STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS C #s: NJ150431, NJ150915, NJ152880 NJ154690, NJ154926, NJ155310 NJ157072, NJ157332, NJ157824 NJ158882, NJ159667, NJ159673 NJ160313 Census: 99 Sample Size: 20 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 complaint survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580		2/27/23

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

Electronically Signed | 02/17/2023

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

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F 580	Continued From page 1 §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: C #s: NJ154926 Based on interviews, review of the medical records, and review of other pertinent facility documents, on 1/4/23, 1/5/23, and 1/6/23, it was determined that the facility failed to notify and/or document the notification of the physician when the Resident's [redacted] management was not administered for the Resident who was	F 580	1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Resident #5 was discharged from the facility. RN#2 is no longer employed at the facility.	

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F 580	Continued From page 2 experiencing [NJ Ex Or]. The facility also failed to follow its policy titled "Pain Management" for 1 of 2 residents (Resident #5) reviewed for [NJ Ex Or] management. This deficient practice was evidenced by the following: According to the Admission Record, Resident #5 was admitted to the facility on [NJ Ex Order 2] with diagnoses that included but not limited to: [NJ Ex Or] and NJ Ex Order 26.4b1 . The Minimum Data Set (MDS), an assessment tool dated [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4], indicated that Resident #5's cognition was [NJ Ex Order] and required limited assistance with most Activities of Daily Living (ADLs). The MDS further indicated that Resident #5 received an as needed [NJ Ex Order 26.4b1] . Resident #5 had [NJ Ex Or] frequently with a NJ Ex Order 26.4b1 rating of [NJ] out of [NJ Ex], with [NJ] being the lowest and [NJ Ex] being the highest [NJ Ex Or]. The Care Plan (CP) for Resident #5, undated indicated that Resident #5 had [NJ Ex Or] and had the NJ Ex Order 26.4b1, NJ Ex Order 26.4b1 , and NJ Ex Order 26.4b1 The CP also indicated a goal that [NJ Ex Or] will be [NJ Ex Order 26.4]. Interventions included but not limited to: Anticipate the Resident's need for [NJ Ex Order 26.4b1] and respond to any complaint of [NJ Ex Or] and notify physician if interventions were not successful. The Order Summary Report (OSR), dated [NJ Ex Order 2], revealed an order for NJ Ex Order 26.4b1 , give 2 tablets by mouth every 6 hours as needed for [NJ Ex Order 26.4b1] and [NJ Ex Or] assessment every shift. [NJ Ex Order 26.] , an order for	F 580	2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. 3. What measure will be put into place, or systemic changes made, to ensure that the deficient practice will not recur? A LIST OF AVAILABLE BACK-UP MEDICATIONS WILL BE KEPT IN THE NARCOTIC COUNT BOOK FOR NURSES TO REFERENCE WHEN A PHYSICIAN WANTS TO ORDER A TEMPORARY MEDICATION SUBSTITUTE THAT IS IN THE BACK-UP SUPPLY TO REPLACE THE NON-AVAILABLE MEDICATION UNTIL DELIVERY OCCURS. THE LIST OF BACK-UP MEDS WILL BE REVIEWED AND UPDATED, WITH THE ASSISTANCE OF THE MEDICAL DIRECTOR, CONSULTANT PHARMACIST, CONTRACTED PHARMACY, DIRECTOR OF NURSING AND ADMINISTRATOR, TO ENSURE ADEQUATE SUPPLY OF SUBSTITUTE PAIN AND OTHER MEDICATION AVAILABILITY BASED ON THE NEEDS OF OUR RESIDENT POPULATION. A STAT delivery of medication can be requested from the pharmacy. ALL NURSES WILL BE INSERVICED BY THE SHIFT SUPERVISOR, ASSISTANT DIRECTOR OF NURSING OR DIRECTOR OF NURSING ON THE PROCESS OF REQUESTING A STAT DELIVERY OF RESIDENT MEDICATIONS WHEN THEY ARE NOT	

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F 580	Continued From page 3 NJ Ex Order 26.4b1, give 1 tablet by mouth every 4 hours as needed for NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1. On NJ Ex Order 26.4b1 during the night shift, Resident #5 verbalized of NJ Ex of NJ Ex. The NJ Ex Order 26.4b1 Summary report indicated that on NJ Ex Order 26.4 at 2:36 am, Resident #5 verbalized of NJ Ex of NJ Ex. The progress note (PN), documented by the Registered Nurse (RN #2), revealed that on NJ Ex Order 26.4 at 2:36 am, Resident #5's NJ Ex Order 26.4b1 was not delivered from the pharmacy. The RN also indicated that he applied a NJ Ex Order 26.4b1 to Resident's NJ Ex. At 4:01 am, RN #2 further documented that the NJ Ex Order 26.4b1 had NJ Ex Order 26.4, Resident #5 was able to NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1. The PN had no documented evidence that Resident #5 was given NJ Ex Order 26.4b1 to address the NJ Ex Or and if the physician was notified which was not according to physician's order and the facility policy. During the interview with the UM #1 and UM #2 on 1/6/23 from 12:00 pm to 1:37 pm, both confirmed that if a resident was experiencing NJ Ex Or and the medication was not available, the physician should be contacted and documented. During a telephone interview with Resident #5 on 1/6/23 at 3:35 pm, Resident #5 stated that he/she complained of NJ Ex Or a few days before her/his discharge (unable to recall the exact date). Resident #5 further stated that the nurse had offered NJ Ex Order 26, however, she/he did not take it because it would not work.	F 580	AVAILABLE FOR THE NEXT MEDICATION ADMINISTRATION TIME. ALL NEW NURSES HIRED AND AGENCY NURSES SCHEDULED WILL BE ORIENTED TO THE POLICY OF NOTIFYING THE RESIDENT□S PHYSICIAN IF PRESCRIBED MEDICATIONS ARE NOT AVAILABLE BY THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, OR NURSING SUPERVISOR OF THE LIST OF AVAILABLE BACK-UP MEDICATIONS WILL KEPT IN THE NARCOTIC COUNT BOOK FOR REFERENCE IF A PHYSICIAN WANTS TO ORDER A TEMPORARY MEDICATION THAT IS IN THE BACK-UP SUPPLY TO REPLACE THE NON-AVAILABLE MEDICATION UNTIL DELIVERY OCCURS. All nurses will be educated on pain management □ nurses will notify the MD if a medication is not available and/or if currently ordered pain management is not effective. 4. How will the facility monitor the corrective action to ensure the deficiency practice is being corrected and will not recur? The Director of Nursing, Assistant Director of Nursing, Unit Manager, and/or designee will review the 24-hour report to check for indications of medications not being available and for pain medication effectiveness. The Director of Nursing or designee will review new admissions the next business day after admission to reconcile ordered	

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F 580	Continued From page 4 RN #2 was not available for interview on 1/6/22. During the interview with the Administrator and Director of Nursing (both were not an employee in [NJ Ex Order 26]) on 1/6/23 from 12:18 pm, both stated that the aforementioned medication did not arrive from the pharmacy. They both further stated that the nurse should have checked the backup medications and if the medications was not available, the nurse had to call the primary physician to get an alternative [NJ Ex Or] medication to relief the [NJ Ex Or] and document. Review of the "Job Description" titled " Staff Nurse-RN", dated 9/1/2019, showed "...Administer medications to residents in an accurate, timely manner. Monitor residents for effectiveness of drug therapy and occurrence of adverse effects. Document resident care related to medication administration, related monitoring, effectiveness of drug therapy and occurrence of adverse effects. Notify physician, when necessary, of changes in residents' conditions, weight, medication errors, medication not available...Document physician notification and follow up action(s) per facility policy. Complete all documentation related to the resident's medication administration..." The facility policy titled "Pain Management" revised on 2/2022, indicated "The Licensed Nurse will administer pain medication as ordered and document medication administered on the Medication/Treatment Administration Record (MAR/TAR) ...the pain has not been relieved with current medication, the Licensed Nurse will notify the Attending Physician for a review of medications ..."	F 580	medications versus medications on hand, to ensure that all medications have been delivered. The DON or designee will audit four residents per week for one month to ensure all ordered medications are on hand. Results of this audit will be reported to the Administrator. The DON or designee will audit four residents who are receiving pain management medications per week for one month to ensure effectiveness of the pain management. Results of this audit will be reported to the Administrator.	

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F 580	Continued From page 5 NJAC 8:39-27.1(a) NJAC 8:39-13.1(d)	F 580		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: C #s: NJ154926, NJ157332 Based on interviews, review of the medical records, and pertinent facility documents on 01/04/23, 01/05/23, and 01/06/23, it was determined that the facility's Nursing staff failed to accurately document the administration of routine medications for 5 of 9 Residents (Resident #14, Resident #15, Resident #16, Resident #17, and Resident #18) reviewed for medication administration. This deficient practice was evidenced by the following: On 01/4/23 at 10:26 am, the surveyor conducted a medication pass observation on the first floor with the Registered Nurse (RN #1), the surveyor observed a red color on the Electronic Medication Administration Record (EMAR) screen for Resident #14, #15, #16, #17, and #18. RN#1 explained that the red color on the screen meant that the Residents medications were "late" which were due to be given at 9:00 am. RN #1 further explained that the residents' medications were already administered at 8:00 am. RN stated that the medications she administered to the	F 658	F658 □ Services Provided Meet Professional Standards, s/s D 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #14, 15, 16, 17, and 18 received their medications and were not impacted by RN #1□s failure to document after each. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. 3. What measure will be put into place, or systemic changes made, to ensure that the deficient practice does not recur? THE AGENCY NURSE ORIENTATION LIST WAS UPDATED BY THE DIRECTOR OF NURSING TO INCLUDE MEDICATION ADMINISTRATION AND	2/27/23

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F 658	Continued From page 6	F 658		

aforementioned residents were not signed out by her as administered and will be signed after all medications were administered to all residents.

The Medical Record (MR) for Residents' #14, #15, #16, #17, and #18, revealed the following:

1. According to the "ADMISSION RECORD (AR)". Resident #14 was admitted to the facility on NJ Ex Order 26.4b1, with diagnoses that included but were not limited to: NJ Ex Order 26, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The Minimum Data Set (MDS) an assessment tool dated NJ Ex Order 26., revealed that Resident #14's cognitive function was NJ Ex Order 26.4b1.

The "Order Summary Report (OSR)" for Resident #14 indicated that on NJ Ex Order 26., a Physician's order for the following medications to be given by mouth.

NJ Ex Order 26.4b1 by mouth two times a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1 to NJ Ex Order 26.4b1 two times a day for NJ Ex Order 26.4b1.

The Medication Administration Record (MAR) for the month of NJ Ex Order 26 revealed that aforementioned medications were scheduled to be administered at 9:00 am on NJ Ex Order 26.4b1.

Progress Notes (PN) dated NJ Ex Order 2 at 12:19 pm, documented by RN #1, indicated that Resident # 14's medications were administered.

