

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE, LAWRENCEVILLE, New Jersey, 08648		
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F0000	<p>INITIAL COMMENTS</p> <p>A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH).</p> <p>Complaint #: 2571668, 396210, 396151, 396182, 2570328, 396177, and 396137.</p> <p>Survey Dates: 09/01/25 – 09/04/25</p> <p>Survey Census: 165</p> <p>Sample Size: 37</p> <p>Supplemental Sample: 12</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.</p>	F0000		09/25/2025
F0628 SS = E	<p>Discharge Process</p> <p>CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2)</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible</p>	F0628	<p>Resident R3, R4, R6, R7, R20, R84 have all since returned to the facility. Resident R12 returned to the facility and has successfully discharged to [REDACTED]</p> <p>The DON completed an audit of all residents transferred out of the facility to ensure that transfer notice (bed hold policy) was provided to residents/responsible party. Variances were addressed.</p> <p>The DON re-educated all Licensed Nurses on information to be provided to residents and next of kin upon transfer out of the facility to the hospital.</p> <p>The DON/Designee will complete an audit of 4 residents transferred out of the facility to ensure that transfer</p>	09/25/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0628 SS = E	<p>Continued from page 1 for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>§483.15(c)(3) Notice before transfer.</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(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.</p> <p>(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</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(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.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p>	F0628	<p>Continued from page 1 notice (bed hold policy) was provided to residents/responsible party. Audits will be completed daily x 5, weekly x 4 and then monthly x 2 months. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	

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F0628 SS = E	<p>Continued from page 2</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(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</p> <p>(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:</p> <ul style="list-style-type: none"> (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 hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (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 (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 	F0628		

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F0628 SS = E	<p>Continued from page 3 Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</p> <p>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</p> <p>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> <p>§483.15(d) Notice of bed-hold policy and return-</p> <p>§483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies-</p> <ul style="list-style-type: none"> (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. <p>§483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold</p>	F0628		

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F0628 SS = E	<p>Continued from page 4 policy described in paragraph (d)(1) of this section.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and policy review, the facility failed to provide a written notice of transfer and information regarding the bed hold process to the responsible party, and a transfer notice to the receiving hospital for seven residents (Resident (R) 3, R4, R6, R7, R12, R20, and R84) out of the eight residents sampled for hospitalization. This failure had the possibility to negatively impact all residents residing at the facility due to important medical information not being provided to receiving hospital and the resident's responsible party not being aware of the reason for the Resident's transfer or bed hold information.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of R7's "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R7 was admitted to the facility on [REDACTED] <p>Review of R7's five-day "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) date of [REDACTED] located under the "MDS" tab indicated R7 was assessed to have a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of 15 indicating R7 was [REDACTED]</p>	F0628		

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F0628 SS = E	<p>Continued from page 5</p> <p>Review of R7's form titled, "New Jersey Universal Transfer Form" dated <u>NJ Ex Order 26.4</u> and provided by the facility revealed the facility provided medical information to the <u>NJ Ex Order 26.4(b)(1)</u> regarding R7 in preparation of R7's transfer.</p> <p>Review of R7's EMR indicated there was not a notice of transfer or bed hold notice that was provided to R7's responsible party. Also, the information regarding the appeals process could not be located and was not provided to the responsible party.</p> <p>2. Review of R20's "Admission Record" located under the "Profile" tab of the electronic medical record (EMR) revealed R20 was admitted to the facility on <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R20's five-day "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) date of <u>NJ Ex Order 26.4(b)(1)</u> located under the "MDS" tab indicated R20 had a Brief Interview for Mental Status (BIMS) score of <u>NUE</u> out of 15 indicating R20 was <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R20's EMR indicated there was not a notice of transfer or bed hold notice provided to R20's responsible party. Also, the information regarding the appeals process could not be located and was not provided to the responsible party. During the EMR review a copy of the transfer form that was sent to the hospital with R7 was not located.</p> <p>3. Review of R3's "Admission Record" in the Electronic Medical Record (EMR) under the "Resident" tab indicated he was initially admitted to the facility on <u>NJ Ex Order 26.4</u> with a diagnosis of <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R3's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of <u>NJ Ex Order 26.4</u> and located in the resident's EMR under the "MDS" tab indicated that the resident had been re-admitted on <u>NJ Ex Order 26.4(b)(1)</u> of <u>NJ Ex Order 26.4</u> from <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R3's "Progress Note" dated <u>NJ Ex Order 26.4(b)</u> located in under the "Progress Notes" tab stated, "Received patient <u>NJ Ex Order</u>, patient was <u>NJ Ex Order 26.4(b)</u>... patient was</p>	F0628		

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F0628 SS = E	<p>Continued from page 6 transferred to <u>NJ Ex Order 26.4(b)(1)</u> ...</p> <p>Review of R3's "SNF/NF [Skilled Nursing Facility/Nursing Facility] to <u>NJ Ex Order 26.4</u> Transfer Form" dated <u>NJ Ex Order 26.4(b)(1)</u> and provided by the facility indicated that R3 was sent to the hospital for <u>NJ Ex Order 26.4(b)(1)</u></p> <p>Review of R3's "Notice of Intent to Transfer/Discharge Resident with less than 30-day notice (New Jersey) – V 5" dated <u>NJ Ex Order 26.4</u> and provided by the facility indicated that R3 was transferred to <u>NJ Ex Order 26.4(b)(1)</u></p> <p>"...The discharge or transfer is necessary for the resident's <u>NJ Exec Order</u> and the facility cannot meet the resident's <u>NJ Exec Order 26</u>.</p> <p>During an interview on 09/03/25 at 8:52 AM, Responsible Party (RP) 3 stated she was aware that R3 was sent to the hospital on <u>NJ Ex Order 26.4</u> due to <u>NJ Ex Order 26.4(b)(1)</u>, but she did not receive any documents or any information on bed holds or transfers.</p> <p>4. Review of R12's "Admission Record" in the EMR under the "Resident" tab indicated he was initially admitted to the facility on <u>NJ Ex Order 26.4</u> with a diagnosis of <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R12's Entry "MDS" with an ARD of <u>NJ Ex Order 26.4(b)(1)</u> was re-admitted from <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>Review of R12's medical records located in the EMR revealed no "SNF/NF to <u>NJ Ex Order 26.4</u> Transfer Form" or "Notice of Intent to Transfer/Discharge Resident with less than 30 day notice (New Jersey) – V 5".</p> <p>Review of R12's "Census" tab in the EMR revealed he was admitted to <u>NJ Ex Order 26.4(b)(1)</u> on <u>NJ Ex Order 26.4</u> and returned to the facility on <u>NJ Ex Order 26.4(b)</u>.</p> <p>Review of R12's "Progress Notes" located in the EMR under the "Progress Notes" tab and dated <u>NJ Ex Order 26.4</u> stated "...Resident will be transfer to <u>NJ Ex Order 26.4(b)(1)</u> ER [Emergency Room] for <u>NJ Ex Order 26.4(b)(1)</u></p> <p>..."</p>	F0628		

