STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315127	A. BUILDING _____ B. WING _____	05/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LAWRENCE REHAB CENTER	2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648

(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 Standard Survey date 05/20/2021 Census: 35 Sample Size : 12 + 3 = 15 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to: a.) identify and evaluate a resident's ability to [redacted] b.) notify the physician of a resident who did not [redacted] and c.) implement appropriate communication strategies for a resident. This deficient practice was identified for [redacted] reviewed for quality of care (Resident [redacted]) and was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse	F 684	Root cause determined that one nurse did not a.) identify and evaluate a resident's ability to swallow medications for a resident who had episodes of chewing whole medications, b.) notify the physician of a resident who did not consistently swallow medications, and c.) appropriately communicate to a resident. 1. Residents affected by deficient practice. The resident could be directly affected by the deficient practice.	5/31/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/25/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 Practice Act for the state of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 05/19/21 at 8:10 AM, the surveyor (Surveyor #1) toured the [redacted] and overheard, in a loud harsh tone, Executive Order 26, 4.b. . The surveyor overheard the statement reiterated twice, while the surveyor was in the hallway and two rooms away. The surveyor then observed a nurse, Registered Nurse (RN #1) exit the room of Resident #[redacted] and immediately proceed to a medication cart located directly outside Resident #[redacted]s room. The surveyor observed Resident #[redacted] was lying awake in his/her bed. On 05/14/21 at 8:30 AM, Surveyor #2 interviewed Resident #[redacted] in his/her room while he/she was	F 684	Immediate corrective actions: The nurse was overheard speaking loudly to the patient, A.A., regarding taking his medication and her volume and tone was concerning. The nurse asked the [redacted] 1) Upon investigation, the nurse was immediately removed from her assignment until further notice, and her statement was obtained. The DON and the social worker interviewed the patient; [redacted] stated [redacted] felt safe, did not have any issues with [redacted] care, and [redacted] care has been excellent. All other residents assigned to the nurse were interviewed; they all expressed, care is good, very safe and have no complaints. According to Nurse□s statement, she needed to speak loudly because of her layers of PPE and due to the Executive Order 26, 4.b. [redacted] 2) The physician was notified immediately, and a full assessment was completed with no complaints of pain or any other issues. The physician ordered a Executive Order 26, 4.b., [redacted], and prescribed Executive Order 26, 4.b. [redacted] 3) The speech therapist evaluated the patient and offered no recommendation. The therapist stated current status	

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F 684	Continued From page 2 consuming the breakfast meal and sitting upright in bed. Surveyor #2 observed the meal was a chopped consistency. Surveyor #1 was also present for the interview and had a clear unobstructed view of the resident while standing at the resident's doorway. Surveyor #2 interviewed the resident in a low soothing voice about the care the resident received, including when the resident was provided with medications. Resident #[redacted] stated to Surveyor #2 "I was scolded" this morning. The resident who appeared visibly upset, had a quivering lip and appeared tearful. Resident #[redacted] stated he/she was "scolded" because he/she chewed his/her pills. On 05/14/21 at 8:36 AM, Surveyor #1, in the presence of Surveyor #2, interviewed RN #1 about the observations that Surveyor #1 had when the surveyor overheard RN #1 speaking in a loud harsh tone and stated, "don't chew it, swallow it all!" while inside Resident #[redacted] room. RN #1 confirmed she provided the medication to Resident [redacted] at that time, and that the resident put all the pills in his/her mouth and proceeded to chew them. RN #1 stated Resident #[redacted] was provided with four medications and the RN #1 provided the surveyor with a copy of the May 2021 Medication Administration Record (MAR) at that time. Surveyor #1 reviewed the MAR for May 14, 2021 which revealed that Resident [redacted] was administered the following medications by RN #1 at 9:00 AM: Executive Order 26, 4.b. [redacted]	F 684	appears to reflect baseline capabilities Executive Order 26, 4.b. related primarily to overall medical status, Executive Order 26, 4.b. [redacted] 2. How the facility will identify other residents, who could be affected by the deficient practice All residents who have cognitive impairments and swallow deficits have the potential to be affected by the same deficient practices. 3. Measures or systemic changes to ensure that the deficiencies will not occur F684 Quality of Care CFR(s): 483.25: it was determined that the facility failed to: a.) identify and evaluate a resident's ability to swallow medications for a resident who had episodes of chewing whole medications, b.) notify the physician of a resident who did not consistently swallow medications and c.) implement appropriate communication strategies for a resident. Corrective Action: 1) Nursing Standard of Care Policy #17.42A, Guidelines and Procedures for Administration of Medication, was revised to reflect the deficiency of a.) identification	

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F 684	Continued From page 3 Executive Order 26, 4.b. On 05/14/21 at 12:36 PM, Surveyor #2 interviewed Resident #[redacted] regarding his/her recall of the earlier events. The interview took place in the residents room during the lunch meal. Resident #[redacted] stated he/she did not recall the earlier incident when RN #1 spoke to the resident in a loud harsh tone about [redacted] During the interview the resident was able to hear the surveyor without difficulty, responded appropriately, and the surveyor was wearing a face mask. The RN #1 stated that she administered four medications to Resident [redacted] and she provided them to the resident in a cup. She stated when she gave Resident [redacted] the cup of medications, the resident then put all the medications in his/her mouth. She further stated that sometimes the resident [redacted] them and Resident [redacted] was not hard of hearing but sometimes we spoke loudly to the resident. She stated Resident [redacted] was alert and oriented [redacted] but sometimes the resident did not understand us. She stated her loud voice was due to the fact "they don't hear us" and because she wore personal protective equipment (PPE) that included a face mask and face shield. The RN #1 stated there was no specific way that Resident [redacted] had to take the medications and the resident did not have any [redacted] She stated "I think it is just [redacted]" and the resident needed a reminder to [redacted] The RN #1 stated that sometimes	F 684	and evaluation of a resident's ability to swallow medications for a resident who had episodes of chewing whole medications, b.) notify the physician of a resident who did not consistently swallow medications. All nurses shall identify and evaluate all residents□ ability to swallow medications, especially for the residents who have episodes of chewing whole medications. The nurse shall notify the physician immediately of a resident who does not consistently swallow medications to ensure that the resident receives maximal medication efficacy. 2) Implement appropriate communication strategies for all residents: a) Nursing Standard of Care Policy #17.09, Effectively and Appropriately Communicate with Residents, was developed. b) Re-educate all nursing staff regarding Administration Policy # 1.86, Code of Conduct - all employees are expected to treat others with respect, courtesy and conduct themselves in a professional and cooperative manner at all times. By May 31th, 2021, all nursing staff will be educated the following: A. All nurses will be educated the revised Policy #17.42A, Guidelines and Procedures for Administration of Medication - identification and evaluation	

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F 684	Continued From page 4 Resident #[redacted] chewed the medication and sometimes the resident swallowed the medication. She further stated if some medications were chewed it would effect the efficacy of the medication. The RN #1 stated she told Resident [redacted] a couple of times that he/she needed to swallow the medication and that she had cared for the resident before and knew the resident chewed the pills. Review of the Admission Record for Resident [redacted] revealed the resident was [redacted] Review of a Nursing Admission Screening/History for Resident [redacted], dated 05/10/21, revealed the resident was Executive Order 26, 4.b. [redacted] had adequate hearing and was assessed as having the ability and was ready to learn and had no preferences or special learning needs. Review of a Executive Order 26, 4.b. [redacted] Review of the Nursing Care [redacted] Resident #[redacted] revealed the Executive Order 26, 4.b. [redacted] with Executive Order 26, 4.b. [redacted] Review of Resident [redacted]'s Care Plan on 05/14/21 at 10:00 AM, did not reveal a [redacted] related to the resident [redacted] or related to	F 684	of all residents' ability to swallow medications, especially for the residents who had episodes of chewing whole medications. The nurse shall notify the physician immediately of a resident who does not consistently swallow medications to ensure that the resident receives maximal efficacy of medications. B. All nursing staff, including the nurses, CNAs and Unit secretaries will be educated - " All employees are expected to treat others with respect, courtesy, and conduct themselves in a professional and cooperative manner at all times as per Administration Policy # 1.86, Code of Conduct. " Effectively and Appropriately Communicate with Residents as per Nursing Standard of Care Policy #17.09 All new nursing employees, including the nurses, CNAs, and Unit secretaries will be educated during the New Employee Orientation the following: For the newly hired nurses only - All new nurses will be educated on the revised Policy #17.42A, Guidelines and Procedures for Administration of Medication - identification and evaluation all residents' ability to swallow medications, especially for the residents who had episodes of chewing whole medications. The nurse shall notify the physician immediately of a resident who does not consistently swallow medications	

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F 684	Continued From page 5 communicating with the resident. Review of an education file for RN #1 revealed on 03/19/20 and 03/30/21 RN #1 completed an Abuse-Post Learning Quiz. The Quiz included a question that pertained to using harsh tones, screaming or yelling at a resident and RN #1 answered correctly. A Medication Pass Observation, dated 08/22/19 and 09/14/20, was completed for RN #1 and revealed under Patient's Rights Observed that RN #1 treated patient with respect and scored excellent. A Hand in Hand Dementia training, completed by RN #1, dated 03/30/21, revealed RN #1 was trained on how to present when you cared for a person with [redacted] and answered "[redacted]", "treat with respect" and "ask resident how they like something". On 05/14/21 at 10:48 AM Surveyor #1, in the presence of the survey team, communicated the surveyor's earlier observations regarding Resident #[redacted] and then interviewed the Director of Nursing (DON) and Chief Nursing Officer (CNO) regarding how nurses would know how to communicate with residents. The DON stated the nursing [redacted], located in the [redacted], would inform the nurse if the resident was hard of hearing, and any impairments would also be listed in the Care Plan. The DON stated that if the resident was hard of hearing, and since staff wore PPE masks, the staff might have to speak a little louder to a resident. The DON and CNO were interviewed regarding the procedure if a resident did not swallow medications and instead chewed them. The DON stated that applesauce to ease a resident's ability to swallow pills could be an option. The surveyor	F 684	to ensure that the resident receives maximal efficacy of medications. For all newly hired nursing staff, including the nurses, CNAs, and unit secretaries will be educated - 1) All employees are expected to treat others with respect, courtesy, and conduct themselves in a professional and cooperative manner at all times as per Administration Policy # 1.86, Code of Conduct which is reviewed at orientation and annually by all staff. 2) Effectively and Appropriately Communicate with Residents as per Nursing Standard of Care Policy #17.09 On an ongoing basis, all nursing staff will be re-educated during the Annual Mandatory In-Service Day (March to July) with regards to 1) Nursing Standard of Care Policy #17.42A, Guidelines and Procedures for Administration of Medication - identification and evaluation all residents□ ability to swallow medications, especially for the residents who had episodes of chewing whole medications. The nurse shall notify the physician immediately of a resident who does not consistently swallow medications to ensure that the resident receives maximal medication efficacy. The resident□s care plan will be updated to reflect any changes in the resident□s condition and be easily accessible by the clinical staff that cares for the resident. The nurses shall do	

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F 684	Continued From page 6 informed the DON and CNO about the observations with RN #1 and Resident [redacted]. Surveyor #1 inquired what should have been done when the nurse was aware the resident was not [redacted] and instead [redacted] The DON stated the nurse should have intervened, conversed with the resident, assessed the resident and contacted the physician. She further stated that if a resident was on a modified diet that could have been an indicator that [redacted] The DON further stated that if any changes occurred with a resident that the physician would be notified. The CNO stated that the RN #1 should have notified the physician when she became aware that the resident had [redacted] On 05/18/21 at 10:30 AM, Surveyor #1 interviewed the Administrator (LHNA), in the presence of the survey team, regarding what should have been done if a resident chewed medications. The LHNA stated that medications, especially long acting medications, should not be crushed due to the potential of absorbing too much medication at one time instead of over a period of time. She stated the medications could have been changed to a liquid form. On 05/18/21 at 11:29 AM, Surveyor #1, in the presence of another surveyor and the DON, interviewed the primary physician (MD) for Resident [redacted]. The MD stated the Resident was [redacted] The MD stated that she was able	F 684	ongoing review and revision of the care plan and interventions as necessary. 2) Nursing Standard of Care Policy #17.09, Effectively and Appropriately Communicate with Residents. 3) Administration Policy # 1.86, Code of Conduct. 1)Nurses only, 2) & 3) for all nursing employees All nurses will complete the competency of identification and evaluation of all residents□ ability to swallow medications, especially for the residents who have episodes of chewing whole medications. The nurse shall notify the physician immediately of a resident who does not consistently swallow medications to ensure that the resident receives maximal efficacy of medications. All nursing staff, including nurses, CNAs, and unit secretaries, will complete the competency of code of conduct, which includes effective and appropriate approaches on how to communicate with residents. 4. Monitoring the continued effectiveness of the systemic change 1) The Nursing Leadership Quality Assessment (QA) was revised to ensure the nursing staff□s compliance with the Nursing Standard of Care Policy #17.42A, Guidelines and Procedures for Administration of Medication, Nursing Standard of Care Policy #17.09,	

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F 684	Continued From page 7 to converse with Resident [redacted] and it appeared as the resident understood her. She further stated she would get up close to converse with the resident and that the resident had [redacted] the resident was able to hear her. The MD stated she was not notified that the resident had [redacted] and usually she would be notified if a resident had [redacted]. The MD stated one of the medications was a long acting medication and she should have been notified about the resident [redacted] because they don't want the residents [redacted] The MD then confirmed she was not contacted by RN #1 after Resident # [redacted] had [redacted]. She stated if the nurse had contacted her she could have changed the medications. On 05/19/21 at 11:16 AM, Surveyor #1 interviewed the Director of Professional Services (DOPS) who stated she completed an initial activity assessment, dated 05/12/21, for Resident [redacted]. She stated the resident understood her and answered questions appropriately. She further stated the resident was a little delayed with answers and that you needed to give him/her a little extra time. The DOPS stated the resident had adequate hearing however, sometimes staff needed to repeat the question for understanding. She continued and stated that Resident [redacted] was able to verbalize his/her needs and she did not feel the resident had a hearing deficit. Review of the Standards of Care-Sub-Acute/LTC Policy, Guidelines and Procedures for Administration of Medication, Policy #17.42A, Dated 04/92, revealed under guidelines: the	F 684	Effectively and Appropriately Communicate with Residents, and Administration Policy # 1.86, Code of Conduct. 2) The Administrative Nursing Supervisors or designees will audit 30 charts quarterly x 12 months to ensure all nurses identify and evaluate a resident's ability to swallow medications for a resident who had episodes of chewing whole medications, b.) notify the physician of a resident who did not consistently swallow medications as indicated in the Nursing Standard of Care Policy #17.42A, Guidelines and Procedures for Administration of Medication. Threshold: 95% 3) The Administrative Nursing Supervisors or designees will observe 30 nursing staff quarterly x 12 months for compliance Nursing Standard of Care Policy #17.09, Effectively and Appropriately Communicate with Residents, and Administration Policy # 1.86, Code of Conduct. Threshold: 100% 4) The Administrative Nursing Supervisors document compliance on the Nursing Leadership QA sheets and provide on-the-spot education or corrective action to the nursing staff for non-compliance as outlined on 2) and 3). 5. Monitoring the continued effectiveness of the systemic change The compliance data for the Nursing	

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F 684	Continued From page 8 nurse discusses any unresolved significant concerns about the medication with the patient's physician and relevant staff involved with the patient's care, treatment, etc., each patient's response to his/her medication is monitored according to the clinical needs of the patient and addresses the patient's response to the prescribed medication and actual or potential medication related problems, respect patient/resident rights and treat the patient/resident with respect. Review of the Code of Conduct Policy, Policy # 1.86, Dated 02/98 revealed all members of the health care team, including administrators, the medical staff, nursing and clinical personnel, volunteers and all hospital employees are expected to conduct themselves and their activities in a manner that supports the mission of the hospital and enables the delivery of quality, efficient patient care. Professional behaviors that promote cooperation and teamwork are a priority. Expectations include the following: 2. Staff should act in an ethical and professional manner by treating others with dignity, courtesy and respect. Behaviors to be avoided include the following: 2. Indulging in disorderly conduct or abusive language, including profanity, shouting and rudeness. NJAC 8:39- 27.1(a), 4.1(a)12	F 684	Leadership QA will be reported to the Chief Nursing Officer (CNO) and the Director of Nursing (DON) monthly x 12 months by the Administrative Supervisors or designees. The CNO and DON monitors the QAPI process with a goal of 95-100% compliance and reports the results quarterly x12 months to Administrative Council, which serves as our Quality Assessment and Assurance Committee (QAA). The Medical Director, who is a member of the QAA Committee, will communicate to the active medical staff, the changes in the process.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315127	A. Building B. Wing	6/11/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
ST LAWRENCE REHAB CENTER	2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0684 Reg. # 483.25 LSC	Correction Completed 05/31/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
5/20/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO