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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
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| NAME OF PROVIDER OR SUPPLIER NEW JERSEY VETERANS MEMORIAL HOME MENLO | STREET ADDRESS, CITY, STATE, ZIP CODE 132 EVERGREEN RD , EDISON, New Jersey, 08818 |
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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>Survey Dates: 09/02/25 to 09/05/25</p> <p>Survey Census: 195</p> <p>Sample Size: 35</p> <p>Supplemental Sample: 0</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 | | 10/24/2025 |
| F0550 SS = D | <p>Resident Rights/Exercise of Rights</p> <p>CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights.</p> <p>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of</p> | F0550 | <p>Corrective Actions related to deficiency</p> <p>The verbalizations of the staff during interview cannot be retroactively addressed.</p> <p>The assignment sheets on all identified units were changed to appropriately identify Residents who need assistance with eating.</p> <p>Identification of at-risk Residents</p> <p>Current residents who need assistance with eating have the potential to be affected.</p> <p>Systemic Changes</p> <p>All staff were educated on properly addressing and discussing Residents who need assistance with eating.</p> <p>All assignment sheets for all units were reviewed and changed to appropriately identify Residents who need assistance with eating.</p> <p>QAPI</p> <p>When preparing for IDCP Meetings and Care Plan reviews,</p> | 10/24/2025 |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F0550 SS = D | <p>Continued from page 1 payment source.</p> <p>§483.10(b) Exercise of Rights.</p> <p>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, record review, interviews, and policy review, the facility failed to ensure staff used respectful and appropriate identifiers during meal service on one of six resident units (Independence Unit) reviewed for dignity. This failure had the potential to contribute to a negative outcome related to the promotion and respect of resident well-being and quality of life.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Dignity," revised 02/12/25, revealed "Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem...Residents are treated with dignity and respect at all times...provided with a dignified dining experience...Staff speak respectfully to residents at all times, including addressing the resident by his or her name of choice and not "labeling" or referring to the resident by his or her room number, diagnosis, or care needs ."</p> <p>1. During an observation on 09/02/25 at 12:23 PM, the Independence unit dining room had approximately ten to twelve residents seated and prepared for lunch service. The following observations were made:</p> | F0550 | <p>Continued from page 1 the Dietitian will discuss Resident level of assistance needed at meals with the unit CNAs. In these discussions, the Dietitian will monitor responses for appropriate references to the Residents who need assistance with eating. The correction of inappropriate CNA language will be immediate, and responses will be documented and reported at the QAPI Committee for 4 weeks, then monthly x3 months and then quarterly for 1 quarter for review and recommendations.</p> <p>On daily rounds the DON/designee will review the assignments on each unit to ensure the correct assignment sheet is used. Observations will continue and be reported to the QAPI Committee for 4 weeks. After 4 weeks observations will be documented monthly x3 months on each unit and then quarterly x1 quarter for review and/or recommendations.</p> | |

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| F0550 SS = D | <p>Continued from page 2</p> <p>At 12:35 PM, the meal cart was placed near the dining room for staff to begin meal service.</p> <p>Two staff members pointed at a table near the meal cart, and Certified Nurse Aide (CNA) 2 responded saying, "They're a [REDACTED]"</p> <p>At 12:40 PM, CNA3 pointed at a resident and asked a colleague if they also were "a [REDACTED]"</p> <p>At 12:41 PM, Charge Nurse (CHN) 1 stated that residents were [REDACTED]</p> <p>2. During an additional observation on 09/05/25 at 12:29 PM, the Independence unit dining room had approximately ten to twelve residents seated and prepared for lunch service. The following observation was made:</p> <p>CNA1 pointed at the recently arrived meal cart parked near the dining room, and asked a colleague if a resident was "now a [REDACTED]"</p> <p>Review of the assignment sheets on Freedom unit, Independence unit, Eagle unit, Liberty unit, Old Glory unit, and the Stars and Stripes unit were placed each shift at the nurses' stations.</p> <p>Review of the assignment sheets on Freedom unit, Independence unit, Eagle unit, and Stars and Stripes unit identified residents by name that would require assistance at meals as [REDACTED] on each assignment sheet. These assignment sheets were placed each shift at the nurses' stations.</p> <p>During an interview on 09/05/25 at 1:04 PM, CNA1 verified that the staff used the term [REDACTED] when a resident required meal assistance.</p> <p>During a concurrent interview on 09/05/25 at 2:20 PM, CNA4 and CNA2 both verified that staff used the word [REDACTED] to identify which residents required assistance with meals. CNA4 and CNA2 both stated they were not aware if the label [REDACTED] was a dignity issue or not.</p> <p>During an interview on 09/05/25 at 2:35 PM, the Charge</p> | F0550 | | |

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| F0550 SS = D | <p>Continued from page 3</p> <p>Nurse (CHN) 1 said that she helped fill out the assignment staffing form for Independence unit. She stated that the word [redacted] was used to identify which residents needed assistance with meals. CHN1 confirmed that it was a word used to identify residents and was not aware if it was a dignified way to identify residents or not.</p> <p>During an interview on 09/05/25 at 2:43 PM, the [redacted] stated that the [redacted] and the [redacted] would complete the assignment sheets on each unit. Upon the review of the assignment sheet, and the assignment tab labeled [redacted] he said that he would change the form to read "Assist with Meals." He confirmed that using the label [redacted] described an action and not a resident need, and that it was not appropriate to say in the presence of residents.</p> <p>NJAC 8:39-4.1(a)</p> | F0550 | | |
| F0553 SS = D | <p>Right to Participate in Planning Care</p> <p>CFR(s): 483.10(c)(2)(3)</p> <p>§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:</p> <p>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</p> <p>(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</p> <p>(iii) The right to be informed, in advance, of changes to the plan of care.</p> <p>(iv) The right to receive the services and/or items included in the plan of care.</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan of care.</p> <p>§483.10(c)(3) The facility shall inform the resident of</p> | F0553 | <p>Corrective Actions related to deficiency</p> <p>Resident #2 was invited to attend their Care Plan meeting held [redacted] The [redacted] and signed the Care Plan sign in sheet.</p> <p>Identification of At-risk Residents</p> <p>Current residents have the potential to be affected.</p> <p>Systemic Changes</p> <p>The invitation to attend the Care Plan Conference was revised to include Resident invitation to their Care Plan Meetings with documentation made in the electronic medical record.</p> <p>The Care Conference Checklist was revised to include/document POA and Resident invitation and participation in their Care Plan Meeting. Invitation and participation will also be included in the IDCP Note.</p> <p>Social Services Staff were educated on the revised forms and process for inviting and documenting Resident participation in their Care Plan Meetings.</p> <p>QAPI</p> <p>The Director of Social Services will audit the revised forms against the Care Plan sign in sheet to ensure</p> | 10/24/2025 |