2. According to the AR, Resident #15 was admitted to the facility on NJ Ex Order 26., with diagnoses that included but were not limited to: NJ Ex Order 26.4b1

DOCUMENTATION REQUIREMENTS, INCLUDING SIGNING FOR EACH MEDICATION AS ADMINISTERED TO EACH RESIDENT IMMEDIATELY AFTER THE ADMINISTRATION OCCURRED.
THE SHIFT SUPERVISORS WILL OBSERVE THE MEDICATION PASS TECHNIQUES OF NEW AGENCY NURSES TO ENSURE PROPER TECHNIQUE AND COMPETENCY IS DEMONSTRATED AND DOCUMENTED.
THE CONSULTANT PHARMACIST WILL AUDIT MEDICATION PASS TECHNIQUES DURING EACH MONTHLY FACILITY VISIT AND PROVIDE ANY NECESSARY EDUCATION AND RETESTING OF COMPETENCIES. THE FINDINGS WILL BE GIVEN TO THE DIRECTOR OF NURSING.
All nurses will be educated on the medication administration policy.

4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur?
The Director of Nursing or designee will conduct 2 Medication Pass Observations on agency nurses each week for one month. If a passing rate is not observed or if there are issues identified with professional standards, corrective actions will be taken. Results will be reported to the Administrator.
The Director of Nursing or designee will review the electronic record to identify any late medication administrations weekly for one month. Results of this audit will be

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F 658	Continued From page 7 NJ Ex Order 26.4, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The MDS dated NJ Ex Order 26.4b1, showed that Resident #15's cognitive function was NJ Ex Order 26.4b1. The OSR for Resident #15 indicated that on NJ Ex Order 26.4, a Physician's order for the following medications to be given via NJ Ex Order 26.4b1: NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, give 1 capsule one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, five 1 tablet one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1. NJ Ex Order 26.4b1, give 1 capsule one time a day for NJ Ex Order 26.4b1. The MAR for the month of NJ Ex Order 26.4b revealed that the aforementioned medications were scheduled to be administered at 9:00 am on NJ Ex Order 26.4b1. 3. According to the AR, Resident #16 was admitted to the facility on NJ Ex Order 26.4b1, with diagnoses that included but were not limited to: NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The MDS dated NJ Ex Order 26.4b1, showed that Resident #16's cognitive function was NJ Ex Order 26.4b1. The OSR for Resident #16 indicated that on NJ Ex Order 26.4b1, a Physician's order for the following medications to be given by mouth.	F 658	reported to the Administrator.	

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F 658		F 658		

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NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 table three times a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
.
The OSR for Resident #16, dated NJ Ex Order 26.4b1, indicated a Physician's order for NJ Ex Order 26.4b1, give 1 one tablet by mouth two times a day for NJ Ex Order 26.4b1.

The MAR for the month of NJ Ex Order 26.4b revealed that the aforementioned medications were scheduled to be administered at 9:00 am on NJ Ex Order 26.4b1.

Progress Notes (PN) dated NJ Ex Order 2 at 1:15 pm, documented by RN #1, indicated that Resident #16's medications were administered.

4. According to the AR, Resident #17 was admitted to the facility on NJ Ex Order 26.4, with diagnoses that included but were not limited to: NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4. The MDS dated NJ Ex Order 26.4, showed that Resident #16's cognitive function was NJ Ex Order 26.4b1.

The OSR for Resident #17 indicated that on NJ Ex Order 26.4, a Physician's order for the following medications to be given by mouth.

NJ Ex Order 26.4b1, give 1 tablet every 12 hours for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 capsule one time a day for NJ Ex Order 26.4b1.

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NJ Ex Order 26.4b1, give 1 tablet two times a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet by mouth one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 table one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.

The MAR for the month of NJ Ex Order 26 revealed that the aforementioned medications were scheduled to be administered at 9:00 am on NJ Ex Order 26.4b1.

5. According to the AR, Resident #18 was admitted to the facility on NJ Ex Order 2, with diagnoses that included but were not limited to: NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The MDS dated NJ Ex Order 26.4, showed that Resident #16's cognitive function was NJ Ex Order 26.4b.

The OSR for Resident #18, indicated that on NJ Ex Order 26.4, a Physician's order for the following medications to be given by mouth.

NJ Ex Order 26.4b1, give 1 tablet 1 time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet 1 time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet 1 time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1 give one tablet one time a day for NJ Ex Order 26.4b1.
NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.

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NJ Ex Order 26.4b1, give 1 table two times a day for NJ Ex Order 26.4b1.

On NJ Ex Order 26.4, an order for NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
On NJ Ex Order 26.4, an order for NJ Ex Order 26.4b1, give 1 tablet one time a day for NJ Ex Order 26.4b1.
On NJ Ex Order 26.4b1, an order for NJ Ex Order 26.4b1 one time a day for NJ Ex Order 26.4b1.

The MAR for the month of NJ Ex Order 26.4b revealed that the aforementioned medications were scheduled to be administered at 9:00 am on NJ Ex Order 26.4b1.

The surveyor conducted an interview with RN #1 on 1/4/23 at 2:53 pm. The RN confirmed that she administered the aforementioned medications to the aforementioned residents according to the schedule. The RN further confirmed that she did not sign the MAR after she administered medications to each resident to save time. RN #1 stated that the protocol after a medication was administered was for the nurse to sign the MAR as soon as the resident took the medication. The nurse is responsible to make sure that it was documented property, accurately, and to avoid medication error.

The surveyor conducted an interview with the Director of Nursing (DON) on 1/4/23 at 3:07 pm. The DON stated that the facility's protocol for administering medication was for the nurse to sign the MAR after administering medication to each resident before moving on to administer medications to the next resident.