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F0628 SS = E	<p>Continued from page 7</p> <p>5. Review of R4's "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on [REDACTED] [REDACTED]</p> <p>Review of R4's discharge "MDS" with an ARD [REDACTED] located in the resident EMR under the "MDS" tab revealed the resident was an unplanned discharged to [REDACTED] [REDACTED] with return anticipated.</p> <p>Review of R4's "Nurses Note," dated [REDACTED] and located in the resident's EMR under the "Progress Notes" tab revealed the resident was admitted to the hospital with diagnosis of [REDACTED] [REDACTED], and [REDACTED], and [REDACTED]</p> <p>Review of R4's "Hospital Transfer Form," dated [REDACTED] and located in the resident's EMR under the "Evaluations" tab revealed information from the resident's transfer from the [REDACTED] to the nursing facility and not the resident's transfer from the facility to the [REDACTED]</p> <p>There was no documentation on the transfer form or in the nurses' notes discussion of the bed hold policy.</p> <p>During an interview on 09/03/25 at 5:15 PM, the [REDACTED] stated that she fills out the "Intent to Transfer" in the EMR and she does not send it to anyone. She was under the impression that the facility provided the bed hold policy upon admission, and she was not sure if anyone sends anything to the Responsible Party upon transfer to the hospital.</p> <p>6. Review of R6's "Admission Record" located in the resident's EMR tab titled "Profile" revealed the resident was admitted to the facility on [REDACTED] and most recently readmitted to the facility on [REDACTED] with diagnoses that included [REDACTED] and [REDACTED] [REDACTED].</p> <p>Review of R6's discharge "MDS" with an ARD [REDACTED] and located in the resident's EMR under the "MDS" tab revealed the resident was discharged to [REDACTED] [REDACTED] with return to the facility anticipated.</p> <p>Review R6's "Nursing Note" dated [REDACTED] and located</p>	F0628		

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F0628 SS = E	<p>Continued from page 8 in the resident's EMR under the "Progress Notes" tab documented the resident with NJ Ex Order 26.4(b)(1) [REDACTED]. The physician and R13's [REDACTED] were notified of the findings. The [REDACTED] agreed to transfer to NJ Ex Order 26.4(b)(1) for evaluations and treatment. Also, the progress notes did not indicate if a bed hold was discussed with the [REDACTED].</p> <p>Review of R6's "Hospital Transfer Form," dated [REDACTED] and located in the resident's EMR under the "Evaluations" tab failed to reveal if the required documents were sent with the resident when transferred to NJ Ex Order 26.4(b)(1).</p> <p>Interview on 09/03/25 at 12:45PM with Family Member (F) 1 revealed [REDACTED] was present when the facility made [REDACTED] aware that R6 needed to be transferred to the [REDACTED] for evaluation and treatment. F1 also stated the facility did not provide [REDACTED] with copies of the documents sent with the resident to the [REDACTED]. F1 further stated the nursing staff did not discuss the facility bed hold policy with her prior to the resident's transfer.</p> <p>7. Review of R84's "Admission Record" located in the resident's EMR under the "Profile" tab revealed the resident was admitted to the facility on [REDACTED] and readmitted to the facility on [REDACTED].</p> <p>Review of R84's entry "MDS" with and ARD [REDACTED] and located in the resident's EMR under the "MDS" tab revealed the resident was readmitted to the facility from [REDACTED].</p> <p>Review of R84's "Nurses Note" dated [REDACTED] and located in the resident's EMR under the "Progress Notes" tab revealed the resident was [REDACTED]. The resident was noted to have [REDACTED], [REDACTED], NJ Ex Order 26.4(b)(1) [REDACTED], and [REDACTED]. The nurse's note documented the facility physician and family were notified. However, there was no documentation of the bed policy being discussed with the resident and/or the resident's family.</p> <p>Review of R84's [REDACTED] Transfer Form" dated [REDACTED] and located in the resident's EMR under the [REDACTED].</p>	F0628		

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F0628 SS = E	<p>Continued from page 9 "Evaluation" tab revealed the resident's responsible party was notified of the resident's transfer but did not receive anything in writing about the transfer. Also, there was no documentation of the Bed Hold Policy that was discussed with the responsible party.</p> <p>Interview with Registered Nurse (RN) 2 on 09/03/25 at 10:03 AM revealed once it was identified a resident needed to be transferred to an NJ Exec Order 26.4b1 for evaluation, the family was notified. RN2 stated the paperwork sent with the resident included face sheet, physician orders, the resident's medication administration record, NJ Exec Order 26.4b1, and their progress notes. RN2 stated the nurses were more focused on the clinical aspect of transferring the resident to NJ Exec Order 26.4b1 setting. RN2 also stated the bed hold policy was signed upon admission to the facility but the nurses do not review the bed hold policy with the residents or the residents' responsible party prior to transfer to an NJ Exec Order 26.4b1 setting. RN2 also stated a copy of the documents sent with the resident during transfer was not given to the residents' responsible party. RN2 further stated she was not aware if this had ever been done or who was responsible for getting this information to the resident's responsible party.</p> <p>During an interview on 09/04/25 at 12:15 PM with the U.S. FOIA (b) (6) stated she was not aware that transfer information (medical information) needed to be provided to the receiving hospital upon transfer. Also, the U.S. FOIA (b) (6) was not aware of the reason for the residents' transfer and bed hold information was not being provided to responsible party. The U.S. FOIA (b) (6) stated a phone call was always made by nursing to the Responsible Party/family member regarding the resident's transfer.</p> <p>During an interview on 09/04/25 at 4:10 PM, Registered Nurse (RN) 1 and RN3 stated when they sent a resident out to the hospital they filled out a "Universal Transfer Form" that goes with the resident's packet which would include the face sheet/admission record, labs, orders, and advance directive information. Both nurses confirmed that when a resident was being sent out to the hospital, a phone call would be placed to the responsible party (RP), but they did not provide any transfer/discharge or bed hold notifications to the RP.</p> <p>Review of the facility's policy titled, "Transfer,</p>	F0628		

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F0628 SS = E	<p>Continued from page 10 Emergency Acute Care" dated 03/2025 indicated, "Policy Statement Residents transferred to an acute care setting for emergency treatment are provided with a notice of transfer and are permitted to return to the facility. Policy Interpretation and Implementation...2. When a resident is temporarily transferred to an acute care facility, a notice of transfer is provided to the resident and resident representative as soon as practicable before the transfer...7. The facility bed-hold and return policy ensures residents may return to their previous room within the bed hold period following a hospitalization...regardless of payment choice. 8. Residents who seek to return to the facility after the expiration of the bed-hold period...are allowed to return to their previous room if available or immediately to the first available bed..."</p> <p>Review of the facility's undated document titled "Hospital Transfer Documentation Checklist" directed staff as follows: "Please send the following to the hospital at the time of transfer. Transfer form/face sheet with demographics...Current medication list (with last administered doses) to Recent physician orders. Advance directives/DNR status/Code status/POLST. Bed Hold Policy notice. Latest vital signs. Current care plan Summary...Nursing progress notes. MAR (Medication Administration Record) / TAR (Treatment Administration Record) ...Allergies list...Any recent (within the last 30 days) labs or diagnostic studies..."</p> <p>NJAC 8:39-4.1(a)32,33 NJAC 8:39-5.3(b)</p>	F0628		
F0641 SS = D	<p>Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.</p> <p>§483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.</p> <p>§483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify</p>	F0641	<p>Resident R169 no longer resides at the facility. Resident R169 MDS with ARD NJ Ex Order 26.4 was modified to reflect accurate information regarding NJ Ex Order 26.4(b)(1).</p> <p>The Regional Director of Case Management (RDCM) completed an audit of all residents with pressure ulcers to ensure that the MDS reflects the pressure ulcer. No variances were identified.</p> <p>The RDCM re-educated the U.S. FOIA on MDS data accuracy processes regarding existing wound.</p> <p>The RDCM will complete a review of 8 MDS per week for accuracy of capturing existing wounds. These audits will be completed weekly for four weeks and then monthly for two months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further</p>	09/12/2025