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| F0553 SS = D | <p>Continued from page 4 the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, and interviews, the facility failed to invite one resident (Resident (R)2) out of a total sample of 35 residents to participate in the care plan process. This failure had the potential to deny residents the opportunity to be able to make decisions about the care they receive.</p> <p>Findings include:</p> <p>During an interview on 09/02/25 at 12:50 PM, R2 stated that she has not been to a care plan meeting since being admitted to the facility. R2 also stated that she was not aware that residents were to be invited.</p> <p>A review of R2's electronic medical record (EMR) located under the "MDS 3.0" tab revealed an annual "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of [redacted] admission date of [redacted] "Brief Interview for Mental Status (BIMS)" [redacted] but of 15 indicating [redacted]</p> <p>NJ ex order 26.4b1</p> <p>The facility failed to provide evidence that R2 was invited to the care meetings that were being held.</p> <p>During an interview on 09/04/25 at 3:35 PM, the [redacted] U.S. FOIA (b) (6) stated that the facility does a verbal invite with the residents and sends a letter to the resident representative. The [redacted] also stated that the facility did not chart that R2 was invited to the care plan meeting, "so we cannot say that [R2] was invited."</p> | F0553 | Continued from page 4 Residents have been invited to their Care Plan Meeting and are attending, if that was their desire. Results of the audits will be reported to the QAPI Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations. | |

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| F0553 SS = D | <p>Continued from page 5</p> <p>During an interview on 09/05/25 at 11:05 AM, the U.S. FOIA (b) (6) stated that the residents should always be able to participate in care planning unless deemed not cognitively able to.</p> <p>During an interview on 09/05/25 at 1:46 PM, the U.S. FOIA (b) (6) stated that all residents should be invited to participate in the care plan meeting.</p> <p>A review of the policy titled "Care Plan – Comprehensive" with a revision date of 11/17/24 stated "An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident... Reflect the resident's expressed wishes regarding care and treatment goals... The resident has the right to refuse to participate in the development of his/her care plan and medical and nursing treatments."</p> <p>NJAC 8:39-27.1(a)</p> | F0553 | | |
| F0578 SS = D | <p>Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir</p> <p>CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v)</p> <p>§483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>§483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the</p> | F0578 | <p>Corrective Actions related to deficiency</p> <p>The code status for Resident #16 was clarified with the Resident/POA and correct Physician order was entered in the EMR, in the Hemodialysis Notebook and the medical chart also had the appropriate sticker placed on the spine of the binder.</p> <p>The NJ Ex Order 26.4(b)(1) for Resident #171 was clarified with the Resident/POA and correct Physician order was entered in the EMR. The medical chart also had the appropriate sticker placed on the spine of the binder.</p> <p>Identification of At-risk Residents</p> <p>All current residents have the potential to be affected.</p> <p>Systemic Changes</p> <p>The code status for all Residents was reviewed using the POLST. If necessary, the status was clarified with the Resident/POA and the physician order updated. The appropriate sticker was placed on the Medical Chart Spine.</p> <p>The Residents receiving dialysis were identified and</p> | 10/24/2025 |

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| F0578 SS = D | <p>Continued from page 6 facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, document review, and policy review, the facility failed to update the [redacted] in all records to [redacted] for two of 33 (Resident (R)16 and R171) residents reviewed for code status out of a total sample of 35 residents.</p> <p>NJ ex order 26.4b1</p> <p>Findings include:</p> <p>Review of the facility's policy "Practitioner Orders for Life-Sustaining Treatment (POLST) Policy" with a review date of 09/03/25 indicated, "...The facility will honor a valid POLST in good faith. POLST complements—[sic] but does not replace—[sic] advance directives. If directives conflict and clarification is not possible, the most recent document guides care...: "For revisions, complete new POLST, mark prior as VOID, update EHR [electronic health record] and chart. ... Enter orders into EHR consistent with POLST. ... "</p> <p>1. Review of R16's undated "Face Sheet" located under the "Snapshot" tab in the electronic medical record (EMR) indicated R15 was admitted to the facility on [redacted] with the [redacted]</p> | F0578 | <p>Continued from page 6 the Hemodialysis Notebook containing the code status, POLST, was updated as necessary.</p> <p>All Nursing staff were re-educated on POLST, taking the physician order, and labeling of the Medical Chart.</p> <p>All Nursing staff were re-educated on updating Hemodialysis Notebook with a change in a POLST order.</p> <p>During IDCP Meetings the Social Worker will review the POLST status with the Resident/POA for Resident wishes. If there are any changes the Nurse will obtain the physicians order and ensure the medical chart is labeled accurately and if appropriate the Hemodialysis Notebook updated.</p> <p>QAPI</p> <p>Monthly the POLST for all Residents, including all Residents receiving dialysis, will be reviewed by the Unit Managers for matching orders and labels on the medical chart. Results of the Unit Managers audits will be reported to the QAPI Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations.</p> | |