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F 658	Continued From page 11 Review of the "Job Description" titled " Staff Nurse-RN", dated 9/1/2019, revealed "Assume responsibility for compliance with federal, State and local regulations within the assigned unit..." Review of the "Color Coding and Symbols" provided by the facility indicated that "Red" means documentation overdue, administration window to document has passed, "Green" means documentation completed, and "Yellow" means documentation due now, administration window to document is open. The form "MEDICATION ADMINISTRATION OBSERVATION (MAO)" dated 12/14/22 for RN #1, indicated "Medication are documented as per regulation. A signature is present for each set of initials that are present on MAR [Medication Administration Reconciliation]. Nurse's initials are present for each scheduled time of medication administration per documentation on MAR after medication is administered..." The facility policy titled "Administering Medications", dated 11/2021, indicated "The individual administering the medication initials the resident's MAR/eMAR on the appropriate line after giving each medication and before administering the next ones..."	F 658		
F 697 SS=D	NJAC 8:39-29.2 (d) Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services,	F 697		2/27/23

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F 697	Continued From page 12 consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: C #s: NJ154926, Based on interviews, review of the medical records, and review of other pertinent facility documents, on 1/4/23, 1/5/23, and 1/6/23, it was determined that the facility failed to consistently follow residents' care plan, evaluate [NJ Ex Or] and ensure that [NJ Ex Or] medications were administered according to the physician's orders (PO's) for residents who was experiencing [NJ Ex Or]. The facility also failed to follow its policy titled "Pain Management" for 1 of 2 residents (Resident #5) reviewed for pain management. This deficient practice was evidenced by the following: According to the Admission Record, Resident #5 was admitted to the facility on [NJ Ex Order 2] with diagnoses that included but not limited to: [NJ Ex Or] and NJ Ex Order 26.4b1 . The Minimum Data Set (MDS), an assessment tool dated [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4], indicated that Resident #5's cognition was [NJ Ex Order] and required limited assistance with most Activities of Daily Living (ADLs). The MDS further indicated that Resident #5 received an as needed (PRN) [NJ Ex Or] regimen. Resident #5 had [NJ Ex Or] frequently with a NJ Ex Order 26.4b1 rating of [NJ] out of [NJ Ex], with [NJ] being the lowest and [NJ Ex] being the highest [NJ Ex Or]. The Care Plan (CP) for Resident #5, undated indicated that Resident #5 had [NJ Ex Or] and had the	F 697	F697 □ Pain Management, s/s D 1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Resident #5 was discharged from the facility. RN #2 is no longer employed by the facility. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. 3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur? A LIST OF AVAILABLE BACK-UP MEDICATIONS WILL BE KEPT IN THE NARCOTIC COUNT BOOK FOR NURSES TO REFERENCE WHEN A PHYSICIAN WANTS TO ORDER A TEMPORARY MEDICATION SUBSTITUTE THAT IS IN THE BACK-UP SUPPLY TO REPLACE THE NON-AVAILABLE MEDICATION UNTIL DELIVERY OCCURS. THE LIST OF BACK-UP MEDS WILL BE REVIEWED AND UPDATED, WITH THE ASSISTANCE OF THE MEDICAL	

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F 697	Continued From page 13 potential for [NJ Ex Order 26.4b1], NJ Ex Order 26.4b1 related to [NJ Ex Order 26.4b1], and NJ Ex Order 26.4b1 [redacted]. The CP also indicated a goal that [NJ Ex Order 26.4b1] will be [NJ Ex Order 26.4b1]. Interventions included but not limited to: Anticipate the Resident's need for [NJ Ex Order 26.4b1] and respond to any complaint of [NJ Ex Order 26.4b1] and notify physician if interventions were not successful. The Order Summary Report (OSR), dated [NJ Ex Order 26.4b1], revealed an order for NJ Ex Order 26.4b1 [redacted], give 2 tablets by mouth every 6 hours as needed for [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1] assessment every shift. [NJ Ex Order 26.4b1], an order for NJ Ex Order 26.4b1 [redacted], give 1 tablet by mouth every 4 hours as needed for [NJ Ex Order 26.4b1] and [NJ Ex Order 26.4b1]. The "MEDICATION ADMINISTRATION RECORD (MAR)" revealed the aforementioned orders. The MAR indicated that Resident #5 received the NJ Ex Order 26.4b1 [redacted] 1 tablet on [NJ Ex Order 26.4b1] at 7:00 pm for a [redacted] of [redacted]. On [NJ Ex Order 26.4b1] during the night shift, Resident #5 verbalized of [redacted] of [redacted]. The [NJ Ex Order 26.4b1] Summary report indicated that on [NJ Ex Order 26.4b1] at 2:36 am, Resident #5 verbalized of [redacted] of [redacted]. The progress note (PN), documented by the Registered Nurse (RN #2), revealed that on [NJ Ex Order 26.4b1] at 2:36 am, Resident #5's NJ Ex Order 26.4b1 [redacted] was not delivered from the pharmacy. The RN also indicated that he applied a [NJ Ex Order 26.4b1] to Resident's [redacted]. At 4:01 am, RN #2 further documented that the [NJ Ex Order 26.4b1] had minimal	F 697	DIRECTOR, CONSULTANT PHARMACIST, CONTRACTED PHARMACY, DIRECTOR OF NURSING AND ADMINISTRATOR, TO ENSURE ADEQUATE SUPPLY OF SUBSTITUTE PAIN AND OTHER MEDICATION AVAILABILITY BASED ON THE NEEDS OF OUR RESIDENT POPULATION. A STAT delivery of medication can be requested from the pharmacy. ALL NURSES WILL BE INSERVICED BY THE SHIFT SUPERVISOR, ASSISTANT DIRECTOR OF NURSING OR DIRECTOR OF NURSING ON THE PROCESS OF REQUESTING A STAT DELIVERY OF RESIDENT MEDICATIONS WHEN THEY ARE NOT AVAILABLE FOR THE NEXT MEDICATION ADMINISTRATION TIME. ALL NEW NURSES HIRED AND AGENCY NURSES SCHEDULED WILL BE ORIENTED TO THE POLICY OF NOTIFYING THE RESIDENT□S PHYSICIAN IF PRESCRIBED MEDICATIONS ARE NOT AVAILABLE BY THE DIRECTOR OF NURSING, ASSISTANT DIRECTOR OF NURSING, OR NURSING SUPERVISOR OF THE LIST OF AVAILABLE BACK-UP MEDICATIONS WILL KEPT IN THE NARCOTIC COUNT BOOK FOR REFERENCE IF A PHYSICIAN WANTS TO ORDER A TEMPORARY MEDICATION THAT IS IN THE BACK-UP SUPPLY TO REPLACE THE NON-AVAILABLE MEDICATION UNTIL DELIVERY OCCURS. All nurses will be educated on pain management □ nurses will notify the MD if	