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F0641 SS = D	<p>Continued from page 11 that the assessment is completed.</p> <p>§483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.</p> <p>§483.20(j) Penalty for Falsification.</p> <p>§483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly-</p> <ul style="list-style-type: none"> (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the presence of NJ Ex Order 26.4(b)(1) for one of three residents reviewed for NJ Ex Order 26.4(b)(1) (Resident (R) 169) out of 37 sampled residents. This failure placed the resident at risk for unmet care needs.</p> <p>Findings include:</p> <p>Review of the RAI Manual dated NJ Ex Order 26.4 indicated, "... information obtained should cover the same observation period as specified by the Minimum Data Set (MDS) items on the assessment and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT completing the assessment..."</p> <p>Review of R169's "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the resident was admitted to the facility on NJ Ex Order 26.4 with diagnoses that included NJ Ex Order 26.4(b)(1), and NJ Ex Order 26.4(b)(1).</p> <p>Review of R169's NJ Ex Order 26.4(b)(1) "MDS" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4 and located</p>	F0641	Continued from page 11 review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.	

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F0641 SS = D	<p>Continued from page 12 in the resident's EMR under the "MDS" tab revealed the resident was admitted to the facility with NJ Ex Order 26.4(b) [REDACTED].</p> <p>Review of R169's NJ Ex Order 26.4(b) "Assessment Report," dated NJ Ex Order 26.4(b) and located in the resident's EMR under the "Miscellaneous" tab revealed the resident had NJ Ex Order 26.4(b) [REDACTED].</p> <p>Review of R169's quarterly "MDS" with and ARD of NJ Ex Order 26.4(b) and located in the resident's EMR under the "MDS" tab revealed the resident was not coded as having NJ Ex Order 26.4(b)(1).</p> <p>During an interview on 09/04/25 at 3:48 PM, the U.S. FOIA [REDACTED] reviewed R169's NJ Ex Order 26.4(b) assessment reports and the quarterly MDS with an ARD of NJ Ex Order 26.4(b). The U.S. FOIA [REDACTED] acknowledged the quarterly MDS did not reflect the resident's NJ Ex Order 26.4(b)(1).</p> <p>NJAC 8:39-33.2(d)</p>	F0641		
F0656 SS = D	<p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <ul style="list-style-type: none"> (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a 	F0656	<p>Resident R13 Care Plan was reviewed and updated with NJ Ex Order 26.4(b) Nursing Services</p> <p>DON/ designee completed an audit of care plans for all residents of the hospice to ensure that there was a hospice focus. No variances were found.</p> <p>The DON/Designee will re-educate all nurses as it relates to comprehensive care plans.</p> <p>The DON/Designee will complete a review of all residents of the hospice to ensure hospice services are reflected accurately on the resident's Care Plan. These audits will be completed weekly X 4 four and then monthly x 2 months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	09/05/2025

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F0656 SS = D	<p>Continued from page 13 facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and review of facility's policy, the facility failed to ensure care plans were developed to include NJ Ex Order 26 services for one resident reviewed for NJ Ex Order 26 services (Resident (R) 13) out of 37 sampled residents. This failure had the potential for R13 not to receive adequate NJ Ex Order 26 nursing services.</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Comprehensive Care Plan Development," revised March 2022 reads in part "The interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition..."</p> <p>Review of the facility's policy titled "Hospice Program," revised July 2017 read in part "...It is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs..."</p> <p>Review of R13's "Admission Record" located in the resident's electronic medical record (EMR) under the</p>	F0656		

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F0656 SS = D	<p>Continued from page 14</p> <p>"Profile" tab revealed the resident was admitted to the facility on ^{NJ Ex Order 26.4(b)} with diagnoses that included ^{NJ Ex Order 26.4(b)} NJ Ex Order 26.4(b)(1) ^{NJ Ex Order 26.4}, and ^{NJ Ex Order 26.4(b)} NJ Ex Order 26.4(b)(1).</p> <p>Review of R13's "Physicians Order" dated ^{NJ Ex Order 26.4(b)} and located in the resident's EMR under the "Orders" tab revealed ^{NJ Ex Order 26} to evaluate and treat.</p> <p>Review of R13's "Care Business Office Notification Form," dated ^{NJ Ex Order 26.4(b)} and located in the resident's EMR under the "Miscellaneous" tab revealed R13 was accepted for ^{NJ Ex Order 26} services.</p> <p>Review of R13's significant change in status "Minimum Data Set (MDS)" with an Assessment Reference Date of ^{NJ Ex Order 26.4} and located in the resident's EMR under the "MDS" tab revealed the resident was placed on ^{NJ Ex Order 26} services.</p> <p>Review of 13's "Care Plan" revised ^{NJ Ex Order 26.4} and located in the resident's EMR under the "Care Plan" tab revealed the resident was receiving ^{NJ Ex Order 26} services due to ^{NJ Ex Order 26.4(b)(1)}; however, the care plan interventions only included services provided by social services but did not reflect the services provided by nursing services.</p> <p>An interview on 09/03/25 at 3:10 PM with Registered Nurse (RN) 2 revealed the resident received weekly visits from the ^{NJ Ex Order 26} and daily visits from the ^{NJ Ex Order 26} certified nursing assistant. RN2 acknowledged the resident's care only addressed the services provided by the ^{NJ Ex Order 26} social services and nothing from the ^{NJ Ex Order 26} nursing services. RN2 stated the resident's care plan should have included the ^{NJ Ex Order 26} nursing services.</p> <p>NJAC 8:39-11.2(e) thru (i)</p> <p>NJAC 8:39-27.1(a)</p>	F0656		
F0684 SS = D	<p>Quality of Care</p> <p>CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with</p>	F0684	<p>Resident R75 resides at the facility and is being ^{NJ Ex Order 26} daily.</p> <p>The DON will audit all residents with congestive heart failure to ensure that physician orders for weights are correct. No variances were found.</p> <p>The DON/Designee re-educated all nurses and CNAs on Weight Assessments and Interventions.</p>	09/06/2025

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F0684 SS = D	<p>Continued from page 15 professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and interviews, the facility failed to ensure that quality of care/treatment was provided to one resident (Resident (R) 75) of eight residents reviewed for NJ Ex Order 26.4(b)(1). Specifically, the facility failed to follow physician orders related to daily NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(b)(1). This failure increased the risk of NJ Ex Order 26.4(b)(1) which could lead to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Weight Assessment and Intervention," revised 03/2022 and "...Residents are weighed upon admission and at intervals established by the interdisciplinary team..."</p> <p>Review of R75's "Admission Record," located in the Electronic Medical Record (EMR) under the "Profile" tab revealed she was admitted to the facility on NJ Ex Order 26.4(b)(1) with a primary diagnosis of NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) (per physician orders).</p> <p>Review of R75's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) included a "Brief Interview for Mental Status (BIMS)" score of NJ Ex Order 26.4(b)(1) out of 15 indicating that the resident was NJ Ex Order 26.4(b)(1). Additionally, the assessment included NJ Ex Order 26.4(b)(1) with NJ Ex Order 26.4(b)(1) noted.</p> <p>Review of R75's "Care Plan Report," located in the EMR under the "Care Plan" tab included R75 being on NJ Ex Order 26.4(b)(1) related to NJ Ex Order 26.4(b)(1) with the need for obtaining NJ Ex Order 26.4(b)(1) at ordered intervals NJ Ex Order 26.4(b)(1).</p> <p>Review of R75's "Order Summary Report," located in the EMR under the "Orders" tab included an order for NJ Ex Order 26.4(b)(1) the morning for NJ Ex Order 26.4(b)(1) as of NJ Ex Order 26.4(b)(1).</p>	F0684	<p>Continued from page 15</p> <p>The DON/Designee will complete a review of 3 residents on daily weights. Audits will be completed daily X5, weekly X4 weeks and then monthly for two months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	

