STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Survey Dates: 12/05/22 - 12/08/22 Survey Census: 167 Sample Size: 36 Supplemental Residents: 0 A Recertification survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). The facility was found not to be in substantial compliance with 42 CFR 483 subpart B.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and	F 550		1/11/23

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

Electronically Signed | 12/26/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 1 practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to assure that three (Resident (R) 80, R92, and R22) of 36 sampled residents were treated in a respectful and dignified manner during dining. Staff stood over the residents while feeding them their meals, rather than sitting at the resident's eye level, maintaining face-to-face contact. In addition, staff failed to refer to an unidentified resident with dignity. Staff referred to a resident by the level of assistance they need, rather than in a person-centered manner. Findings include: 1. Review of R80's "Admission Record," located under the "Profile" tab of the electronic medical	F 550	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: 1-1 education was given to Certified Nursing Assistant 1 and Certified Nursing Assistant 3 regarding feeding in a dignified manner during dining and maintaining face-to-face contact. 1-1 education was given to Licensed Practical Nurse1 regarding appropriate reference to residents who require assistance with feeding. Resident # 80, Resident # 92 and Resident # 22 were interviewed and assessed, no negative findings noted. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 2 record (EMR), revealed R80 was admitted on [redacted] and had diagnoses including [redacted]. Review of R80's annual "Minimum Data Set" (MDS), located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of 09/21/22, revealed the resident required supervision during meals. Per this MDS, the resident was [redacted], based on a Brief Interview for Mental Status (BIMS) score of [redacted]. An interview was attempted with R80 on 12/06/22 at 1:04 PM, and resident was found to be non-interviewable. During a dining observation on 12/05/22 at 12:49 PM, Certified Nursing Assistant (CNA) 1 was observed standing over R80 while feeding the resident, R80 was seated in a wheelchair in [redacted] bedroom at the time of observation. A chair was available in R80's room for CNA1's use; however, CNA1 was observed for a three-minute continuous period, as well as additional intermittent observations during the meal, to stand over the resident while feeding [redacted]. During a dining observation at 12/07/22 at 8:34 AM, CNA1 was observed setting up R80's breakfast tray. CNA1 was observed standing over R80 while feeding the resident a bite of oatmeal. R80 was seated in a wheelchair in [redacted] bedroom at the time of observation. CNA1 then walked out of R80's room to continue passing meal trays. There was a chair available in R80's room for CNA1's use. 2. Review of R22's "Admission Record" located under the "Profile" tab of the EMR revealed R22	F 550	POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All nursing and certified nursing assistants staff will be educated on dignified dinning during meals and regarding appropriate reference to residents who require assistance with feeding. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will audit the certified nursing assistants and nursing staff to ensure staff are maintaining dignified dinning experience and referencing to residents in a dignified manner 3 meals weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 3	F 550		

was admitted on 08/03/17 and had diagnoses including Ex Order 26. 4B1. Review of R22's quarterly MDS, located in the EMR under the "MDS" tab with an ARD of 11/03/22, revealed R22's BIMS score of Ex Order 26. 4B1, indicating the resident was Ex Order 26. 4B1 The MDS also revealed R22 required total dependence during meals.

During a dining observation on 12/07/22 at 1:16 PM, CNA1 was observed setting up R22's lunch tray. CNA1 was then observed standing over R22, feeding the resident. This action was continuously observed for four minutes. R22 was observed in Ex Order bed, in an upright position at the time of observation. There was a chair available in R22's room for CNA1's use.

During an interview on 12/07/22 at 1:19 PM, CNA1 stated staff should sit while feeding a resident to be at their level. CNA1 confirmed she was standing while feeding both R80 and R22.

3. Review of R92's "Admission Record" located under the "Profile" tab of the EMR revealed R92 was admitted on Ex Order 26. 4B1 and had diagnoses including Ex Order 26. 4B1 and Ex Order 26. 4B1 . Review of R92's annual MDS, located in the EMR under the "MDS" tab with an ARD of 09/08/22, revealed the resident was rarely/never understood, and staff assessed the resident as Ex Order 26. 4B1 . Per the MDS, R92 required total dependence during meals.

During a dining observation on 12/07/22 at 12:58 PM, CNA3 was observed standing over R92, feeding the resident. This action was continuously observed for five minutes. R92 was observed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 4 seated upright in Ex Order [redacted]-chair at the time of observation. There was a chair available in R92's room for CNA3's use. During an interview on 12/07/22 at 1:06 PM, CNA3 stated, "We are supposed to sit when feeding a resident to be at their level." CNA3 also stated, "I was standing at first, then remembered, so I sat." 4. During an observation by two members of the survey team on 12/08/22 at 8:39 AM, Licensed Practical Nurse (LPN) 1 stated, "I have to get someone to help me for wound care. I can't get the aide; she is with a 'feeder' at this time." When questioned by a member of the survey team about the use of the word "feeder" (indicating a resident who required assistance with feeding), LPN1 stated, "Sorry, didn't mean to say that." During an interview on 12/08/22 at 10:02 AM, the Director of Nursing (DON) stated, "When feeding a resident, the staff should sit beside them, not stand. This is for dignity purposes, and it just makes the whole situation more personable. It makes the staff slow down and give the resident that moment to spend time and visit." When asked about the use of the term "feeder" to describe a resident, the DON stated, "Residents should not be referred to that way. They should be referred as 'residents who need assistance with feeding.' I will talk with staff about this and do an in-service." During an interview on 12/08/22 at 3:48 PM, the Social Worker (SW) stated, "Staff should always sit while feeding the resident. They should be at	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 5 the same level as the resident and have a conversation during the meal. It makes the resident feel more human." The SW further stated, "Staff should never refer to resident as a 'feeder'. They [residents] are people and should not have labels put on them. They should be referred to as Mr. or Mrs. such and such who needs assistance with eating." Review of an undated facility policy titled, "Procedure of Feeding a Resident" revealed that the policy, "Explains procedure to resident, speaking clearly, slowly, and directly, and maintaining face-to-face contact, sit at eye level, whenever possible."	F 550		
F 554 SS=D	NJAC 8:39-4.1(a)12 Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to assure that one (Resident (R) 408) of 36 sampled residents did not self-administer medication without first being assessed to determine whether the self-administration of medication by the resident was clinically appropriate. This failure resulted in R408 receiving an extra dose of [redacted] prescribed medication.	F 554	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Medication was immediately removed from bedside. Licensed Practical Nurse 2 was educated on self-administration medication facility policy. Resident # 408 was assessed, No negative finding were found from this deficient practice.	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 6 Findings include: Review of R408's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR), revealed the resident was admitted to the facility on [redacted] R408's diagnoses included *Ex Order 26. 4B1* [redacted]. Review of R408's "Brief Interview for Mental Status (BIMS)" located in the Minimum Data Set (MDS)" with a date of 12/05/22 located in the Assessment tab of the EMR, revealed R408 scored a [redacted], which indicated R408 was *Ex Order 26. 4B1*. Review of R408's "Clinical Physician Orders" located in the "Orders" tab of the electronic medical record (EMR), revealed that on 12/02/22, R408 was ordered *Ex Order 26. 4B1* [redacted] one [redacted] tablet by mouth daily. During an interview that was being conducted with R408 on 12/06/22 at 12:44 PM, observation revealed a pill bottle labeled *Ex Order 26. 4B1* on the resident's overbed table. R408 stated that, "I am in a study. My doctor gave them to me, and I take them myself." During interview on 12/06/22, at 1:17 PM, Licensed Practical Nurse (LPN) 2 stated a researcher for a clinical study gave R408 the *Ex Order 26. 4B1* medication on 12/05/22 without telling facility staff. LPN2 stated the researcher should have told the nurses that the pills were given directly to R408. LPN2 added that, due to not knowing that the resident had also self-administered this medication, " I gave the	F 554	2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Education will be provided to all Nursing staff to ensure residents will not have their personal medication for self-administration. In case resident requests to self-administer per their rights an assessment will be completed by nursing. If approved to self administer facility will follow policy including but not limited to locked storage of meds. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audit of 3 Residents for any medications that is brought from home, or any outside facility, or vendor weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 7	F 554		

medication today and the patient took a pill of [Ex Order] own. [Ex Order] received two doses today." LPN2 stated when she notified the physician of the medication error, he told her the researcher gave R408 the medication on 12/05/22 without realizing there was a *Ex Order 26. 4B1* [redacted] to be followed. Per LPN2, the physician ordered follow up labs due to the R408 receiving more than the ordered dose of *Ex Order 26. 4B1*.

During an interview on 12/07/22 at 11:02 AM, the Director of Nursing (DON) verified that the research team left the medication at R408's bedside without telling facility staff. The DON said "I called the MD [Medical Doctor] yesterday after the pill bottle was found and we determined that [Ex Order] took two pills, [Ex Order] said [Ex Order] took the medication. The MD ordered a repeat blood draw because the nurse gave the medication, and the resident took [Ex Order] own. [Ex Order] received two doses on Tuesday." The DON stated "We have a process for self-administration, but no one is on it now. We do an assessment."

During an interview on 12/08/22 at 8:54 AM, the DON verified that, in response to this incident, a medication error investigation was started. Review of the investigation summary, written by the DON and dated 12/05/22, revealed that, "This writer proceeded to call Dr ... office and related all that had happened. He was sorry and said he was unaware of the Nursing home policies, that he usually gives the medications directly to his patients, and this was his first case in a Nursing home." When asked about the resident, "having received a double dose, he said it was fine because it is low dose. This writer also informed the primary MD responsible for [R408's] care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 554	Continued From page 8 while at the facility, she ordered a Ex Order 26. 4B1 [redacted] for the next day. Labs were done and the results called to Primary MD. and no new orders were ordered" Review of the facility's "4.0 Self Administering Medications" policy, dated 04/2018, revealed that "Customers desiring to self-medicate and who are deemed appropriate candidates by the interdisciplinary team must receive medication education from the nursing staff and be able to meet the following objectives ...be able to state the name, dose, strength, frequency and purpose for use of his/her medications ...demonstrate how to correctly administer ... medications ... must demonstrate ... ability to correctly store the medication in a locked compartment."	F 554		
F 641 SS=D	NJAC 8:39-29.2(c)4 Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure that each mandatory assessment accurately reflected the resident's status for two residents (Resident (R) 144 and R23) reviewed in a total sample of 36 residents. Minimum Data Set (MDS) inaccuracies were noted in the areas of Active Diagnoses and Falls. Findings include:	F 641	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Minimum Data Set for resident # 144 was modified to add Ex Order 26. 4B1 as an active diagnosis. Resident # 23 Minimum Date Set was modified to reflect 2 Ex Order 2. No negative finding were found from this deficient practice.	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 9 1. Review of R144's "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R144 was admitted on 07/11/22 with a diagnosis of Ex Order 26. 4B1. Review of R144's "New Jersey Universal Transfer Form" dated 07/11/22, located in the EMR under the "Misc" tab, also revealed a diagnosis of Ex Order 26. 4B1. Review of R144's 'Physician Note" in the "Progress Note " tab dated 09/29/22 revealed the physician had documented that the resident had a diagnosis of Ex Order 26. 4B1. Review of the resident's comprehensive "Care Plan" related to Ex Order 26. 4B1, which was dated 07/12/22 and revised 07/20/22, revealed that the resident had Ex Order 26. 4B1 and required a Ex Order 26. 4B1 related to Ex Order 26. 4B1. Review of the 10/2022 "Treatment Administration Record (TAR)" revealed that staff documented that they checked the placement of the Ex Order 26. 4B1 every night shift during the month. Review of R144's quarterly "Minimum Data Set" (MDS) located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of 10/17/22 revealed that, although the physician documented a Ex Order 26. 4B1 diagnosis in the 60 days prior to the ARD and the resident received active Ex Order 26. 4B1 in the seven days prior to the ARD, the 10/17/22 MDS did not reflect that R144 had an active diagnosis of Ex Order 26. 4B1. During an interview on 12/07/22 at 3:06 PM, the MDS Coordinator (MDSC) 1 stated, "Ex Order 2 [R144] does have a Ex Order 26. 4B1 diagnosis. Yes, it [MDS	F 641	2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: One to one education was provided to Minimum Data Set Coordinator 2 on accuracy of assessments. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audit on 2 residents for accuracy of assessments weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 10 Section I - Active Diagnoses] should have been coded as [redacted]." During an interview on 12/07/22 at 3:12 PM, MDSC2 stated she was the MDSC for long term care. MDSC2 stated, "[redacted] [R144] does have a [redacted] diagnosis. On October 1st, the [redacted] diagnosis codes changed so now it now longer automatically populates [in the electronic program where MDS data is recorded.] I have to go in and manually add. I was confident that I added it for [redacted], but I must not have. I should have been added it. I will go in and modify now." 2. Review of R23's undated "Admission Record," located in R23's EMR under the "Profile" tab, revealed the facility admitted R23 on [redacted] with diagnoses including [redacted]. a. Review of R23's 09/01/22 "General Note," located in the "Notes" tab of the EMR, revealed that staff, "Observed resident lying on the floor next to [redacted] bed. Position on the [redacted] side. Bed was in the lowest position. Call bell was attached to linens however not alarming. Body assessment completed no acute skin discolorations noted. During assessment no raised or open areas noted. passive range of motion to upper and lower extremities without any guarding, moaning, or facial grimacing." b. Review of R23's 09/24/22 "Nurse's Note" in the "Notes" tab of the EMR revealed, "This writer was walking on the unit at approximately 4 AM and heard resident calling out from [redacted] room [redacted].' This writer quickly entered resident's room and observed resident sitting on	F 641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 641	Continued From page 11 Ex Order [redacted] on the floor with Ex Order back leaning against Ex Order bed. Bed was noted in the lowest position . . . Ex Order 26. 4B1 was noted to resident's Ex Order [redacted]." Review of R23's quarterly MDS assessment, with an ARD of 10/13/22, indicated R23 was unable to complete the "BIMS" test and had Ex Order 26. 4B1 [redacted]. Per this MDS, the assessment documented R23 experienced one Ex Order (rather than two) in the last three months/since the previous assessment. On 12/13/22 at 11:25 AM, MDSC1 confirmed that R23 experienced two Ex Order in the look-back period for the 10/13/22 "MDS" assessment. She stated that both Ex Order should have been reflected on the assessment, adding that it was an oversight. She stated she would correct the assessment immediately. Review of the facility policy titled, "Certifying Accuracy of the Resident Assessment," updated 10/2022 revealed, "The information captured on the assessment reflects the status of the resident during the observation ("look-back") period for that assessment."	F 641		
F 677 SS=D	NJAC 8:39-33.2(d) ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;	F 677		1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 12 This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy, the facility failed to provide assistance with Activities of Daily Living (ADL) for two (Resident (R) 127 and R49) of three residents reviewed for ADLs in a total sample of 36 residents. Facility staff failed to provide nail care and/or oral care for the two residents, who were dependent on staff for assistance with ADLs. Findings include: 1. Review of R127's "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R127 was admitted on [redacted] with diagnoses of Ex Order 26. 4B1 [redacted]. Review of R127's quarterly "Minimum Data Set" (MDS), located in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of 09/22/22, revealed the resident had a Brief Interview for Mental Status (BIMS) score of [redacted], indicating the resident was Ex Order 26. 4B1 [redacted]. Per the MDS, R127 required extensive assistance with [redacted]. During an observation on 12/05/22 at 1:01 PM, R127's [redacted] were observed to be [redacted] and [redacted] During this observation, R127 stated, "I do not know how long it has been since the staff cut them. [redacted] During an observation on 12/06/22 at 1:05 PM, R127 was observed eating lunch in [redacted] room. R127's [redacted] remained [redacted] and	F 677	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident # 127 and Resident # 49 were immediately assessed, and no negative findings noted. [redacted] and [redacted] were immediately done. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All nursing staff including Certified Nursing Assistants will be educated on proper nail care during shower days and oral hygiene process daily. 1-1 education given to Certified Nursing Assistant 2 regarding facility policy about color-coded wrist band identifying diabetic residents. 1-1 education given to Certified Nursing Assistant 3 about checking residents□ nails on shower days and trim them as needed, or notify the nurse if resident is diabetic. 