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| F0578 SS = D | <p>Continued from page 7</p> <p>Review of R16's NJ ex order 26.4b1 located in the hard chart and dated for NJ Ex Order 26.4(b) NJ ex order 26.4b1 revealed an order dated NJ ex order 26.4b1 which indicated R16 was a NJ ex order 26.4b1</p> <p>Review of R16's "Physician Orders" located in the hard chart indicated an order dated NJ ex order 26.4b1 for R16's NJ Ex Order to be NJ ex order 26.4b1</p> <p>Review of R16's NJ Ex Order 26.4b1 located in the hard chart and dated NJ ex order 26.4b1 indicated R16's POA had signed for R16 to be a NJ ex order 26.4b1 with NJ ex order 26.4b1. The spine of the hard chart did not indicate the NJ Ex Order of R16.</p> <p>Review of R16's Care Plan located under the "Care Plan" located in the EMR dated NJ ex order 26.4b1 indicated a NJ ex order 26.4b1 of NJ ex order 26.4b1. The interventions indicated, NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>During an interview on 09/03/25 at 11:54 AM, U.S. FOIA (b) (6) U.S. FOIA (b) (6) (RN)1 stated, "We don't have a list of residents that are NJ Ex Order 26.4b1. We look at the NJ Ex Order 26.4b1 in the front of the resident's chart, and there is also an order in the hard chart that says what their NJ Ex Order 26.4(b)(1) is. We also put a sticker on the spine of the hard chart to reflect the current NJ Ex Order 26.4(b)(1)."</p> <p>During an interview on 09/03/25 at 1:10 PM, RN2 stated, "Their [residents] charts have it NJ Ex Order 26.4(b)(1) in there. I also look at this," [name of unit] Resident Roster." Review of the Resident Roster indicated R16 was a NJ Ex Order 26.4(b)(1)."</p> <p>During an interview on 09/03/25 at 1:16 PM, RN1 was asked who is responsible for updating the "Resident Roster" when changes occur. RN1 stated, "These are updated by the U.S. FOIA (b) (6) U.S. FOIA (b) (6) or the U.S. FOIA (b) (6) when they receive changes in their care."</p> <p>During an interview on 09/03/25 at 1:23 PM, Unit Clerk</p> | F0578 | | |

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| F0578 SS = D | <p>Continued from page 8 (UNC)1 was asked the current code status for R16 and UC1 replied, "[R16] is [REDACTED] I know because he has been here a long time." UC1 did not refer to the [REDACTED] or the hard chart before answering.</p> <p>During an interview on 09/03/25 at 5:03 PM, Licensed Practical Nurse (LPN)2 looked at the "Resident Roster" and stated, "[R16] is [REDACTED]" Then LPN2 went to R16's hard chart and reviewed the [REDACTED] in the front of the chart. LPN2 went to RN1 and stated, "This [REDACTED] doesn't match the cheat sheet we have for [R16]. RN1 began reviewing the current [REDACTED] and stated, "This [cheat sheet] hasn't been updated to reflect the current [REDACTED] that we have." RN1 was asked if this should match and RN1 stated, "Yes."</p> <p>During an interview on 09/04/25 at 7:46 AM, the U.S. FOIA (b) (6) stated, "The [REDACTED] supersedes orders on the Recapitulation Physician Order Sheet for [REDACTED] I only expect the nurses to refer to the [REDACTED] if there is any question of the [REDACTED]"</p> <p>During a review of R16's NJ ex order 26.4b1 on NJ ex order 26.4b1 which is taken to [REDACTED] with each appointment time, reflected in the front of the notebook of a [REDACTED] form dated [REDACTED] and signed by R16's POA (Power of Attorney) that indicates R16 was a [REDACTED] with a NJ ex order 26.4b1 [REDACTED]</p> <p>During an interview on 09/04/25 at 3:05 PM, RN1 stated, NJ ex order 26.4b1</p> <p>During an interview on 09/04/25 at 4:00 PM, the U.S. FOIA reviewed the [REDACTED] form in the front of the [REDACTED] notebook and stated, "This should have been replaced with the current [REDACTED] form."</p> <p>2. Review of R171's "Facesheet" located in the EMR under the "ADT" tab revealed she was admitted to the facility on [REDACTED] and had diagnoses which included [REDACTED]</p> <p>Review of R171's "Interdisciplinary Progress Notes" located in the EMR under the "Charting" tab revealed a NJ ex order 26.4b1</p> | F0578 | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
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| F0578 SS = D | <p>Continued from page 9 NJ ex order 26.4b1 NJ ex order 26.4b1 The note further stated that family attended a meeting on NJ ex order 26.4b1 and was looking into NJ ex order 26.4b1</p> <p>Review of R171's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 and located under the "Charting" tab of the EMR revealed a "Staff Assessment for Mental Status" was completed which revealed R171's NJ ex order 26.4b1</p> <p>Review of the front of R171's paper chart revealed a NJ ex order 26.4b1 dated NJ ex order 26.4b1 and signed by a physician which NJ ex order 26.4b1</p> <p>Review of R171's paper chart under the "Physicians Orders" tab revealed two "Physician's Order" summaries, signed by a U.S. FOIA (b) (6) on NJ ex order 26.4b1. Each summary was also signed and dated by two nurses. Both documents conveyed NJ ex order 26.4b1 (perform CPR) and were ordered as of NJ ex order 26.4b1. Neither documented the NJ ex order 26.4b1 dated NJ ex order 26.4b1.</p> <p>During an interview on 09/03/25 at 2:35 PM, Registered Nurse (RN) 3 stated she looked at the NJ ex order 26.4b1 in the front of the paper chart to determine the orders and resident/family wishes for NJ ex order 26.4b1(1)</p> <p>During an interview on 09/03/25 at 2:40 PM, Unit Manager (UM) 1 reported she looked at the front of the paper chart at the NJ ex order 26.4b1 to identify the orders and resident/family wishes for NJ ex order 26.4b1(1). UM1 stated R171's NJ ex order 26.4b1 reflected NJ ex order 26.4b1. When UM1 reviewed the "Physician's Order" documents dated NJ ex order 26.4b1 she stated they were to reflect the NJ ex order 26.4b1 and since they did not, she planned to correct the "Physician's Order" immediately.</p> <p>During an interview on 09/04/25 at 7:46 AM, the U.S. FOIA (b) (6) stated the physician order summary, labeled as "Physician's Order" in residents' paper charts were printed monthly by the pharmacy and reflected the orders given by the physician for the resident. The U.S. FOIA (b) (6) stated the code status order was an exception because the NJ ex order 26.4b1 was a separate order, which could be updated at any time and superseded any orders on the physician order summary. The U.S. FOIA (b) (6) stated</p> | F0578 | | |