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F0684 SS = D	<p>Continued from page 16</p> <p>During an interview on 09/01/25 at 11:45 AM, R75 stated that <u>NJ Ex Order 26.4(b)(1)</u> and was on <u>NJ Ex Order 26.4</u>. R75 stated <u>NJ Ex Order 26.4</u> had not been <u>NJ Ex Order 26.4</u> in 2 weeks and was supposed to be <u>NJ Ex Order 26.4</u>. Staff told her they could not find the part to <u>NJ Ex Order 26.4</u> on the <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>During an interview on 09/03/25 at 10:45 AM, Licensed Practical Nurse (LPN) 4 stated that the Certified Nursing Assistants (CNAs) <u>NJ Ex Order 26.4</u> the residents and then recorded the <u>NJ Ex Order 26.4</u> on the <u>NJ Ex Order 26.4</u> log, and then the nurses then enter the <u>NJ Ex Order 26.4</u> in the EMR.</p> <p>During an interview on 09/03/25 at 11:45 AM, CNA3 stated the CNAs <u>NJ Ex Order 26.4</u> the residents throughout the day and either write it on the paper and if not there, then the nurses enter the information into the EMR. If the weight was not documented, then it was not done.</p> <p>During an interview on 09/03/25 at 11:55 AM, R75 stated <u>NJ Ex Order 26.4</u> was <u>NJ Ex Order 26.4</u> today, they told her they found the <u>NJ Ex Order 26.4(b)(1)</u>, but for <u>NJ Ex Order 26.4</u> they did not do <u>NJ Ex Order 26.4(b)(1)</u>.</p> <p>During an interview on 09/03/25 at 3:45 PM, LPN5 stated the CNAs obtained the <u>NJ Ex Order 26.4</u> and then write them in the <u>NJ Ex Order 26.4(b)(1)</u>. LPN5 demonstrated that the <u>NJ Ex Order 26.4(b)(1)</u> were attached to the ceiling and if the aides did not know how to use it or if it got stuck and they are unable to use it, then the resident would not <u>NJ Ex Order 26.4(b)(1)</u> that day. Also, if the 11:00 PM to 7:00 AM shift was unable to <u>NJ Ex Order 26.4</u> the resident, which did happen on occasion, then the resident would not be <u>NJ Ex Order 26.4</u> because they want to <u>NJ Ex Order 26.4</u> the resident before they <u>NJ Ex Order 26.4(b)(1)</u>. LPN5 confirmed R75's <u>NJ Ex Order 26.4</u> on file and confirmed that if the <u>NJ Ex Order 26.4</u> were not in the paper binder or in EMR then the <u>NJ Ex Order 26.4</u> was not obtained. If no one was available that knew how to use the machine, then no one <u>NJ Ex Order 26.4</u> the resident.</p> <p>During an interview on 09/03/25 at 3:53 PM, CNA1 stated if a new aide came and did not know how to use it <u>NJ Ex Order 26.4(b)(1)</u> then they may not <u>NJ Ex Order 26.4</u> R75; however, they should have asked someone that was familiar with the machine but that did not always happen.</p> <p>During an interview on 09/04/25 at 6:09 PM, the</p>	F0684		

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F0684 SS = D	<p>Continued from page 17</p> <p>U.S. FOIA (b) (6) stated ^{NJ Exec Order} were done on the 11:00 AM-7:00 PM shift and that she would check with the U.S. FOIA (b) (6) to see if she had any additional ^{NJ Ex Order 26} for R75. The U.S. FOIA confirmed R75 was supposed to be ^{NJ Ex Order 26} daily before 7:00 AM and her expectation was that the resident would have been ^{NJ Ex Order 26} daily per the resident's physician orders.</p> <p>NJAC 8:39-27.1</p> <p>Label/Store Drugs and Biologicals 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 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, record review, interview, and review of facility policy, the facility failed to ensure medications were properly stored for one of 37 sampled residents (Resident (R) 162) when ^{NJ Ex Order} ^{NJ Ex O} was observed at the resident's bedside. Additionally, the facility failed to ensure one of two treatment carts was locked. These failures had the potential to result in residents being subject to</p>	F0684		
F0761 SS = D		F0761	<p>Resident #R162 ^{NJ Ex Order 26} was removed immediately from bedside. RN 5 was educated by DON on the fact that ^{NJ Ex Order 26} should be in the locked cabinet in the room. LPN 3 was in-services by DON and treatment cart keys provided to LPN 3.</p> <p>DON/ Designee completed an audit of all resident rooms to ensure that no medications are at beside. DON audited all medication and treatment carts to ensure all were locked. No variances identified. No variances were identified</p> <p>All nursing staff will be re-educated in locking treatment carts and that medication should not be left at bedside unless there is an order, education and care plan.</p> <p>The DON/Designee will complete an audit of resident rooms for any medication left at the bedside. The DON/Designee will review medication /treatment to ensure they are locked. These audits will be completed daily X 5, weekly X 4 weeks and then monthly X 2 months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	09/12/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE, LAWRENCEVILLE, New Jersey, 08648		
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F0761 SS = D	<p>Continued from page 18 unsafe or ineffective treatment or adverse effects leading to more serious illnesses and could permit unauthorized access to residents' medications and treatment supplies.</p> <p>Findings include:</p> <p>Review of facility's undated policy titled "Administering Medications," directs staff as follows "...Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely..."</p> <p>Review of the facility's undated policy titled "Medication Labeling and Storage" directs staff "...The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner...Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing medications and biologics are locked when not in use, and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others..."</p> <p>1. Review of R162's "Admission Record," located in the EMR under the "Profile" tab revealed R162 was admitted to the facility on <u>NJ Ex Order 26.4</u> with a primary diagnosis of <u>NJ Ex Order 26.4(b)(1)</u> and <u>NJ Ex Order 26.4(b)(1)</u></p> <p>Review of R162's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of <u>NJ Ex Order 26.4</u> included a "Brief Interview for Mental Status (BIMS)" score of <u>N/E</u> out of 15 indicating that the resident was <u>NJ Ex Order 26.4(b)(1)</u></p> <p>Review of R162's "Care Plan" located in the EMR under the "Care Plan" tab did not indicate that <u>N/E</u> was a candidate for <u>NJ Ex Order 26.4b1</u> of medications.</p> <p>Review of R162's "Assessments," located in the EMR under the "Assessments" tab did not include a <u>NJ Exec Order 26.4b1</u> of Medications" assessment.</p> <p>Review of R162's "Order Summary Report," located in the EMR under the "Orders" tab included an order dated <u>NJ Ex Order 26.4</u> of <u>NJ Ex Order 26.4(b)(1)</u></p>	F0761		