1-1 education given to Licensed Practical Nurse 1 regarding checking the nails upon scheduled skin check on shower days. 1-1 education given to Certified Nursing Assistant 3 regarding performing oral hygiene for residents daily and as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 13 untrimmed. During an observation on 12/07/22 at 9:46 AM, R127's [redacted] remained [redacted] and [redacted] During an observation and interview on 12/08/22 at 8:40 AM, R127 was observed to be eating breakfast. R127's [redacted] were observed to be [redacted] on [redacted]. When asked if staff [redacted] the [redacted], R127 stated, " No, I got tired of waiting and bit them off. See the [redacted] is still there and my weak [redacted] I couldn't get to it, so they are still [redacted]." R127's right [redacted] was unable to be observed at this time, as it was under the linen and R127 was unable to lift it During an interview on 12/08/22 at 9:27 AM, Certified Nursing Assistant (CNA) 3 stated, "Fingernails are trimmed and cleaned on shower days. I have given [redacted] a shower before but have not trimmed [redacted] nails." When asked why R127 nails were not trimmed during [redacted] shower, CNA3 was unable to provide an answer. During an interview on 12/08/22 at 9:32 AM, CNA2 stated, "Nails are cleaned and trimmed on shower days. With men, we first shave them and clean and trim their nails. I have given [redacted] [R127] a shower before but I have never trimmed [redacted] fingernails. If they are [redacted], the nurse trims." CNA2 stated, "I do not know if the resident is [redacted]." During an interview and observation 12/08/22 at 9:37 AM, Licensed Practical Nurse (LPN) 1 and a member of the survey team entered R127's room to observe [redacted] fingernails. LPN1 stated, "Oh no, those need to be trimmed." R127 stated, "They	F 677	4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audit on nail care and oral hygiene on 3 residents weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 14 were trimmed about three weeks ago. My friend was visiting, and he did them for me." LPN1 stated, "[redacted] is [redacted], and the nurse has to trim [redacted] nails. The CNA should report to the nurses when nails needed to be trimmed. " During an interview on 12/08/22 at 10:02 AM, the Director of Nursing (DON) stated, "For nail care, if the resident is diabetic, the nurses do the fingernails, and the podiatrist does the toenails. The CNA should report it to the nurse. My expectation is daily care as needed, not only just on shower days." The DON further stated, "CNAs know which residents are diabetic and know to report to the nurse if the nails need to be trimmed. Also, when it is the resident's shower day, the CNA and nurse go in in the shower together with the resident because the nurse does a head-to-toe skin check at that time, and I expect the nurses to see the resident's nails and to address if they need to be trimmed. This is a second look in case it was missed during the daily care." 2. Review of R49's "Admission Record" located under the "Profile" tab of the EMR revealed R49 was admitted on [redacted] with diagnoses of [redacted]. Review of R49's annual MDS located in the EMR, under the "MDS" tab with an ARD of 10/05/22, revealed a BIMS score of [redacted], indicating the resident was [redacted]. Per the MDS, R49 required total dependence with personal hygiene.	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 677	Continued From page 15 During an observation on 12/05/22 at 1:36 PM, R49 was observed to have *Ex Order 26. 4B1* [redacted]. During this observation, R49 stated [redacted] received [redacted] care but was unable to state the last time [redacted] had [redacted] teeth brushed. During an observation on 12/06/22 at 12:54 PM, R49's [redacted] remained [redacted] with [redacted] During an observation on 12/07/22 at 8:29 AM, R49's [redacted] remained [redacted] with [redacted] During an observation on 12/08/22 at 9:42 AM, R49's [redacted] appeared clean. R49 stated, "Staff [redacted] this morning." During an interview on 12/08/22 at 9:27 AM, CNA3 stated, "I do [redacted] daily. I have noticed the [redacted]. I don't know why it is there. I reported it to the nurses." During an interview on 12/08/22 at 10:02 AM, the DON stated, "I expect oral hygiene to be done daily. [redacted] [R49] cannot perform hygiene on [redacted] own. The CNAs are responsible, and nurses are to check behind them." Review of the facility's policy titled, "Activities of Daily Living," updated 06/2021, revealed that "Facility must ensure that: A patient who is unable to carry out ADLs receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene." NJAC 8:39-4.1(a)22 NJAC 8:39-27.2(f)(g)	F 677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690 SS=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 prevent urinary tract infections and to restore continence to the extent possible. §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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review	F 690	1. HOW THE CORRECTIVE ACTION	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 17 and facility policy review, the facility failed to ensure four (Resident (R) R557, R133, R5, and R43) of five residents reviewed for Ex Order 26. 4B1 use received appropriate Ex Order 26. 4B1. Specifically, R557 had no order to indicate the size of the Ex Order 26. 4B1 needed to prevent leakage. R133 had two conflicting orders for Ex Order 26. 4B1 sizes. R5's Ex Order 26. 4B1 was in contact with the floor, and R143's Ex Order 26. 4B1 was not anchored as ordered. These failures had the potential to lead to increased Ex Order 26. 4B1, pulling of the Ex Order 26. 4B1, or use of the wrong size Ex Order 26. 4B1. Findings include: 1. Review of R557's undated "Admission Record," located in "Profile" tab of the electronic medical record (EMR) revealed R557 was admitted to the facility on Ex Order 26. 4B1 with a diagnosis of Ex Order 26. 4B1. Review of R557's 12/06/22 "Active Orders," found in the "Orders" tab of the EMR, revealed orders for 'Ex Order 26. 4B1 care every shift" and to "document Ex Order 26. 4B1 output," both initiated on Ex Order 26. 4B1 admission date, Ex Order 26. 4B1. There was no order to indicate the specific size of the Ex Order 26. 4B1. Review of R557's 11/30/22 "Progress Note," located in the "Notes" tab of the EMR, revealed, Ex Order 26. 4B1 assessment completed today. Voids appropriately without Ex Order 26. 4B1: Always." The note did not address R557's use of a Ex Order 26. 4B1 to manage Ex Order 26. 4B1. Review of R557's 12/05/22 "Care Plan," located	F 690	WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Physician order was obtained to indicate Ex Order 26. 4B1 size for resident # 557; care plan reviewed and updated. Resident # 557 was assessed, and no negative findings noted. Physician order for Ex Order 26. 4B1 size was clarified for resident # 133; care plan reviewed and updated. Resident # 133 was assessed, and no negative findings noted. New Ex Order 26. 4B1 was provided to resident # 5; care plan reviewed and updated. Resident # 5 was assessed, and no negative findings noted. 1 on 1 education was provided to Ex Order 26. 4B1 certified nursing aide regarding proper positioning of Ex Order 26. 4B1. A Ex Order 26. 4B1 was applied to resident # 43; care plan reviewed and updated. Resident # 43 was assessed and no negative findings noted. 1 on 1 education was provided to certified nursing aide regarding proper positioning of drainage bag during transfers. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents with catheter use have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Facility-wide audit was conducted for all residents with catheters	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 18 in the "Care Plan" tab of the EMR, revealed, "Resident likes to use an external [redacted]." The interventions included: "Ensure that the *Ex Order 26. 4B1* is in place at all times . . . Assess the application site for any [redacted] . . . [and] Empty the *Ex Order 26. 4B1* when it is [redacted]." The care plan did not address the specific size of the *Ex Order 26. 4B1*. Observation on 12/05/22 at 9:51 AM revealed R557 was in bed, with [redacted] call light not activated. The resident appeared angry, as [redacted] yelled loudly that [redacted] needed help. When interviewed, R557 stated [redacted] *Ex Order 26. 4B1* had fallen off and [redacted] the bed. The resident stated that [redacted] very uncomfortable from [redacted] for some time, and [redacted] had put [redacted] call light on for assistance; however, the staff had turned off the call light and stated they would be back later. R557 stated the facility did not use the correct size of *Ex Order 26. 4B1*, as they did not have it available, and that is why [redacted] *Ex Order 26. 4B1* [redacted]. At this time, Licensed Practical Nurse (LPN) 4 was alerted to R557's situation, and she stated she was just about to provide care for R557's [redacted]. In an interview on 12/08/22 at 9:29 AM, Certified Nursing Assistant (CNA) 4 stated R557 wore a *Ex Order 26. 4B1*, and on 12/05/22, the [redacted] had come off and [redacted] in [redacted] bed because it was the wrong size. In an interview on 12/08/22 at 9:36 AM, CNA6 stated R557 required a size *Ex Order 26. 4B1*; however, on 12/05/22, a larger size was used and it had come off and [redacted] in [redacted] bed. In an interview on 12/08/22 at 9:41 AM, LPN4	F 690	to ensure proper orders, correct sizes, proper placement of drainage bags, and to ensure securement device in place. All nursing staff will be educated, and competency will be done upon hire, annually and as needed. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audit on 3 residents with catheters on catheter care, placement and orders weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 19 stated R557 used a Ex Order 26. 4B1 per preference because of Ex Order 26. 4B1. She stated the resident told them that he required a size Ex Order 26. 4B1, but the facility only stocked sizes and . She stated the size was difficult to put on and was too small, and the size was too large and would fall off. LPN4 stated when the admission orders were entered, the required Ex Order 26. 4B1 size should have been included to ensure the facility had the correct size in stock and staff should have used the correct size for the resident. LPN4 added the size should also be included in the "Care Plan." LPN4 stated she had ordered size Ex Order 26. 4B1 on 12/05/22 after she found the resident's Ex Order 26. 4B1 had come off and in bed. 2. Review of R133's undated "Admission Record" revealed was admitted to the facility on Ex Order 26. 4B1 with diagnoses of Ex Order 26. 4B1. Instead of flowing from the .) Review of R133's quarterly "Minimum Data Set (MDS)" assessment, with an Assessment Reference Date (ARD) of 08/14/22, located in the "MDS" tab of the EMR, revealed was unable to complete the "Brief Interview for Mental Status (BIMS)" test and had Ex Order 26. 4B1. Per the MDS, R133 used an Ex Order 26. 4B1. Review of R133's 04/27/21 "Care Plan," located in the "Care Plan" tab of the EMR, revealed, "The resident has an Ex Order 26. 4B1:	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 20	F 690		

Ex Order 26. 4B1 ." The approaches included: "Change Ex Order 26. 4B1 as ordered . . . The resident has Ex Order 26. 4B1 ."

Review of the 12/05/22 "Active Orders," located in the "Orders" tab of the EMR, revealed two conflicting current Ex Order 26. 4B1 orders:
a. Ex Order 26. 4B1 Size , which originated on 02/28/22.
b. Change Ex Order 26. 4B1 are slightly bent at the tip which helps them move past a blockage] once every month, which originated on 07/05/22.

In an interview on 12/08/22 at 10:11 AM, LPN5 stated R133 used a size Ex Order 26. 4B1. She was unaware of the order and "Care Plan" which indicated a size Ex Order 26. 4B1 should be used and stated she would need to clarify which order was correct.

In an interview on 12/08/22 at 12:41 PM, the Director of Nursing (DON) stated R133 came to the facility with a size Ex Order 26. 4B1; however, the resident had issues with it Ex Order 26. 4B1. According to the DON, R133 had been sent out to the hospital and came back with an order for an Ex Order 26. 4B1. The DON stated the staff were currently using the size Ex Order 26. 4B1, and the order for the Ex Order 26. 4B1 size should have been discontinued.

3. Review of R5's undated "Admission Record," located in the "Profile" tab of the EMR, revealed R5 was admitted to the facility on Ex Order 26. 4B1 with a diagnosis of Ex Order 26. 4B1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 21 Review of R5's admission "MDS" assessment, with an ARD of 09/13/22 and located in the "MDS" tab of the EMR, revealed R5 scored [redacted] on the "BIMS" test, indicating [redacted] was [redacted]. R5 required extensive assistance with [redacted] and used an [redacted]. During an observation on 12/06/22 at 9:30 AM, R5 was lying in [redacted] bed, which was in a low position. R5's [redacted] was hanging off the [redacted] side of [redacted] bed in a privacy cover, and the [redacted] was lying on the floor next to the bag. A [redacted] staff member was seated in the room with the resident. During an observation on 12/08/22 at 9:50 AM, R5 was lying in [redacted] bed, which was in a low position. The [redacted] was in the [redacted] and the [redacted] was lying on the floor next to the [redacted] During an observation and interview on 12/08/22 at 10:05 AM, CNA6 stated the [redacted] staff had just finished providing a visit to R5, adding that the [redacted] staff would lower the bed, which caused the [redacted] to touch the floor. CNA6 stated the facility staff knew the bed was not to be lowered and the [redacted] and [redacted] should never touch the floor; however, the [redacted] staff might not be aware of this. CNA6 observed and verified R5's [redacted] was lying on the floor, and then proceeded to raise the bed until the [redacted] was no longer in contact with the floor. During an interview on 12/08/22 at 10:07 AM, LPN5 stated the [redacted] and [redacted] should	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 22 never be in direct contact with the floor or another surface, as this was an infection control risk. She stated the staff would wipe the [redacted] to clean it after contact with the floor or change the [redacted] if necessary. 4. Review of R43's undated "Admission Record" located in EMR revealed [redacted] was admitted to the facility on [redacted] and had [redacted] diagnoses, including [redacted]. Review of R43's current "Physician's Orders" under the "Orders" tab in the EMR revealed the resident had an order for a [redacted]. Further review of the "Orders" revealed staff was to '[redacted] every shift. Phone Active 11/18/2022." Review of R43's comprehensive "Care Plan" under the "Care Plan" tab located on [redacted] EMR revealed staff was to '[redacted] and [redacted] ...Date Initiated: 10/20/2022 Revision on: 10/20/2022." The care plan did not include an intervention/directive to ensure the [redacted] was secured with [redacted]. The care plan did not include that the [redacted] placement was to be checked every shift, per the 11/18/22 physician's order. Review of R43's "Treatment Administration Record" (TAR) dated 12/2022 revealed that staff had initialed the order to indicate that they followed the order to [redacted] every shift" between 12/01/22 and 12/06/22, when the order was marked as discontinued at 7:22 PM.	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 23	F 690		

An observation was conducted on 12/05/22 at 2:17 PM of CNA8 providing R43 with assistance in transferring from the resident's wheelchair to [redacted] bed. R34's *Ex Order 26. 4B1* was in a blue cloth bag, with the white handles tied to the arm of [redacted] wheelchair, above the level of [redacted] CNA8 untied the blue cloth bag containing the *Ex Order 26. 4B1* and placed it behind R43's back on [redacted] wheelchair, again above the level of [redacted]. CNA8 then moved R43's *Ex Order 26. 4B1* and placed it on the bottom of [redacted] bed, above the level of [redacted] During this observation, CNA8 confirmed R43 did not have a *Ex Order 26. 4B1* on [redacted] to secure the *Ex Order 26. 4B1*.

During an observation and interview on 12/06/22 at 1:40 PM, R43 was laying on [redacted] bed in [redacted] room, awake and alert. CNA8, who was present at this time, verified R43 did not have a [redacted] to secure [redacted] *Ex Order 26. 4B1*. In addition, CNA8 stated that R43's [redacted] should remain below the [redacted]. CNA8 confirmed that when [redacted] transferred R43 from [redacted] wheelchair to [redacted] bed on 12/05/22, she did not ensure the resident's *Ex Order 26. 4B1* was below the level of [redacted]. CNA8 stated she strapped the *Ex Order 26. 4B1* to the handle of R43's wheelchair to avoid the bag getting caught up with the wheelchair. CNA8 confirmed she should have kept R43's *Ex Order 26. 4B1* below the level of [redacted] during transfer. CNA8 stated it was important to keep R43's *Ex Order 26. 4B1* [redacted] below [redacted] to ensure [redacted] did not back up in [redacted] and cause a [redacted].

During an interview on 12/06/22 at 01:59 PM, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 24 Clinical Coordinator (CC) revealed that Ex Order 26. 4B1 are placed on a resident's [redacted] to secure the Ex Order 26. 4B1 and ensure it was not pulled out and injured the resident. The CC confirmed the Ex Order 26. 4B1 [redacted] should be kept below the level of the [redacted] so as to avoid [redacted] from back flowing into the [redacted], which could cause a Ex Order 26. 4B1 [redacted]. The CC also confirmed R43's Ex Order 26. 4B1 [redacted] should not be tied to the arm of [redacted] wheelchair, placed on [redacted] lap, placed on the wheelchair behind [redacted] back or laid on [redacted] bed because these positions were above the level of [redacted] and could potentially cause a Ex Order 26. 4B1 [redacted]. Ann additional interview was conducted with the CC on 12/06/22 at 2:21 PM while observing R43, who was in [redacted] room, on [redacted] bed awake. Interview with the CC at that time confirmed R43 did not have a Ex Order 26. 4B1 [redacted] on [redacted] but should have. During an interview on 12/08/22 at 4:28 PM with the Assistant Director of Nursing (ADON) and the Director of Nursing (DON), the DON confirmed she expected the facility staff to ensure residents had a securing device for the indwelling catheter tubing. The ADON stated it was important to have a securing catheter tubing device to prevent the tubing from pulling or dislodging. The ADON stated that catheter tubing dislodgement with the balloon intact could injure a resident. Both the ADON and DON stated both nursing and CNA were responsible for ensuring residents had a catheter tubing securing device on their leg. Review of the facility-provided policy titled "Emptying a Urinary Bag," revised 01/2022	F 690		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 690	Continued From page 25 revealed the instructions to "Keep the drainage bag below the level of the [redacted]" Review of the facility's 01/2022 "Catheter Care" policy revealed, "Ensure catheter is anchored using strap or other anchoring device." Review of the facility's January 2019 "Urinary Tract Infections (Catheter- Associated) Prevention Guidelines Policy" revealed, "Insert catheters only for indicators deemed appropriate for urinary catheter insertion, and as ordered . . . Maintain unobstructed urine flow . . . Keep drainage bag below the level of the bladder at all times. Do not place the drainage bag on the door."	F 690		
F 695 SS=D	NJAC 8:39-19.4(a)5 NJAC 8:39-33.2(c)5 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 observation, interview, record review, and facility policy review, the facility failed to provide respiratory care in accordance with professional standards for two (Resident (R) 97	F 695	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: The	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 26 and R40) of two residents reviewed for Ex Order 26. 4B1 out of a total sample of 36 residents. Ex Order 26. 4B1 were not cleaned as needed, Ex Order 26. 4B1 equipment, such as Ex Order 26. 4B1, was not stored in a sanitary manner. Findings include: 1. Review of R97's undated "Admission Record," located in the electronic medical record (EMR) revealed Ex Order 26. 4B1 was admitted to the facility on Ex Order 26. 4B1 and had Ex Order 26. 4B1 diagnoses including Ex Order 26. 4B1. Review of R97's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 11/21/22 and located in the EMR under the "MDS" tab, revealed the resident was Ex Order 26. 4B1, based on a "Brief Interview for Mental Status (BIMS)" Ex Order 26. 4B1, Review of R97's current 12/2002 "Physician's Orders," under the "Orders" tab located in the EMR, revealed staff were to provide 'Ex Order 26. 4B1 via Ex Order 26. 4B1 as needed for Ex Order 26. 4B1 less than 92% Ex Order 26. 4B1 every 24 hours as needed. Phone Active 08/15/22." Further review of the current orders revealed there was no order on how to store the Ex Order 26. 4B1 or instructions on how often to clean the Ex Order 26. 4B1. Review of R97's current comprehensive "Care Plan" located under the "Care Plan" tab in the EMR, revealed it showed a revision date of 09/28/21 and a target date of 02/13/23. The care plan, which noted the resident received Ex Order 26. 4B1, did not include interventions for maintaining	F 695	concentrator vent covers were cleaned, Ex Order 26. 4B1 changed and properly stored for Resident # 97 and resident # 40. The Ex Order 26. 4B1 were clean. The residents were assessed, and no negative findings noted. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents in use of concentrators have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All nursing staff, Certified Nursing Assistants and R97 will be educated on proper storage of Ex Order 26. 4B1 when not in use. Housekeeping was educated on proper cleaning of Ex Order 26. 4B1 monthly and as needed. Maintenance was educated and returned demonstration on cleaning of Ex Order 26. 4B1 to be done monthly and as needed in addition to our certified medical equipment technician that replaces and inspects the equipment bi annually. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audit on 3 residents with oxygen equipment weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 27 Ex Order 26. 4B1 equipment to include cleaning the Ex Order 26. 4B1 [redacted]. During an observation and interview on 12/05/22 at 11:12 AM. R97 stated Ex Order wore Ex Order 26. 4B1 at night. R97 had an *Ex Order 26. 4B1* at Ex Order bedside which was turned off. R97 had Ex Order 26. 4 [redacted], dated 12/01/22, connected to Ex Order *Ex Order 26. 4B1*, which was laying across the top of Ex Order *Ex Order 26. 4B1*. The *Ex Order 26. 4B1* were touching the floor and were not stored in a manner to protect them from contamination. R97's *Ex Order 26. 4B1* [redacted] cover on the back of the Ex Order 26. 4B1 [redacted] was unclean and had moderate dust particles on it. During an observation and brief interview on 12/07/22 at 10:20 AM, R97 was awake and sitting on the side of Ex Order bed in Ex Order room. R97 stated that every night Ex Order slept with Ex Order Ex Order 26. 4B1 on and pointed at Ex Order nose. At this time, R97 was not receiving Ex Order 26. 4B1 and the *Ex Order 26. 4B1* was turned off. R97's *Ex Order 26. 4B1* [redacted], which was connected to the Ex Order 26. 4B1 [redacted], was not stored in a manner to prevent contamination. The Ex Order 26. 4B was draped over Ex Order *Ex Order 26. 4B1* and the Ex Order 26. 4B1 were touching the floor. R97's Ex Order 26. 4B1 [redacted] cover on the back of the *Ex Order 26. 4B1* was unclean and had moderate dust particles on it. During an interview on 12/07/22 at 10:27 AM, Licensed Practical Nurse (LPN) 10 stated she was an agency nurse who had worked at the facility for five to six months. LPN10 stated that the resident's [redacted] and [redacted] should be stored in a bag when not in use. LPN10 stated it	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 28 was important to store the [redacted] in a bag and to keep the [redacted] clean and avoid germs. During an observation on 12/07/22 at 10:38 AM, LPN10 confirmed R97's *Ex Order 26. 4B1* [redacted] cover on the back of [redacted] was unclean and had dust particles on it. During an interview on 12/07/22 at 4:06 PM, the Clinical Coordinator (CC) stated R97 was administered [redacted] treatment as needed. The CC stated she was unsure what staff was responsible for cleaning the *Ex Order 26. 4B1* [redacted] or how often the *Ex Order 26. 4B1* [redacted] should be cleaned. The CC stated the resident's care plan should include interventions on how to maintain the [redacted] equipment. The CC stated she was unsure if an intervention should be included on the care plan for cleaning the [redacted]. The CC confirmed if the resident's *Ex Order 26. 4B1* [redacted] was not in use, it should be stored inside a bag. 2. Review of R40's undated "Admission Record," in the EMR revealed [redacted] was admitted to the facility on [redacted] and had [redacted] diagnoses including *Ex Order 26. 4B1* [redacted]. Review of R40's 12/2022 "Physician's Orders" 12/22 under the "Orders" tab located on EMR revealed staff were to provide *Ex Order 26. 4B1* [redacted] every shift. Phone Active 01/26/202." Further review of the current orders revealed no order for cleaning the *Ex Order 26. 4B1* [redacted]. Review of R40's comprehensive care plan, located under the Care Plan tab in the EMR,	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 29 revealed the resident had Ex Order 26. 4B1 " and was to receive Ex Order 26. 4B1. The care plan, which showed an initiation date of 06/16/20 and a revision date of 02/01/21, failed to include interventions for maintaining the Ex Order 26. 4B1 equipment related to cleaning the Ex Order 26. 4B1 on the Ex Order 26. 4B1. Review of R40's "Medication Administration Record (MAR)" and "Treatment Administration Record" (TAR) for 11/2022 and 12/2022 under the "Orders" tab located on Ex Order 26. 4B1 EMR revealed there was no evidence that the resident's Ex Order 26. 4B1 was being cleaned, During an observation on 12/05/22 at 1:01 PM, R40 was receiving Ex Order 26. 4B1 via Ex Order 26. 4B1. Further observation revealed the Ex Order 26. 4B1 Ex Order 26. 4B1 was covered with dust particles and unclean. During an additional observation on 12/07/22 at 10:53 AM, the resident was laying on Ex Order 26. 4B1 bed in Ex Order 26. 4B1 room asleep. R40 had Ex Order 26. 4B1 administered via Ex Order 26. 4B1. The Ex Order 26. 4B1 cover was unclean and covered with dust particles. During an observation conducted with the CC on 12/07/22 at 4:16 PM of R40 receiving Ex Order 26. 4B1 via Ex Order 26. 4B1, the CC confirmed R40's Ex Order 26. 4B1 on the back of the Ex Order 26. 4B1 was not clean and had dust particles. During an interview on 12/07/22 at 05:13 PM, the Administrator stated the internal and Ex Order 26. 4B1 for the Ex Order 26. 4B1 were	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 30 cleaned/serviced every six months by an outsourced company and were last cleaned/serviced in 06/2022. During an interview on 12/08/22 at 3:15 PM, the Respiratory Therapist (RT) stated she was not responsible for maintaining oxygen equipment. The RT confirmed the facility had a company that maintained the oxygen concentrator's filter and the company services the equipment every six months and was set up by someone at the facility. During an interview on 12/08/22 at 4:24 PM with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON), the DON confirmed the oxygen concentrator filters (both internal and external) were cleaned by an outsourced company every six months and were last done in June 2022. The ADON stated it was important to have the oxygen equipment maintained to prevent infections and ensure the resident received the proper oxygen therapy. Review of an undated facility, titled, "Oxygen Concentrator," revealed "Cleaning the Cabinet Filter...DO NOT operate the concentrator without the installed or with a dirty filter. There is one cabinet filter located on the back of the cabinet...Remove the filter and clean as needed.... Environmental conditions that may require frequent inspection and cleaning of the oxygen filter include, but are not limited to... high dust, air pollutants, etc." NJAC 8:39-19.4(k)	F 695		
F 700 SS=D	Bedrails	F 700		1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 31 CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility policy and Food and Drug Administration (FDA) information, the facility failed to attempt alternatives prior to installing bed rails for one (Resident (R)23) of four residents reviewed for accident hazards. In addition, the facility failed to ensure the correct installation, use, and ongoing maintenance of bed rails (also known as side rails) for R23, which placed the resident at unnecessary risk of injury or entrapment. Findings include:	F 700	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Resident # 23 was immediately assessed, and no negative findings noted. Bed rail was secured; bed was assessed for any entrapment risk, no gaps identified. Bed rail assessment completed and added to medical record and family consent was received. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 32 Review of R23's undated "Admission Record," located in R23's electronic medical record (EMR) under the "Profile" tab, revealed [redacted] was admitted to the facility on [redacted] with a diagnosis of [redacted]. Review of R23's quarterly "Minimum Data Set (MDS)" assessment, with an assessment reference date (ARD) of 10/13/22 and located in the "MDS" tab of the EMR, indicated R23 was unable to complete the "Brief Interview for Mental Status" test and staff assessed [redacted] with [redacted] and [redacted]. R23 did not exhibit any mood or behavioral symptoms and was totally dependent on staff for [redacted]. a. Use of Bed Rails: Review of R23's 09/26/22 "Care Plan," located in the "Care Plan" tab of the EMR, revealed, "The resident has [redacted] with ADLs [activities of daily living] r/t [related to] [redacted] and [redacted] ... The approaches included: "Resident is dependent on staff for all ADLs . . . Provide supportive care, assistance with mobility as needed." The comprehensive "Care Plan" did not address use of bed rails on R23's bed. Review of R23's 10/07/22 "Side Rail Assessment Screening," found in the "Assessments" tab of the EMR, revealed R23 was not able to turn side-to-side in bed without assistance and did not use side rails for positioning and support. Review of R23's EMR and paper chart revealed there was no evidence of consent for use of bed rails.	F 700	POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Bed rail consent added to admission packet. Bed rail assessment will be done on admission and quarterly. Maintenance will assess the bed rails yearly for entrapment and quarterly to ensure the rails are secured properly and as needed. All residents who have enablers were assessed and no issues identified. 1-1 education provided to Licensed Practical Nurse 5 and Certified Nursing Assistant 7 regarding reporting to the maintenance any abnormal findings of bed rails. All Nurses and Certified Nursing Assistants were in serviced on reporting to maintenance if a change of mattress was done to complete an entrapment assessment if a different mattress is being placed. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete 3 audits on residents who have different mattress replaced or bed rails used for positioning and transfers weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 33 Review of R23's 12/2022 "Physician Orders," located in the EMR under the "Orders" tab, revealed there was no order for use of bed rails. Observation of R23 on 12/05/22 at 10:22 AM revealed [Ex Order 1] was lying in bed on an air mattress. There was a half bed rail at the head of the bed on each side of the bed. The [Ex Order 26. 4B1] bed rails were in the raised position. In an interview on 12/08/22 at 9:59 AM, Certified Nurse Aide (CNA) 7 stated R23 moved [Ex Order] and [redacted] sometimes while in bed, and would scoot toward the edge of the bed, but was not very mobile, saying that, "[Ex Order] is really dependent on staff to move [Ex Order]." CNA7 stated R23 did not use the bed rails to move in bed, and [Ex Order] did not know the reason for the resident's use of the rails. In an interview on 12/08/22 at 10:11 AM, Licensed Practical Nurse (LPN) 5 stated she believed the bed rails were used for safety so [Ex Order] would not fall off the side of the bed. She stated R23 "doesn't really move much" and added R23 was unable to adjust [Ex Order 26. 4B1] in bed, stating [Ex Order] was dependent on staff for [Ex Order 26. 4B1]. In an interview on 12/08/22 at 3:40 PM, the Director of Nursing (DON) stated the facility did not use "side rails" (another term for bed rails); instead, they used "bed enablers." The DON stated every bed in the facility had "bed enabler rails" attached to them and they were typically in the up position for all residents to assist them with [Ex Order 26. 4B1]. The DON indicated all residents had bed rails to enable [Ex Order 26. 4B1], adding, "We don't use them as side rails." The DON indicated that no less-restrictive approaches were attempted with R23 as the bed rails were used as	F 700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 34	F 700		

"bed enablers, not side rails." The DON stated the bed rails were not used to treat R23's medical symptoms or to assist with mobility and transfers because they were "bed enablers, not side rails."

Review of the facility's "Proper Use of Side Rails" policy, dated 10/2021, revealed that "Side rails are only permissible if they are used to treat a resident's medical symptoms or to assist with mobility and transfers of residents . . . Documentation will indicate if less restrictive approaches are not successful, prior to considering the use of side rails."

b. Maintenance/Safety

a. During the above referenced observation of R23 in bed on 12/05/22 at 10:22 AM, the observation revealed that the left side of the bed was against the wall. Further observation revealed there was a noticeable gap between the mattress and the left bed rail at the head of the bed, and the left bed rail was noticeably crooked.

Observation of R23 on 12/06/22 at 10:14 AM revealed the resident was seated in [redacted] wheelchair in [redacted] room. The resident did not respond to questions when asked. R23's bed was observed with an air mattress. At this time, the gap between the left bed rail and the mattress was found to measure five inches. The left bed rail was noticeably crooked and wobbled back and forth approximately 1.5 inches when pushed or pulled.

Observation of R23 on 12/07/22 at 11:14 AM revealed R23 was seated in [redacted] wheelchair in [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 35	F 700		

room. The left bed rail continued to be noticeably crooked and wobbly when touched. The gap between the mattress and the left bed rail at the head of the bed continued to measure 5 inches.

Review of R23's 10/07/22 "Side Rail Assessment Screening," found in the "Assessments" tab of the EMR, documented, "The side-rail has been measured and the gaps between the rail(s) themselves and the gaps between the side-rail and the mattress are conducive to resident safety as based on this individual resident."

In an interview on 12/08/22 at 9:59 AM, CNA7 was unaware, until surveyor intervention that the left bed rail was crooked and loose, creating a large gap between the mattress and the rail.

In an interview on 12/08/22 at 10:11 AM, LPN5 was unaware, until surveyor intervention, that the left bed rail was crooked and loose, creating a large gap between the mattress and the rail. LPN5 stated she would report the loose bed rail to maintenance to address.

In an interview on 12/08/22 at 2:52 PM with the Director of Operations (DO), he stated he conducted "spot checks" using a machine to measure the entrapment zones of bed rails once a year. However, the DON continued, the machine had been loaned out to another facility. The DO stated that the last fit test was conducted, without the machine, on 09/28/22. The DO stated the beds and rails were manufactured to fit together, so there was basically no risk of entrapment. The DO stated, however, that if the mattress or rails were compromised, there was a potential for a larger gap between the rails and mattress that could

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 36	F 700		

potentially pose an entrapment risk. He stated he not received any reports from nursing staff about a broken or compromised bed rail. Further interview on 12/08/22 at approximately 3:45 PM with the DO confirmed R23's bed rail was loose on the bed, and maintenance had already tightened the fit and fixed the problem.

In an interview on 12/08/22 at 3:40 PM, the DON stated the nursing staff was responsible for reporting broken or loose-fitting bed rails to maintenance for repair.

Review of the Food and Drug Administration's (FDA) 03/10/06 "Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment" indicated, "For 20 years, FDA has received reports in which vulnerable patients have become entrapped in hospital beds while undergoing care and treatment in health care facilities. The term "entrapment" describes an event in which a patient/resident is caught, trapped, or entangled in the space in or about the bed rail8, mattress, or hospital bed frame. Patient entrapments may result in deaths and serious injuries ...These entrapment events have occurred in openings within the bed rails, between the bed rails and mattresses, under bed rails, between split rails, and between the bed rails and head or foot boards. The population most vulnerable to entrapment are elderly patients and residents, especially those who are frail, confused, restless, or who have uncontrolled body movement . . . Long-term care facilities reported the majority of the entrapments . . . FDA uses the term 'hospital bed' in this guidance to refer to a variety of medical devices that are classified as beds . . . used for patients in acute care, long-term care, or home care setting . . .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 700	Continued From page 37 Bed rails, also called 'side rails,' may be an integral part of the bed frame or they may be removable and at times are used either as a restraint, a reminder, or an assistive device. Bed rails may consist of one full-length rail per side or one or more, shorter rails per side . . . FDA is recommending a dimensional limit of less than 120 mm [millimeters] (4 ¾ inches) for the area between the inside surface of the rail and the compressed mattress."	F 700		
F 773 SS=D	NJAC 8:39-5.1(a) NJAC 8:39-27.1(a) Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii) §483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to promptly notify the physician, physician assistant, nurse practitioner, or clinical nurse specialist of	F 773	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: The	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 773	Continued From page 38 laboratory results for one (Resident (R) 86) of a total sample of 36 residents. This failure had the potential to delay treatment or lead to a worsening condition. Findings include: Review of R86's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR), revealed R86 was admitted to the facility on Ex Order 26. 4B1. R86's diagnoses included Ex Order 26. 4B1 [redacted]. Review of R86's 11/30/22 "Nurses Note" located in the "Progress Notes" tab of the EMR documented that the "Writer informed of resident's Ex Order 26. 4B1 [redacted]. Ordered Ex Order 26. 4B1 [redacted] for change in behavior and [redacted] consult to review lab [laboratory] results." On 12/06/22, review of R86's "Labs" located in the "Results" tab of the electronic medical record (EMR), revealed R86's [redacted] results ordered on 12/01/22 were available since 12/03/22. Further review revealed the results were still in the "To Be Reviewed" status. No evidence of physician notification and/or nursing progress notes was found in the clinical record. During an interview on 12/07/22 10:41 AM, Ward Clerk (WC) 1 said the nurses looked at the labs in the computer and then printed a copy to put in the chart.WC1 was unable to locate a copy of R86's printed lab results.	F 773	physician was notified immediately on 12/8/22 with no new orders. In addition, Laboratory result was reviewed by Ex Order 26. 4B1 [redacted] Doctor on 12/7/22, no change in lab was noted from previous result and no new orders given. The LPN staff member was educated and counseled on reporting and documenting in the residents medical record. Resident # 86 was assessed, and no negative findings noted. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All nursing staff will be educated on timely follow up of laboratory results with the Doctor. The Primary nurse and/or the desk nurse are responsible to relay the laboratory results to the physician via phone as soon as the results are received if feasible or within 3 hours if not possible. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete an audits on 4 residents with laboratory results and follow up weekly x 2 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 773	Continued From page 39	F 773		

During an interview on 12/07/22 at 10:41 AM, the Director of Nursing (DON) said the lab results were in the computer and pulled them up for review. The results showed available but continued to remain in the "To Be Reviewed" status. The DON verified the results were there but added, "I don't see follow up. I will need to follow this up." Further interview with the DON revealed that the UA results showed abnormalities that should be reviewed by the physician. The DON was unable to find a printed copy of R86's lab results and said one should be in the chart for the physician to review and note. The DON stated if the physician were notified of the results, documentation would be in the record. The DON was unable to locate documentation of physician notification.

During an interview on 12/08/22 at 8:41 AM the DON said the nurse should have notified the physician regarding R86's lab results on 12/03/22 when they arrived.

Review of the facility's "Lab Processing" policy, updated 10/20/22, revealed, "To ensure that Diagnostic tests are processed, ordered, obtained, performed, and results received timely. Test results are communicated to the physician in a timely manner with documentation present in the medical record.
Process/Procedure: Tracking the Physician Order:
1. Check Results tab in PCC [Point Click Care, an electronic medical record (EMR) system] for all diagnostics test results.
2. Document the physician notification in the resident's clinical record (progress notes). Include in this documentation:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 773	Continued From page 40 Physician name Date and Time of physician notification Lab results communicated Method of communication (fax, phone, etc) Any new orders"	F 773		
F 814 SS=F	NJAC 8:39-13.1(d) Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview and policy review, the facility failed to ensure the dumpster area remained free of garbage to prevent the harborage of pests and rodents on three of three days for which observations were made during the survey. This had the potential to affect staff, visitors, and all 167 residents residing in the facility. Findings include: During an observation on 12/05/22 at 09:55 AM, the outside dumpster area revealed two dumpsters next to each other. Dumpster 1 had a lid broken off at the hinge on one side and the other side was propped up and open with a mound of garbage bags. Dumpster 2 had a lid that was open and had four garbage bags in it. Two gloves, a spoon, two plastic knives, a grape and other garbage was noted on the ground around the dumpsters.	F 814	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: The garbage disposal area was assessed. New lids were installed, and cleanliness was maintained. No negative findings noted. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: All maintenance, housekeeping and dietary staff were educated on covering the lids after garbage disposal and maintaining the	1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 814	Continued From page 41 During an observation on 12/06/22 at 08:37 AM, Dumpster 1 was full and overflowing with garbage bags. One lid remained completely broken off, while the other was unable to close due to it resting on piled garbage bags. Dumpster 2's bin was a quarter full and both lids were open. During an observation on 12/07/22 at 08:28 AM, Dumpster 1 was overfilled with garbage bags above the dumpster's rim. One of the lids remained broken and the other was open. Dumpster 2's lids were open and the dumpster was a quarter full. Gloves, a milk container, plastic silverware, a grape and various pieces of garbage were littering the area around the dumpsters. During an observation and interview on 12/07/22 at 08:37 AM, the Dietary Manager (DM) said, "They need to pick it up and the lids should be closed, the lids is broken. Birds and rodents could get into it." During an interview on 12/07/22 at 02:49 PM, the Administrator said he knew the dumpster top was broken and he had emailed the garbage removal company the previous day. The Administrator said he had previously contacted the company and that it has taken some time. During an interview on 12/08/22 at 11:10 AM the Dietary Manager (DM) revealed that he was unaware, prior to surveyor intervention, that the dumpster area was the responsibility of the dietary department. The DM stated, "Now I know it is my responsibility for the dumpster area and will take care of it."	F 814	cleanliness of the area. Proposals are being requested for installation of a garbage compactor to resolve the issue of lids braking by the garbage trucks. Cleaning logs have been created in the interim. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Administrator or designee will audit the garbage disposal area twice weekly then monthly x2 months. Results of the audit will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 814	Continued From page 42 During an interview on 12/08/22 at 11:49 AM the Registered Dietician (RD) confirmed the dumpster area was a responsibility of the kitchen During an interview on 12/08/22 at 11:50 AM, the Regional Registered Dietician (RDD) stated, "The dumpster area should be free of debris on the ground and lids closed to dumpsters. This is needed for pest control and infection control." During an interview on 12/08/22 at 02:50 PM, the Director of Operations (DO) verified that the dumpster lid has been broken for "about two weeks." Review of the undated "Dispose of Garbage and Refuse" policy provided by the facility revealed "The Dining Services Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris ...The Dining Services Director will ensure that .... Appropriately lined containers are available within the food services area for ...disposal of garbage or other refuse .... Appropriate lids are provided for all containers."	F 814		
F 880 SS=D	NJAC 8:39-19.7(b) 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	F 880		1/11/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 43 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 §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 44 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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: Based on observation, record review, interview, and facility policy review, the facility failed to ensure staff followed standard infection prevention precautions for one (Resident (R) 407) of five residents reviewed for wound care. The failure to perform hand hygiene and change gloves as indicated during wound care has the potential to lead to cross contamination and infection. Findings include: Review of R407's "Admission Record," located in the "Profile" tab of the electronic medical record (EMR), revealed R407 was admitted to the facility on [redacted]. R407's diagnoses included [redacted].	F 880	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Education and Wound care competency was performed to Licensed Practical Nurse 3 immediately. Resident # 407 was assessed, and no negative findings noted. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents with wounds have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 45 Review of R408's current "Clinical Physician Orders," located in the "Orders" tab of the EMR revealed that on 12/02/22, R407 had an order for daily *Ex Order 26. 4B1* orders for *Ex Order 26. 4B1* at the *Ex Order 26. 4B1* and *Ex Order 26. 4B1* areas. During the [redacted] care observation on 12/07/22 at 4:10 PM, Licensed Practical Nurse (LPN) 3 washed her hands, applied gloves, removed the soiled dressing at the [redacted] area, and then cleansed the area and applied a clean dressing. Then without washing the hands or changing gloves, LPN3 removed the soiled dressing from the right lateral ankle wound, cleansed it, and applied a new dressing. LPN3 wore the same gloves throughout both dressing changes without performing hand hygiene (washing hands or using hand sanitizer). During an interview on 12/07/22 at 04:16 PM, LPN3 stated she should have washed her hands and changed the gloves before and after both dressing changes. She said "I should have washed hands after taking off the dirty dressing. I was supposed to wash the hands and change gloves." During an interview on 12/08/22 at 08:54 AM, the Director of Nursing (DON) said "It is unacceptable. She was supposed to wash hands, remove the dressing, wash hands, and put on new gloves. She should wash hands and change gloves between both wound dressing changes." Review of the facility's "Wound Care" policy, updated 10/2021, revealed that staff were to, "Place all items to be used during procedure on the clean field. Arrange the supplies so they can	F 880	NOT RECUR: Education and competencies were done immediately to all nursing staff and will be provided to all Nursing staff upon hire, annually and as needed. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Director of Nursing or designee will complete audits on 2 wound care procedures weekly x 4 weeks, then monthly x 2 months. Results of the audits will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 46 be easily reached ...Wash and dry your hands thoroughly ...Put on exam glove. Loosen tape and remove dressing ... Pull glove over dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly ...Put on gloves ... Cleanse wound with normal saline or as ordered using sterile technique, apply treatment as indicated ...Dress wound ...Wash and dry your hands thoroughly." NJAC 8:39-19.4(a)1	F 880		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12023	A. BUILDING: _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(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
S 000	Initial Comments THE FACILITY WAS NOT IN COMPLIANCE WITH THE STANDARDS IN THE NEW JERSEY ADMINISTRATIVE CODE, CHAPTER 8:39, STANDARDS FOR LICENSURE OF LONG TERM CARE FACILITIES. THE FACILITY MUST SUBMIT A PLAN OF CORRECTION, INCLUDING A COMPLETION DATE, FOR EACH DEFICIENCY AND ENSURE THAT THE PLAN IS IMPLEMENTED. FAILURE TO CORRECT DEFICIENCIES MAY RESULT IN ENFORCEMENT ACTION IN ACCORDANCE WITH THE PROVISIONS OF THE NEW JERSEY ADMINISTRATIVE CODE, TITLE 8, CHAPTER 43E, ENFORCEMENT OF LICENSURE REGULATIONS.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) 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	S 560	1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE: Administrator DON and staffing coordinator will work together to transfer staff to day shift to fulfil the requirement and ensure compliance. There is also a recruitment advertisement for LPNS, CNAS and RNS. Management is conducting weekly analysis on CNA needs. 2. HOW THE FACILITY WILL IDENTIFY	12/29/22

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

Electronically Signed | 12/26/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12023	A. BUILDING: _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(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
S 560	Continued From page 1 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 to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift; (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 (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 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. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (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,	S 560	OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected. 3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The staffing coordinator will audit the staffing par daily and staff each unit accordingly to the unit census. 4. HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: The Director of Nursing /Assistant Director of Nursing along with staffing coordinator will conduct staffing/scheduling audits 2 times per week x 4 weeks to discuss staffing needs according to par levels with census. All findings will be reported to the Administrator at the quarterly QA meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12023	A. BUILDING: _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	1133 MARLBORO ROAD OLD BRIDGE, NJ 08857

(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
S 560	Continued From page 2 is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. 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 ... A review of "New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report" for the weeks of 11/20/22 and 11/27/22, revealed the following: The facility was deficient in CNA staffing for residents on 9 of 14 day shifts as follows: -11/23/22 had 19 CNAs for 162 residents on the day shift, required 20 CNAs. -11/24/22 had 19 CNAs for 162 residents on the day shift, required 20 CNAs. -11/26/22 had 19 CNAs for 162 residents on the day shift, required 20 CNAs. -11/27/22 had 18.25 CNAs for 161 residents on the day shift, required 20 CNAs. -11/28/22 had 18.5 CNAs for 160 residents on the day shift, required 20 CNAs. -11/29/22 had 18.5 CNAs for 160 residents on the day shift, required 20 CNAs. -12/01/22 had 18.5 CNAs for 160 residents on the day shift, required 20 CNAs. -12/02/22 had 18.5 CNAs for 160 residents on the day shift, required 20 CNAs. -12/03/22 had 20 CNAs for 166 residents on the day shift, required 21 CNAs.	S 560		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12023	A. BUILDING: _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING _____ B. WING _____	R 03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

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

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.

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12023	A. BUILDING: _____ B. WING _____	R 03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD OLD BRIDGE, NJ 08857**

(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
{S 000}	Initial Comments	{S 000}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315509	A. BUILDING **01** B. WING _____	**12/08/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROOSEVELT CARE CENTER AT OLD BRIDGE	**1133 MARLBORO ROAD** **OLD BRIDGE, NJ 08857**

(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 12/8/2022. The facility was found to be in compliance with 42 CFR 483.73	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 12/8/22 and was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy Roosevelt Care Center is a four-story building that was built in 2011. It is composed of Type II protected construction. The facility is divided into 15-smoke zones. The generator does approximately 100 % of the building as per the Maintenance Director. The current occupied beds are 167 of 180.	K 000		

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

Electronically Signed | 12/16/2022

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.