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| F0578 SS = D | Continued from page 10 he expected that the physician order summaries would have been updated by [redacted] for R171's [redacted] which was dated [redacted]. NJAC 8:39-4.1(a) NJAC 8:39-27.1(a) | F0578 | | |
| F0628 SS = D | Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. 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. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (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. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the | F0628 | Corrective Actions related to deficiency This deficiency identified for Residents #1, #4, and #6 cannot be retroactively addressed. Identification of At-risk Residents Current residents who leave the facility have the potential to be affected. Systemic Changes The Bed Hold Policy was revised to include "a stamped self-addressed letter is included" with each mailing of the Bed Hold Packet to the POA/family. The Bed Hold Packet that is mailed will include a stamped self-addressed envelope. The Bed Hold Packet letter was revised to include precise directions on information needing to be returned to the Facility. The Bed Hold Packet envelope sent will photocopied so to show the date mailed and addressee. This copy will be uploaded to the Electronic Medical record. Social Services Staff were educated on the revised process of providing the Bed Hold Packet documentation. QAPI The Director of Social Services will compare the Ombudsman Acute Transfer Log to the EMR to ensure compliance of documentation sent to POA/family. Results of the audits will be reported to the QAPI Committee for 4 weeks, then monthly x3 months and then quarterly x1 for review and/or recommendations | 10/24/2025 |

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| F0628 SS = D | <p>Continued from page 11 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> <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> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred</p> | F0628 | | |

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| F0628 SS = D | <p>Continued from page 12 or discharged;</p> <p>(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;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice.</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> | F0628 | | |

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| F0628 SS = D | <p>Continued from page 13</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> <p>(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;</p> <p>(ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any;</p> <p>(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</p> <p>(iv) The information specified in paragraph (e)(1) of this section.</p> <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 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> <p>(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.</p> <p>(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.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> | F0628 | | |

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| F0628 SS = D | <p>Continued from page 14 Based on record review, interview, and policy review, the facility failed to ensure a written transfer notice that contained all required information was provided for three of three residents and/or their representatives (Resident (R) 4, R1, and R6) reviewed for hospital transfer out of 35 sample residents. This failure had the potential to result in the resident and their Resident Representative (RP) not having the knowledge of where and why a resident was transferred and/or how to appeal the transfer, if desired.</p> <p>Findings include:</p> <p>1. Review of R4's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed admission to the facility on NJ ex order 26.4b1</p> <p>Review of R4's "General Notes," located under the "Notes" tab of the EMR, dated NJ ex order 26.4b1 through NJ ex order 26.4b1 revealed R4 was NJ ex order 26.4b1</p> <p>Review of the EMR "Evaluations" and "Documents" tab along with review of the "Progress Notes" tab revealed no evidence that a written notice of transfer was provided to R4 or her RP.</p> <p>During an interview on 09/05/25 at 4:50 PM the U.S. FOIA (b) (6) stated when a resident was discharged she sent out the bed hold policy and transfer notice to the family but did not keep a copy of what was sent and she did not document in the resident medical record the date it was sent, and who it was sent to. She stated she had no documentation to show that a transfer notice was provided to the resident or responsible party.</p> <p>2. Review of R1's undated "Face Sheet" located under the "Snapshot" tab in the EMR indicated R1 had been admitted to the facility on NJ ex order 26.4b1 with the diagnosis NJ ex order 26.4b1</p> <p>Review of R1's annual "Minimum Data Set (MDS)" located under the "MDS 3.0" tab in the EMR, with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 indicated R1 had a "Brief Interview for Mental Status (BIMS)" score of NJ ex order 26.4b1 out of 15 which indicated R1 NJ ex order 26.4b1</p> | F0628 | | |

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| F0628 SS = D | <p>Continued from page 15</p> <p>Review of R1's "Nursing Progress Notes" located under the "Charting" tab in the EMR, a note dated [redacted] at 12:44 PM which indicated, NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>Further review of the nursing progress notes did not indicate documentation to reflect the resident was provided in writing the reason for transfer to the hospital on [redacted]</p> <p>During an interview on 09/04/25 at 1:50 PM, the [redacted] U.S. FOIA (b) (6) stated, "I send a copy of this letter to the resident's RP [Resident Representative] and/or [redacted] U.S. FOIA (b) (6) that says the reason for admission to the hospital." Asked if she keeps documentation that was provided to the resident which explains the reason for transfer and the [redacted] U.S. FOIA (b) (6) stated, "No, I do not."</p> <p>During an interview on 09/05/25 at 9:00 AM, R1 was asked if he had received a letter from the facility that stated the [redacted] NJ ex order 26.4b1 on [redacted] NJ ex order 26.4b1 R1 stated, NJ ex order 26.4b1</p> <p>During an interview on 09/05/25 at 4:15 PM, the [redacted] U.S. FOIA (b) (6) was asked what his expectation of the [redacted] U.S. FOIA (b) (6) documentation of the written reason for transfer that is provided to the resident and/or RP and the [redacted] U.S. FOIA (b) (6) stated, "I will have to get back to you on this." The [redacted] U.S. FOIA (b) (6) returned to the conference room at 5:30 PM and stated, "I don't have anything further to add." The [redacted] U.S. FOIA (b) (6) also confirmed that the facility did not have a policy on transfer notices.</p> <p>3. Review of R6's "Facesheet" located in the electronic medical record (EMR) under the "ADT" tab revealed he was admitted to the facility on [redacted] NJ ex order 26.4b1 and was NJ ex order 26.4b1</p> | F0628 | | |