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F0761 SS = D	<p>Continued from page 19</p> <p>NJ Ex Order 26.4(b)(1) [REDACTED], administer [REDACTED] [REDACTED] [REDACTED] once daily for [REDACTED]</p> <p>During an observation and interview on 09/04/25 at 3:20 PM, R162 was sitting up in [REDACTED] wheelchair and Registered Nurse (RN) 5 was administering the resident medications. Continued observation revealed R162 had a container of [REDACTED] on [REDACTED] dresser in [REDACTED] room. RN5 stated the medication should be in the locked medication cabinet on the wall, not on the dresser. RN5 then took the medication and locked it away. RN5 confirmed that the resident was not a candidate for [REDACTED] of medication due to [REDACTED]</p> <p>[REDACTED]</p> <p>During an interview on 09/04/25 at 7:04 PM, the U.S. FOIA (b) (6) [REDACTED] confirmed that no medications should have been left at the bedside unless the resident had been approved for [REDACTED] of medications. The U.S. FOIA [REDACTED] confirmed that R162 was not a candidate for [REDACTED] of medications.</p> <p>2. Observation on 09/03/25 at 9:10 AM revealed the treatment cart on the [REDACTED] Unit was left unlocked while the Licensed Practical Nurse (LPN) 3 and the U.S. FOIA (b) (6) [REDACTED] were in a resident's room. The treatment cart was out of line of sight of LPN3. The treatment care supplies contained wound cleanser, several types of wound care supplies, hydrogen peroxide, alcohol wipes, zinc oxide, etc.</p> <p>Interview on 09/03/25 at 9:30 AM with LPN3 revealed she could not lock the treatment cart because only the medication nurse had the keys to the treatment cart. The LPN stated since the treatment cart contained the supplies above, the cart should have been locked when she was away from the cart.</p> <p>Interview on 09/04/25 at 4:27 PM with the U.S. FOIA (b) (6) [REDACTED] revealed she was aware of the incident with LPN3 and the treatment cart. The U.S. FOIA [REDACTED] stated she had the keys to all medication and treatment carts and there was no reason why LPN3 could not have come to her to sign out the keys for the treatment cart.</p> <p>NJAC 8:39-29.4(h)</p>	F0761		
F0812 SS = F	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)	F0812	The air gap was installed for the ice machine. Director of Maintenance conducted an audit of all ice machines and no variances found.	09/12/2025

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F0812 SS = F	<p>Continued from page 20 §483.60(i) Food safety requirements.</p> <p>The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and the 2017 Food Code of the United States (U.S.) Public Health Service and U.S. Food and Drug Administration (FDA), the facility failed to prevent the potential for cross-contamination by allowing the drain from the ice machine to extend down into the floor drain. This had the potential to affect 156 of 165 residents receiving meals from the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Ice Machines and Ice Storage Chests," dated January 2012 (sic) revealed, "Policy Statement: Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice. Policy Interpretation and Implementation: 1. Ice-making machines, ice storage chests/containers, and ice can all become contaminated by: ...d. improper storage or handling of ice...3. Our facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions."</p>	F0812	<p>Continued from page 20</p> <p>The Reg Dir of Plant Operations will re-educate the Maintenance staff as it relates to preventative maintenance.</p> <p>The Administrator will complete audits of ice machines and related air gaps weekly X 4 and then monthly X 2. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	

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F0812 SS = F	<p>Continued from page 21</p> <p>Further review of the facility policy reveals it fails to address the need for maintaining an "air gap" for the machines drain line to prevent the possibility of a backflow into the ice machine.</p> <p>The 2017 Food Code of the U.S. Public Health Service and the FDA included the following:</p> <p>"5-402.11 Backflow Prevention. (A) ...a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed."</p> <p>During an observation and interview on 09/01/25 at 12:10 PM, the U.S. FOIA (b) (6), the ice machine drain line was observed to be stuck down into the floor drain. The U.S. FOIA confirmed the drain line to be extended down into the floor drain. Removal of the drain line from the floor drain found the line to be coated with a black substance. When asked, should the drain line be placed inside the floor drain the U.S. FOIA stated, "No, it should not be directly in the drain, it should have an 'air gap' to prevent the possibility of backflow entering the ice machine."</p> <p>NJAC 8:39-17.2(g)</p>	F0812		
F0883 SS = D	<p>Influenza and Pneumococcal Immunizations</p> <p>CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations</p> <p>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <ul style="list-style-type: none"> (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes 	F0883	<p>Resident # R11 is offered NJ Ex Order 26.4(b)(1) for the season NJ Ex Order 26.4(b)(1), consent obtained, and NJ Ex Order 26.4(b)(1) administered on NJ Ex Order 26.4(b)(1)</p> <p>IP will audit all residents and /or POA to obtain consent for influenza vaccine as we are currently in influenza season. IP to audit all charts to identify requiring pneumonia vaccine.</p> <p>The IP will Education to be provided to all nursing staff on obtaining immunization history upon admission and documenting consent/refusal in the medical chart.</p> <p>IP/Designee will audit 4 new admissions to determine influenza and pneumococcal vaccination are current and accurate documentation of consent/refusal present. Long term care residents that refuse immunizations will be offered and re-educated quarterly.</p> <p>These audits will be completed weekly X 4 weeks and</p>	09/09/2025

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F0883 SS = D	<p>Continued from page 22 documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to ensure one of five residents (Resident (R) 11) reviewed for [NJ Ex Order 26.4(b)(1)] was offered the [NJ Ex Order 26.4(b)(1)]. Specifically, the facility failed to offer R11 the [NJ Ex Order 26.4(b)(1)] in [NJ Ex Order 26.4(b)(1)]. This failure increased the risk of R11 contracting the [NJ Ex Order 26.4(b)(1)].</p> <p>Findings include:</p>	F0883	<p>Continued from page 22 then monthly for two months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	

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F0883 SS = D	<p>Continued from page 23</p> <p>Review of the facility's policy titled, "Influenza Vaccine," revised 03/2022 stated, "All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza...Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees, unless the vaccine is medically contraindicated or the resident or employee has already been immunized..."</p> <p>Review of R11's "Admission Record," located in the Electronic Medical Record (EMR) under the "Profile" tab indicated that [REDACTED] was originally admitted to the facility on [REDACTED] with a primary diagnosis of [REDACTED] [REDACTED]</p> <p>Review of R11's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) on [REDACTED] indicated that a "Brief Interview for Mental Status (BIMS)" was unable to be completed due to [REDACTED] [REDACTED]</p> <p>Review of R11's "Physician Orders," located in the EMR under the "Orders" tab did not include any [REDACTED] orders.</p> <p>Review of R11's "Care Plan" located in the EMR under the "Care Plan" tab did not include any [REDACTED] status.</p> <p>Review of R11's [REDACTED] located in the EMR under the [REDACTED] tab revealed that R11 had not received the [REDACTED] since [REDACTED]. No declination or education was available to indicate [REDACTED] had been offered [REDACTED].</p> <p>During an interview on 09/04/25 at 5:41 PM, the U.S. FOIA (b) (6) confirmed R11's medical records did not include any indication that [REDACTED] had been offered the [REDACTED] but should have been.</p> <p>NJAC 8:39-19.4(h)</p>	F0883		
F0887 SS = D	COVID-19 Immunization	F0887	Resident# R11, R33 and R141 were offered [REDACTED]	09/12/2025

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F0887 SS = D	<p>Continued from page 24</p> <p>CFR(s): 483.80(d)(3)(i)-(vii)</p> <p>§483.80 Infection control</p> <p>§483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following:</p> <ul style="list-style-type: none"> (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses. (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: <ul style="list-style-type: none"> (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: 	F0887	<p>Continued from page 24</p> <p>NJ Ex Order 26.4(b)(1) as per eligibility. R11 received NJ Ex Order 26.4(b)(1) on [REDACTED] Resident R33 received NJ Ex Order 26.4(b)(1) on [REDACTED] Resident R141 received NJ Ex Order 26.4(b)(1) on [REDACTED]</p> <p>[REDACTED]</p> <p>IP completed an audit of all residents to ensure all residents are offered covid booster as per eligibility and variances are being addressed. Variances were addressed.</p> <p>Education to be provided by the Infection Prevention nurse to all nursing staff on obtaining immunization history upon admission and documenting consent/refusal in the medical chart.</p> <p>IP/Designee will audit 5 charts to Covid 19 vaccination are current and accurate documentation of consent/refusal is present. These audits will be completed weekly for 4 weeks and then monthly X 2 months. Variances will be addressed. Findings will be submitted monthly to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed. The QAPI Committee consists of the Administrator, DON, IP & Medical Director.</p>	

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F0887 SS = D	<p>Continued from page 25</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, record review, and interviews, the facility failed to ensure three of five residents (Resident (R) 11, R33, and R141) were offered the NJ Ex Order 26.4(b)(1). This failure increased the risk of NJ Ex Order 26.4(b)(1)</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "COVID-19 Vaccination," revised 09/14/23 stated, "Staff members and residents who meet COVID-19 vaccine eligibility criteria will be offered vaccination in accordance with recommendations from the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP)..."</p> <p>Review of CDC recommendations for 2024-2025 COVID-19 vaccinations located at cdc.gov/covid/vaccines/stay-up-to-date.html as of "May 29, 2025, the schedule incorporates the HHS [Health and Human Services] directive regarding COVID-19 vaccine recommendations...for adults 19-26, 27-29, and 50-64 was to receive one or more doses of 2024-2025 vaccine and for adults older than 65 years of age should receive two or more doses of 2024-2025 vaccine..."</p> <p>1. Review of R11's "Admission Record," located in the Electronic Medical Record (EMR) under the "Profile" tab indicated that NJ Ex Order 26.4(b)(1) was originally admitted to the facility on NJ Ex Order 26.4(b)(1) with a primary diagnosis of NJ Ex Order 26.4(b)(1). R11 was NJ Ex Order 26.4(b)(1).</p> <p>Review of R11's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Ex Order 26.4(b)(1) and located in the resident's EMR under the "MDS" tab</p>	F0887		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE, LAWRENCEVILLE, New Jersey, 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
F0887 SS = D	<p>Continued from page 26 indicated that a "Brief Interview for Mental Status (BIMS)" was unable to be completed due to [REDACTED]. Additionally, the assessment indicated that the [REDACTED] was not up to date.</p> <p>Review of R11's "Physician Orders," located in the EMR under the "Orders" tab did not include any [REDACTED] orders.</p> <p>Review of R11's "Care Plan" located in the EMR under the "Care Plan" tab did not include any [REDACTED] status.</p> <p>Review of R11's [REDACTED] located in the EMR under the [REDACTED] tab revealed that R11 had not received any [REDACTED] since [REDACTED]. No declination or education was available to indicate [REDACTED] had been offered [REDACTED] in [REDACTED] or [REDACTED]</p> <p>During an interview on 09/04/25 at 5:41 PM, the [REDACTED] confirmed R11's medical records did not include any indication that [REDACTED] had been offered the [REDACTED] but should have been.</p> <p>2. Review of R33's "Admission Record" located in the EMR under the "Profile" tab indicated that [REDACTED] was originally admitted to the facility on [REDACTED] with a primary diagnosis of [REDACTED]. R33 was an [REDACTED]</p> <p>Review of R33's annual "MDS" with an ARD of [REDACTED] and located in the resident's EMR under the "MDS" tab indicated that [REDACTED] had a "BIMS" score of [REDACTED] out of 15 indicating that [REDACTED] was [REDACTED] Additionally, the assessment indicated that the [REDACTED] was not up to date.</p> <p>During an interview on 09/01/25 at 11:50 AM, R33 stated [REDACTED] only concern was that [REDACTED] would receive the [REDACTED] this year. R33 stated the facility refused to administer [REDACTED] the [REDACTED] last year with no reason given.</p> <p>Review of R33's "Physician Orders" located in the EMR under the "Orders" tab included an order dated [REDACTED]</p>	F0887		

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F0887 SS = D	<p>Continued from page 27 for [REDACTED] as indicated by CDC Guidelines."</p> <p>Review of R33's "Care Plan" located in the EMR under the "Care Plan" tab did not include any [REDACTED] status.</p> <p>Review of R33's [REDACTED] located in the EMR under the [REDACTED] tab revealed that R33 had received [REDACTED] or [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. No declination or education was available to indicate [REDACTED] had been offered the [REDACTED]</p> <p>Review of R33's [REDACTED] Informed Consent- Resident form dated [REDACTED], located in the EMR under the "Misc [miscellaneous]" tab indicated that [REDACTED] was educated on [REDACTED] and accepted to receive the [REDACTED]</p> <p>During an interview on 09/03/25 at 2:35 PM, the U.S. FOIA (b) (6) [REDACTED] stated based on CDC guidelines, R33 could have received a dose in [REDACTED] and she was not sure why this was not offered and given by the previous U.S.</p> <p>3. Review of R141's "Admission Record" located in the EMR under the "Profile" tab indicated that [REDACTED] was originally admitted to the facility on [REDACTED] with a primary diagnosis of [REDACTED] R141 was [REDACTED]</p> <p>Review of R141's quarterly "MDS" with an ARD of [REDACTED] and located in the resident's EMR under the "MDS" tab indicated that a "BIMS" was unable to be completed due to [REDACTED] Additionally, the assessment indicated that the [REDACTED] was up to date.</p> <p>Review of R141's "Physician Orders" located in the EMR under the "Orders" tab included an order dated [REDACTED] for [REDACTED] as indicated by CDC Guidelines."</p> <p>Review of R141's "Care Plan" located in the EMR under the "Care Plan" tab indicated that [REDACTED] on [REDACTED]</p>	F0887		

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F0887 SS = D	<p>Continued from page 28</p> <p>Review of R141's [NJ Ex Order 26.4(b)(1)] located in the EMR under the [NJ Ex Order 26.4(b)(1)] tab revealed that R141's most recent [NJ Ex Order 26.4(b)(1)] was on [REDACTED].</p> <p>Review of R141's [NJ Ex Order 26.4(b)(1)] Informed Consent- Resident" form dated [REDACTED], located in the EMR under the "Misc [miscellaneous]" tab indicated that [REDACTED] was educated on [NJ Ex Order 26.4(b)(1)] and accepted to receive the [NJ Ex Order 26.4(b)(1)] but did not receive it.</p> <p>Review of R141's "Progress Notes" located in the EMR under the "Progress Notes" tab dated [REDACTED] stated, "per MD [medical doctor] – hold [NJ Ex Order 26.4(b)(1)] administration until patient is [NJ Ex Order 26.4(b)(1)]."</p> <p>During an interview on 09/04/25 at 1:58 PM, the [REDACTED] confirmed R141 was not offered the [NJ Ex Order 26.4(b)(1)] after [REDACTED] on [REDACTED]. The [REDACTED] also confirmed R141 should have received the [NJ Ex Order 26.4(b)(1)] and was not sure why this did not occur.</p> <p>NJAC 8:39-5.1(a)</p>	F0887		

New Jersey State Department of Health

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NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE, LAWRENCEVILLE, New Jersey, 08648		
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S0000	<p>Initial Comments</p> <p>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S0000		09/25/2025
S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey 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 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p>	S0560	<p>CORRECTIVE ACTION(S):</p> <p>Lawrence Rehabilitation and HCC is actively trying to hire CNAs.</p> <p>"DON, staffing coordinator or designee will review staffing callouts daily and make every effort to replace.</p> <p>IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>All residents have the potential to be affected by this practice.</p> <p>MEASURES PUT IN PLACE:</p> <p>Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following:</p> <p>Recruitment bonus to encourage referrals from current staff</p> <p>Continue running ads in various social media platforms.</p>	09/05/2025

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1</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 CNA and perform CNA duties.</p> <p>For the week of Complaint staffing at the Main Building from 09/08/24 to 09/14/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -09/08/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/09/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/10/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs. -09/12/24 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -09/13/24 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -09/14/24 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. <p>For the 2 weeks of Complaint staffing at the Main Building from 10/13/2024 to 10/19/2024, the facility was deficient in CNA staffing for residents on 10 of 14-day shifts as follows: -10/13/24 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p> <ul style="list-style-type: none"> -10/15/24 had 12 CNAs for 107 residents on the day shift, required at least 13 CNAs. -10/17/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/18/24 had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/20/24 had 11 CNAs for 106 residents on the day shift, required at least 13 CNAs. -10/21/24 had 12 CNAs for 105 residents on the day 	S0560	<p>Continued from page 1</p> <p>Increased Sponsorships of advertisements on social media platforms.</p> <p>Flexible shifts and schedules</p> <p>The facility implemented higher rates for C.N.A. to develop a per diem pool.</p> <p>Nursing staff will assist in covering open C.N.A shifts when needed.</p> <p>Daily Labor Meeting</p> <p>MONITORING OF MEASURES:</p> <p>Staffing Coordinator will provide weekly reports to the Director of Nursing and Administrator regarding all efforts made to try to comply with the State's Staffing Ratios.</p> <p>Reports will be submitted to the QAPI Committee monthly X 3 months.</p> <p>After 3 months QAPI Committee will review if any further changes have to be made.</p>	

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S0560	<p>Continued from page 2 shift, required at least 13 CNAs.</p> <p>-10/22/24 had 11 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-10/23/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-10/25/24 had 12 CNAs for 105 residents on the day shift, required at least 13 CNAs.</p> <p>-10/26/24 had 13 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>For the week of Complaint staffing at the Main Building from 12/15/2024 to 12/21/2024, the facility was deficient in CNA staffing for residents on 5 of 7 day shifts as follows:</p> <p>-12/15/24 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-12/16/24 had 10 CNAs for 100 residents on the day shift, required at least 12 CNAs.</p> <p>-12/19/24 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-12/20/24 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-12/21/24 had 12 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>For the week of Complaint staffing in the Main Building from 06/29/2025 to 07/05/2025, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows:</p> <p>-06/29/25 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-06/30/25 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/01/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/02/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-07/03/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p>	S0560		

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S0560	<p>Continued from page 3</p> <p>-07/05/25 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>For the week of Complaint staffing for the Main Building from 07/20/2025 to 07/26/2025, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <ul style="list-style-type: none"> -07/20/25 had 11 CNAs for 110 residents on the day shift, required at least 14 CNAs. -07/21/25 had 13 CNAs for 110 residents on the day shift, required at least 14 CNAs. -07/22/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -07/23/25 had 12 CNAs for 110 residents on the day shift, required at least 14 CNAs. -07/24/25 had 11 CNAs for 115 residents on the day shift, required at least 14 CNAs. -07/25/25 had 12 CNAs for 115 residents on the day shift, required at least 14 CNAs. -07/26/25 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs. <p>For the 2 weeks of staffing in the main Building prior to survey from 08/17/25 to 08/30/2025, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts as follows:</p> <ul style="list-style-type: none"> -08/17/25 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -08/18/25 had 12 CNAs for 108 residents on the day shift, required at least 13 CNAs. -08/19/25 had 11 CNAs for 108 residents on the day shift, required at least 13 CNAs. -08/20/25 had 10 CNAs for 108 residents on the day shift, required at least 13 CNAs. -08/22/25 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs. -08/23/25 had 12 CNAs for 116 residents on the day shift, required at least 14 CNAs. -08/24/25 had 13 CNAs for 116 residents on the day shift, required at least 14 CNAs. 	S0560		

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S0560	<p>Continued from page 4</p> <p>-08/25/25 had 13 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-08/26/25 had 11 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-08/27/25 had 11 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-08/28/25 had 10 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-08/29/25 had 10 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>-08/30/25 had 10 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p>	S0560			

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/19/2025 in relation to the 9/4/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/19/2025

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 reverse for further 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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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/19/2025 in relation to the 9/4/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000			12/19/2025

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K0000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 09/02/25 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.</p> <p>Lawrence Rehab & HCC/The Meadows at Lawerence is a two-story building that was built in the 1980's. It is composed of Type II protected construction. The facility is divided into nine - smoke zones. The generator powers approximately 80 % of the main building per the US FOIA (b) (6). The current occupied beds are 165 of 180.</p> <p>Each cottage is a single-story building. They are composed of Type II unprotected construction.</p> <p>The cottages are divided into three-smoke zones each. The three generators provide 2 cottages each with 100% emergency power.</p> <p>This includes:</p> <p>Building 2 - (#2 Meadows) Effective date: 02/02/16</p> <p>The cottage has 10 certified beds. At the time of survey the census was 10.</p> <p>Building 3 - (#4 Meadows) Effective date: 02/02/16</p> <p>The cottage has 10 certified beds. At the time of survey the census was 10.</p> <p>Building 4 - (#6 Meadows) Effective date: 09/01/16</p>	K0000		09/30/2025

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 reverse for further 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315338	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER LAWRENCE REHAB & HCC/THE MEADOWS AT LAWRENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 1 BISHOPS DRIVE, LAWRENCEVILLE, New Jersey, 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
K0000	<p>Continued from page 1</p> <p>The cottage has 10 certified beds. At the time of survey the census was 8.</p> <p>Building 5 - (#8 Meadows) Effective date: 09/01/16</p> <p>The cottage has 10 certified beds. At the time of survey the census was 10.</p> <p>Building 6 - (#10 Meadows) Effective date: 09/01/16</p> <p>The cottage has 10 certified beds. At the time of survey the census was 6.</p> <p>Building 7 - (#12 Meadows) Effective date: 09/01/16</p> <p>The cottage has 10 certified beds. At the time of survey the census was 7.</p>	K0000		
K0324 SS = F	<p>Cooking Facilities</p> <p>CFR(s): NFPA 101</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is NOT MET as evidenced by:</p>	K0324	<p>The placard near the K-Guard fire extinguisher in the main building was installed on 9/15/2025.</p> <p>The remote manual pull station in Meadows house #4 will be repaired by the vendor on an estimated date of 10/9/2025, pending part arrival.</p> <p>The remote manual pull station glass tube was replaced in Meadows house #6.</p> <p>Entire facility (Meadows and Main Building) has potential to be affected. There are no other K-Guard fire extinguishers. Pull stations were inspected at the Meadows and the main building. No other variances were identified.</p> <p>The Administrator re-educated the Maintenance Department on the requirements for K-Guard fire extinguishers and fire extinguisher pull stations.</p> <p>Maintenance Director will conduct an audit of K-Guard fire extinguisher to ensure the placard is installed. Maintenance Director will conduct an audit of at least 5 fire extinguishers to ensure the pull station tube glass is NOT broken. These audits will be conducted weekly x 4 weeks; then, monthly x 3 months. Frequency of additional audits will be determined based on audit findings. Results will be forwarded to the quarterly</p>	10/09/2025

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K0324 SS = F	<p>Continued from page 2</p> <p>Based on observation and interview, it was determined that the facility failed to ensure the remote manual pull station for the Automatic Extinguishing System (AES) was not modified, the break glass tube was not broken, and that the K-Type fire extinguisher was equipped with a placard in accordance with NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011 Edition) Section 10.5.1, 10.2.2, and 10.2.3. These deficient practices had the potential to affect the 72 residents in the Main Building, House #4 and House #6, and were evidenced by the following:</p> <p>An observation on 09/02/25 at 2:55 PM revealed there was no placard near the K-Guard fire extinguisher in the main building instructing staff to actuate the main range-hood extinguishing system prior to using the portable K-type extinguisher for an appliance fire.</p> <p>During an observation on 09/02/25 at 4:24 PM of the Meadows House #4, the remote manual pull station was modified (approximately ½ inch was cut off) so it could fit beside a cabinet. Continued observation revealed the remote manual pull station glass break tube in Meadows House #6 was broken.</p> <p>During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed the placard was missing, the remote manual pull station was modified, and the glass break tube was broken.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p> <p>NFPA 96</p>	K0324	<p>Continued from page 2</p> <p>QAPI committee for further review and recommendations as needed.</p>	
K0351 SS = F	<p>Sprinkler System - Installation</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Installation</p> <p>2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler</p>	K0351	<p>A list of the sprinklers installed in the facility will be placed in the spare sprinkler cabinet at the main building and at Meadow Houses 2, 4, 6, 8, 10 and 12.</p> <p>Entire facility (Meadows and Main Building) has potential to be affected. No other variances were identified.</p> <p>The Administrator re-educated the Maintenance Department on the requirements for ensuring the spare sprinkler cabinets contain a list of the sprinklers installed in the facility.</p>	09/12/2025

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K0351 SS = F	<p>Continued from page 3 protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observations and interview, it was determined that the facility failed to ensure the spare sprinkler cabinet contained a list of the sprinklers installed in the facility in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (2010 Edition) Section 6.2.9.7 and 6.2.9.7.1. This deficient practice had the potential to affect all 165 residents and was evidenced by the following:</p> <p>Observations on 09/02/25 from 2:00 PM to 6:00 PM of the facility's spare sprinkler cabinets in the main building, Meadow Houses two, four, six, eight, 10, and 12 revealed the cabinets did not contain a list of sprinklers that were used in the buildings.</p> <p>During an interview at the time of the observations, the U.S. FOIA (b) (6) confirmed that a sprinkler list was not present in the sprinkler cabinets.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p> <p>NFPA 13</p>	K0351	<p>Continued from page 3 Maintenance Director will conduct an audit of all spare sprinkler cabinets at the main building and at the Meadows to ensure a list of the sprinklers installed is present. These audits will be conducted weekly x 4 weeks; then, monthly x 3 months. Frequency of additional audits will be determined based on audit findings. Results will be forwarded to the quarterly QAPI committee for further review and recommendations as needed.</p>	
K0353 SS = F	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing</p> <p>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p>	K0353	<p>The bushes obstructing the Fire Department Connection (FDC) on the right front of Meadows house 2, House 4 and House 6 were removed.</p> <p>Residents residing in Meadows houses 2, 4 and 6 have the potential to be affected. An audit of all the Meadows FDC was conducted. No other variances were identified.</p> <p>The Administrator re-educated the Maintenance Department on the requirements for ensuring the FDCs are free from obstruction.</p>	09/12/2025

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K0353 SS = F	<p>Continued from page 4</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, it was determined that the facility failed to ensure the fire department connection (FDC) was visible and accessible in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition) section 13.7.1 (1). This deficient practice had the potential to affect 28 residents and was evidenced by the following:</p> <p>An observation on 09/02/25 from 2:00 PM to 6:00 PM revealed the FDC located on the right front of Meadows House Two was obstructed by a bush approximately three feet tall. Continued observation revealed Meadows House Four and Meadows House Six were obstructed by eight feet tall bushes.</p> <p>During an interview at the time of observations, the U.S. FOIA (b) (6) confirmed that the fire department connections were obscured, and access was restricted.</p> <p>NJAC 8:39-31.1(c), 31.2(e)</p> <p>NFPA 25</p>	K0353	<p>Continued from page 4</p> <p>Maintenance Director will conduct an audit of all FDC at the Meadows to ensure they are free from obstruction. These audits will be conducted weekly x 4 weeks; then, monthly x 3 months. Frequency of additional audits will be determined based on audit findings. Results will be forwarded to the quarterly QAPI committee for further review and recommendations as needed.</p>	
K0918 SS = F Bldg. 01	<p>Electrical Systems - Essential Electric Syste</p> <p>CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the</p>	K0918	<p>A vendor was immediately contacted to install a remote emergency manual stop switch on the generator of the main building.</p> <p>Residents residing at the main building have the potential to be affected. An audit of all other generators was conducted. No other variances were identified.</p> <p>The Administrator re-educated the Maintenance</p>	09/12/2025

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K0918 SS = F Bldg. 01	<p>Continued from page 5</p> <p>life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is NOT MET as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the generator was equipped with a remote emergency stop switch in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) 5.6.5.6. This deficient practice had the potential to affect 124 residents and was evidenced by the following:</p> <p>AN observation on 09/02/25 at 3:43 PM of the facility's main building revealed the emergency generator was not equipped with a remote manual stop station.</p> <p>During an interview at the time of observation, the U.S. FOIA (b) (6) confirmed the emergency generator was not equipped with a remote manual stop station.</p> <p>NJAC 8:39-31.2(e)</p> <p>NFPA 110</p>	K0918	<p>Continued from page 5</p> <p>Department on the requirements for ensuring a remote emergency manual stop is installed on generators servicing the facility.</p> <p>Maintenance Director will conduct an audit of all generators to ensure they are equipped with a remote emergency manual stop switch. These audits will be conducted weekly x 4 weeks; then, monthly x 3 months. Frequency of additional audits will be determined based on audit findings. Results will be forwarded to the quarterly QAPI committee for further review and recommendations as needed.</p>		

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 09/02/25. The facility was found to be in compliance with 42 CFR 483.73.		E0000		09/30/2025

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 reverse for further 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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K0000 Bldg. 01	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/19/2025 in relation to the 9/4/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		12/19/2025

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