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F 697	Continued From page 14 effect, Resident #5 was able to NJ Ex Order 26.4b1 for NJ Ex Order 26.4b1. The PN had no documented evidence that Resident #5 was given NJ Ex Order 26.4b1 to address the NJ Ex Or which was not according to physician's order and the facility policy. During the interview with the UM #1 and UM #2 on 1/6/23 from 12:00 pm to 1:37 pm, both confirmed that if a resident was experiencing NJ Ex Or and the medication was not available, the physician should be contacted and documented. During a telephone interview with Resident #5 on 1/6/23 at 3:35 pm, Resident #5 stated that he/she complained of NJ Ex Or a few days before her/his discharge (unable to recall the exact date). Resident #5 further stated that the nurse had offered NJ Ex Order 26, however, she/he did not take it because it would not work. RN #2 was not available for interview on 1/6/22. During the interview with the LNHA and DON (both were not an employee in NJ Ex Order 26) on 1/6/23 from 12:18 pm, both stated that the aforementioned medication did not arrive from the pharmacy. They both further stated that the nurse should have checked the backup medications and if the medications was not available, the nurse had to call the primary physician to get an alternative NJ Ex Or medication to relief the NJ Ex Or and document. Review of the "Job Description" titled " Staff Nurse-RN", dated 9/1/2019, showed "...Administer medications to residents in an accurate, timely manner. Monitor residents for effectiveness of drug therapy and occurrence of	F 697	a medication is not available and/or if currently ordered pain management is not effective. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? The Director of Nursing, Assistant Director of Nursing, Unit Manager, and/or designee will review the 24-hour report to check for indications of medications not being available and for pain medication effectiveness. The Director of Nursing or designee will review new admissions the next business day after admission to reconcile ordered medications versus medications on hand, to ensure that all medications have been delivered. The DON or designee will audit four residents per week for one month to ensure all ordered medications are on hand. Results of this audit will be reported to the Administrator. The DON or designee will audit four residents who are receiving pain management medications per week for one month to ensure effectiveness of the pain management. Results of this audit will be reported to the Administrator.	

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F 697	Continued From page 15 adverse effects. Document resident care related to medication administration, related monitoring, effectiveness of drug therapy and occurrence of adverse effects. Notify physician, when necessary, of changes in residents' conditions, weight, medication errors, medication not available...Document physician notification and follow up action(s) per facility policy. Complete all documentation related to the resident's medication administration..." The facility policy titled "Pain Management" revised on 2/2022, indicated "The Licensed Nurse will administer pain medication as ordered and document medication administered on the Medication/Treatment Administration Record (MAR/TAR) ...the pain has not been relieved with current medication, the Licensed Nurse will notify the Attending Physician for a review of medications ..." NJAC 8:39-27.1(a)	F 697		
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility	F 842		2/27/23

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must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

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F 842	Continued From page 17 §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: C #s: NJ157072, NJ159667, NJ155310, NJ160313, NJ157824, NJ159673 Based on interviews, medical record review, and review of other pertinent facility documents on 1/4/23, 1/5/23, and 1/5/23, it was determined that the facility staff failed to consistently document in the "Documentation Survey Report (DSR)" the Activities of Daily Living (ADL) status and care provided to the resident. In addition, the facility staff failed to follow the facility's policy titled "Guidelines for Charting and Documentation" for 3 of 8 residents (Resident #2, #10, and #11) reviewed for documentation. This deficient practice was evidenced by the following: 1. According to the "Admission Record (AR)", Resident #2 was admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted], and [redacted]. The Minimum Data Set (MDS) an assessment tool dated [redacted], Resident #2's cognition was	F 842	1. How will corrective action be accomplished for those residents found to have been affected by the deficient practice? Residents #2, #10, #11 all received care related to Activities of Daily Living, but it was not documented. The CNA's have been educated to document the care that is provided. 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. 3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur? ALL CERTIFIED NURSING ASSISTANTS HAVE BEEN INSERVICED ON PROPER DOCUMENTATION OF ACTIVITIES OF	