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| F0628 SS = D | <p>Continued from page 16</p> <p>Review of R6's paper chart revealed a NJ ex order 26.4b1 dated NJ ex order 26.4b1 and addressed to the hospital detailing pertinent resident information needed by the hospital to evaluate R6 and provide care to NJ ex order 26.4b1.</p> <p>Review of "Interdisciplinary Progress Notes" located in the EMR under the "Charting" tab revealed R6 was NJ ex order 26.4b1. A note dated NJ ex order 26.4b1 documented that he was NJ ex order 26.4b1 after NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>Review of R6's significant change "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 and located under the "Charting" tab of the EMR revealed a "Brief Interview for Mental Status (BIMS)" score of NJ ex order 26.4b1 out of 15 which indicated NJ ex order 26.4b1.</p> <p>Review of the paper chart revealed no notice of transfer form directed to R6 regarding NJ ex order 26.4b1 transfer to the hospital.</p> <p>During an interview on 09/05/25 at 12:35 PM, R6 reported NJ ex order 26.4b1 was hospitalized several times during time at the facility. R6 was unable to recall receiving any written notice of NJ ex order 26.4b1 transfer to the hospital; NJ ex order 26.4b1 was not notified of the appeal process or provided the State Long Term Care Ombudsman contact information.</p> <p>During an interview on 09/05/25 at 12:46 PM, Licensed Practical Nurse (LPN) 1 reported when she sent a resident out to the hospital she sent a "New Jersey Universal Transfer Form" and other information the hospital needed to care for the resident. When asked if there was any paper that went to the residents informing them of why they were being transferred, their appeal rights, and the ombudsman's contact information, LPN1 stated there was no paperwork with that information that nursing provided to the resident.</p> <p>During an interview on 09/05/25 at 5:05 PM, the U.S. FOIA (b) (6) reported she mailed the family members a notice of transfer letter but did not notify the resident. Nursing notified the residents since they were with the residents at the time of transfer.</p> | F0628 | | |

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| F0628 SS = D | Continued from page 17 | F0628 | | |
| F0641 SS = D | <p>NJAC 8:39-4.1(a)31,32</p> <p>Accuracy of Assessments</p> <p>CFR(s): 483.20(g)(h)(i)(j)</p> <p>§483.20(g) Accuracy of Assessments.</p> <p>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.</p> <p>§483.20(i)(1) A registered nurse must sign and certify 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> <p>(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</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.</p> <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 observations, record review, interviews, and policy review, the facility failed to accurately assess one resident (Resident (R)143) for nutritional needs regarding R143's ^{NJ ex order 26.4b1} out of a total sample of 35 residents This failed practice had the potential to cause ^{NJ Ex Order 26.4(b)(1)}</p> | F0641 | <p>Corrective Actions related to deficiency</p> <p>The MDS for Resident #143 was modified on ^{NJ Ex Order 26.4(b)(1)} to accurately reflect the Resident had ^{NJ Ex Order 26.4(b)(1)}</p> <p>Identification of At-risk Residents</p> <p>All current residents in their OBRA assessment windows with weight changes have the potential to be affected.</p> <p>Systemic Changes</p> <p>Prior to submission of MDS weight information for all Residents with a weight change within their OBRA assessment window, will be reviewed by the MDS Coordinator to ensure accuracy of information. If information is not correctly coded, a correction will be made prior to submission.</p> <p>Dietitians were re-educated by the MDS Coordinator on accuracy of completing the MDS assessments.</p> <p>QAPI</p> <p>The MDS coding for Residents with submitted assessments with weight gain/loss will be reviewed by the MDS Coordinator for accuracy of documentation with results reported to the Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations.</p> | 10/24/2025 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER NEW JERSEY VETERANS MEMORIAL HOME MENLO | | | STREET ADDRESS, CITY, STATE, ZIP CODE 132 EVERGREEN RD , EDISON, New Jersey, 08818 | |
| (X4) ID PREFIX TAG F0641 SS = D | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG F0641 | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| | <p>Continued from page 18</p> <p>Findings include:</p> <p>A review of R143's "electronic medical record" (EMR) located under the "MDS 3.0" tab revealed the admission "Minimum Data Set" (MDS) with an Assessment Reference Date (ARD) of [redacted] admission date of [redacted] "Brief Interview of Mental Status" (BIMS) unable to</p> <p>NJ ex order 26.4b1</p> <p>A review of R143's EMR "Assessments" tab revealed a nutritional assessment dated [redacted] that indicated R14 [redacted]</p> <p>NJ ex order 26.4b1</p> <p>A review of R143's [redacted] revealed that on admission R143 [redacted] and on [redacted]</p> <p>NJ ex order 26.4b1</p> <p>On [redacted] which is a [redacted]</p> <p>NJ ex order 26.4b1</p> <p>During an interview on 09/05/25 at 5:15 PM the [redacted] stated that when MDS was completed there was an entry error showing an [redacted]</p> <p>U.S. FOIA (b) (6)</p> <p>The [redacted] stated that the [redacted]</p> <p>U.S. FOIA (b) (6)</p> <p>[redacted] is the one that completes the nutritional status on the MDS.</p> <p>During an interview on 09/05/25 at 11:05 AM the [redacted] stated that MDS should reflect accurate information. [redacted] also stated that the assessment drives the care of the residents and the level of assistance needed.</p> <p>During an interview on 09/05/25 at 11:45 AM the [redacted] stated that the MDS should always have accurate information to ensure that the information is correct when developing the comprehensive plan of care.</p> <p>During an interview on 09/05/25 2:27 PM, the [redacted] verified that the MDS was not</p> | | | |

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| F0641 SS = D | Continued from page 19 correct and a modification had to be completed to reflect the status of R143. A review of the facility policy titled "Resident Assessments" indicated that "A comprehensive assessment of every resident's needs is made at intervals designated by OBRA and PPS requirements... all persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information... The results of the assessments are used to develop, review and revise the resident's comprehensive care plan." NJAC 8:39-33.2(d) | F0641 | | |
| F0684 SS = D | Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure one of one resident (Resident (R)133) reviewed for [redacted] out of a total sample of 35 residents was appropriately screened and had documentation to support the use of the [redacted]. This [redacted] R133's movement about the unit when the alarm would sound when R133 was near an exit door. Findings include: Review of R133's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed she was admitted to the facility on [redacted] with [redacted] [redacted] Review of R133's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted] revealed | F0684 | Corrective Actions related to deficiency Resident #133 was reassessed for [redacted] using the [redacted] and secondary to his score, [redacted] Identification of At-risk Residents Current residents using wander guards have the potential to be affected. Systemic Changes All Residents using wander guards were reassessed for wandering behaviors using the Elopement Risk Assessment and wander guards were removed or retained as appropriate. All Nursing staff were re-educated on the use of the Elopement Risk Assessment, the timeliness of assessment and the use of wander guards. During IDCP Meetings the Unit Manager will audit the Elopement Risk Assessment for completion and appropriate Resident use of wander guard. If the Assessment is incomplete the nurse will be re-educated and the assessment completed. If the score is under 10 and there is no rationale for use, the Resident will not have a wander guard applied. QAPI Results of the Unit Managers audits of Elopement Risk Assessments and proper application of wander guard will be reported to the QAPI Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations. | 10/24/2025 |

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| <p>NAME OF PROVIDER OR SUPPLIER NEW JERSEY VETERANS MEMORIAL HOME MENLO</p> | | <p>STREET ADDRESS, CITY, STATE, ZIP CODE 132 EVERGREEN RD , EDISON, New Jersey, 08818</p> | | |
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| <p>F0684 SS = D</p> | <p>Continued from page 20 he scored ninety-nine out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating [redacted] NJ Ex Order 26.4(b)(1). Further review revealed [redacted] NJ Ex Order 26.4(b)(1) indicated.</p> <p>Review of R133's "Care Plan," located under the "Care Plan" tab of the EMR dated [redacted] NJ ex order 26.4b1 revealed [redacted] NJ ex order 26.4b1</p> <p>Review of R133's "Physician Orders," located under the "Orders" tab in the EMR dated [redacted] NJ ex order 26.4b1 revealed [redacted] NJ ex order 26.4b1</p> <p>Review of R133's [redacted] NJ ex order 26.4b1 located under the "Observations" tab in the EMR dated [redacted] NJ ex order 26.4b1 and [redacted] NJ ex order 26.4b1 revealed R133 [redacted] NJ ex order 26.4b1</p> <p>Review of R133's "General Notes," located under the "Notes" tab of the EMR, dated [redacted] NJ ex order 26.4b1 revealed no documentation of any [redacted] NJ ex order 26.4b1</p> <p>During an interview on 09/05/25 at 10:07 AM, Registered Nurse (RN)4 stated R133 was total care and preferred to be out of bed. [redacted] NJ Ex C enjoyed socializing with other residents. RN4 stated R133 was confused but [redacted] NJ Ex C was not [redacted] NJ Ex Order 26.4(b)(1). She said [redacted] NJ Ex C had never tried to get off the unit or get out of the building.</p> <p>During an interview on 09/05/25 at 10:24 AM, Licensed Practical Nurse (LPN)2 said R133 [redacted] NJ ex order 26.4b1 [redacted] NJ Ex C liked to roll around the nursing station in [redacted] NJ Ex C wheelchair and speak with the nurses. [redacted] NJ Ex C was [redacted] NJ Ex Order 26.4(b)(1) and had [redacted] NJ Ex Order 26.4(b)(1) and [redacted] NJ Ex Order 26.4(b)(1) about it. She said [redacted] NJ Ex C had a [redacted] NJ ex order 26.4b1 before, but she did not think [redacted] NJ Ex C had one now, but she would have to check.</p> <p>During an observation on 09/05/25 at 10:46 AM of R133 sitting in wheelchair at a table in the TV room, CNA5 pulled back R133's [redacted] NJ Ex Order 26.4(b)(1) and verified the [redacted] NJ Ex Order 26.4(b)(1) placement.</p> <p>During an interview on 09/05/25 at 2:32 PM [redacted] U.S. FOIA (b) (6) stated if a resident was assessed not to</p> | <p>F0684</p> | | |

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| F0684 SS = D | Continued from page 21 be an [redacted] risk they should not have a [redacted] [redacted] NJAC 8:39-27.1(a) | F0684 | | |
| F0695 SS = D | Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure a resident's [redacted] and [redacted] were stored properly when not in use for one of two residents reviewed for [redacted] (Resident (R) 94) out of a total sample of 35 residents. This failure had the potential to increase the risk of a [redacted] for residents receiving [redacted]. Findings include: Review of R94's "Admission Record," located in the resident's electronic medical record (EMR) under the "Profile" tab revealed the resident was readmitted to the [redacted] with diagnoses which included [redacted]. Review of R94's quarterly "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of [redacted] and located in the resident's EMR under the "MDS" tab revealed the facility assessed the resident to have a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated the resident was [redacted]. The resident was coded as [redacted]. Review of R94's "Physician Order," dated [redacted] and located in the resident's EMR under the "Orders" [redacted]. | F0695 | Corrective Actions related to deficiency The [redacted] and [redacted] of Resident #94 was discarded and replaced with new and stored appropriately. Identification of At-risk Residents Current residents using oxygen have the potential to be affected. Systemic Changes All Nursing staff was re-educated on care of respiratory equipment. A list of Residents using oxygen was developed and provided to the nursing staff to assist in monitoring proper care and storage of respiratory equipment. On daily rounds, using the list of Residents on oxygen the Unit Manager will monitor proper care of respiratory equipment. If reusable equipment is not stored correctly, the Staff will be educated immediately with appropriate action taken to prevent the spread of infection. QAPI Results of the Unit Managers monitoring of respiratory equipment rounds/audits will be reported to the QAPI Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations. | 10/24/2025 |

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| F0695 SS = D | <p>Continued from page 22</p> <p>NJ ex order 26.4b1</p> <p>Observation on 09/02/25 at 4:50 PM and 09/03/25 at 2:35 PM revealed R94's NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1 the first observation and then was NJ Ex Order 26.4(b)(1) on the TV stand during the second observation.</p> <p>During an observation and interview on 09/03/25 at 2:35 PM, Licensed Practical Nurse (LPN) 2 verified that R94's NJ ex order 26.4b1 LPN2 stated the reason the NJ ex order 26.4b1 should be NJ Ex Order 26.4(b)(1) was an infection control issue.</p> <p>During an interview on 09/05/25 at 2:32 PM, the U.S. FOIA (b) (6) NJ ex order 26.4b1 said all NJ ex order 26.4b1 and NJ Ex Order 26.4(b)(1) should be NJ Ex Order 26.4(b)(1) when not in use.</p> <p>Review of the facility's policy titled "Care of Respiratory Equipment" revised 04/2025 revealed, all respiratory equipment will be cared for using good infection control principles to prevent the transmission of nosocomial infections to residents. All reusable equipment must be stored in plastic bags or following the manufacturer's recommendations after cleaning.</p> <p>NJAC 8:39-27.1(a)</p> | F0695 | | |
| F0698 SS = D | <p>Dialysis</p> <p>CFR(s): 483.25(l)</p> <p>§483.25(l) Dialysis.</p> <p>The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, interview, and policy review, the facility failed to have collaboration of care involving NJ Ex Order 26.4b1 or one of three residents (Resident (R)16) reviewed for NJ Ex Order 26.4b1 out of a total sample of 35 residents. This failure had the potential for inaccurate or missing clinical information not being</p> | F0698 | <p>Corrective Actions related to deficiency</p> <p>The NJ Ex Order 26.4(b)(1) Communication Record for Resident #16 cannot be retroactively completed.</p> <p>Identification of At-risk Residents</p> <p>Current residents on hemodialysis have the potential to be affected.</p> <p>Systemic Changes</p> <p>All Nursing staff were re-educated on the policy "Care of a Dialysis Resident".</p> <p>The Hemodialysis Communication Record was revised to facilitate completion.</p> <p>All Nursing staff were educated on the revised Hemodialysis Communication Record.</p> | 10/24/2025 |

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| F0698 SS = D | <p>Continued from page 23 communicated to the right people.</p> <p>Findings include:</p> <p>Review of R16's undated "Face Sheet" located under the "Snapshot" tab in the electronic medical record (EMR) indicated R16 was readmitted to the facility on [redacted] with the diagnosis of NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Review of R16's admission "Minimum Data Set (MDS)" located under the "MDS 3.0" tab in the EMR, with an Assessment Reference Date (ARD) of [redacted] indicated R16 NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Review of R16's "Care Plan" located under the "Care Plan" tab in the EMR indicated a "Focus" dated [redacted] NJ ex order 26.4b1</p> <p>Review of R16's NJ ex order 26.4b1 located in the hard chart for [redacted] indicated the following failures:</p> <p>[redacted] in the section "To be completed by the NJ ex order 26.4b1</p> <p>[redacted] in the section "To be completed by the NJ ex order 26.4b1</p> <p>[redacted] in the section "To be completed by the NJ ex order 26.4b1</p> | F0698 | <p>Continued from page 23</p> <p>A list of Residents on hemodialysis was developed and their Communication Records were replaced with the revised form.</p> <p>Prior to dialysis, the nurse will complete the required part of the form and on return the receiving nurse will review recommendations and sign off.</p> <p>On daily rounds using the list of Residents on dialysis the Unit Manager will monitor completion of the Hemodialysis Communication Records. If incomplete the nurse will be re-educated.</p> <p>QAPI</p> <p>Results of the Unit Managers audits of Residents Hemodialysis Communication books will be reported to the QAPI Committee x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations.</p> | |

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| F0698 SS = D | <p>Continued from page 24 the communication record.</p> <p>NJ Ex Order 26.4(b) In the section "To be completed by the licensed nurse prior to NJ ex order 26.4b1 the Access was documented as NJ ex order 26.4b1 There were also no vital signs documented on the communication record.</p> <p>During an interview on 09/04/25 at 3:05 PM, Registered Nurse (RN)1 stated, "The top and bottom sections of this form are to be out by the nurse here and the middle section is to be filled out by the NJ Ex Order 26.4 nurse." Asked if the sections that the facility nurse is to be completed are to be left blank and RN1 stated, "No, the sections are to be completely filled out by the nurse."</p> <p>During an interview on 09/05/25 at approximately 4:15 PM, the U.S. FOIA (b) (6) stated, NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>NJ ex order 26.4 The nurses should have the NJ Ex Order 26.4 questions answered."</p> <p>Review of the facility policy "Care of a Dialysis Resident" dated 01/06/25 indicated, "... 1. Residents who are on dialysis will be assessed [sic] including vital signs before leaving for the dialysis center. 2. Residents who are [sic] go to dialysis will use the dialysis communication form as a tool for communication between the Facility and Dialysis Center. Information to be included each visit includes the Resident's vital signs and any pertinent information. Information will be recorded on the communication form by the sending nurse. 3. The dialysis communication form will be sent with the resident..."</p> <p>NJAC 8:39-5.1(a)</p> | F0698 | | |
| F0700 SS = D | <p>Bedrails</p> <p>CFR(s): 483.25(n)(1)-(4)</p> <p>§483.25(n) Bed Rails.</p> <p>The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed</p> | F0700 | <p>F 0700 SS=D Enablers/bed rails</p> <p>Corrective Actions related to deficiency</p> <p>Resident #133 was assessed and POA and Resident explained the risk vs. benefit of the enabler. Resident and POA signed. Resident NJ ex order 26.4b1 and we spoke to the niece/POA who also consented.</p> | 10/24/2025 |

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| NAME OF PROVIDER OR SUPPLIER NEW JERSEY VETERANS MEMORIAL HOME MENLO | | | STREET ADDRESS, CITY, STATE, ZIP CODE 132 EVERGREEN RD , EDISON, New Jersey, 08818 | |
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| F0700 SS = D | <p>Continued from page 25 rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and policy review, the facility failed to ensure residents received alternative measures prior to the installation of [redacted] documented discussion related to risk versus benefits, and signed informed consent for one of four residents (Resident (R)133 reviewed for [redacted] out of 35 sampled residents. The [redacted] NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>Findings include:</p> <p>Review of R133's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed [redacted] was admitted to the facility on [redacted] NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>Review of R133's quarterly "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [redacted] revealed [redacted] NJ ex order 26.4b1 out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating [redacted] NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>Review of R133's "Care Plan," located under the "Care Plan" tab of the EMR dated [redacted] revealed [redacted] NJ ex order 26.4b1</p> | F0700 | <p>Continued from page 25 Identification of At-risk Residents</p> <p>All current residents using enablers/siderails have the potential to be affected.</p> <p>Systemic Changes</p> <p>The Nursing staff was re-educated on the policy "Bed Safety and Bed Rails".</p> <p>The Side Rails Informed Consent Form was reviewed to ensure it contained: (a) the assessed medical need that will be addressed with the use of side rails, (b) The Resident's risks from the use of bed rails and how these will be mitigated, (c) The alternative that were attempted but failed to meet the Resident's needs, and (d) The alternatives that were considered but not attempted and the reasons.</p> <p>All Residents will have a bed rails/enabler assessment completed on admission, quarterly, and change in condition. If a bed rail or enabler is appropriate, the Resident or Representative will be informed of the benefits and potential hazards of using bed rails/enabler. Residents or their Representative choosing to use bed rails or enablers will sign an informed consent.</p> <p>The ADON/designee will audit Bed Rail/Enabler Assessment and Bed Rail Informed Consent Forms as received with results reported to the Committee x4 weeks.</p> <p>Residents will be assessed for using bed rails or enablers on admission, readmission, quarterly, annually and with change of condition.</p> <p>QAPI</p> <p>The ADON/designee will audit Bed Rails/Enabler Informed Consent Forms after Resident reassessment weekly x4 weeks and then monthly x3 months and quarterly x1 quarter for review and/or recommendations.</p> <p>Date of Compliance: October 24, 2025</p> | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315459 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
| NAME OF PROVIDER OR SUPPLIER NEW JERSEY VETERANS MEMORIAL HOME MENLO | | | STREET ADDRESS, CITY, STATE, ZIP CODE 132 EVERGREEN RD , EDISON, New Jersey, 08818 | |
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| F0700 SS = D | <p>Continued from page 26</p> <p>Interventions in place were</p> <p>NJ ex order 26.4b1</p> <p>Review of R133's "Physician Orders," located under the "Orders" tab in the EMP, dated revealed</p> <p>NJ ex order 26.4b1</p> <p>During an interview on 09/05/25 at 10:07 AM, Registered Nurse (RN)4 stated the facility did not have assessments and there was no process for because they were but they used</p> <p>During an interview on 09/05/25 at 10:24 AM, Licensed Practical Nurse (LPN)2 stated the facility did not have but they had that were used for LPN2 stated the facility was She said that all residents had but there was no process or assessment for them.</p> <p>Observation on 09/05/25 at 10:35 AM of R133 room with LPN2 revealed she considered the as an</p> <p>During an interview on 09/05/25 at 10:54 AM, Unit Manager (UM)2 said the facility used but did not use UM2 stated that all residents had UM2 stated the were offered two different sizes but the residents did not sign an informed consent, and there was no discussion of risk and benefits or informed consent, or alternates attempted prior to use.</p> <p>During an interview on 09/05/25 at 2:32 PM, U.S. FOIA (b) (6) was unsure of any process for side rail use. The U.S. FOIA (b) (6) agreed there were on some beds in the facility including on R133's bed.</p> <p>Review of the facility's policy titled "Bed Safety and Bed Rails" undated revealed, "Resident beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bed rails is prohibited unless the criteria for use of bed rails have been met. Bed rails are adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety</p> | F0700 | | |

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| F0700 SS = D | Continued from page 27 of types, shapes, and sizes ranging from full to one-half, one- quarter, or one- eighth lengths. Some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. For the purpose of this policy "bed rails" include a. side rails; b. safety rails; and c. grab /assist bars. Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent: a. The assessed medical needs that will be addressed with the use of bed rails. b. The residents' risks from the use of bed rails and how these will be mitigated. c. The alterative that were attempted but failed to meet the resident's needs; and d. The alternatives that were considered but not attempted and the reasons." NJAC 8:39-27.1(a) | F0700 | | |

New Jersey State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 051225 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
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| S0000 | Initial Comments The facility is 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. | S0000 | | 10/24/2025 |

Office of Primary Care and Health Systems Management

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