

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

PRINTED: 02/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2023
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648		
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F 000	INITIAL COMMENTS Complaint #'s: NJ161372 and NJ163759 Census:49 Sample: 24 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 561 SS=E	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		6/30/23	

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

TITLE

(X6) DATE

Electronically Signed

06/23/2023

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 561	<p>Continued From page 1</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to a) ensure that meals were consistently delivered on time as per resident's preferences for seven (7) of 21 residents (Resident #5, #18, #147, #199, #202, #203 and #204) which represented [REDACTED] of [REDACTED] units reviewed for mealtime preferences and b) make reasonable accommodation of needs and preferences for 1 of 21 residents reviewed, (Resident #244).</p> <p>This deficient practice was evidenced as follows:</p> <p>1. On 5/23/23 at 10:10 AM, a resident council meeting was conducted with five residents. Five out of five residents stated that the meals were not delivered on time and were consistently late.</p> <p>On 5/23/23 at 12:00 PM, the surveyor observed Resident #147 seated in a wheelchair in his/her room and was agreeable to be interviewed. During the interview at 12:15 PM, the Certified Nurse's Aide (CNA) #1 brought the resident his/her lunch tray. The resident stated that he/she had been at the facility since April. The resident stated that the tray should have arrived by 12 PM. The resident then stated that breakfast had been up to 20 minutes late almost daily since he/she had been here, and it has affected therapy appointments.</p>	F 561	<p>1. Residents 5, 18, 147, 199, 202, 204 and 244 no longer reside at the facility. Resident 203 was interviewed by social services regarding meal service. He has no further concerns.</p> <p>CNA 1 and the Unit Manager were re-educated to notify the Director of Nursing for variances with meal service tray delivery. The Food Services Director (FSD) was re-educated by the Administrator on meal delivery times and reporting variances to the Administrator when noted as well as documenting the occurrences on the facility log.</p> <p>2. All residents have the potential to be impacted. The facility has a log that captures meal delivery times at all meals. It notes the times the trays leave the kitchen and the arrival times to the units. It is signed by delivering dietary staff and receiving nursing staff.</p> <p>3. The posting of mealtimes and food truck arrival was revised on 5/23/23. Dietary staff were re-educated by the dietary manager / designee on the posting update, meal prep / service, notification of variances in meal service and documentation.</p>		

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F 561	<p>Continued From page 2</p> <p>On 5/24/23 at 11:35 AM, the surveyor observed Resident #18 in his/her room in a wheelchair with the overbed table awaiting the lunch meal. The resident stated that food services were "spotty" and that meals were typically late.</p> <p>On 5/24/23 at 12:20 PM, the surveyor interviewed Resident #147, in the presence of a second surveyor, during lunch. The resident stated that meals were served at least 20 minutes late and that "... there has been improvement in the last two (2) days", and further stated that "someone must have told them."</p> <p>Medical Record Review:</p> <p>Resident #5 Review of the Admission Record (an admission summary) included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order. 264b1</p> <p>Review of the Admission Minimum Data Set (MDS) dated NJ EX Order. 264b1, a tool used to facilitate the management of care, which reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ EX Order. 264b1, which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Resident #18 Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1, included that the resident had a BIMS score of NJ EX Order. 264b1 out of NJ EX Order. 264b1, which reflected that the resident had an NJ EX Order. 264b1.</p>	F 561	<p>Nursing staff were re-educated by the Director of Nursing / Designee on meal tray delivery. The meal deliver times are posted on the units.</p> <p>4. The Dietary Manager / designee will complete 3 audits per week of delivery times. All variances will be address via a process improvement plan. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings</p>		

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F 561	<p>Continued From page 3</p> <p>Resident #147 Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to: NJ EX Order. 264b1 NJ EX Order. 264b1</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX out of NJ EX, which reflected that the resident had an NJ EX Order. 264b1</p> <p>Resident #199 Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to: NJ EX Order. 264b1 NJ EX Order. 264b1</p> <p>Review of the Medicare -5-day MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX Order. 264b1, which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Resident #202 Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to, NJ EX Order. 264b1 NJ EX Order. 264b1.</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX out of NJ EX, which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Resident #203 Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order. 264b1 and NJ EX Order. 264b1</p>	F 561			

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F 561	<p>Continued From page 4</p> <p>NJ EX Order. 264b1 _____).</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX Order. 264b1 out of NJ EX Order. 264b1, which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Resident #204</p> <p>Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order. 264b1 NJ EX Order. 264b1.</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1 included that the resident had a BIMS score of NJ EX Order. 264b1 which reflected that the resident had an NJ EX Order. 264b1.</p> <p>On 5/24/23 at 12:15 PM, the surveyor observed CNA #1 delivering lunch trays. She stated that breakfast and lunch meals were frequently late, sometimes by 20 minutes.</p> <p>On 5/31/23 at 10:25 AM, the surveyor interviewed the Food Service Director (FSD). He stated that when meals were delivered, they have a schedule to follow, and this was tracked to ensure meals were delivered on time. He stated the form was an accountability method and showed the form to the surveyor who requested copies from 4/1/23 through present.</p> <p>On 5/31/23 at 11:03 AM, the surveyor interviewed the Registered Dietitian (RD) and the Regional RD. Both stated that they had not heard of meals being delivered late and that there was a schedule to follow which should have been posted.</p> <p>On 6/02/23 at 10:39 AM, the surveyor interviewed</p>	F 561			

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F 561	<p>Continued From page 5</p> <p>the FSD in presence of the survey team. The FSD stated that the purpose of the meal delivery schedule was keep a time log of when food left the kitchen. He stated that the form being used did not indicate the time the food was supposed to arrive onto the units. He stated that he was working with the unit coordinators to ensure that trays were passed out timely since he identified that when food trucks were being dropped off to the units, there was a delay in meal tray delivery by nursing. The FSD stated that the previous meal delivery schedule was unrealistic, so he changed the mealtimes. He provided the surveyor with the meal delivery forms for April and May 2023 and acknowledged there were omissions in accountability. He stated that he was responsible to ensure that meals were delivered on time. In addition, he stated that a Quality Assurance Performance Improvement (QAPI) plan was initiated on 5/11/23 to address this concern (he provided a copy to the surveyor). The FSD was unable to state why the QAPI was dated 5/11/23 when a delay in meal delivery was identified as early as 4/4/23. He also could not speak to or provide accountability that units were notified about late meal delivery by the kitchen as per instructed on the meal delivery form. He stated on the days the meal deliveries were late that "foods may not have been prepared on time" or it could have been related to other issues and "could not speak to specifics." Despite the fact that the FSD stated he felt the new system was working, he could not speak to why there was still inconsistent mealtime deliveries after the QAPI was implemented.</p> <p>On 6/02/23 at 11:50 AM, the surveyor interviewed CNA #1 who stated the meal delivery schedule was not posted on the unit and that food services</p>	F 561			

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F 561	<p>Continued From page 6</p> <p>did not call if the meal was late. She further stated that" we just know lunch was supposed to come around 12 noon."</p> <p>On 6/02/23 at 12:00 PM, the surveyor interviewed the Licensed Practical Nurse/ Unit Manager (LPN/UM) who stated that the meal delivery schedule was not provided by food services and it was not posted on the unit. She stated that sometimes they would call when a meal was 30 minutes late or more. The RN/UM could not speak to how often this occurred and stated, "but it does happen."</p> <p>On 6/2/23 at 12:17 PM, the lunch trays arrived on the XXXX floor. CNA #2 and a Licensed Practical Nurse (LPN) acknowledged the arrival time.</p> <p>On 6/02/23 at 1:10 PM, the Vice President of Growth and Transitions (VP) in the presence of the Licensed Nursing Home Administrator (LNHA), the Acting DON and the survey team, stated that she was aware that the food service department was conducting their own QAPI plan.</p> <p>On 6/02/23 at 2:33 PM, the surveyor met with the facility's administrative team and no additional information was provided.</p> <p>Review of the "Food Truck Time Sheet - Lawrence Campus" dated 6/2/23, reflected that the lunch food trucks for rooms XXXX was scheduled for 12:00 PM, left the kitchen at 12:08 PM and reached the unit at 12:13 PM.</p> <p>Review of the 56 Food Truck Delivery Schedules from 4/4/23 through 5/30/23 provided by the FSD on 5/31/23 at 2:00 PM reflected that 54 out of 56 were not filled out consistently, and there were no</p>	F 561			

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F 561	<p>Continued From page 7</p> <p>Food Truck Delivery Schedules provided for 4/7/23 and 4/13/23.</p> <p>The "Food Truck Time Sheet - Lawrence Campus" with a revised date of 5/2023, was implemented on 5/23/23 and included an area to record the time the food truck arrived to the unit. Random review of these forms included the following:</p> <p>On 5/23/23, for dinner:</p> <ul style="list-style-type: none"> -the food trucks for rooms [REDACTED] was scheduled for 4:15 PM, left the kitchen at 4:30 PM and reached the unit at 4:34 PM -the food trucks for rooms [REDACTED] was scheduled for 5:15 PM, and there were no times recorded for what time the food trucks left the kitchen or reached the unit. <p>On 5/24/23, for dinner:</p> <ul style="list-style-type: none"> - the food trucks for rooms [REDACTED] was scheduled for 4:15 PM, left the kitchen at 4:30 PM and reached the unit at 4:33 PM - the food trucks for rooms [REDACTED] was scheduled for 5:15 PM, and there were no times recorded for what time the food truck left the kitchen or reached the unit. <p>On 5/25/23, for dinner:</p> <ul style="list-style-type: none"> - the food trucks for rooms [REDACTED] was scheduled for 4:15 PM, left the kitchen at 4:26 PM and reached the unit at 4:28 PM - the food trucks for rooms [REDACTED] was scheduled for 5:15 PM, and there were no times recorded for what time the food truck left the kitchen or reached the unit. <p>On 5/26/23, the breakfast food trucks for rooms [REDACTED] was scheduled for 7:05 AM, left the</p>	F 561			

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F 561	<p>Continued From page 8</p> <p>kitchen at 7:25 AM and reached the unit at 7:28 AM. The lunch food trucks for rooms 205-230 was scheduled for 11:15 AM, left the kitchen at 11:40 AM and reached the unit at 11:44 AM. The dinner food trucks for rooms [REDACTED] was scheduled for 5:15 PM, left the kitchen at 5:37 PM and reached the unit at 5:42 PM.</p> <p>On 5/27/23, the breakfast food trucks for rooms 205-230 was scheduled for 7:05 AM, left the kitchen at 7:30 AM and reached the unit at 7:32 AM. The lunch food trucks for rooms [REDACTED] was scheduled for 11:15 AM, left the kitchen at 11:30 AM and reached the unit at 11:35 AM. The dinner food trucks for rooms [REDACTED] was scheduled for 5:15 PM, and there were no times recorded for what time the food truck left the kitchen or reached the unit.</p> <p>On 5/28/23, the dinner food trucks for rooms 501-530 was scheduled for 5:15 PM, left the kitchen at 5:30 PM and reached the unit at 5:35 PM.</p> <p>On 5/29/23, the breakfast food trucks for rooms 501-530 was scheduled for 8:05 AM, left the kitchen at 7:43 AM and reached the unit at 8:45 AM. There were no times recorded for the times the food trucks left the kitchen or arrived to the unit for the dinner meal for rooms [REDACTED] and [REDACTED].</p> <p>On 5/30/23 the breakfast food trucks for rooms [REDACTED] was scheduled for 7:05 AM, left the kitchen at 7:30 AM and reached the unit at 7:35 AM.</p> <p>Review of the Quality Assurance Performance Improvement (QAPI) Plan for the Lawrence</p>	F 561			

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F 561	<p>Continued From page 9</p> <p>Campus Kitchen Operations dated 5/11/23 and provided by the FSD on 5/31/23 at 2:00 PM included that "Dietary operations to function properly in accordance with local, state, and federal regulations." In addition, a concern identified was "Food trucks not arriving to unit on time." "Notes" on the QAPI plan included "Food items need to be prepared in a timely fashion. Revised truck times to reflect current operations."</p> <p>Review of the undated facility policy "Food and Nutrition Services", included "Reasonable efforts will be made to accommodate resident's choices and preferences." In addition, it included "Meals are scheduled at regular times..." and "Meal times are posted in facility common areas."</p> <p>Review of the undated facility policy "Resident Self Determination and Participation", included "Our facility respects and promotes the right of each resident to exercise his or her autonomy regarding what the resident considers to be important facets of his or her life." In addition, it included that each resident was allowed to choose his/her daily routine including eating schedules.</p> <p>Review of the undated facility policy "Resident Rights" included that a resident has a right to self-determination.</p> <p>Review of the facility's "Food Service Director" job description included "Monitor food services to assure that all residents food services needs are being met."</p> <p>Review of the facility's "Dining Supervisor" job description included to ensure that all meals were prepared and served on time.</p>	F 561			

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F 561	<p>Continued From page 10</p> <p>2. On 5/22/23 at 11:10 AM, during the initial tour, the surveyors observed a staff member enter the room of Resident #244, who was sitting in a wheelchair wearing a hospital gown. The resident's NJ EX Order: 264b1 and a NJ EX Order: 264b1 were in the room. The staff member asked the resident why they were not dressed, Resident #244 stated "because his/her clothes had not been washed." At that time, the staff member transported Resident #244, in the wheelchair, out of the room. During an interview, at that time, with the surveyors, Resident #244's NJ EX Order: 264b1 stated "they took the resident to physical therapy wearing a hospital gown." The NJ EX Order: 264b1 stated that the resident had not had a shower until today, which was the first time since the resident was admitted. She stated the resident uses the call bell but has to wait a long time and usually NJ EX Order: 264b1 before the staff gets there so the residents goes through a lot of clothes. The NJ EX Order: 264b1 stated she was unable to do the resident's laundry because she does not live nearby. She stated that she spoke to the Case Manager (CM) last NJ EX Order: 264b1 and made her aware. The NJ EX Order: 264b1 stated that the CM "was supposed to make sure the resident's clothes were washed but today there were bags of soiled clothes. She stated she had already complained to the staff at desk and they said the laundry would be done.</p> <p>On 05/22/23 at 01:02 PM, during a follow up interview, Resident #244 stated "I have to use my call bell because I need help with the bathroom, but it takes so long for them to come NJ EX Order: 264b1 t."</p> <p>The surveyor reviewed the medical record for</p>	F 561			

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F 561	<p>Continued From page 11 Resident #244.</p> <p>A review of the Admission Record (an admission summary) for Resident #244 revealed the resident was admitted to the facility in [REDACTED] with a diagnosis which included but were not limited to; NJ EX Order. 264b1</p> <p>A review of the Care Plan for Resident #244 revealed a Focus, dated [REDACTED]: "I have an ADL (activities of daily living) Self Care Performance Deficit NJ EX Order. 264b1" with an Intervention, dated [REDACTED] "Encourage me to use call bell for assistance. Monitor/record/report PRN changes in ADL ability, potential for improvement, and /or inability to perform ADLs. Encourage me to participate in ADLs to the fullest extent possible."</p> <p>A review of the "Inpatient Physician Order Sheet [REDACTED]" revealed Treatments: a check placed on the line next to "Shower Patient", signed by the physician on [REDACTED] at 5:10 PM.</p> <p>A review of the "Shower Schedule for [REDACTED]" located in the Certified Nursing Assistant (CNA) assignment book, revealed Resident #244 should receive a shower on [REDACTED], 3 to 11 PM shift.</p> <p>A review of "Progress Notes *NEW*" from [REDACTED], for Resident #244, did not reveal a note that the resident refused to be showered.</p> <p>A review of the facility provided "POC Response History", "Did the resident receive a Shower or</p>	F 561			

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F 561	<p>Continued From page 12</p> <p>Bed Bath?" for Resident #244 from [REDACTED] to [REDACTED] revealed that the resident was given a bed bath every day except for [REDACTED] at 9:56 PM, in which, the resident received a shower.</p> <p>On 05/22/23 at 01:25 PM, the surveyor observed the resident's [REDACTED] at the nurse's station being handed five (5) clear bags of the resident's clean clothes.</p> <p>On 05/23/23 at 10:39 AM, the surveyor observed the [REDACTED] getting on the elevator, who stated she "brought additional clothes today."</p> <p>On 5/25/23 at 10:45 AM, a surveyor conducted a resident council meeting with [REDACTED] residents. The surveyor asked if they were receiving showers when scheduled or do you have to ask to get a shower? [REDACTED] residents stated that they do not get showers.</p> <p>On 05/25/23 at 10:46 AM, during an interview with the surveyor, CNA#4 stated that her assignment today was rooms [REDACTED] which included Resident #244. She stated that she did not have any showers in her assignment today but there was a shower list at the nurse's station. CNA #4 stated "if they (residents) want a shower and I can fit it in, I will do it." She stated that the families usually laundered the resident's clothes and "as far as I know, no one here gets their laundry done by the facility." She stated that there was a washer and dryer on the unit.</p> <p>On 05/31/23 at 10:54 AM, during an interview with the surveyors, CNA #3 stated that resident's dirty clothes were placed in a clear plastic bag and put in the resident's cabinet for the families to take home and launder. She stated that Resident</p>	F 561			

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F 561	<p>Continued From page 13</p> <p>#244 was in her assignment today and she "thinks" that their clothes needed to be laundered by the facility. CNA#3 stated that the 3 PM to 11 PM CNA would be responsible to do the laundry.</p> <p>On 05/31/23 at 11:35 AM, during an interview with the surveyors, the Director of Social Services/Case Manager (DSS/CM) stated she did meet with Resident #244 and that the [REDACTED] made her aware that the resident's clothes needed to be laundered by the facility. She stated she made nursing aware of the request. The DSS/CM stated she usually would follow up to make sure the requests were done. She stated she did not have supporting documentation of the requests or the follow up. She then stated that it was "not acceptable" that the resident did not have clean clothes.</p> <p>On 05/31/23 at 12:00 PM, during an interview with the surveyors, the [REDACTED] floor Licensed Practical Nurse/Unit Manager (LPN/UM) stated that we do not do laundry, the families are supposed to but if no one can do the laundry, we have a washer and dryer on the unit. She stated that the 3 PM to 11 PM CNA would do the laundry twice a week. She also stated that they did not keep clothes washing logs/records. The surveyor made the LPN/UM aware of the above concerns and she stated, "as far as I knew the laundry was being done."</p> <p>A review of the undated facility's policy, "Laundry Charges/Pick Up", revealed Policy Interpretation and Implementation: 1. Resident's personal laundry will be laundered by our facility at no cost. However, each resident/representative may choose whether or not he/she wishes this service. 3. ...Sufficient clothing must be maintained on</p>	F 561			

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F 561	Continued From page 14 premises to keep the resident clean and dry at all times. 4. Should the resident's representative not pick the laundry up, or not return adequate articles to keep the resident in clean clothes, our facility will launder such articles as outlined in the resident contract. A review of the undated facility's policy, "Bathing and Showering", revealed Policy Statement: the facility will offer showers and tub baths to residents in accordance with their preferences. Policy Interpretation and Implementation: 1. The facility will offer showers and tub baths to residents at least weekly. 2. The facility will make reasonable efforts to provide more frequent showers or tub baths as requested. 3. Residents may be provided with either a shower or a tub bath as per their preference. 4. Provision and refusals of showers and/or tub baths will be documented in the medical record by the certified nursing assistant and/or licensed nurse.	F 561			
F 584 SS=D	NJAC 8:39-4.1(a)3 Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can	F 584		6/30/23	

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F 584	<p>Continued From page 15</p> <p>receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and review of facility documents, it was determined that the facility failed to maintain a clean/homelike and sanitary environment for the residents. This deficient practice was identified on 1 of 2 nursing units and was evidenced by the following:</p> <p>During the initial tour of the [REDACTED] floor unit on 05/22/23 from 10:06 AM to 01:35 PM, the following was observed by the surveyors:</p>	F 584	<p>1. Room [REDACTED] the wall behind [REDACTED] bed was cleaned, repaired, and painted.</p> <p>Room [REDACTED] the wall behind [REDACTED] bed was cleaned, repaired, and painted, including the area above the electrical outlet.</p> <p>Room [REDACTED] the wall to the right side behind the recliner and behind [REDACTED] bed was cleaned, repaired, and painted.</p> <p>Room [REDACTED], the wall to the right side, open space, was cleaned, repaired, and</p>		

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F 584	<p>Continued From page 16</p> <p>1. In Room [REDACTED] (double occupancy room): -the wall behind [REDACTED] bed (bed closest to the door) had multiple areas of white substance with multiple open holes and scrape marks -the wall on the opposite side of the room had multiple areas of white substance with multiple open scrapes</p> <p>2. In Room [REDACTED] (listed as a [REDACTED] room): -the wall behind A bed had multiple areas of white substance with multiple open holes and scrape marks -the same wall as [REDACTED] bed (beyond the bed headboard) but in an open area above the electrical outlet there were multiple areas of white substance with multiple open holes and black scrape marks</p> <p>3. In room [REDACTED] (listed as a private room): -the wall to the right side behind the recliner had multiple areas of a white substance with multiple scrape marks -the same wall behind the occupied [REDACTED] bed there were multiple areas of white substance with multiple open holes and scrape marks</p> <p>4. In room [REDACTED] (listed as a private room): -the wall to the right side, open space, there were multiple open holes and scrape marks</p> <p>On 05/22/23 at 01:24 PM, during an interview with the surveyors, when asked if the room was a homelike environment, Resident #248 stated "not like my home, the room is not appealing."</p> <p>On 05/31/23 at 10:54 AM, during an interview with the surveyors, CNA#3 stated if a room needed maintenance, she would tell the unit</p>	F 584	<p>painted. All repairs, repainting and cleaning were completed by June 30, 2023. Resident 248 no longer resides at the facility. C.N.A. 3 was re-educated on environmental observations in rounds and the facility process to report maintenance needs. The Unit Manager was re-educated on environmental observations in rounds to include room checks prior to resident admissions and the facility process to report maintenance needs.</p> <p>2. All residents have the potential to be affected. The Maintenance Director/designee completed an audit of the resident rooms which included checking for intact walls. Variances were addressed and recorded on the facility audit tool.</p> <p>3. Facility staff were re-educated on the policy for identifying environmental variances and notifying maintenance with findings. The facility Room Preparedness Checklist was revised to include a check for intact walls. Maintenance staff and housekeeping staff were re-educated on revised form.</p> <p>4. The Maintenance Director /designee will complete 3 environmental audits per week to include resident rooms. Audit rounds will occur weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with</p>		

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F 584	<p>Continued From page 17</p> <p>clerk, who called the maintenance department to fix it. CNA#3 stated her assignment was room [REDACTED] and she did not notice anything that needed maintenance.</p> <p>On 05/31/23 at 11:01 AM, during an interview with the surveyors, the Unit Clerk (UC) stated if something needs to be fixed, staff tells her and she fills out an order form for plant services, and placed it sideways in the maintenance bin. She then would call the operator for maintenance and let them know what needed to be fixed. She then stated maintenance usually fixed things right away.</p> <p>On 05/31/23 at 11:04 AM, during an interview with the surveyors, the [REDACTED] floor Unit Manager (UM) stated she addressed concerns or complaints every day. She stated she would call maintenance or fill out a work order if something needed to be repaired. The UM accompanied the surveyors to room [REDACTED]. She stated she should have noticed the "plaster" work before the patients were brought into the room. She then stated the resident should "probably be moved to another room until the work was done." The UM then accompanied the surveyors to room [REDACTED] and [REDACTED]. She stated I should have noticed the holes and let maintenance know before a new admission came in. The UM then stated, as far as I know, no request had been made to environmental services. The UM stated that the purpose of maintaining the walls in the room was to maintain a holistic, safe, and clean environment. She stated she would expect her staff to report the holes and scrapes on the walls to maintenance.</p> <p>On 05/31/23 at 11:27 AM, during an interview with</p>	F 584	the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings.		

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F 584	<p>Continued From page 18</p> <p>the surveyors, the Division Director (DD) stated that they do daily rounds checking on rooms for discharges and admissions, which included disinfections and electronics maintenance. He stated monthly rounds of the facility are done with the administrator checking the floors for cleanliness. The DD accompanied the surveyors to room NJ EX Order, 264b1. He stated that it was "not OK to have resident's walls look that way." While in room 2550, Resident #250 asked the DD if the room was going to be repaired and painted.</p> <p>On 05/31/23 at 11:49 AM, during an interview with the surveyors and in the presence the DD, the Facility Director (FD) stated that they do daily rounds every morning checking to make sure everything is working and that work orders from the night before were completed.</p> <p>On 05/31/23 at 11:53 AM, the surveyors, the DD and the FD toured rooms NJ EX Order, 264b1, and 2550. The FD identified the white substance on the walls as spackle but could not tell the surveyors when the spackling had been completed. The FD acknowledged the walls with the white substance, holes and scrape marks in all the rooms mentioeds above. He the stated that it was "Not OK, it doesn't look like your home". The FD then stated openings in the walls could lead to "rodents or bugs coming in."</p> <p>On 05/31/23 at 02:24 PM, during a meeting with the survey team, the Licensed Nursing Home Administrator, the Acting Director of Nursing, and the Vice President of Growth and Transition (VPGT), the above findings were presented. The VPGT stated that "pests could certainly come in through open holes."</p>	F 584			

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F 584	Continued From page 19 A review of the facility's "Room Preparedness Checklist" revealed under Housekeeping: Walls: dust and clean, if visibly soiled (bed and bathroom). It did not include a check for intact walls. A review of the undated facility policy "Maintenance Service" revealed: Policy statement: Maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation: 2. a. maintain the building in compliance with current federal, state, and local laws, regulations, and guidelines. b. maintaining the building in good repair and free from hazards. i. providing routinely scheduled maintenance service to all areas.	F 584			
F 623 SS=B	NJAC 8:39 - 31.2 Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in	F 623		6/30/23	

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F 623	<p>Continued From page 20 paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal</p>	F 623			

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NAME OF PROVIDER OR SUPPLIER LAWRENCE REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648		
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F 623	<p>Continued From page 21</p> <p>hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p>	F 623			

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F 623	<p>Continued From page 22</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the facility failed to provide written notification of the emergency transfer to the resident, resident representative, and the Office of the Long-Term Care Ombudsman (LTCO) for one (1) of one (1) residents' (Resident # 144), reviewed for hospitalizations.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the closed medical record of Resident #144.</p> <p>Review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility on [REDACTED] NJ EX Order: 264b1.</p> <p>Review of the electronic History and Physical dated [REDACTED] indicated diagnoses which included but not limited to; NJ EX Order: 264b1 [REDACTED]</p> <p>Review of the Physicians Orders (PO) indicated a handwritten PO dated [REDACTED] to "send pt [patient] to [name redacted] ER [emergency room] for NJ EX Order: 264b1."</p> <p>Further review of the electronic Progress Notes dated 3/20/23 at 1730 hours [5:30 PM] indicated, "Patient sent to [hospital] for NJ EX Order: 264b1 [REDACTED] went with patient at the hospital."</p> <p>Review of the New Jersey Universal Transfer</p>	F 623	<p>1. Resident 144 no longer resides at the facility.</p> <p>2. All residents have the potential to be affected.</p> <p>3. Licensed nurses and Social Service staff were re-educated by the Director of Nursing / Designee on the policy for written notification of emergency transfers. Nursing will complete the "Notice of Intent to Transfer/Discharge" in Point Click Care and send the notice to the resident/ family. Social Services will send the Notices to the Ombudsman office each month.</p> <p>4. The Social Services Director /designee will audit 3 resident records with transfer to the hospital per week. Audits will be completed weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings.</p>		

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F 623	Continued From page 23 Form (NJUTF) dated 06/01/23 , indicated the resident was transferred to the hospital for a "NJ EX Order: 26461" On 6/01/23 at 1:45 PM, the surveyor interviewed the Director of Social Work regarding the written letter of the emergency transfer to the resident/resident representative and to the LTCO. She stated, "that is not something that we do. We have a new regional social worker who is overseeing us, and we are working towards getting to do that. We have never done that before. The traffic here is enormous. Patients and families are always notified of the emergency transfer, but we don't send letters." On that same date the Licensed Nursing Home Administrator stated that residents and resident representatives are always notified of a emergency transfer verbally. On 6/1/23 at 2:01 PM, the surveyor met with the administrative team and discussed the above findings. There was no additional information provided.	F 623			
F 695 SS=D	NJAC 8:39-5.3; 5.4 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	F 695		6/30/23	