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F 842	Continued From page 18 NJ Ex Order and required extensive assistance from staff with ADLs. The Care Plan (CP), undated, indicated that Resident #2 had NJ Ex Order 26.4b1. Review of Resident #1's DSR and the progress notes (PN) for the month of NJ Ex Order 26, showed no documented evidence that the care was provided on the following dates and shifts which was not according to their policy. On NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1 on the following dates and shifts: During 7:00 am-3:00 pm shift on NJ Ex Order 2 to NJ Ex Order 2, NJ Ex Order 2, NJ Ex Order 26.4, NJ Ex Order 26.4, and NJ Ex Order 26.4. During 3:00 pm-11:00 pm shift on NJ Ex Order 2, NJ Ex Order 2, NJ Ex Order 2, NJ Ex Order 2, NJ Ex Order 26.4, NJ Ex Order 26.4, NJ Ex Order 26.4, NJ Ex Order 26.4, NJ Ex Order 26.4, and NJ Ex Order 26.4b1. 2. According to the AR, Resident #10 was admitted to the facility on NJ Ex Order 26.4b1 with diagnosis that included but was not limited to NJ Ex Order 26.4b1, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The MDS dated NJ Ex Order 2, revealed a Brief Interview for Mental Status (BIMS) score of NJ Ex which indicated that the Resident's cognitive status was NJ Ex Order. The MDS also indicated that the Resident required limited to extensive assistance from staff for ADLs. Review of Resident #10's PN and ADL record for the month of NJ Ex Order 26.4b1 revealed that no documentation was completed for the aforementioned ADL care for the following dates and shifts: During 7:00 am-3:00 pm shift on NJ Ex Order 26.4 to	F 842	DAILY LIVING AND CARE PROVIDED AS OUTLINED IN THE FACILITY POLICY GUIDELINES FOR CHARTING AND DOCUMENTATION. UNIT MANAGERS AND SUPERVISORS HAVE BEEN INSERVICED ON MONITORING THE POINT CLICK CARE ELECTRONIC MEDICAL RECORD SYSTEM FOR CERTIFIED NURSING ASSISTANT DOCUMENTATION COMPLETION EVERY SHIFT. NON-COMPLIANT CERTIFIED NURSING ASSISTANTS WILL BE REMINDED TO DOCUMENT AS CARE IS RENDERED BY THE UNIT MANAGERS AND SUPERVISORS BEFORE THE END OF THEIR SHIFT. UNIT MANAGERS AND SUPERVISORS WILL MONITOR FOR TRENDS OF NON-COMPLIANCE WITH REQUIRED DOCUMENTATION AND RENDER PROGRESSIVE COUNCELING AS NEEDED WHEN EDUCATION AND REMINDERS ARE NOT AFFECTIVE. 4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? Unit Managers or designee will check the POC daily for compliance. The Director of Nursing or designee will audit the POC system for compliance weekly for one month. Corrective actions will be taken if needed. Results will be reported to the Administrator.	

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NJ Ex Order 26.4, and NJ Ex Order 26.4 to NJ Ex Order 26.4.
During 3:00 pm-11:00 pm shift on NJ Ex Order 26.4 to NJ Ex Order 26.4.
During 11:00 pm-7:00 am shift on NJ Ex Order 26.4 to NJ Ex Order 26.4.

3. According to the AR, Resident #11 was admitted to the facility on NJ Ex Order 26.4b1 with diagnosis that included but was not limited to NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1.

The MDS dated NJ Ex Order 26.4, revealed a BIMS score of NJ E which indicated that the Resident's cognitive status was NJ Ex Order 26.4b1. The MDS also indicated that the Resident required extensive assistance from staff for ADLs.

Review of Resident #11's PN and ADL record for the month of NJ Ex Order 26.4b1 revealed that no documentation was completed for the aforementioned ADL care for the following dates and shifts:
During 7:00 am-3:00 pm shift on NJ Ex Order 26.4 and NJ Ex Order 26.4.
During 3:00 pm-11:00 pm shift on NJ Ex Order 26.4, NJ Ex Order 26.4, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.
During 11:00 pm-7:00 am shift on NJ Ex Order 26.4, NJ Ex Order 26.4, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1.

During an interview with the surveyor on 1/6/23 at 11:37 AM, CNA #1 stated that CNAs are responsible for documenting the ADL care into the POC (Point of Care) ADL record what was provided for the residents during the shift. She explained that she would document even if the care was not provided due to refusal or not applicable. She further explained that the documentation must be completed by the end of each shift to show that the care was provided to

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F 842	Continued From page 20	F 842		

the residents. CNA #1 could not explain why there were blanks in the sampled resident's ADL records but stated that they should have been completed.

During an interview with the surveyor on 1/6/23 at 1:35 PM, the Licensed Practical Nurse/Unit Manager #1 (LPN.UM) for Subacute/Ventilator units stated that CNA's are expected to document the ADL care provided to the resident by the end of their shift. She explained that nurses and the UM ensure that the ADL record is completed. However, the LPN/UM #1 could not explain why there were blanks in the sampled Resident's ADL records but stated that they should have been completed.

During exit conference with the Director of Nursing (DON) and Administrator on 1/6/23 at 4:00 PM, the DON stated that CNAs are expected to document the ADL care provided to the residents timely, at the end of their shift. The DON could not explain why there were blanks in the sampled Resident's ADL records but stated that they should have been completed to show that the ADL care was completed for the residents.

Review of the job description titled "Certified Nursing Assistant", dated 9/1/19, indicated "...Document in the nursing assistant notes the care and treatment provided to the resident and the resident's response or lack of response to care provided...Complete documentation accurately, timely and following facility policies and procedures..."

The facility policy titled "Charting and Documentation", dated 7/2022, showed "...The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 21 following information is to be documented in the resident medical record...Treatments or services performed...Documentation in the medical record will be objective...complete, and accurate..." NJAC 8:39-35.2(d)(9)	F 842		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		2/27/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

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F 880	Continued From page 22 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: C #: NJ157332	F 880	1. What corrective action will be taken for those residents found to have been	

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	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

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F 880	Continued From page 23 Based on observations, interviews, and record review on 1/4/23, 1/5/23, and 1/6/23, it was determined the facility failed to implement the use of Personal Protective Equipment (PPEs) according to their policies and acceptable standards of infection control practice according to the Centers for Disease Control and Prevention (CDC). This deficient practice was identified for 1 of 3 staff (Housekeeping Staff (HS #1)) observed for Infection Control. This deficient practice was evidenced by the following: Reference: Centers for Disease Control and Prevention (CDC) COVID-19 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 9/23/22, "...Personal Protective Equipment HCP [Health Care Provider] who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face)..." On 1/4/23 at 9:40 am, during the entrance conference with the Administrator (LNHA) and the Director of Nursing (DON), they stated that as of 1/4/23, the facility had NJ Ex Order 26.4b1 residents on the NJ Ex Order 26.4b1 and they were placed in a private room for NJ Ex Order 26.4b. The DON further stated that the staff were required to donn full PPEs when entering the NJ Ex Order 26.4b room. According to Admission Record, Resident #3 was admitted to the facility on NJ Ex Order 26.4b1 with diagnoses that included but was not limited to: NJ Ex Order 26.4b1	F 880	affected by the deficient practice? Resident #3 had no negative outcome. He was discharged to NJ Ex Order 26.4b1 . 2. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected. 3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur? - Facility signage had been revised- one sign for contact precautions and one sign for droplet precautions. Each will list the required personal protective equipment needed. Signage on proper technique for donning and doffing ppe has been posted throughout the facility. - ALL STAFF WITH THE POTENTIAL TO ENTER SUSPECTED OR ACTUAL COVID 19 POSITIVE ROOMS WILL BE REINSERVICED ON THE NECESSARY USE OF PERSONAL PROTECTIVE EQUIPMENT SPECIFIC FOR COVID 19 CASES AS RECOIMMENDED BY THE CENTER FOR DISEASE CONTROL BY THE INFECTION CONTROL PREVENTIONALIST NURSE or designee. THESE INSERVICES WILL ALSO NOW CONTAIN EDUCATION ABOUT SEQUENCING DONNING AND DOFFING PROCEDURES RECOMMENDED BY THE CDC.	

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	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 24 NJ Ex Order 26.4, NJ Ex Order 26.4b1, and NJ Ex Order 26.4b1. The "Order Summary Report (OSR)", dated NJ Ex Order 26.4b1, indicated that Resident #3 was on NJ Ex Order 26.4b1. The care plan (CP), undated, indicated that Resident #3 was NJ Ex Order 26.4 for NJ Ex Order 26.4b1. Intervention included but not limited to: NJ Ex Order 26.4b1 Precautions. The progress note (PN) dated NJ Ex Order 2 at 11:26 am, indicated that Resident #3 was on NJ Ex Order 26.4b precaution for NJ Ex Order 26.4b1. On 1/4/23 at 9:54 am, the surveyor toured the first-floor unit with the Unit Manager (UM #1). UM #1 stated that the NJ Ex floor had NJ residents who were on NJ Ex Order 26.4b precaution. At 9:58 am, the surveyor observed 3 signage's attached to Resident #3's door. First signage indicated "STOP CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit..." Second signage "STOP COHORT 1 EVERY ONE MUST: DON A GOWN N95 MASK HAND HYGIENE KEEP DOOR CLOSED GLOVES FACE SHIELD OR SAFETY GLASSES", and third signage "STOP DROPLET PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. Make sure their eyes, nose and mouth are fully covered before room entry..."	F 880	4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? - THE INFECTION CONTROL AND PREVENTIONALIST NURSE WILL MONITOR STAFF COMPLIANCE WITH INFECTION CONTROL POLICIES DURING DAILY ROUNDS AND OBSERVATIONS. - THE INFECTION CONTROL AND PREVENTIONIST WILL GATHER STATISTICAL DATA ON COMPLIANCE AND PRESENT THIS MONTHLY TO THE DIRECTOR OF NURSING AND ADMINISTRATOR AND QUARTERLY TO THE QUALITY ASSURANCE COMMITTEE. - In accordance with the directed plan of correction, staff will view online training as follows: o Topline staff and infection preventionist- Nursing Home Infection Preventionist Training Course, module 1- infection prevention & control program. o Housekeeping Staff: CDC Covid-19 Prevention Messages for Front Line Long-Term Care Staff: Sparking Surfaces, Clean Hands, Use PPE Correctly for COVID-19, nursing home infection preventionist training course- module 5, outbreaks, module 11b- environmental cleaning and disinfection, module 6a- principles of standard precautions, module 6b- principles of transmission-based precautions. o A root cause analysis will be completed and submitted to the New	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

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F 880	Continued From page 25 At this time, the surveyor also observed HS #1 enter Resident #3's room wearing a surgical mask and gloves, HS #1 was not wearing a gown, N95, and face shield or goggles. HS #1 grabbed Resident #3's trash bag from the trash container, which included but not limited to dirty gloves, gowns, and paper towels, stepped out of the room with the same gloves on and placed Resident #3's plastic bag of trash into the housekeeping cart. HS #1 then proceeded to touch and fix her surgical mask multiple times that she was wearing. Afterwards, the HS went to the clean PPEs in front of Resident #3's room looking for a gown and face shield. Then the UM handed HS#1 a gown, donned a gown and face shield prior to entering Resident #3's room to continue to clean the Resident's room. The HS stated that she did not see and was not paying attention to the signage's hung on the door prior to entering the room. She further stated that she should have worn the proper PPE as indicated on the signage's to prevent spreading the germs. On 1/4/23 from 9:54 am to 10:15 am, during the tour with the UM, the UM confirmed that Resident #3 was NJ Ex Order 26.4b1 and was on NJ Ex Order 26.4b. She stated that the HS was required to don full PPE as indicated upon entering the room. The surveyor observed the UM sanitized the PPEs storage that was hung on the wall and replaced all the PPE supplies. On 1/6/23 at 10:04 am, the surveyor conducted an interview with the Infection Control Preventionist (ICP). The ICP stated that full PPEs must be worn when entering the room of an NJ Ex Order 26.4b room. The ICP further stated that the HS should have worn full PPEs when entering Resident #3's room.	F 880	Jersey Department of Health.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315463	A. BUILDING _____ B. WING _____	C 01/06/2023

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F 880	Continued From page 26	F 880		

Review of the "Job Description" titled "Housekeeping Aide", dated 9/1/2020, indicated "...Follow oral and written instructions...Observe infection control procedures related to Housekeeping Department..."

