p> <p>An observation at 2:02 PM revealed the exit door from the closed courtyard had no exit sign.</p> <p>In an interview at the time, the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observation.</p> <p>The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practice at the Life</p>	K 293	<p>" An exit sign was installed from the closed courtyard on 11/4/24.</p> <p>" All residents have the potential to be affected.</p> <p>" [U.S. FOIA (b) (6)] was educated on 11/8/24 by VP of Plant Operations, on ensuring all exit signs are in proper location and functioning properly in accordance of NFPA 101:2012 edition Section 19.1.10 and 7.10.</p> <p>" The Plant Operation Manager/designee will conduct exit signage audits weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		11/21/24

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

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 293	Continued From page 2 Safety Code survey exit conference on 10/10/2024 at 2:58 PM.	K 293			
K 321 SS=F	N.J.A.C 8:39-31.2(e) Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by:	K 321		11/21/24	

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K 321	<p>Continued From page 3</p> <p>Based on observations and interviews on 10/09/24 and 10/10/24 in the presence of the U.S. FOIA (b) (6), U.S. FOIA (b) (6) and U.S. FOIA (b) (6), it was determined that the facility failed to ensure that hazardous areas were protected with self-closing doors in accordance with NFPA 101: 2012 Edition, Sections 19.3.2, 19.3.5.9 and 8.4. This deficient practice had the potential to affect all 207 residents and was evidenced by the following:</p> <p>An observation on 10/09/24 at 11:04 AM, revealed the north janitors closet door did not close into its frame when released from the fully open position. The test was repeated with the same results. The room contained combustible supplies and boxes.</p> <p>An observation on 10/10/24 at approximately 10:22 AM, revealed the east wing janitors closet door did not close into its frame when released from the fully open position. The door hit the floor and stopped 2-inches from the door frame. The test was repeated with the same results.</p> <p>In an interview at the time, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) confirmed the observations.</p> <p>An observation on 10/10/24 at 10:50 AM revealed the corridor door to the kitchen dry storage room did not have a self closing device and was in the 180 degree open position. The storage room contained combustible boxes and plastic coolers.</p> <p>In an interview at the time, the U.S. FOIA (b) (6) and U.S. FOIA (b) (6) confirmed the observation.</p> <p>The facility's U.S. FOIA (b) (6) U.S. FOIA (b) (6)</p>	K 321	<p>" The Janitor Closet door on the North Unit was adjusted to positively latch into the frame and was completed on 11/4/24. The Janitor Closet door on the East Unit was adjusted to positively latch into the frame and was completed on 11/4/24. A self-closing device was installed to the kitchen dry storage room on 11/5/24 to always ensure the door closes and latches properly.</p> <p>" All residents have the potential to be affected.</p> <p>" U.S. FOIA (b) (6) was educated on 11/8/24 by VP of Plant Operations, on requirements for hazardous areas in accordance with NFPA 101: 2012 Edition Section 19.3.2, 19.3.5.9 and 8.4. Kitchen staff were educated on 11/8/24 on hazardous door requirements and always ensuring proper closure of doors. The Plant Operation Manager conducted a center wide audit on 11/8/24 to inspect all hazardous area doors.</p> <p>" The Plant Operation Manager/designee will conduct hazardous area door audits weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

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K 321	Continued From page 4 U.S. FOIA (b) (6) and U.S. FOIA (b) (6) were informed of the deficient practices at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM.	K 321			
K 353 SS=F	NJAC 8:39-31.2(e) Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/09/24 and 10/10/24 in the presence of the U.S. FOIA (b) (6) , U.S. FOIA (b) (6)) and U.S. FOIA (b) (6) , it was determined the facility failed ensure fire system sprinkler heads were maintained in accordance with NFPA 101: 2012	K 353			11/21/24
			" A sprinkler head escutcheon was installed on 11/5/24 in the North Nurse bathroom ceiling. Two escutcheon plates were installed in the North day room. An escutcheon was adjusted in the North dining by the TV on 11/5/24. Two escutcheon plates were installed on		

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K 353	<p>Continued From page 5</p> <p>edition, Sections 9.7.5, 19.3.5.1, and NFPA 25: 2011 edition. This deficient practice had the potential to affect all 207 residents and was evidenced by the following:</p> <p>Observations during a tour of the facility on 10/09/24 between 11:04 AM and 2:20 PM and on 10/10/24 between 9:50 AM and 11:45 AM revealed the following:</p> <ol style="list-style-type: none"> 1. The sprinkler escutcheon was missing in north nurses station bathroom ceiling. 2. Two of the 6 sprinkler heads were missing escutcheons in the north day room. 3. In the north dining room, the escutcheon on the sprinkler head by the TV was half off. 4. In the Director of Korean affairs office, 2 of 2 sprinkler heads had the escutcheon missing leaving a 1-inch space around the sprinkler pipe in the drywall ceiling. 5. In the 2 north storage closet by the nurses station, there was a 4-inch by 3-inch cut out in the drop ceiling around the sprinkler head. 6. In resident room 31, the escutcheon was missing on the sprinkler head. 7. In the linen closet by resident room 74, there were 2 sprinkler pipes that entered and exited the closet space by the ceiling, each had a 1-inch space around the pipe on each side. 8. In the supply closet by resident room 60, there were 2 sprinkler pipes that entered and exited the closet space by the ceiling, each had a 1/2 -inch 	K 353	<p>11/5/24 in the Director of Korean affairs Office. A new ceiling tile was installed on 11/8/24 to seal the 4x3 inch gap in the 2 north storage closet. An Escutcheon was installed on 11/5/24 in Resident room 31. The one-inch gap around two sprinkler pipes in the linen closet by resident room 74 was sealed on 11/8/24 with an UL rated intumescent fire caulk stop gap system. The 1/2 inch gap around two sprinkler pipes in the supply closet by resident room 60 was sealed on 11/8/24 with an UL rated fire caulk stop gap system. The space around the sprinkler pipe in the back wall of the east wing Janitor Closet will was sealed on 11/8/24 with an UL rated fire caulk stop gap system. A new ceiling tile was installed on 11/8/24 to seal the 5 inch x 3 inch hole in the drop ceiling around the white pipe above and into the milk box. The Air Conditioning vent was removed on 11/8/24, and the rated ceiling tile was put back into the ceiling tack assembly in the Maintenance Shop. An Escutcheon plate was installed on 11/5/24 in the west wing dining room.</p> <p>" All residents have the potential to be affected.</p> <p>" U.S. FOIA (b) (6) was educated on 11/8/24 by VP of Plant Operations, on maintaining the sprinkler system and ensuring the ceiling level is smoke resistance in accordance with NFPA 101,2012 Edition Section 5.2.1.1.1(2). The Maintenance Staff was educated on Sprinkler System Maintenance and testing requirements in accordance with NFPA 101,2012 Edition</p>		

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K 353	Continued From page 6 space around the pipe on each side. 9. In the east wing janitors closet, the sprinkler pipe in the back wall had a space around it. 10. In the housekeeping storage room, there was a 5-inch by 3-inch hole in the drop ceiling around a black sprinkler pipe and there was 2-inch by 5-inch hole in the drop ceiling around a white pipe. The pipes were above and went into the milk box. 11. In the maintenance shop, there was a 2-foot by 2-foot ceiling tile missing in the drop ceiling where air conditioning exhaust was being vented from the room. The opening would allow smoke and hot gases to flow into the space above preventing the sprinklers from being activated at their designed time and temperature. 12. In the west wing dining room, the escutcheon plate was missing on 1 of 8 sprinkler heads. In an interview at the time, the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observation. The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practices at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM. N.J.A.C 8:39-31.2(e) NFPA 13, 25	K 353	Section 9.7.5 19.3.5.1 and NFPA 25:2011 edition. The Plan Operation manager completed an audit on the sprinkler system and ceilings on 11/8/24. " The Plant Operation Manager/designee will conduct sprinkler system an ceiling audits weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained		
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors	K 363			11/21/24

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K 363	<p>Continued From page 7</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview on 10/09/24</p>	K 363	" The resident room doors to rooms 23,		

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K 363	<p>Continued From page 8</p> <p>and 10/10/24 in the presence of the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] it was determined that the facility failed to ensure corridor doors closed and latched into their frame in accordance with NFPA 101: 2012 edition, Section 19.3.6.3, 19.3.2.1, 19.3.2.1.3, 19.3.5.9, 19.3.7.6, 19.3.7.8, 19.3.7.9 and NFPA 80: 2010 Edition. This deficient practice had the potential to affect 207 residents and was evidenced by the following:</p> <p>Observations during a tour of the facility on 10/09/24 between 11:04 AM and 2:20 PM and on 10/10/24 between 9:50 AM and 11:45 AM, revealed 3 of 26 resident room corridor doors observed (rooms 23, 76 and 216) did not close into their frames and latch.</p> <p>In an interview at the time, the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observation.</p> <p>The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practice at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM.</p> <p>N.J.A.C 8:39-31.2(e) NFPA 80</p>	K 363	<p>76 and 216 were adjusted on 11/4/24 for doors to close and latch in their frames in accordance with the requirements of NFPA 101,2012 Edition, Section 19.3.6.3 19.3.2.1, 19.3.2.1.3, 19.3.5.9, 19.3.7.6, 19.3.7.8, 19.3.7.9, and NFPA 80; 2010 Edition.</p> <p>" All residents have the potential to be affected.</p> <p>" [U.S. FOIA (b) (6)] was educated on 11/8/24 by the VP of Plant Operations, on the requirements of NFPA 101,2012 Edition, Section 19.3.6.3 19.3.2.1, 19.3.2.1.3, 19.3.5.9, 19.3.7.6, 19.3.7.8, 19.3.7.9, and NFPA 80; 2010 Edition. Plant Operations Manager completed an audit on all doors and frames in the facility on 11/8/24 ensuring they in accordance with requirements of NFPA 101,2012 Edition, to close and latch properly into the door frame.</p> <p>" The Plant Operation Manager/designee will conduct an audit of all facility doors ensuring they in accordance with requirements of NFPA 101,2012 Edition, to close and latch properly into the door frame weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained</p>		
K 374 SS=F	<p>Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors</p>	K 374		11/21/24	

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K 374	<p>Continued From page 9</p> <p>2012 EXISTING</p> <p>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and interview on 10/09/24 and 10/10/24 in the presence of the U.S. FOIA (b) (6), U.S. FOIA (b) (6), and U.S. FOIA (b) (6), it was determined that the facility failed to ensure smoke barrier doors closed into their door frame when released from their hold open devices or closed leaving only the minimum clearance necessary for proper operation to resist the passage of smoke for 5 of 16 smoke barrier doors observed in accordance with NFPA 101: 2012 Edition, Section 19.3.6.3, 19.3.7 to 19.3.7.9, 8.5.4, 8.5.4.1 and NFPA 80: 2010 Edition. This deficient practice had the potential to affect 207 residents and was evidenced by the following:</p> <p>An observation on 10/09/24 at 12:38 PM, revealed the North 2 long hall smoke barrier double doors' left door leaf did not close all the way into its frame when released from the full open position. The test was repeated 4 times with the same result.</p>	K 374	<ul style="list-style-type: none"> The smoke barrier double doors on the North 2 long hall were adjusted to allow the doors to close tight within the frame. The repair was completed on 11/18/24. The smoke barrier double doors in the Central Hall by the vending machines had the right leaf door adjusted by installing longer screws into the hinge so the door closes and latches into the frame accordingly. A UL-rated astragal that closes the identified gaps vertically between the doors was installed on 11/18/24 on the double smoke barrier doors by room 53. A rated door sweeps was installed on the bottom of the doors on 11/18/24 to eliminate the gap that was present during the life safety inspection that occurred on 10/9/24. A UL-rated astragal that closes the identified gaps vertically between the doors was installed on 11/18/24 on the double smoke barrier doors to the East 2 service hall doors. A rated door sweep was installed on the bottom of the doors to eliminate the gap 		

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K 374	<p>Continued From page 10</p> <p>An observation on 10/09/24 at 1:11 PM, revealed the central hall to vending area smoke barrier double doors' right leaf did not close to the frame when released from its fully open position. The right door leaf mag lock holding the door closed was loose and hanging in a crooked position. The test was repeated 5 additional times with the door not closing 3 of the 6 total tests indicating the door leaf mechanism was not reliable.</p> <p>An observation on 10/10/24 at 9:50 AM, revealed the double smoke barrier doors by room 53 had a 3/4-inch space between the doors meeting edges and brush type astragals closing the space with 1/4-inch to 1/8-inch gap running 48 inches vertically from the floor up between the astragal brushes.</p> <p>An observation on 10/10/24 at approximately 10:20 AM, revealed the East 2 service hall smoke barrier double doors had brush type astragals closing the space between the meeting edges and had a 3/16-inch gap running vertically between the astragal edges from the bottom up 1/2 the distance of the door edges.</p> <p>An observation on 10/10/24 at 10:30 AM revealed the corridor smoke door to the service area hall stopped 1-inch from its proper place in the door frame when released from its fully open position. The test was repeated 2 times with the same results.</p> <p>In an interview at the time, the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observations.</p> <p>The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practice at the Life</p>	K 374	<p>that was present during the life safety inspection that occurred on 10/9/24. The corridor smoke door to the service hall is beyond repair and needs to be replaced. We requested a Time-limited waiver for the door due to manufacturing delays. The door was ordered on 11-8-24 with an ETA of 3/15/24 for installation.</p> <ul style="list-style-type: none"> All residents have the potential to be affected. [U.S. FOIA (b) (6)] was educated on 11/8/24 by the VP of Plant Operations, on required Smoke Barrier door Operations. Plant Operations manager conducted an audit on 11/8/24 of all smoke doors to ensure all smoke doors in corridors properly close and latch into the frame. The Plant Operation Manager/designee will conduct an audit all smoke doors to ensure all smoke doors in corridors properly close and latch into the frame of all facility doors ensuring they in accordance with requirements of NFPA 101,2012 Edition, to close and latch properly into the door frame weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained 		

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

PRINTED: 03/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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
K 374	Continued From page 11 Safety Code survey exit conference on 10/10/2024 at 2:58 PM.	K 374			
K 521 SS=F	N.J.A.C 8:39-31.2(e) NFPA 80 HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/09/24 and 10/10/24 in the presence of the [U.S. FOIA (b) (6)] [REDACTED], [U.S. FOIA (b) (6)] [REDACTED] and [U.S. FOIA (b) (6)] [REDACTED] it was determined the facility failed to ensure residents bathroom exhaust fans were maintained in operational condition in accordance with NFPA 101:2012 edition, Sections 19.5.2.1, 9.2. This deficient practice had the potential to affect 207 residents and was evidenced by the following: Observations during a facility tour on 10/09/24 between 11:04 AM and 2:20 PM and on 10/10/24 between 9:50 AM and 11:45 AM, revealed 18 of 26 resident room bathrooms observed did not have windows and the exhaust fans did not operate. The [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] tested the fans at	K 521	<ul style="list-style-type: none"> The exhaust fans to resident room bathrooms were ordered on 11/5/24 and will be completed by 11/21/24 to ensure proper air flow for exhaust in Resident rooms 15,36,37,38,39,40,41,42,43,44,45,46,47,4 8,49,50 and 51 in accordance with NFPA 101: 2012 Edition sections 19.5.2.1,9.2. All residents have the potential to be affected. [U.S. FOIA (b) (6)] was educated on 11/8/24 by the VP of Plant Operations, on inspecting the operation of bathroom exhaust fans per code. The Plant Operation Manager/Designee will conduct an audit on all the bathroom exhaust fans for proper ventilation weekly x 4 weeks, then 		11/21/24

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3718 CHURCH ROAD MOUNT LAUREL, NJ 08054		
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K 521	Continued From page 12 the surveyor request. The non-operational exhaust fans were located in rooms: 15, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50 and 51. In an interview at the time, the [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observation. In the Dementia Unit the [U.S. FOIA (b) (6)] stated that if the main exhaust fan for the unit is down all the bathrooms served by that unit will not work. The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practice at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM. N.J.A.C 8:39-31.2(e) NFPA 90A	K 521	monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview on 10/09/24 and 10/10/24, in the presence of the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)], it was determined that the facility failed to ensure the guarding of live parts	K 911	" The electrical wall panel in the corridor next to the North nurses station, along with the three electrical wall panels in the corridors across from the nurses station, as well as the electrical wall panel in the corridor next to the double smoke	11/21/24	

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NAME OF PROVIDER OR SUPPLIER LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 911	<p>Continued From page 13</p> <p>of electrical equipment and controls within an unlocked electrical panel in a resident accessible area for 4 of 11 electrical panels observed, in accordance with NFPA 101, 2012 Edition, Section 19.5.1.1, 9.1.2, NFPA 99 2012 Edition, Section 6.3.2.1, 15.5.1.2 and NFPA 70 2011 Edition, Section 110.26, 110.27 and 110.16. This deficient practice had the potential to affect 207 residents and was evidenced by:</p> <p>Observations during a tour of the facility on 10/09/24 between 11:04 AM and 2:20 PM and on 10/10/24 between 9:50 AM and 11:45 AM revealed:</p> <ol style="list-style-type: none"> 1. An electrical wall panel in the corridor next to the north nurses station was not locked. 2. Three electrical wall panels in the corridor across from the north nurses station were not locked. 3. An electrical wall panel in the corridor next to the double smoke doors by room 53 was not locked. <p>In an interview at the time, the [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] confirmed the observation.</p> <p>The facility's [U.S. FOIA (b) (6)] [U.S. FOIA (b) (6)] and [U.S. FOIA (b) (6)] were informed of the deficient practice at the Life Safety Code survey exit conference on 10/10/2024 at 2:58 PM.</p> <p>N.J.A.C 8:39-31.2(e) NFPA 70</p>	K 911	<p>doors by room 53 was were all locked and completed immediately at finding on 10/10/24.</p> <p>" All residents have the potential to be affected.</p> <p>" [U.S. FOIA (b) (6)] was educated on 11/8/24 by the VP of Plant Operations, on NFPA 101: 2012 edition section 19.5.1.1, 9.1.2, NFPA 99 2012 edition, section 6.3.2.1, 15.5.1.2 and NFPA 70 2011 Edition, section 110.26, 100.27 and 110.16 assuring that all Electrical panel boxes are locked at all times per code. The Plant Operation Manager audited the electrical panel boxes on 11/8/24 to assure all electrical panels are properly locked.</p> <p>" The Plant Operations Manager/designee will conduct an audit on all electrical panel boxes weekly x 4 weeks, then monthly x 2 months. The findings of the audits will be submitted by the Administrator to the QAPI Committee for review and recommendation monthly for 3 months or ongoing until compliance is sustained.</p>		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315524	MULTIPLE CONSTRUCTION A. Building 01 - LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER B. Wing	DATE OF REVISIT 12/5/2024
NAME OF FACILITY LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0293	11/21/2024	LSC K0321	11/21/2024	LSC K0353	11/21/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0363	11/21/2024	LSC K0374	11/21/2024	LSC K0521	11/21/2024
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. #	Completed	Reg. #	Completed
LSC K0911	11/21/2024	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	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 10/16/2024		<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			