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F 695	<p>Continued From page 24</p> <p>care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to</p> <p>a.) maintain the necessary care and services for residents who were receiving [REDACTED] NJ EX Order. 264b1 treatment according to standards of practice and</p> <p>b.) ensure a physician's order was obtained for a resident receiving [REDACTED] This deficient practice was identified for two (2) of two (2) residents (R # 146 and R # 145) reviewed for [REDACTED] NJ EX Order. 264b1 care.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 5/24/23 at 12:00 PM, the surveyor observed Resident #146 awake and seated in a wheelchair across from the nurse's station. [REDACTED] was in use [REDACTED] NJ EX Order. 264b1 [REDACTED] NJ EX Order. 264b1) at [REDACTED] NJ EX Order. 264b1 The [REDACTED] was attached to a [REDACTED] NJ EX Order. 264b1 attached to the back of the wheelchair. The [REDACTED] NJ EX Order. 264b1 was undated.</p> <p>On 5/25/23 at 12:18 PM, the surveyor observed the resident awake and seated in a wheelchair inside his/her room with [REDACTED] in use at [REDACTED] NJ EX Order. 264b1. The [REDACTED] was attached to a [REDACTED] NJ EX Order. 264b1 attached to the back of the wheelchair. The [REDACTED] NJ EX Order. 264b1 was undated.</p> <p>The surveyor reviewed the medical record of Resident #146.</p> <p>Review of the Admission Record (an admission summary) reflected that the resident was</p>	F 695	<p>1. Resident 145 physician order for oxygen treatment was obtained. [REDACTED] [REDACTED] was replaced and dated. Resident 145 had no adverse effects.</p> <p>Resident 146 no longer resides at the facility.</p> <p>2. All residents have the potential to affected. The facility completed an audit of current residents who utilize [REDACTED] for physician orders and [REDACTED] NJ EX Order. 264b1 being dated. Variances were addressed and recorded on the facility audit tool and corrected immediately.</p> <p>3. Nursing staff were re-educated on the policy for [REDACTED] utilization with a focus on physician orders and [REDACTED] NJ EX Order. 264b1 by the Director of Nursing / Designee.</p> <p>4. The Director of Nursing / designee will audit 3 resident records for [REDACTED] physician orders and 3 resident observations for [REDACTED] dated [REDACTED] NJ EX Order. 264b1 per week. Audits will be completed weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit frequency.</p>		

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F 695	<p>Continued From page 25</p> <p>readmitted to the facility on [REDACTED] with diagnoses which included but was not limited to; NJ EX Order. 264b1.</p> <p>Review of a handwritten physician's order (PO), dated [REDACTED], for NJ EX Order. 264b1 via NJ EX Order. 264b1.</p> <p>Review of the [REDACTED], "Monthly Treatment Kardex Continuation" record reflected the above corresponding PO.</p> <p>Review of the resident's comprehensive care plan reflected a focus area for requiring NJ EX Order. 264b1 related to NJ EX Order. 264b1 initiated on [REDACTED]. The goal was for the resident to remain free of symptoms and complication of [REDACTED]. The interventions reflected to change [REDACTED] as per facility protocol dated [REDACTED].</p> <p>2. On 5/23/23 at 12:00 PM, the surveyor observed Resident #145 awake and seated in a wheelchair inside his/her room. The resident was observed with NJ EX Order. 264b1. The NJ EX Order. 264b1 was undated.</p> <p>On 5/24/23 at 12:09 PM, the surveyor observed the resident awake, seated in a wheelchair inside his/her room. NJ EX Order. 264b1. The NJ EX Order. 264b1 was undated.</p> <p>The surveyor reviewed the medical record of Resident #145.</p> <p>Review of the Admission Record reflected that the resident was admitted to the facility on [REDACTED], with diagnoses which included but was not limited to; NJ EX Order. 264b1</p>	F 695			

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F 695	<p>Continued From page 26</p> <p>NJ EX Order. 264b1</p> <p>[REDACTED]</p> <p>Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ EX Order. 264b1, reflected that the resident had NJ EX Order. 264b1 while a resident.</p> <p>Review of the physician's orders reflected an order dated NJ EX Order. 264b1, for "Patient on NJ EX Order. 264b1 for NJ EX Order. 264b1" "There was no documented physician's order for the NJ EX Order. 264b1 until NJ EX Order. 264b1."</p> <p>Review of the NJ EX Order. 264b1 "Treatment Record" reflected the above corresponding PO dated NJ EX Order. 264b1</p> <p>There was no care plan developed or implemented for the NJ EX Order. 264b1 use.</p> <p>On 5/25/23 at 1:11 PM, the surveyor interviewed the NJ EX Order. 264b1 floor Registered Nurse who stated that when a patient was admitted a physician's order was obtained along with NJ EX Order. 264b1 orders and the NJ EX Order. 264b1 was dated and changed once a week. She stated the NJ EX Order. 264b1 should have been dated and she could not speak to why they weren't.</p> <p>Review of the facility's undated NJ EX Order. 264b1 "Administration" policy provided by the Licensed Nursing Home Administrator (LNHA) included to verify that there is a physician's order for "this" procedure. The policy did not include</p>	F 695			

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F 695	Continued From page 27 procedure(s) regarding the frequency of changing or replacing the NJ EX Order: 254971 . On 6/1/23 at 2:01 PM, the surveyor discussed the above observations and findings with the administrative staff. On 6/2/23 at 1:32 PM, the Director of Nursing (DON) stated that she spoke with the Unit Manager of the 2nd floor who stated she observed the resident wearing NJ EX Order: 254971 but did not have a physician's order, so she obtained and wrote an order for the NJ EX Order: 254971 on NJ EX Order: 254971 .	F 695			
F 755 SS=E	NJAC 8:39-11.2(e)(1)(2) Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755		6/30/23	

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F 755	<p>Continued From page 28</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: NJ00161372</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards a.) accurately transcribe a physician order, for 1 of 2 residents observed during medication pass (Resident #150), b.) ensure that residents' medications were available for medication administration for 2 of 2 residents observed during medication pass (Resident #149 and Resident #150) and c). ensure that all routine medications on the physician order's sheet (POS), and medication administration record (MAR) had a corresponding medical indication for 10 of 21 residents reviewed (Residents #150, #149, #5, #18, #35, #147, #145, #146, #248 and #249).</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse</p>	F 755	<p>1. Resident 35, 145, 149, 150, 249 Medication orders were clarified with a physician's order for medical indication.</p> <p>Residents 5, 18, 146, 147 and 248 no longer reside at the facility.</p> <p>2. All residents have the potential to be impacted. The facility completed an audit of current residents for the following: medications and their corresponding indications for use, medication availability, and the dose outlined on the MAR and the resident physician order for residents ordered to receive NJ EX C10007 254051 Variances were addressed and recorded on the facility audit tool. All new admission medication profiles are being evaluated by the Pharmacy Consultant. Their findings are reported to the physicians. Physicians are notified by nursing when the indications for a medication are not present and/ or if there is an instance that medications are</p>		

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F 755	<p>Continued From page 29</p> <p>Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 5/31/22 at 9:30 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse (LPN #1) in the room of Resident #150. The surveyor observed LPN #1 checking the resident's identification bracelet and informing Resident #150 that she will be administering the resident's medications.</p> <p>On 5/31/23 at 9:35 AM, during the medication administration observation, the surveyor observed LPN #1 preparing to administer NJ EX Order: 26461 medications to Resident #150 which included NJ EX Order: 26461 mcg (micrograms)</p>	F 755	<p>not available for administration.</p> <p>3. Licensed Nursing staff were re-educated by the Director of Nursing / Designee on the policy for Medication Order Transcription, medication indication and medication availability.</p> <p>4. The Director of Nursing / designee will audit 3 resident records with new medication orders comparing the MAR dose with the physician order, the indication for use and medication availability. Audits will be completed weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings.</p>		

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F 755	<p>Continued From page 30</p> <p>(a vitamin supplement). The surveyor observed LPN #1 checked her medication cart for [REDACTED] mcg but she was only able to find [REDACTED] mcg. LPN#1 told the surveyor that she was going to hold this medication because she needed to clarify this order with the physician.</p> <p>On 5/31/23 at 11:15 AM, the surveyor interviewed LPN#1 who stated that the physician changed Resident #150's [REDACTED] from [REDACTED] mcg to [REDACTED] mcg. LPN #1 further stated that she didn't know why the order was transcribed as [REDACTED] mcg and that could have been a transcription error. She acknowledges that the other nurses were probably administering [REDACTED] mcg since it was the only available [REDACTED] in the medication cart.</p> <p>The surveyor reviewed the medical record for Resident #150.</p> <p>A review of the Admission Record (an admission summary) revealed diagnoses that included but were not limited to; [REDACTED] and [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated [REDACTED] reflected the resident had a brief interview for mental status (BIMS) score of [REDACTED], indicating that the resident had an [REDACTED]</p> <p>A review of the [REDACTED] reflected a</p>	F 755			

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F 755	<p>Continued From page 31</p> <p>physician's order (PO) with a start date of [REDACTED] for [REDACTED] mcg [REDACTED] tablet by mouth once daily.</p> <p>A review of the [REDACTED] MAR revealed a PO with an order date of [REDACTED] for [REDACTED] mcg given [REDACTED] tablet by mouth once daily. The MAR indicated that [REDACTED] mcg was to be administered at 9:00 AM (0900). A review of the MAR revealed that [REDACTED] mcg was documented as being given from [REDACTED] and [REDACTED]</p> <p>2) a. On 5/31/23 at 9:05 AM, the surveyor observed LPN #1 preparing to administer [REDACTED] medications to Resident #150 which included [REDACTED] mg (medication for the [REDACTED] and [REDACTED] capsules (supplement for [REDACTED]). LPN #1 told the surveyor that she was unable to locate these medications inside her medication cart.</p> <p>She told the surveyor that she will need to check the back-up box but she was not sure if [REDACTED] and [REDACTED] would be available.</p> <p>The surveyor observed LPN#1, alerting Resident #150 that some of the resident's medications were unavailable and that she would notify the resident's physician.</p> <p>After the medication pass, the surveyor and LPN#1 reviewed the resident's POS and MAR. After reviewing the MAR, LPN#1 acknowledge that since the resident was admitted to the facility that the resident never received either [REDACTED] or [REDACTED]. LPN#1 pointed out and acknowledge to the surveyor that from [REDACTED] through [REDACTED] the nurses were circling their</p>	F 755			

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F 755	<p>Continued From page 32</p> <p>initials which meant that the medications were not administered. She further stated that the medications were probably never received from the pharmacy and that she would call the pharmacy, to find out what was going on with these two medications.</p> <p>When the surveyor asked LPN #1, what the procedure was when a resident's medication was unavailable. LPN #1 stated that the nurse must inform the physician and then call the pharmacy. She also stated that the nurse must document both of these interactions with the pharmacy and the physician in the progress notes.</p> <p>A review of the [REDACTED] POS reflected a PO with a start date of [REDACTED] for [REDACTED] capsule by mouth once daily; [REDACTED] mg [REDACTED] tablet by mouth once daily.</p> <p>A review of the [REDACTED] MAR revealed that on [REDACTED] the resident had not been administered either [REDACTED] capsules or [REDACTED] mg tablets. The surveyor looked at the backside of the corresponding MAR and noted one entry from [REDACTED], that indicated that the medication was not available.</p> <p>A review of Resident #150's progress notes from [REDACTED] until [REDACTED] revealed no notes regarding the unavailability of both [REDACTED] and [REDACTED] capsules. There were no notes that the pharmacy was called or any documentation showing that the resident's physician was made aware that Resident #150 was not receiving either [REDACTED] mg or [REDACTED] capsules.</p> <p>On 5/31/23 at 11:10 AM, the surveyor interviewed</p>	F 755			

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F 755	<p>Continued From page 33</p> <p>LPN#1 who stated that the physician called in NEW new medications for Resident #150. LPN #1 showed the surveyor the NEW orders and stated that NEW was discontinued by the manufacturer.</p> <p>On 6/1/23 at 12:10 PM, the surveyor interviewed Resident #150's regular nurse, Registered Nurse (RN#1). RN#1 stated that she was aware that both NEW and NEW were unavailable and when asked by the surveyor if she documented that these NEW medications were unavailable, she stated that she can't recall. She stated that she probably documented it on the backside of the MAR. When the surveyor asked RN#1 if she notified the physician that Resident #150's medications were unavailable, she stated that she probably told the physician when she was at the nursing station but acknowledged that she did not document that she spoke with the physician in the progress notes.</p> <p>On 6/1/23 at 12:30 PM, the surveyor interviewed Resident #150 who confirmed that they were not receiving a few of their medications. Resident #150 stated that the nursing staff told them that a few medications were unavailable from the pharmacy and to their knowledge that they never received a replacement.</p> <p>b. On 6/1/23 at 9:05 AM, during the medication administration observation, the surveyor observed RN#2 in the room of Resident#149. The surveyor observed Resident #149 being upset that they did not receive their NEW (medication to NJ EX Order, 264b1 NEW the previous day NEW). The surveyor observed RN#2 assuring the resident that their medication was available.</p>	F 755			

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F 755	<p>Continued From page 35</p> <p>that Resident#149 did not receive mg. The surveyor reviewed the backside of the corresponding MAR which revealed that the resident's was not administered because the medication was unavailable from the pharmacy.</p> <p>On 6/1/23 at 9:15 AM, the surveyor interviewed RN#2 who stated that the resident did not receive because the mg tablet was on backorder. She stated that the pharmacy sent mg and they were now giving the resident tablets of daily, the tablets are equal to mg. She stated that the resident only missed one dose.</p> <p>On 6/1/23 at 12:40 PM, the surveyor interviewed the resident who stated that the medication they missed was for their . The resident felt that the facility knowing the importance of this medication should have gotten the medication earlier to prevent them from missing a dose. The resident stated that they had been on this medication since being admitted on and the facility had ample time to get the medication earlier.</p> <p>On 6/1/23 at 2:15 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Vice President and discussed the surveyor's concerns, in particular the concerns of Resident #149. Resident #149 felt that the facility had the ability and the responsibility to get their medication earlier so they wouldn't have missed a dose. The Regional Vice President confirmed that the facility could get medication earlier.</p> <p>3) a. On 5/31/22 at 9:30 AM, while observing the</p>	F 755			

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F 755	<p>Continued From page 36</p> <p>above-mentioned medication administration with LPN#1 for Resident #150, the surveyor observed the following:</p> <p>A review of Resident #150's NJ EX Order. 264b1 POS revealed NJ EX medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the NJ EX Order. 264b1 MARs as listed:</p> <ol style="list-style-type: none"> 1. NJ EX Order. 264b1 mg give NJ EX tablet po (by mouth) daily 2. NJ EX Order. 264b1 mg give NJ EX tablet po daily on NJ EX Order. 264b1 and NJ EX Order. 264b1 3. NJ EX Order. 264b1 mg give NJ EX tablets po daily on NJ EX Order. 264b1 and NJ EX Order. 264b1 4. NJ EX Order. 264b1 mg give NJ EX capsule po every NJ EX hours 5. NJ EX Order. 264b1 Instill NJ EX drop in NJ EX Order. 264b1 at bedtime 6. NJ EX Order. 264b1 mg NJ EX Order. 264b1 every NJ EX weeks 7. NJ EX Order. 264b1 mg give NJ EX tablet po daily 8. NJ EX Order. 264b1 mg give NJ EX tablet po every other day 9. NJ EX Order. 264b1 (milliliters) ml NJ EX Order. 264b1 times daily 10. NJ EX Order. 264b1 give NJ EX tablets po at bedtime 11. NJ EX Order. 264b1 mg give NJ EX tablet po daily 12. NJ EX Order. 264b1 mg give NJ EX tablet po daily 13. NJ EX Order. 264b1 mcg give NJ EX capsule po daily 14. NJ EX Order. 264b1 mcg give NJ EX tablet po daily 15. NJ EX Order. 264b1-gram powder once daily 16. NJ EX Order. 264b1 mg give NJ EX tablet po twice daily 17. NJ EX Order. 264b1 mg give NJ EX tablet po daily. 18. NJ EX Order. 264b1 mg give NJ EX tablet po daily 19. NJ EX Order. 264b1 mg give NJ EX tablet po daily 20. NJ EX Order. 264b1 mg give NJ EX tablet po daily 21. NJ EX Order. 264b1 daily 	F 755			

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F 755	<p>Continued From page 37</p> <p>22. NJ EX Order: 264b1 give NJ tablet po daily</p> <p>23. NJ EX Order: 264b1 mg give NJ tablet po twice daily</p> <p>On 5/31/23 at 10:00 AM, the surveyor and LPN#1 reviewed Resident #150's POS and MAR. The surveyor asked LPN#1 if anything was missing in the POSs and MARs and she stated that they were no medical indications for all the routine medications. LPN#1 stated that having the medical indication could help avoid any confusion especially since a lot of medications have multiple uses.</p> <p>On 6/1/23 at 12:15 PM, the surveyor interviewed RN#1 regarding routine medications not having medical indications on the POS, and MARs. RN#1 stated that having the medical indication could be useful and helpful.</p> <p>On 6/1/23 at 9:05 AM, during the above medication administration observation with RN#2 for Resident #149, the surveyor observed the following:</p> <p>b. A review of Resident #149's NJ EX Order: 264b1 POS revealed that the resident had NJ EX medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the NJ EX Order: 264b1 MARs as listed:</p> <ol style="list-style-type: none"> 1. NJ EX Order: 264b1 tablet NJ EX mg NJ tablet by mouth daily 2. NJ EX Order: 264b1 in both NJ EX Order: 264b1 times daily 3. NJ EX Order: 264b1 give NJ tablet by mouth every NJ hours 4. NJ EX Order: 264b1 Instill NJ EX Order: 264b1 in NJ EX Order: 264b1 NJ times daily 5. NJ EX Order: 264b1 mg NJ tablet by mouth NJ times daily 	F 755			

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F 755	<p>Continued From page 38</p> <p>6. NJ EX Order: 264b1 mg give tablet by mouth daily</p> <p>7. NJ EX Order: 264b1 by mouth every hours</p> <p>8. NJ EX Order: 264b1 mg give tablet by mouth in the morning</p> <p>9. NJ EX Order: 264b1 mg give tablet by mouth at PM</p> <p>10. NJ EX Order: 264b1 mg give tablet by mouth in the morning</p> <p>11. NJ EX Order: 264b1 mg give tablets by mouth times daily</p> <p>12. NJ EX Order: 264b1 mg give tablet by mouth in the morning</p> <p>13. NJ EX Order: 264b1 mg give tablet by mouth at bedtime</p> <p>14. NJ EX Order: 264b1 the contents of capsule by mouth daily</p> <p>15. NJ EX Order: 264b1 give tablet by mouth at bedtime</p> <p>16. NJ EX Order: 264b1 mg give capsule by the mouth at bedtime</p> <p>17. NJ EX Order: 264b1 instill in each at bedtime.</p> <p>On 6/1/23 at 9:20 AM, the surveyor and RN#2 reviewed Resident's #149 POSs and MARs. The surveyor asked RN#2 what was missing on both the physician's orders and the MAR. RN#2 stated that they were no medical indications for any of the routine medications. She further stated that it's important to have the medical indication because some medications had multiple indications.</p> <p>c. On 06/02/23 at 11:05AM, a review of the MARs for Resident #5's POS revealed medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the MAR as listed:</p> <p>1. NJ EX Order: 264b1 mg give</p>	F 755			

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F 755	<p>Continued From page 39</p> <p>tablet by mouth daily</p> <p>2. NJ EX Order. 264b1 mg give NJ EX tablet by mouth daily NJ EX Order. 264b1</p> <p>NJ EX tab NJ EX mcg give NJ EX tablet by mouth daily</p> <p>4. NJ EX Order. 264b1 tab NJ EX mg give NJ EX tablet by mouth daily</p> <p>5. NJ EX Order. 264b1 mg PO NJ EX Order. 264b1 am and NJ EX pm</p> <p>6. NJ EX Order. 264b1 units NJ EX Order. 264b1) X 1 dose today</p> <p>7. NJ EX Order. 264b1 mg by mouth NJ EX</p> <p>d. On 06/02/23 at 11:15 AM, a review of the MARs for Resident #18's NJ EX and NJ EX Order. 264b1 POS revealed NJ EX medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the M NJ EX Order. 264b1 MAR as listed:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 mg PO q daily NJ EX Order. 264b1 mcg NJ EX Order. 264b1 q NJ EX hours NJ EX Order. 264b1 mg PO q day NJ EX Order. 264b1 mg po q HS NJ EX Order. 264b1 mg PO q daily NJ EX Order. 264b1 mg PO q day NJ EX Order. 264b1 mcg PO daily NJ EX Order. 264b1 mcg PO a day NJ EX Order. 264b1 mg PO q daily NJ EX days, dated NJ EX Order. 264b1 NJ EX Order. 264b1 mg PO q daily NJ EX days, dated NJ EX Order. 264b1 NJ EX Order. 264b1 3 mg PO NJ EX Order. 264b1 days, dated NJ EX Order. 264b1 NJ EX Order. 264b1 mg PO q daily, dated NJ EX Order. 264b1 <p>e. On 06/02/23 at 11:40 AM, a review of the MARs for Resident #35's NJ EX and NJ EX Order. 264b1 POS revealed eight NJ EX medications that were prescribed for routine use that did not contain a corresponding medical indication and were</p>	F 755			

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F 755	<p>Continued From page 40</p> <p>transcribed to the [REDACTED] MAR as listed:</p> <ol style="list-style-type: none"> 1. [REDACTED] mg PO q HS 2. [REDACTED] mg PO [REDACTED] 3. [REDACTED] mcg PO daily 4. [REDACTED] mg PO q HS 5. [REDACTED] mg PO daily 6. [REDACTED] PO daily 7. [REDACTED] mg PO daily 8. [REDACTED] mg PO BID <p>f. On 06/02/23 at 11:00AM, a review of the MARs for Resident #147's [REDACTED] POS revealed [REDACTED] medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the [REDACTED] MAR as listed:</p> <ol style="list-style-type: none"> 1. [REDACTED] mg PO daily 2. [REDACTED] mg PO q HS 3. [REDACTED] MG PO daily 4. [REDACTED] mg PO daily 5. [REDACTED] mg PO daily 6. [REDACTED] mcg PO [REDACTED] each [REDACTED] q AM 7. [REDACTED] mg PO q AM 8. [REDACTED] [REDACTED] each [REDACTED] q HS 9. [REDACTED] mg PO daily 10. [REDACTED] mg PO BID 11. [REDACTED] q 12 hours <p>g. On 5/23/23, the surveyor reviewed the medical record for Resident #145 which revealed the following:</p> <p>A review of the MARs for [REDACTED] and POS revealed [REDACTED] medications that were prescribed for routine use that did not contain a</p>	F 755			

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F 755	<p>Continued From page 41</p> <p>corresponding medical indication and were transcribed to the [REDACTED] MAR as listed:</p> <ol style="list-style-type: none"> 1. [REDACTED] mg PO [by mouth] q [every] [REDACTED] hours dated [REDACTED] 2. [REDACTED] units [REDACTED] q HS [hour of sleep] dated [REDACTED] 3. [REDACTED] units [REDACTED] times a day] dated [REDACTED] 4. [REDACTED] mg PO daily dated [REDACTED] 5. [REDACTED] mg dated [REDACTED] [REDACTED] mg PO [REDACTED] a day] dated [REDACTED] 6. [REDACTED] mg PO q [REDACTED] hours dated [REDACTED] 7. [REDACTED] mg PO daily dated [REDACTED] 8. [REDACTED] mg PO daily dated [REDACTED] 9. [REDACTED] mg PO daily dated [REDACTED] <p>h. On 5/25/23, the surveyor reviewed the medical record for Resident #146 which revealed the following:</p> <p>A review of the MARs for [REDACTED] and POS revealed [REDACTED] medications that were prescribed for routine and as needed use that did not contain a corresponding medical indication and were transcribed to the [REDACTED] MAR as listed:</p> <ol style="list-style-type: none"> 1. [REDACTED] mg PO daily dated [REDACTED] 2. [REDACTED] mg PO daily dated [REDACTED] 3. [REDACTED] mg PO daily dated [REDACTED] 4. [REDACTED] grams PO daily dated [REDACTED] 5. [REDACTED] mg PO daily dated [REDACTED] 6. [REDACTED] mg [REDACTED] treatment every [REDACTED] hours as needed dated [REDACTED] 7. [REDACTED] mg PO daily dated [REDACTED] 8. [REDACTED] mg PO daily dated [REDACTED] 9. [REDACTED] mg PO daily for [REDACTED] weeks dated [REDACTED] 	F 755			

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F 755	<p>Continued From page 42</p> <p>NJ EX Order. 264b1 NJ EX Order. 264b1 tablet PO daily dated</p> <p>i. On 05/25/23 at 11:03 AM, the surveyor reviewed the medical record for Resident #248 which revealed the following: A review of the MARs for NJ EX Order. 264b1 POS revealed NJ EX Order. 264b1 medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the NJ EX Order. 264b1 MAR as listed:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 mg (milligram) PO (by mouth) q (every) HS (hour of sleep) NJ EX Order. 264b1 mg PO q HS NJ EX Order. 264b1 mg PO q NJ EX Order. 264b1 hrs (hours) NJ EX Order. 264b1 mg PO q NJ EX Order. 264b1 hrs NJ EX Order. 264b1 mg PO q NJ EX Order. 264b1 NJ EX Order. 264b1 mcg (micrograms) PO daily NJ EX Order. 264b1 mg PO q HS NJ EX Order. 264b1 mg PO daily NJ EX Order. 264b1 topically NJ EX Order. 264b1 times a day) NJ EX Order. 264b1 mg PO HS NJ EX Order. 264b1 mg PO NJ EX Order. 264b1 days NJ EX Order. 264b1 mg PO NJ EX Order. 264b1 start NJ EX Order. 264b1 <p>j. On 05/25/23 at 01:30 PM, the surveyor reviewed the medical record for Resident #249 which revealed the following: A review of the MARs for NJ EX Order. 264b1 POSs revealed NJ EX Order. 264b1 medications that were prescribed for routine use that did not contain a corresponding medical indication and were transcribed to the NJ EX Order. 264b1 MAR as listed:</p> <ol style="list-style-type: none"> NJ EX Order. 264b1 mg PO NJ EX Order. 264b1 hrs NJ EX Order. 264b1 mg PO NJ EX Order. 264b1 	F 755			

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F 755	<p>Continued From page 43</p> <p>3. NJ EX Order: 264b1 mg PO q HS</p> <p>4. NJ EX Order: 264b1 n tab PO daily</p> <p>5. NJ EX Order: 264b1 mg PO daily</p> <p>6. NJ EX Order: 264b1 mg PO q HS</p> <p>7. NJ EX Order: 264b1 mg PO q day</p> <p>8. NJ EX Order: 264b1 mg PO daily</p> <p>On 05/31/23 at 02:21 PM, during a meeting with the survey team, the Vice President of Growth and Transition, the Acting Director of Nursing (ADON), the Licensed Nursing Home Administrator (LNHA) were made aware of the above findings. The ADON acknowledged that a medical indication should be listed on the POS and the MARs.</p> <p>On 6/1/23 at 2:15 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Regional Vice President and discussed the surveyor's concerns. No further information was provided.</p> <p>A review of the facility's policy for Administration Medications and Medication Orders that were undated and provided by DON does not address any of the concerns brought forward in this deficiency.</p>	F 755			
F 761 SS=D	<p>NJAC 8:39-11.2 (b), 29.2 (d)</p> <p>Label/Store Drugs and Biologicals</p> <p>CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when</p>	F 761		6/30/23	

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F 761	<p>Continued From page 44 applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to properly secure medications in 1 (one) of 2 (two) emergency crash carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 5/31/23 at 11:30 AM, the surveyor inspected the second-floor emergency crash cart that contained the facility's Emergency-Kit (E-Kit) in the presence of a Licensed Practical Nurse/Unit Manager (LPN/UM#1). The surveyor observed the crash cart which was covered and secured by Velcro straps.</p> <p>The surveyor observed LPN/UM #1 remove the covering and then move a handle on the top</p>	F 761	<p>1. No specific resident(s) were identified. The second floor emergency crash cart was secured with red tied locks.</p> <p>2. Although no residents were impacted, all residents have the potential to be impacted. An audit was completed of facility emergency crash cart contents and securing carts. No further variances were noted.</p> <p>3. Licensed Nurses were re-educated on the policy for securing emergency crash cart with red tied locks.</p> <p>4. The Director of Nursing / Designee will complete 3 audits per week on the facility</p>		

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F 761	<p>Continued From page 45</p> <p>portion of the crash cart from the locked to unlocked position. The surveyor then observed LPN/UM#1 open each drawer of the crash cart and the surveyor observed the third drawer contained syringes and the 4th drawer contained a E-Kit box that contained [REDACTED] medications. The surveyor inspected the E-Kit box that contained the following medications:</p> <ol style="list-style-type: none"> 1. NJ EX Order, 264b1 solution (5 [REDACTED]) 2. NJ EX Order, 264b1 mg chewable tablets (4 tablets) 3. NJ EX Order, 264b1 (two) 4. NJ EX Order, 264b1 injection (two) 5. NJ EX Order, 264b1 5mg/ml injection (two) 6. NJ EX Order, 264b1 e injection 50 mg (two) 7. NJ EX Order, 264b1 injection (two) 8. NJ EX Order, 264b1 Injection (three) 9. NJ EX Order, 264b1 mg (one) 10. NJ EX Order, 264b1 gel (three) 11. NJ EX Order, 264b1 injection (two) 12. NJ EX Order, 264b1 ointment (three) 13. NJ EX Order, 264b1 mg [REDACTED] tablets (one bottle of 25 tablets) 14. NJ EX Order, 264b1 (two). <p>The surveyor inspected the contents of the E-Kit in the presence of LPN/UM#1 and observed no missing medication and everything was accounted for inside the E-Kit.</p> <p>At that time, the surveyor interviewed LPN/UM#1, who acknowledge that the handle on the crash cart was not a secure lock. She acknowledged that there was nothing stopping anyone from moving the handle from the locked to the unlocked position. She showed the surveyor red-tied locks that were inside the crash cart. She stated that after the nurses do their daily</p>	F 761	<p>emergency crash carts. Audits will be completed weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings.</p>		

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F 761	Continued From page 46 checks of the crash cart, they are required to sign off that the cart was checked and make sure that the crash cart is secured with two tied locks. LPN/UM#1 acknowledge that whoever checked this crash cart did not properly secure it with the red-tied locks. On 6/1/23 at 1:30 PM, the surveyor discussed the above observations and findings with the Administrative team which included the Director of Nursing (DON), Licensed Nursing Home Administrator (LNHA), and the Regional Vice President. There was no additional information provided. A review of the facility's policy for Storage of Medications that were undated and provided by the LNHA included that "compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended"	F 761			
F 804 SS=E	NJAC: 8:39-29.4 (a) (h) (d) Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.	F 804		6/30/23	

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F 804	<p>Continued From page 47</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure the safe and appetizing temperatures of hot and cold food and drink served to the residents. This deficient practice was identified for four (4) of five (5) residents interviewed during the Resident Council meeting and confirmed during the lunchtime meal service on [REDACTED] for [REDACTED] nursing units tested for food temperatures by four surveyors and was evidenced by the following:</p> <p>On 5/23/23 at 10:10 AM, the surveyor met with five (5) residents for council meeting. Four out of five residents stated that they were displeased with food temperatures and that hot food items were not served hot.</p> <p>06/02/23 11:36 AM, the Registered Dietitian (RD) surveyor calibrated two state issued digital thermometers via the ice bath method to 32 degrees Fahrenheit (F) in the presence of the survey team.</p> <p>On 6/02/23 at 11:53 AM, the surveyors observed the Certified Nurse's Aide (CNA) #1 delivering lunch meals to residents from the first food truck delivered to the [REDACTED]-floor unit. CNA #1 stated that there were only two food trucks for the second-floor unit, and both were on the unit. The surveyor chose a regular consistency diet lunch tray to test after the last tray was served. The staff immediately called the kitchen for a replacement tray. After the last meal tray was delivered to a resident at 12:15 PM, the surveyor took the temperatures of the following items, in the presence of two addition surveyors:</p>	F 804	<p>1.The facility completed an audit of temperature checks for test trays. Variances were addressed and recorded on the facility audit tool.</p> <p>2. All residents have the potential to be impacted.</p> <p>3. Nursing staff and Dietary staff were re-educated by the Dietitian / Designee on the policy for food and drink being palatability, food and drink being attractive and at a safe and appetizing temperature.</p> <p>4. The Dietary Manager /Designee will complete 3 random audits for test trays and 5 resident interviews per week for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit outcomes.</p>		

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F 804	<p>Continued From page 48</p> <p>Baked Fish Fillet: 133 degrees F Scalloped Potatoes: 132 degrees F Pears: 71 degrees F Coffee eight ounces: 128 degrees F Cranberry Juice Cocktail four ounces: 65 degrees F Reduced Fat Milk 2% four ounces: 62 degrees F</p> <p>On 6/2/23 at 12:17 PM, the surveyor observed food truck arrive to the fifth floor in the presence of CNA #2 and a Licensed Practical Nurse (LPN). The surveyor chose a regular consistency lunch tray to test after the last tray was served. The LPN immediately called the kitchen for a replacement tray. After the last meal tray was delivered to a resident at 12:27 PM, the surveyor took the temperatures of the following items in the presence of a Registered Nurse (RN), who acknowledged and verified the temperatures:</p> <p>Baked Fish Fillet: 141.2 degrees F Scalloped Potatoes: 148 degrees F Pears: 70.6 degrees F Coffee eight ounces: 139 degrees Reduced Fat Milk 2% four ounces: 59.3 degrees F Chocolate Magic Cup: 12.2 degrees F</p> <p>On 5/31/23 at 11:03 AM, the surveyor interviewed the RD and Regional RD both of which stated that they were unaware of any concerns or resident complaints related to hot and cold food temperatures.</p> <p>On 6/02/23 at 10:39 AM, the surveyor interviewed the Food Service Director (FSD) in presence of the survey team. He stated that there have been issues with food temperatures but could not</p>	F 804			

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F 804	<p>Continued From page 49</p> <p>speak to specifics. He stated that he started a Quality Assurance Performance Improvement (QAPI) plan which included inconsistent food temperatures and stated that he performed test trays and would provide the surveyor with copies.</p> <p>Review of the QAPI Plan for the Lawrence Campus Kitchen Operations dated 5/11/23 and provided by the FSD on 5/31/23 at 2:00 PM, included "Dietary operations to function properly in accordance with local, state and federal regulations." In addition, it identified a concern that food temperatures were inconsistent. The "Notes" on this form included that test tray audits would be randomly conducted at different mealtimes to ensure all food temperatures were within range.</p> <p>Review of the "Test Tray" audits provided to the surveyor by the FSD on 6/2/23 at 2:00 PM included 10 audits ranging from 3/22/23 to 5/28/23. The audit form included acceptable temperature ranges for soup, hot beverages and entrees to be at or above 135 degrees F, and for desserts, fruit, milk, cold beverages and potentially hazardous foods to be at or below 41 degrees F.</p> <p>On 3/22/23, the breakfast test tray audit indicated that oatmeal was 128.7 degrees F, pancakes were 121.4 degrees F and sausage was 133.4 degrees F.</p> <p>On 3/27/23, the lunch test tray audit indicated that turkey was 129.8 degrees F, bread dressing was 126.4 degrees F, and green beans were 123.6 degrees F.</p> <p>On 4/5/23, the lunch test tray audit indicated that</p>	F 804			

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F 804	Continued From page 50 chicken was 128.6 degrees F, mashed sweet potatoes were 123.4 degrees F, and cauliflower was 123.6 F degrees F. On 4/12/23, the lunch test tray audit indicted that "mashed sweet" was 132.8 degrees F and cauliflower was 127.2 degrees F. On 4/20/23, the lunch test tray audit indicated that eggplant parmigiana was 129.7 degrees F, pasta was 133.4 degrees F, and green beans were 131.2 degrees F. On 5/1/23, the lunch test tray audit indicated that potatoes were 133.4 degrees F and green beans were 127.6 degrees F. On 5/15/23, the lunch test tray audit indicated that the chicken sandwich was 130 degrees F. On 5/28/23, the breakfast tray audit indicated that the toast was 110 degrees F. Review of the undated facility policy "Food and Nutrition Services" included that food and nutrition services staff will ensure that meals would be served at a safe and appetizing temperature.	F 804			
F 806 SS=E	NJAC 8:39-17.2(g), 17.4(e) Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences;	F 806		6/30/23	

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F 806	<p>Continued From page 51</p> <p>§483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that resident's dietary preferences were consistently identified and implemented for eight (8) of eight (8) residents (Resident #5, #18, #145, #147, #199, #202, #203 and #204) which represented two (2) of two (2) units reviewed for dietary preferences.</p> <p>This deficient practice was evidenced as follows:</p> <p>On 5/23/23 at 10:10 AM, a resident council meeting was conducted with five residents. Five of five residents stated that they did not receive food that they ordered from the menu and that items were missing from their meal trays. In addition, five of five residents stated that someone brings them menus to fill out, but the menus are often not picked up. Resident # 202 stated that the following occurred: "I asked for rice crispy cereal and a banana and for some reason they gave me pancakes and other things I don't want", and he/she also stated that they received cereal without milk and that he/she asked for sausage and toast but also did not receive it. Resident #199 stated that they received only angel hair pasta and a roll recently for dinner. Resident #203 stated that he/she only received a hard-boiled egg and a box of cereal for breakfast.</p>	F 806	<p>1. Residents 5, 18, 147, 199, 202, 203 and 204 no longer reside at the facility. Resident 145 was interviewed, and dietary preferences were updated. Resident requested to continue with meal selection sheets. Nursing staff re-educated by the Director of Nursing / Designee to assist resident with completion and submission of selections. Tray checks were completed with no variances noted. C.N.A. 1 re-educated by the Director of Nursing / Designee on alerting the charge nurse when a resident expresses that the meal they received is not as requested or if the resident prefers an alternative. The facility completed an audit of preferences for current residents and mealtime observation for tray contents and delivery time. Variances were addressed and recorded on the facility audit tool.</p> <p>2. All residents have the potential to be affected.</p> <p>3. Dietary staff were re-educated by the Dietary Manager / Designee on tray contents per diet order and resident preferences. Nursing staff and Dietary Staff were re-educated by the Dietary Manager / Designee on the policy for interviewing residents and obtaining and</p>		

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F 806	<p>Continued From page 52</p> <p>On 5/23/23 at 12:00 PM, the surveyor observed Resident #147 seated in a wheelchair in his/her room and was agreeable to be interviewed. During the interview at 12:15 PM, the Certified Nurse's Aide (CNA) #1 brought the resident his/her lunch tray. The resident stated that he/she had been at the facility since April and that it was the first time the meal ticket that he/she filled out with preferences (titled Selection Sheet) was attached to the generic meal ticket. The resident stated that typically it was only the generic ticket that was on the tray and that he/she does not receive what was ordered. In addition, the resident stated that no one provided instructions as to how to fill out the menus and that someone just leaves it on the overbed table, and he/she did the "best I can to fill it out." The resident stated that he/she did not recall if they were seen by a Registered Dietitian (RD) and that no one ascertained his/her food preferences. The resident stated that they were visited by a patient advocate but she "did not deal with dietary issues." The resident also stated that they would prefer to have two cups of coffee on the meal trays but "I don't know how to make that happen." The resident stated that they "had tried to write two (2) cups on the meal ticket but they never received it." The resident also stated that one morning there was a coffee mug on the breakfast tray, but it was empty. Upon review of the lunch meal ticket, there was a section where "Beverages", "Dislikes" and "Prefers" could have been addressed and "NO PREFERENCES" was indicated next to beverages and prefers and "NONE" was indicated next to dislikes.</p> <p>On 5/24/23 at 11:35 AM, the surveyor observed Resident #18 in his/her room in a wheelchair with the overbed table awaiting the lunch meal. The</p>	F 806	<p>communicating food preferences and food selections to the dietary department.</p> <p>Resident meeting was held by the Dietary Manager / designee with review of process for completing selective menus and Registered Dietitians are obtaining preferences.</p> <p>Tray accuracy is checked as trays are completed at the end of each tray line by the dietary supervisor. Menus are stamped "Confirmed" to verify that the contents match the patient's selections.</p> <p>4. The Dietary Manager /designee will complete 3 audits per week during mealtimes to check tray contents per tray ticket, diet order, resident preferences, and menu selection. Rounds by the Food Service Director/ designee for resident satisfaction with tray accuracy will be completed weekly for 4 weeks, then monthly for two months. The dietary manager / designee will complete 5 resident interviews per week of meal satisfaction weekly for 4 weeks, then monthly for two months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be determined based on audit findings.</p>		

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NAME OF PROVIDER OR SUPPLIER LAWRENCE REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648		
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F 806	<p>Continued From page 53</p> <p>resident stated that food services were "spotty" and that he/she did not always get what was ordered. At this same time a second surveyor joined the interview. The resident stated that the menus (Selection Sheets) were left about a week ahead of time and that he/she filled them out but frequently did not receive what was marked off and was not notified as to why. The resident stated that he/she was not seen by an RD and that no one ever visited him/her to discuss or ascertain food preferences or dislikes.</p> <p>On 5/24/23 at 12:09 PM, the surveyor observed Resident #145 in his/her room in a wheelchair and visiting with their son. The lunch tray was delivered by CNA #2. The resident did not receive the "yellow cake" as per the meal ticket. The resident stated that this was not unusual and that there was always something missing from the trays every day. The resident stated that no one, including an RD ever asked what he/she liked or disliked and stated that I just get what they give me. The resident stated that they preferred to receive ginger ale but did not receive this consistently. Upon review of the lunch meal ticket there was a section where "Beverages", "Dislikes" and "Prefers" could have been addressed and "NO PREFERENCES" was indicated next to beverages and prefers and "NONE" was indicated next to dislikes. The surveyor observed "Selection Sheets" dated 5/18/23 through 5/25/23 on the resident's overbed table and were not filled out. The resident stated that no one came to help him/her fill out the menus and no one came to pick them up.</p> <p>On 5/24/23 at 12:14 PM, Resident #18's lunch tray arrived and what was on the meal ticket matched what was on the tray. The resident</p>	F 806			

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F 806	<p>Continued From page 54</p> <p>stated, "that is rare" and also stated it was the first time he/she saw the meal ticket stamped "confirmed" in red. Upon review of the lunch meal ticket there was a section where "Beverages", "Dislikes" and "Prefers" could have been addressed and "NO PREFERENCES" was indicated next to beverages and prefers and "NONE" was indicated next to dislikes.</p> <p>On 5/24/23 at 12:20 PM, the surveyor interviewed Resident #147 in the presence of a second surveyor during lunch. The resident was in his/her room and the lunch tray was on the overbed table. The resident stated that it was the first time they saw the meal ticket stamped "confirmed" in red. The resident stated that they received what they ordered today and "that has only been happening for the last two (2) days", and "since I have been here there are frequently items missing ... there has been improvement in the last two (2) days." The resident further stated that "someone must have told them." The surveyors observed a four-ounce apple juice on the resident's trays which the resident stated that he/she had not ordered. The resident stated that he/she preferred orange juice especially for breakfast but never received it.</p> <p>Medical Record Review:</p> <p>Resident #5: Review of the Admission Record (an admission summary) included that the resident was admitted with diagnoses that included but were not limited to: NJ EX Order, 264b1.</p> <p>Review of the Admission Minimum Data Set (MDS) dated 06/02/2023, a tool used to facilitate the management of care, included that the resident had a Brief Interview for Mental Status (BIMS)</p>	F 806			

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F 806	<p>Continued From page 55</p> <p>score of [REDACTED] which reflected that the resident had an [REDACTED] NJ EX Order: 26451.</p> <p>Review of the Physician's Orders included an order for a [REDACTED] diet dated [REDACTED].</p> <p>Review of the Nutritional Risk Assessment form dated [REDACTED], reflected that the Registered Dietitian (RD) documented "food preferences addressed", however no specific food preferences were noted within the assessment.</p> <p>Review of the nutrition care plan dated [REDACTED] did not reflect any documented food preferences.</p> <p>Resident #18:</p> <p>Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to: [REDACTED] NJ EX Order: 26451</p> <p>[REDACTED]</p> <p>Review of the Admission MDS dated [REDACTED] included that the resident had a BIMS score of [REDACTED] NJ EX Order: 26451, which reflected that the resident had [REDACTED] NJ EX Order: 26451.</p> <p>Review of the Physician's Orders included an order for a Regular diet dated [REDACTED].</p> <p>Review of the Nutritional Risk Assessment form dated [REDACTED] did not reflect any documented evidence that food preferences were addressed by the RD.</p> <p>Review of the nutrition care plan dated [REDACTED], did not reflect any documented food preferences.</p> <p>Resident #145:</p> <p>Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to: [REDACTED] NJ EX Order: 26451</p> <p>[REDACTED] and</p> <p>[REDACTED] NJ EX Order: 26451</p>	F 806			

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F 806	<p>Continued From page 56</p> <p>Review of the Admission MDS dated [REDACTED] included that the resident had a BIMS score of [REDACTED] out of [REDACTED], which reflected that the resident had an [REDACTED] NJ EX Order: 26461</p> <p>Review of the Nutritional Risk Assessment form dated [REDACTED], reflected that the RD liberalized the diet to Regular. It also included that the resident reported that he/she "did not get the menu to fill out." In addition, the RD documented the following: "does not like spaghetti and tomato sauce and rice", "provide menu", likes mashed potatoes", and "RD communicated to the diet office to provide menu and honor resident's food preferences."</p> <p>Review of the nutrition care plan dated [REDACTED] did not reflect any documented food preferences.</p> <p>Resident #147: Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; [REDACTED] NJ EX Order: 26461</p> <p>[REDACTED] NJ EX Order: 26461</p> <p>Review of the Admission MDS dated [REDACTED] included that the resident had a BIMS score of [REDACTED] [REDACTED], which reflected that the resident had an [REDACTED] NJ EX Order: 26461</p> <p>Review of the Physician's Orders included an order for a [REDACTED] diet dated [REDACTED]</p> <p>Review of the Nutritional Risk Assessment form dated [REDACTED], reflected that the RD documented "monitor food preferences", however no specific food preferences were noted within the assessment.</p> <p>Review of the nutrition care plan dated [REDACTED] 3, did not reflect any documented food preferences.</p> <p>Resident #199: Review of the Admission Record included that the</p>	F 806			

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F 806	<p>Continued From page 57</p> <p>resident was admitted with diagnoses that included but were not limited to: NJ EX Order. 264b1</p> <p>NJ EX Order. 264b1</p> <p>Review of the Medicare - 5-day MDS dated NJ EX Order. 264b1, included that the resident had a BIMS score of NJ EX Order. 264b1 which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Review of the Nutritional Risk Assessment form dated NJ EX Order. 264b1, reflected that the resident was prescribed a Regular diet and that the "Resident has no food preferences."</p> <p>Review of the nutrition care plan dated NJ EX Order. 264b1, did not reflect any documented food preferences.</p> <p>Resident #202:</p> <p>Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order. 264b1</p> <p>Review of the Admission MDS dated NJ EX Order. 264b1, included that the resident had a BIMS score of NJ EX Order. 264b1, which reflected that the resident had an NJ EX Order. 264b1.</p> <p>Review of the Physician's Orders included an order for a NJ EX Order. 264b1 NJ EX Order. 264b1 dated NJ EX Order. 264b1</p> <p>Review of the Nutritional Risk Assessment form dated NJ EX Order. 264b1 reflected that the RD documented "food preferences addressed", however no specific food preferences were noted within the assessment.</p> <p>Review of the nutrition care plan dated NJ EX Order. 264b1, did not reflect any documented food preferences.</p> <p>Review of the residents breakfast, lunch and dinner meal ticket's dated NJ EX Order. 264b1, reflected in the section where "Beverages", "Dislikes" and "Prefers" could have been addressed, however</p>	F 806			

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F 806	<p>Continued From page 58</p> <p>"NO PREFERENCES" was indicated next to beverages and prefers and "NONE" was indicated next to dislikes.</p> <p>Resident #203: Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order: 264b1</p> <p>[REDACTED]</p> <p>Review of the Admission MDS dated NJ EX Order: 264b1 included that the resident had a BIMS score of NJ EX Order: 264b1 which reflected that the resident had an NJ EX Order: 264b1.</p> <p>Review of the Physician's Orders included an order for a Regular diet dated NJ EX Order: 264b1.</p> <p>Review of the Nutritional Risk Assessment form dated NJ EX Order: 264b1 reflected that the RD documented "likes cranberry juice", "dislikes fish", and "RD communicated to the diet office regarding food preferences."</p> <p>Review of the nutrition care plan dated NJ EX Order: 264b1 did not reflect any documented food preferences.</p> <p>Review of the residents breakfast, lunch and dinner meal ticket's dated NJ EX Order: 264b1 reflected in the section where "Beverages", "Dislikes" and "Prefers" could have been addressed, however "NO PREFERENCES" was indicated next to beverages and prefers and "NONE" was indicated next to dislikes.</p> <p>Resident #204: Review of the Admission Record included that the resident was admitted with diagnoses that included but were not limited to; NJ EX Order: 264b1</p> <p>NJ EX Order: 264b1</p> <p>Review of the Admission MDS dated NJ EX Order: 264b1,</p>	F 806			

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F 806	<p>Continued From page 59</p> <p>included that the resident had a BIMS score of [REDACTED] which reflected that the resident had an [REDACTED] NJ EX Order: 264b1</p> <p>Review of the Physician's Orders included an order for a [REDACTED] NJ EX Order: 264b1 diet dated [REDACTED]</p> <p>Review of the Nutritional Risk Assessment form dated [REDACTED], did not reflect any documented food preferences.</p> <p>Review of the nutrition care plan dated [REDACTED] did not reflect any documented food preferences.</p> <p>On 5/24/23 at 12:15 PM, the surveyor observed CNA #1 delivering lunch trays to residents on the [REDACTED] floor. She stated that when she delivered the trays that the residents often stated, "that is not what I ordered." She stated that the meals do not always match the menu and that the kitchen did not notify the residents or the nursing staff of the changes. CNA #1 stated that she had never seen the meal tickets stamped "confirmed" in red before today. She stated that last year these things rarely occurred and that if there was a change on the meal tray verse what the resident ordered, the food services department would have put a label on it the meal ticket which indicated "sorry for the inconvenience but we needed to make a substitution."</p> <p>On 5/31/23 at 10:25 AM, the surveyor interviewed the Food Service Director (FSD), who stated that they had a new food service software system as of [REDACTED] that was used for the resident's meal tickets and selection sheets. He stated that he, or a member of his staff, visited residents to ascertain food preferences, it would be added to the software system and would have been indicated on the meal tickets. Together with the surveyor, the FSD reviewed some meal tickets</p>	F 806			

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F 806	<p>Continued From page 60</p> <p>from the NURS floor which had no preferences noted. He then stated that they started adding preferences to the second-floor residents meal tickets but could not speak to when that process started. The FSD stated that nursing communicated food preferences to the kitchen via an electronic fax (eFax) through email rather than the fax machine since some fax machines were broken. He stated that the information would be entered into the software system, and he would print those out and retained copies for his records. He stated that since this new system, they were able to provide residents with a selective menu. The FSD stated that these menus were provided a week in advance to the residents and that his staff would give them out and pick them up. In addition, the FSD stated that the residents were given instruction on how to fill out the selective menus. He stated that if a resident did not fill out the menu, they would have received a default regular meal ticket on their tray and that it was not the responsibility of his staff to have provided assistance to the residents to fill out the menus. The FSD could not speak to if there have been any menu changes nor what that process would entail.</p> <p>On 5/31/23 11:03 AM, the surveyor interviewed the RD and the Regional RD. They stated that it was the responsibility of the RD and sometimes the food services department to ascertain resident's food preferences on admission and as needed. They both stated that they communicated food preferences to the kitchen using a dietary recommendation form and verbally as well. In addition, they stated that as of two weeks ago, they both had access to enter food preferences into the food service software system as well. The RDs stated that they were</p>	F 806			

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F 806	<p>Continued From page 61</p> <p>not involved with giving selective menus to the residents and they would assist residents upon request if they happen to be in the residents' room. They stated that they were unaware of any menu changes or resident's not receiving their selected or preferred foods and fluids. The RDs stated that they should have been notified if there was a menu change because they were required to approve it. They stated they were not sure if this needed to be communicated to the residents or the nursing staff.</p> <p>On 6/02/23 at 10:39 AM, the surveyor interviewed the FSD, in presence of the survey team. He stated that the food service software was the system in place to ensure meeting the resident's food preferences. He then stated that they were still in the process of entering food preferences into the system. He stated that the residents can also call the kitchen to request an item from the always available list (he provided a copy to the surveyor) but could not speak to when this process was implemented. The FSD further stated that the new food service software system was implemented the week of 5/2/23 and that the contract for the previous software system was going to lapse and they did not have advanced warning or time to prepare for the new software system. He stated that it took time to get staff trained on how to use the new software system and that he was responsible to oversee and ensure that residents received their preferred meals. In addition, he stated that a Quality Assurance Performance Improvement (QAPI) plan was initiated on 5/11/23 to address this concern (he provided a copy to the surveyor). The FSD stated that he had identified concerns from 2/1/23 through 5/11/23 and could not speak to why the QAPI has not been effective.</p>	F 806			

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F 806	<p>Continued From page 62</p> <p>On 6/02/23 at 12:00 PM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that it was not nursing's responsibility to ascertain food preferences from the residents nor enter that information on the resident's care plan. She stated that when there was a new admission, they communicated the diet and any supplementation to the diet office on a communication slip (she provided a copy to the surveyor) via fax. She was unaware of what an eFax was. She stated that they provided the kitchen extension to the residents or would call for them if they did not receive what they wanted at mealtime. The RN/UM stated that there were times that residents did not receive what they ordered or that what was on the tray was not reflected on their meal ticket. She stated that food services dropped of the selective menus four to seven days in advance in a black plastic bin at the nursing station and that nursing gave them out and placed them back in the bin for food services to pick up. In addition, she stated that if a resident verbalized a food preference, they would call the diet office to let them know.</p> <p>On 6/02/23 at 1:10 PM, the Vice President of Growth and Transitions (VP) in the presence of the Licensed Nursing Home Administrator (LNHA), the Acting DON and the survey team, stated that she was aware that the food service department was conducting their own QAPI plan. And at 2:14 PM, the VP stated that there was a supervisor at the end of the tray line now to ensure that the trays were accurate.</p> <p>On 6/02/23 at 2:33 PM, the survey team met with the facility's administrative team and no additional info was provided.</p>	F 806			

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F 806	<p>Continued From page 63</p> <p>Review of the "QAPI Plan for Kitchen Operations" dated 5/11/23, included a goal of "Dietary operations to function properly in accordance with local, state and federal regulations." It also included the following concerns: (1) "Diet communication sheets not being provided consistently to the kitchen", (2) "Resident requests not being placed into the system properly", (3) "Tray line accuracy ..." and (4) "[name redacted - new dietary software system] rollout" For each concern there were corresponding notes as follows: (1) "Identified fax machines and telephone lines were working intermittently. Plan in place to email diet orders for new admissions and changes to Diet Office email. Dietary staff will make daily rounds to units in the morning, afternoon and evening shifts", (2) "Identified that the [name redacted - previous dietary software] system was not fully operating due to a network change. Diet office to round the floors to take orders and input into system manual", (3) "Identified items on ticket missing. Staff to ensure food items are prepared according to the menu and resident requests. Supervisor at the end of the tray line to double check trays for accuracy ... Food par levels adjust to ensure products are in house ...", and (4) "Transition to new menu and tray card system. In service and educate staff about the new system. Input resident diet card information ..." from the old to new system.</p> <p>Review of the undated facility policy "Resident Food Preferences", included "Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team." It also included that upon admission the RD or nursing staff would identify a residents food</p>	F 806			

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F 806	<p>Continued From page 64</p> <p>preferences and when possible, would interview the resident directly to determine current food preferences based on history and life patterns related to food and mealtimes. In addition, the policy included that nursing staff would document the resident's food and eating preferences in the care plan.</p> <p>Review of the undated facility policy "Nutritional Assessment" included that the nutritional assessment should include the resident's usual meal and snack patterns, food preferences and dislikes and preferred portion sizes. It also included that individualized care plans should address resident's personal preferences.</p> <p>Review of the undated facility policy "Food and Nutrition Services", included that "Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident." It also included that the RD should assess each residents' nutritional needs, food likes, dislikes and eating habits; that a resident-centered diet and nutrition plan should be based on this assessment; reasonable efforts should be made to accommodate resident choices and preferences; and food and nutrition services will inspect food trays to ensure that the correct meal was provided to each resident.</p> <p>Review of the undated Food Service Job description included "Participate in maintaining records of the resident's food likes and dislikes", as well as "Monitor food services to assure that all residents food service needs are being met" as part of the FSDs listed duties and responsibilities.</p>	F 806			

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F 836 SS=E	<p>NJAC - 17.4(a)1,(e)</p> <p>License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c)</p> <p>§483.70(a) Licensure. A facility must be licensed under applicable State and local law.</p> <p>§483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility.</p> <p>§483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph. This REQUIREMENT is not met as evidenced</p>	F 836		6/30/23	

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F 836	<p>Continued From page 66</p> <p>by: NJ00161372</p> <p>Based on observations, interviews, and review of facility provided documentation, the facility failed to a.) ensure call bells were answered timely for 4 of 21 residents reviewed (Residents #151, #204, #244 and #246) and b.) maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 32 of 48-day shifts and 2 of 48 evening shifts reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>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 CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>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</p>	F 836	<p>1. Resident's 151, 204, 244 and 246 no longer reside at the facility.</p> <p>1. The facility completed an audit of call bell response times. Variances were addressed and recorded on the facility audit tool. The facility completed a review of direct care staffing for the past 14 days. No resident variances were noted related to staffing ratios.</p> <p>2. All residents have the potential to be impacted.</p> <p>3. Re-education was provided to nursing staff by the Director of Nursing / Designee on the policy related to call bell response times. Re-education was provided to the nursing scheduler by the Director of Nursing / Designee on the state minimum direct care staff to resident ratios.</p> <p>4. The Director of Nursing / designee will complete 5 resident observations of call bell response times and addressing resident need. In addition, 3 resident interviews will be completed related to call light response weekly for 4 weeks and then monthly for 2 months. The Administrative team will review staff to resident ratios on all shifts 5 times per week for 4 weeks, then monthly for 2 months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be completed based on audit findings.</p>		

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F 836	<p>Continued From page 67</p> <p>CNA and perform CNA duties.</p> <p>1. During the initial tour on 05/22/23 of the [REDACTED] floor unit the surveyors observed the following:</p> <p>At 10:06 AM, the surveyors interviewed Resident #246 regarding call bells being answering in a timely manner. Resident #246 stated that he/she "has to wait a long time to use the bathroom, one night he/she had to wait [REDACTED] hours."</p> <p>At 11:10 AM, the surveyors observed a staff member enter the room of Resident #244, who was sitting in a wheelchair wearing a hospital gown. The resident's (NJ EX Order: 264b1) and a [REDACTED] were in the room. The staff member asked the resident why they were not dressed, Resident #244 stated "because his/her clothes have not been washed." At that time, the staff member transported Resident #244 in the wheelchair out of the room. During an interview with the surveyors, Resident #244's POA stated "they took the resident to physical therapy wearing a (NJ EX Order: 264b1)." The POA stated "The resident uses their call bell but has to wait a long time before it gets answered causing the resident to (NJ EX Order: 264b1) NJ EX Order: 264b1</p> <p>On 05/22/23 at 01:02 PM, during a follow up interview, Resident #244 stated (NJ EX Order: 264b1) [REDACTED]</p> <p>On 05/23/23 at 11:10 AM, during a follow up interview with Resident #246, he/she stated, [REDACTED] t."</p> <p>The surveyor reviewed the medical record for</p>	F 836	<p>5.</p> <p>a. Director of Nursing, Staffing Coordinator and Administrator will address any staffing concerns daily during morning meetings, will also discuss the need for the week and weekend continuously.</p> <p>b. Will work with regional recruiter to focus on Staff recruiting. The facility participates in an interdisciplinary Quality Care Resource call to review open positions, recruitment tactics, and changes to improve outcomes.</p> <p>c. Facility will create a Patient to Staffing Ratio Chart to assure the Staffing Coordinator meets the staffing ratio.</p> <p>d. Will do interviews on the spot for any walk ins. Multiple administrative team members will be readily be available for interviews at any time during normal business hours.</p> <p>e. Facility has contracts in place with multiple staffing agencies. Contract staff utilization is reviewed bi- weekly to identify trends and opportunities.</p> <p>f. We are working with our administrative team to partner with a C.N.A educator to have a program on campus.</p> <p>g. The facility will create a Care Champion Program to mentorship program for new employees which has</p>		

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F 836	<p>Continued From page 68</p> <p>Resident #246.</p> <p>A review of the Admission Record (an admission summary) for Resident # 246 revealed the resident was admitted to the facility in [REDACTED] with a diagnosis which included but were not limited to; NJ EX Order. 264b1 [REDACTED].</p> <p>A review of the Care Plan for Resident #246 revealed a Focus, dated [REDACTED]: "I am [REDACTED] for NJ EX Order. 264b1 s" with an Intervention, dated [REDACTED] of "Be sure call light is within reach, and provide reminders to use call for assistance as needed" and a Focus, dated [REDACTED]: "I have an ADL (activities of daily living) Self Care Performance Deficit r/t generalized weakness" with an Intervention, dated [REDACTED], "Encourage me to use call bell for assistance."</p> <p>The surveyor reviewed the medical record for Resident #244.</p> <p>A review of the Admission Record (an admission summary) for Resident # 244 revealed the resident was admitted to the facility in [REDACTED] with a diagnosis which included but were not limited to; NJ EX Order. 264b1 [REDACTED].</p> <p>A review of the Care Plan for Resident #244 revealed a Focus, dated [REDACTED]: "I am at [REDACTED] with an Intervention, dated [REDACTED], of "Be sure call light is within reach, and provide reminders to</p>	F 836	<p>been proven to raise retention rates in our other facilities.</p> <p>h. The facility has implemented a multifaceted approach for recruitment and retention of employees, Job fairs, Increased utilization of PRN staff, Implementation of OnShift, increase job posting advertisements, Sign on bonuses, Referral bonuses, Pick-up shift bonuses, Rate adjustments.</p>		

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F 836	<p>Continued From page 69</p> <p>use call for assistance as needed", a Focus, dated [REDACTED] NJ EX Order, 264b1 with an Intervention, dated [REDACTED] of "I am on NJ EX Order, 264b1 and may need to NJ EX Order, 264b1. Routinely check and offer/provide me toileting assistance" and a Focus, dated [REDACTED] NJ EX Order, 264b1: "I have an ADL Self Care Performance [REDACTED] with an Intervention, dated [REDACTED] NJ EX Order, 264b1, "Encourage me to use call bell for assistance."</p> <p>On 05/25/23 at 10:29 AM, the surveyor exited the elevator on the [REDACTED] floor and observed the call bell light illuminated over the door of rooms [REDACTED] and [REDACTED]. At 10:30 AM, the surveyor observed the [REDACTED] floor Manager (UM) with another staff member walk past room [REDACTED] and press the button for the elevator. The illuminated call bell lights for room [REDACTED] were visible from where the UM and the staff member were looking at the staff member's phone. The surveyor could also hear the centralized call bell system alarming at the nurses' station. The surveyor did not observe neither staff member go to either room to check to see what the residents needed.</p> <p>On 05/25/23 at 10:32 AM, the surveyor observed Certified Nursing Assistant (CNA #1) enter room [REDACTED] and say "yeah". The surveyor heard the resident say "NJ EX Order, 264b1" before CNA#1 closed the door.</p> <p>On 5/25/23 at 10:45 AM, a surveyor conducted a resident council meeting with [REDACTED] NJ EX Order, 264b1 and [REDACTED] NJ EX Order, 264b1 residents. When the surveyor asked, how long does it take for staff to answer you call light? Resident #151 answered, "once or twice I had to wait a while" and "a number of times [REDACTED] NJ EX Order, 264b1." Resident [REDACTED] NJ EX Order, 264b1.</p>	F 836			

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F 836	<p>Continued From page 70</p> <p>#204 stated, "I told the nurse, NJ EX Order: 26461 [REDACTED].' When the surveyor asked, do you receive assistance for either the bedpan or toilet timely? NJ EX Order: 26461 residents stated, "staff do not come timely."</p> <p>On 05/25/23 at 10:46 AM, during an interview with the surveyor, CNA #2 stated if you hear a call bell, answer it, even if it isn't on your side because everyone is supposed to answer the call bells.</p> <p>On 05/30/23 at 12:32 PM, the surveyor exited the elevator on the [REDACTED] floor and observed the call bell light illuminated for room [REDACTED]. The surveyor observed a staff member get off the elevator and walk past the illuminated call bell light. The staff member did not look in room or ask what the resident needed. At 12:33 PM, the surveyor observed the Acting Director of Nursing (ADON) get off elevator and walk past room [REDACTED]. The ADON did not look in room or ask if the resident needed assistance. At 12:39 PM, the resident in room [REDACTED] started calling out for help. At that time, CNA #3 and the Licensed Practical Nurse (LPN) entered room and closed the door.</p> <p>On 05/31/23 at 10:54 AM, during an interview with the surveyor, CNA#3 stated that it was everyone's responsibility to answer call bells, even housekeeping, because it could be something small.</p> <p>On 05/31/23 at 11:04 AM, during an interview with the surveyor, the [REDACTED] floor UM stated call lights are everyone's responsibility. We can all answer them, even social workers. "It is never OK to walk by call lights."</p>	F 836			

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F 836	<p>Continued From page 71</p> <p>On 05/31/23 at 2:13 PM, during an meeting with the survey team, the Vice President of Growth and Transition, and ADON, the Licensed Nursing Home Administrator (LNHA) were made aware of the above findings. The LNHA stated that the expectation was that someone would go in to answer the call light. "It (answering the call bell) was for everyone not just nursing." The ADON also stated that the expectation was for everyone to answer call bells, to check to see what the resident needs.</p> <p>A review of the facility's policy, "Answering the Call Light" with no revision date, revealed Purpose: The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Steps in the Procedure: 1. Answer the resident call system as soon as possible. B. If the resident's request requires another staff member, notify the individual. C. If the resident's request is something you can fulfill, complete the task. 3. When answering a visual request for assistance (light above the room door), knock on the room door. When the resident responds, address the resident by his/her name (e.g How may I help you, Mr. Harris?).</p> <p>2. The survey team requested the following weeks of staffing: 01/29/23, 02/05/23, 04/16/23, 04/23/23, 05/07/23, and 05/14/23.</p> <p>A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report revealed the following:</p> <p>-02/01/32 had 4 CNAs for 38 residents on the day shift, required 5 CNAs.</p>	F 836			

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F 836	Continued From page 72 -02/02/23 had 4 CNAs for 38 residents on the day shift, required 5 CNAs. -02/03/23 had 4 CNAs for 46 residents on the day shift, required 6 CNAs. -02/04/23 had 4 CNAs for 45 residents on the day shift, required 6 CNAs. -02/05/23 had 4 CNAs for 42 residents on the day shift, required 5 CNAs. -02/06/23 had 4 CNAs for 42 residents on the day shift, required 5 CNAs. -02/07/23 had 4 CNAs for 42 residents on the day shift, required 5 CNAs. -02/08/23 had 4 CNAs for 42 residents on the day shift, required 5 CNAs. -02/10/23 had 4 CNAs for 45 residents on the day shift, required 6 CNAs. -02/11/23 had 4 CNAs for 45 residents on the day shift, required 6 CNAs. -04/16/23 had 4 CNAs for 53 residents on the day shift, required 7 CNAs. -04/17/23 had 6 CNAs for 53 residents on the day shift, required 7 CNAs. -04/18/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -04/19/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -04/20/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -04/21/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs. -04/22/23 had 4 CNAs for 53 residents on the day shift, required 7 CNAs. -04/23/23 had 4 CNAs for 55 residents on the day shift, required 7 CNAs. -04/24/23 had 6 CNAs for 55 residents on the day shift, required 7 CNAs. -04/24/23 had 4 CNAs to 10 total staff on the evening shift, required 5 CNAs. -04/25/23 had 6 CNAs for 55 residents on the day	F 836			

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F 836	<p>Continued From page 73</p> <p>shift, required 7 CNAs.</p> <p>-04/26/23 had 6 CNAs for 55 residents on the day shift, required 7 CNAs.</p> <p>-04/27/23 had 5 CNAs for 54 residents on the day shift, required 7 CNAs.</p> <p>-04/28/23 had 6 CNAs for 53 residents on the day shift, required 7 CNAs.</p> <p>-04/29/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs.</p> <p>-05/12/23 had 5 CNAs for 51 residents on the day shift, required 6 CNAs.</p> <p>-05/13/23 had 4 CNAs for 51 residents on the day shift, required 6 CNAs.</p> <p>-05/14/23 had 4 CNAs for 50 residents on the day shift, required 6 CNAs.</p> <p>-05/16/23 had 5 CNAs for 49 residents on the day shift, required 6 CNAs.</p> <p>-05/17/23 had 5 CNAs for 49 residents on the day shift, required 6 CNAs.</p> <p>-05/18/23 had 5 CNAs for 49 residents on the day shift, required 6 CNAs.</p> <p>-05/18/23 had 5 CNAs to 12 total staff on the evening shift, required 6 CNAs.</p> <p>-05/19/23 had 5 CNAs for 53 residents on the day shift, required 7 CNAs.</p> <p>-05/20/23 had 3 CNAs for 53 residents on the day shift, required 7 CNAs.</p> <p>On 05/25/23 at 10:46 AM, during an interview with the surveyor, CNA#2 stated that she had 10 residents in her assignment today and that she can "mostly get everything done but some residents need more time, and you have to go around occupation and physical therapy appointments".</p> <p>On 05/25/23 at 11:23 AM, during an interview with the surveyor, CNA#1 stated that she had 9 residents in her assignment for the day.</p>	F 836			

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F 836	Continued From page 74 On 5/25/23 at 10:45 AM, a surveyor conducted a resident council meeting with [REDACTED] t and [REDACTED] residents. When the surveyor asked, do you feel the facility is short staffed? [REDACTED] of [REDACTED] residents stated "yes." On 05/31/23 at 11:24 AM, during an interview with the surveyor, the Staffing Coordinator (SC) said she was aware of the CNA ratios which she stated were 1 to 12 for the day, night, and evening shifts and "yes they were trying to meet them." On 06/02/23 at 1:07 PM, during an interview with the survey team, the LNHA stated she was aware of the CNA ratios which were 1 to 8 for days, 1 to 10 for evenings, and 1 to 14 for nights.	F 836			
F 880 SS=D	NJAC 8:39 5.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying,	F 880			6/30/23

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F 880	<p>Continued From page 75</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the</p>	F 880			

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F 880	<p>Continued From page 76 corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record review and other pertinent facility documentation, it was determined that the facility failed to maintain proper infection control practices by ensuring a.) appropriate personal protective equipment (PPE) was worn in a room where a resident was on contact precautions (contact precautions are intended to prevent transmission of infectious agents and microorganisms, which are spread by direct or indirect contact with the patient), this was identified on one (1) of two (2) units, b.) housekeeping staff wear gloves appropriately on 1 of 2 units, c.) disposable PPE was appropriately contained in rooms where residents were identified as NJ EX Order. 264b1, this was identified for two (2) of three (3) rooms on the second floor unit, and d.) one (1) of (1) resident (Resident #196) identified as exposed to NJ EX Order. 264b1 nurse staff member was tested in accordance to Centers for Disease Control and Prevention (CDC) guidelines.</p> <p>This deficient practice was evidenced as follows:</p> <p>1. On 5/22/23 at 10:02 AM, the surveyor started the initial tour on the second-floor unit. The surveyor interviewed the LPN/Unit Manager (LPN/UM) who</p>	F 880	<p>1. Resident 35 did not have any adverse effects as a result of the observation on Resident 196. Resident 196 no longer resides at the facility. LPN caring for Resident 35 was re-educated on the infection control policy including PPE required for contact precautions by the facility infection preventionist. Housekeepers 1 and 2 were re-educated on the glove use policy by the facility infection preventionist. The facility replaced the open garbage receptacles with garbage receptacles that have lids.</p> <p>All residents have the potential to be impacted.</p> <p>The facility completed a review of infection control practices, including the following: personal protective equipment (PPE) being utilized, garbage receptacles and resident testing for residents identified as NJ EX Order. 264b1 No further variances were noted.</p>		

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F 880	<p>Continued From page 77</p> <p>stated that there was NEW OR resident who was on transmission-based precautions (TBP) [infection control precautions in healthcare] which was Resident #35. She stated that the resident had a wound with NJ EX Order. 264b1</p> <p>At that same time, the surveyor observed the resident's room. There was a stop sign posted and a sign which identified that the resident in the room was under transmission-based precautions. The surveyor also observed a PPE bin outside the resident's room that contained PPE and hand sanitizer.</p> <p>On 5/23/23 at 10:45 AM, the surveyor observed Resident #35's room with a sign posted which identified the resident was on contact precaution and there was a bin at the door with disposable gowns and gloves available as well as disinfectant wipes and antibacterial hand rub (ABHR).</p> <p>On 5/24/23 at 12:52 PM, two surveyors observed Resident #35's room with a sign posted which identified the resident was on contact precaution and there was a bin at the door with disposable gowns and gloves available as well as disinfectant wipes and antibacterial hand rub (ABHR). The surveyors observed a staff member enter the residents room wearing a surgical mask and did not apply a gown or gloves prior to entering the room. She exited the room and walked across the hall to a handwashing sink and washed her hands appropriately. At that time, the surveyor interviewed the LPN in the presence of the second surveyor. The LPN acknowledged</p>	F 880	<p>3. Nursing staff and housekeeping staff were re-educated by the facility Infection Preventionist / Designee on the facility infection control prevention policy with a focus on personal protective equipment for residents on contact isolation, garbage receptacles with lids and glove use. The LPN was re-educated by the Director of Nursing / Designee on the policy on NJ EX Order. 264b1 resident testing post exposure.</p> <p>4. The Infection preventionist / designee will complete 5 random observations of staff PPE use, garbage receptacles with closed lids and housekeeping glove use weekly for 4 weeks, then monthly for 2 months. The Director of Nursing / Designee will complete an audit of resident NJ EX Order. 264b1 testing for residents newly identified as being exposed to NJ EX Order. 264b1, five times per week for 4 weeks, then monthly for 2 months. Audits will be tracked and trended and reviewed with the quality assurance performance improvement committee monthly for 3 months. Further audit frequency will be completed based on audit findings.</p>		

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F 880	<p>Continued From page 78</p> <p>that the resident was on contact precautions and stated that she did not need to apply PPE because she was not in direct "contact with the resident" and that she only asked if he/she finished lunch. The LPN further stated that she started working at the facility on [REDACTED] 3 and had not received infection control training. She stated that she did not have to wear a gown and glove and that "I got that from my own knowledge."</p> <p>On 5/31/23 at 12:42 PM, the surveyor interviewed the Infection Preventionist Nurse (IPN) #1 and the IPN #2 in the presence of the survey team and the Vice President of Growth and Transitions (VP). IPN #2 stated that she was assisting in the transition of IPN #1. IPN #1 stated that there were isolation carts outside of TBP rooms that contained gowns, gloves, surgical masks, N95 masks and face shields. She stated that PPE was required to be worn when entering a room identified as TBP. IPN #1 stated that she conducted infection control rounds on the units to ensure staff were following the proper protocols and procedures and provided reminders and "on the spot" education if needed. She stated that the facility followed CDC guidelines.</p> <p>On 5/31/23 at 1:20 PM, the survey team reviewed the above noted concern with the administrative team.</p> <p>On 6/02/23 at 2:33 PM, the survey team met with the facility's administrative team and no additional info was provided.</p> <p>Review of the facility policy "Isolation - Categories of Transmission-Based Precautions" with a revised date of 9/2022, included "Transmission-based precautions are initiated</p>	F 880			

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F 880	<p>Continued From page 79</p> <p>when a resident develops signs and symptoms of a transmissible infection." It also included, "Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment." It further included "Contact precautions are also used in situations when a resident is experiencing wound drainageor other discharges from the body that cannot be contained and suggest an increased potential for extensive environmental contamination and risk of transmission." In addition, it included that staff and visitors should wear disposable gowns and gloves before entering the room.</p> <p>2. On 5/23/23 at 11:54 AM, the surveyor observed two housekeepers on the XXXX floor unit walking in the corridor wearing gloves. Housekeeper (HSK) #1 was pushing a housekeeping cart. The surveyor observed HSK #1 and HSK #2 enter a resident's room wearing the same gloves. The surveyor then observed HSK #1 exit the residents room wearing the same gloves and touch items on the housekeeping cart. HSK #1 acknowledged that she wore gloves in the hallway, stated that she was not supposed to. She stated that she received infection control training that spoke to the proper use of gloves.</p> <p>On 5/25/23 at 10:31 AM, the surveyor observed HSK #1 wearing gloves while sweeping a hallway on the XXXX floor unit. HSK #1 removed gloves immediately when she saw the surveyor. Upon interview, she again stated that she had infection control training and that she should not wear gloves in the hallway.</p>	F 880			

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F 880	<p>Continued From page 80</p> <p>On 5/31/23 at 12:42 PM, the surveyor interviewed the IPN #1 and the IPN #2 in the presence of the survey team and the VP. IPN #2 stated that she was assisting in the transition of IPN #1. The surveyor requested the facility policy's related to proper glove use.</p> <p>On 5/31/23 at 1:20 PM, the survey team reviewed the above noted concern with the administrative team.</p> <p>On 6/02/23 at 2:33 PM, the survey team met with the facility's administrative team and no additional info was provided.</p> <p>3. On 5/30/23 at 10:41 AM, the survey team met with IPN #1 who stated that a resident who resided in room [REDACTED] became [REDACTED] NJ EX Order. 264b1 yesterday on [REDACTED] [REDACTED]. She stated that the resident did not have a roommate but would be moved to the designated [REDACTED] NJ EX Order. 264b1 area (the end of the [REDACTED] NJ EX Order. 264b1 unit hallway) in room [REDACTED] [REDACTED].</p> <p>On 5/30/23 at 12:34 PM, the surveyor interviewed the LPN/UM in the presence of a second surveyor. She stated that the residents in room [REDACTED] and [REDACTED] were [REDACTED] NJ EX Order. 264b1. In addition, she stated that the resident in room [REDACTED] (no roommate) became [REDACTED] NJ EX Order. 264b1 and would be moved to room [REDACTED] NJ EX Order. 264b1. At this same time, the surveyor observed room [REDACTED] and [REDACTED] [REDACTED]. The surveyor observed a small beige open garbage receptacle with no lid or means of containment overflowing with blue disposable PPE in both rooms.</p> <p>On 5/30/23 at 12:41 PM, the surveyor interviewed the LPN/UM in the presence of a second surveyor. She acknowledged that there were</p>	F 880			

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F 880	<p>Continued From page 81</p> <p>open garbage receptacles in the rooms and stated that it had always been that way. She further stated that in other facilities, she had seen garbage receptacles with lids to cover for soiled PPE in TBP rooms. The LPN/UM stated that the purpose of keeping the soiled PPE covered was to prevent cross contamination.</p> <p>On 5/31/23 at 12:42 PM, the surveyor interviewed the IPN #1 and the IPN #2 in the presence of the survey team and the VP. IPN #2 stated that she was assisting in the transition of IPN #1. IPN #1 and IPN #2 stated that all trash is disposed of in open garbage receptacles and that there was no dedicated garbage for soiled PPE in NJ EX Order. 264b1 positive rooms. They further stated that they follow CDC guidelines.</p> <p>On 5/31/23 at 1:20 PM, the survey team reviewed the above noted concern with the administrative team.</p> <p>On 6/02/23 at 2:33 PM, the survey team met with the facility's administrative team and no additional info was provided.</p> <p>4. On 5/22/23 at 11:30 AM, the surveyor observed Resident #196 in his/her room. The resident offered no concerns.</p> <p>Medical Record Review:</p> <p>Review of the Admission Record (an admission summary) reflected that the resident had diagnoses that included but were not limited to NJ EX Order. 264b1</p> <p>Review of the Admission Minimum Data Set</p>	F 880			

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F 880	<p>Continued From page 82</p> <p>(MDS), a tool used to facilitate the plan of care, reflected the resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which reflected an intact cognition.</p> <p>Review of the Progress Notes dated [REDACTED] at 12:54 PM and written by IPN #1, included "Patient exposed to a [REDACTED] who had more than [REDACTED] with patient. Patient tested for [REDACTED] today and is [REDACTED]. Will test again in 48 hours and another 48 hours and instructed patient to wear a mask ..."</p> <p>Review of the undated Treatment Record included that Resident #196 [REDACTED] for [REDACTED] on [REDACTED] and [REDACTED]</p> <p>On 5/30/23 at 12:34 PM, the surveyor interviewed IPN #1 who stated that anyone who was in close contact which would be 15 minutes or more with a staff member that was [REDACTED] would be tested 24 hours after exposure, if negative again in 48 hours, and if negative then they are tested again after an additional 48 hours.</p> <p>On 5/31/23 at 12:42 PM, the surveyor interviewed IPN #1 and IPN #2 in the presence of the survey team and the Vice President of Growth and Transitions (VP). IPN #1 stated that she could not speak to whether or not Resident #196 was immunosuppressed and if the resident had been exposed to [REDACTED]. They stated that the facility followed CDC guidelines.</p> <p>On 6/1/23 at 1:45 PM, during a follow-up interview with IPN #1 in the presence of the survey team and the VP. IPN #1 stated that Resident #196 was identified as exposed to a [REDACTED] nursing staff member on</p>	F 880			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2023
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHABILITATION HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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 880	Continued From page 83 [REDACTED] not on [REDACTED]. She further stated that the resident should have been tested on [REDACTED]. She further stated, "I missed [him/her], that's why there was a delay." Review of the undated facility's "Outbreak Response Plan" included that staff and residents were tested for [REDACTED] in accordance with current state and federal guidance and CDC recommendations. NJAC - 8:39-5.1(a), 19.4(a)2	F 880			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315127	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/21/2023
NAME OF FACILITY LAWRENCE REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 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 F0561	Correction	ID Prefix F0584	Correction	ID Prefix F0623	Correction
Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.10(i)(1)-(7)	Completed	Reg. # 483.15(c)(3)-(6)(8)	Completed
LSC	06/30/2023	LSC	06/30/2023	LSC	06/30/2023
ID Prefix F0695	Correction	ID Prefix F0755	Correction	ID Prefix F0761	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed
LSC	06/30/2023	LSC	06/30/2023	LSC	06/30/2023
ID Prefix F0804	Correction	ID Prefix F0806	Correction	ID Prefix F0836	Correction
Reg. # 483.60(d)(1)(2)	Completed	Reg. # 483.60(d)(4)(5)	Completed	Reg. # 483.70(a)-(c)	Completed
LSC	06/30/2023	LSC	06/30/2023	LSC	06/30/2023
ID Prefix F0880	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/30/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/2/2023

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315127	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/21/2023
NAME OF FACILITY LAWRENCE REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LAWRENCEVILLE ROAD LAWRENCEVILLE, NJ 08648	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0755	Correction	ID Prefix F0836	Correction	ID Prefix	Correction
Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.70(a)-(c)	Completed	Reg. #	Completed
LSC	06/30/2023	LSC	06/30/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON 6/2/2023

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