A review of "Communication Meeting (CM), dated 12/6/22 at 1:00 pm, indicated that HS was provided education on the facility policy on "PPE during the COVID-19 Public Health Emergency".

The facility's policy titled "PPE during the COVID-19 Public Health Emergency", dated 3/13/20 and revised on 9/2020, indicated "Personal Protective Equipment (PPE) will be used in accordance with CMS, CDC, OSHA and NJ Department of Health guidance to protect residents, staff and visitors from COVID-19 and other communicable diseases...Cohort COVID-19 Positive Type of Precautions and PPE Needed Droplet Precautions N95 mask Gloves Gown Eye protection (Goggles or Shield).

The facility's policy titled "Resident Isolation-Initiating Transmission-Based Precautions" dated 3/2020, indicated "...To ensure the use of transmission-based precautions when a resident has a communicable infectious disease...When transmission-based precautions are implemented, the Infection Preventionist (or designee)...personnel are aware that they must first see a nurse to obtain additional information about the situation before entering the room..."

NJAC 8:39-19.4 (a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	556200	A. BUILDING: _____ B. WING _____	C 01/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CEN	38 FRENEAU AVENUE MATAWAN, NJ 07747

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S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00159874, 00157824 NJ00158882 Based on interviews and review of pertinent facility documentation on 1/4/2/23, 1/5/23, and 1/6/23, it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey for 19 of 56 days reviewed. This deficient practice was evidenced by the following: Findings include: 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: One Certified Nurse Aide (CNA) to every eight residents for the day shift. 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	S 560	1. What corrective action will be taken for those residents found to have been affected by the deficient practice? No residents were affected. 2. How will the facility identify other residents having the potential to be affected by the deficient practice? All residents have the potential to be affected. 3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur? The facility is contracted with five staffing agencies. The facility has advertised for open positions on the online job hiring platforms Indeed and Apploi. The facility has implemented sign-on and referral bonuses. The facility is approved to run a Certified Nurse Aide Training Course- one concluded in December 2022, another will be scheduled in the coming month pending instructor availability. The facility has a relationship with Monmouth County Vocational school and is sending two employees from ancillary departments to complete a CNA course starting in March.	2/27/23

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

Electronically Signed | 02/17/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	556200	A. BUILDING: _____ B. WING _____	C 01/06/2023

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S 560	Continued From page 1 nurse aide duties: and 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. The "Nurse Staffing Report" completed by the facility for the weeks of 5/8/22, 5/15/22, 8/28/22, 9/4/22, 10/9/22, 10/16/22, 12/18/22, AND 12/25/22, the staffing to resident ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift. The facility was deficient in CNA staffing for 19 of 56 day shifts as follows: 05/08/2022, there was 7 CNAs staff for 112 residents. Staffing should have been 14 05/09/2022, there was 11 CNAs staff for 112 residents. Staffing should have been 14 05/10/2022, there was 9 CNAs staff for 112 residents. Staffing should have been 14 05/11/2022, there was 6 CNAs staff for 112 residents. Staffing should have been 14 05/12/2022, there was 9 CNAs staff for 112 residents. Staffing should have been 14 05/13/2022, there was 6 CNAs staff for 112 residents. Staffing should have been 14 05/14/2022, there was 10 CNAs staff for 114 residents. Staffing should have been 14 05/15/2022, there was 7 CNAs staff for 113 residents. Staffing should have been 14 05/16/2022, there was 7 CNAs staff for 113 residents. Staffing should have been 14 05/17/2022, there was 8 CNAs staff for 113 residents. Staffing should have been 14 05/18/2022, there was 7 CNAs staff for 113 residents. Staffing should have been 14	S 560	4. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? The staffing coordinator will report staffing numbers daily to the Administrator. The Administrator will monitor direct care ratios. The Human Resources Director will provide to the Administrator a weekly report of new hires, terminations, and resignations, which the Administrator will use to monitor trends in turnover and hiring progress.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	556200	A. BUILDING: _____ B. WING _____	C 01/06/2023

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S 560	Continued From page 2 05/19/2022, there was 11 CNAs staff for 112 residents. Staffing should have been 14 05/20/2022, there was 7 CNAs staff for 110 residents. Staffing should have been 14 05/21/2022, there was 5 CNAs staff for 107 residents. Staffing should have been 13 08/28/2022, there was 9 CNAs staff for 109 residents. Staffing should have been 14 08/30/2022, there was 9 CNAs staff for 107 residents. Staffing should have been 13 08/31/2022, there was 10 CNAs staff for 107 residents. Staffing should have been 13 09/01/2022, there was 9 CNAs staff for 107 residents. Staffing should have been 13 09/02/2022, there was 7 CNAs staff for 107 residents. Staffing should have been 13 During an interview with the Administrator on 1/6/23, he stated that the facility was aware of the staffing ratios and they were trying to meet the requirements. NJAC 8:39-5.1(a)	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315463 Y1	A. Building B. Wing Y2	3/9/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0580	Correction	ID Prefix F0658	Correction	ID Prefix F0697	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.25(k)	Completed
LSC	02/27/2023	LSC	02/27/2023	LSC	02/27/2023
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	02/27/2023	LSC	02/27/2023	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
1/6/2023	☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
556200 Y1	A. Building B. Wing Y2	3/9/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWBROOK RESPIRATORY AND NURSING CENTER	38 FRENEAU AVENUE MATAWAN, NJ 07747

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	02/27/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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

FOLLOWUP TO SURVEY COMPLETED ON	
1/6/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO