STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

(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
F0000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH). Complaint: NJ00182269, and NJ00182527. Survey Dates: 08/25/25-08/28/25 Survey Census: 92 Sample Size: 25 Supplemental Sample: 17 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.	F0000		09/25/2025
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and	F0645	1) Corrective Action Taken Resident #110's NJ Exec Order 26.4b1 was corrected on NJ Exec Order 26.4b1 to reflect correct diagnoses. Physician notified; NJ Exec Order 26.4b1 occurred. US FOIA (b)(6) re-educated by the Administrator on the importance of completing proper NJ Exec Order 26.4b1 after admission. Corrected screen submitted to NJ Department of Human Services and filed in the EMR. audited all residents admitted within the last 90 days for correct PASARR documentation and corrected any discrepancies.	09/25/2025

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

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

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F0645 SS = D	Continued from page 1 (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an	F0645	Continued from page 1 2) Residents Potentially Affected -All residents have the potential to be affected by the facilities failure to ensure proper PASARR Level I screenings are completed after admission. 3) Systemic Changes - Admission checklist updated to require PASARR review before and within 24 hours of admission. -[redacted] re-educated by the Administrator on the importance of completing proper PASARR Level I screenings after admission. Social Service Director / Designee will audit new admissions to ensure proper PASARR Level I screenings are completed with proper diagnosis, weekly x4, monthly x3 and quarterly x2. 4) Monitoring -The Social Services Director /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	

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F0645 SS = D	Continued from page 2 intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility failed to ensure that an accurate NJ Exec Order 26.4b1 [redacted] assessment was completed after admission for one resident (Resident (R) 110 out of 24 sampled residents. Findings include: Review of R110's "Admission Record," located in the "Profile" tab of the EMR, revealed R8 admitted to the facility on NJ Exec Order 26.4 with diagnoses including NJ Exec Orde [redacted] and NJ Exec Order 26.4b1. Review of R110's "NJ [New Jersey] Department of Human Services NJ Exec Order 26.4b1 [redacted]," dated NJ Exec Order 26 and located in the resident's EMR under the "Miscellaneous" tab, revealed NJ Exec Order 26.4b1 [redacted] identified. During an interview on 08/27/25 at 2:40 PM the US FOIA (b) [redacted] said she was not aware that R10 NJ Exec Order 26.4b1 was not completed correctly. She stated that staff are usually looking for diagnosis like NJ Exec Orde and NJ Exec Order 26.4b1 but agreed that any NJ Exec Orde [redacted] should be listed on the NJ Exec Orde During an interview on 08/28/25 at 8:57 AM the US FOIA (b)(6) [redacted] stated she expected staff to complete all assessments accurately and correctly. NJAC 8:39-5.1(a)	F0645		
F0655 SS = D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet	F0655	1) Corrective Action Taken Residents #6, #57, #87, #105, and #108 had their baseline care plans reviewed with their representatives on NJ Exec Order 26.4 offered copies; documentation entered in EMR. US FOIA (b)(6) [redacted] in-serviced by the Administrator on requirements of documenting the baseline care plan being reviewed with the resident/	09/25/2025

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F0655 SS = D	Continued from page 3 professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on record review, interviews, and policy review,	F0655	Continued from page 3 resident representative within 48 hours for all new admissions. DON and SSD audited all residents admitted within the last 90 days to confirm baseline care plans were completed and reviewed with the resident/representative. 2) Residents Potentially Affected -All residents have the potential to be affected by the facilities failure to ensure newly admitted residents had documentation that the Baseline Care Plan had been reviewed with the resident / resident representative within 48 hours. 3) Systemic Changes - Policy revised to require documentation of care plan review and offering of copy. - EMR updated to include mandatory “baseline care plan review” field. - The IDCP team re-educated by the Administrator on documenting the Baseline Care Plan has been reviewed with the resident/ resident representative. The Director of Nursing / designee will audit all new admissions to ensure within 48 hours of admission there is documentation that the baseline care plan has been reviewed with the resident/resident representative. 4) Monitoring - The Director of Nursing /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	

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F0655 SS = D	Continued from page 4 the facility failed to ensure five of five newly admitted residents (Residents (R)6, R57, R87, R105, and R108) had documentation the Baseline Care Plan had been reviewed with the resident and/or representative within 48 hours, and a copy of the Care Plan had been offered. Findings Include: Review of the facility's policy titled, "Care Plans - Comprehensive" revised June 2025 indicated: The resident's baseline care plan is developed within 24-48 hours through the admission assessment. There was no procedure of the resident and/or their representative involvement with the baseline care plan. 1. Review of R6's "Electronic Medical Record" (EMR) under the "Clinical Census" tab revealed [redacted] had been admitted on [redacted]. Review of R6's Admission "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) of [redacted] under the MDS tab revealed [redacted] "Brief Interview for Mental Status" (BIMS) score was [redacted] out of 15 which indicated [redacted] had NJ Exec Order 26.4b1 . Review of R6's "Admission/Readmission Evaluation" found under the "Assessment" tab revealed [redacted] Base Line Care Plan was completed on [redacted]. There was no documentation the Care Plan had been reviewed with [redacted] representative. Review of R6's "NJ Exec Order 26.4b1 Admission/Readmission Evaluation" found under the "Assessments" tab completed on [redacted] revealed [redacted] representative did not participate in the assessment. Telephone interview on 08/28/25 at 1:40 PM with Family Member (FM)1 revealed she did not remember when the care plan had been reviewed. She was not offered a copy of the care plan. 2. Review of R87's EMR under the "Clinical Census" tab revealed [redacted] had been admitted on [redacted] Review of R87's Admission MDS with an ARD of [redacted] under the MDS tab revealed [redacted] BIMS score was [redacted] out of 15. This indicated [redacted] had NJ Exec Order 26.4b1 . Review of R87's "Admission/Readmission Evaluation" found under the "Assessment" tab revealed [redacted] Base Line Care Plan was completed on [redacted]. There was no documentation the Care Plan had been reviewed with [redacted] representative.	F0655		

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F0655 SS = D	Continued from page 5 3. Review of R105's EMR under the "Clinical Census" tab revealed NJ Exec had been admitted on NJ Exec Order 26.4 Review of R105's EMR "NJ Exec Order 26.4b1 Admission/Readmission Evaluation" under the "Assessments" tab was completed on NJ Exec Order 26 the evaluation indicate a BIMS was completed, and NJ Ex score was NJ Exec out of 15 which indicated NJ Exec Order 26.4b1 . Review of R105's "Admission/Readmission Evaluation" found under the "Assessment" tab revealed NJ Ex Base Line Care Plan was completed on NJ Exec Order 26.4 . There was no documentation the baseline Care Plan had been reviewed with NJ Ex representative. Interview on 08/27/25 at 4:50 PM with the US FOIA (b)(6) revealed when a resident was admitted the admission assessment was completed by the nurse, an initial care plan was generated. She stated there was no documentation the resident and/or representative reviewed the initial care plan and was offered a copy within 48 hours of admission. 4. Review of R57's" Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on NJ Exec Order 26.4 with diagnoses of NJ Exec Order 26.4b1 [redacted] Review of R57's admission "MDS" under the "MDS" tab of the EMR, with an ARD of NJ Exec Order 26.4 revealed the "BIMS," revealed a score of NJ Ex out of 15, which indicated NJ Exec Order 26.4b1 . This "MDS" assessment further indicated R57 required NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 , and NJ Exec Ord [redacted] Review of the EMR revealed no documentation in the medical record that the baseline care plan, developed upon admission, had been provided or reviewed with R57. Interview with R57 during initial rounds on 08/25/25 at 1:35PM, R57 stated NJ Exec had not attended a care planning meeting or discussed NJ Ex care with staff. 5. Review of R108's" Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on NJ Exec Order 26 with diagnoses of NJ Exec Order 26.4b1	F0655		

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F0655 SS = D	Continued from page 6 NJ Exec Order 26.4b1 . Review of R108's Admission "MDS" under the "MDS" tab of the EMR, with an ARD of NJ Exec Order 26.4 revealed the "BIMS," revealed a score of NJ E out of 15, indicating NJ Exec O . Further review of the same "MDS" assessment revealed R108 required NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b on staff for NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 . Review of the Electronic Medical Record (EMR) revealed no documentation in the medical record that the initial baseline care plan, developed upon admission, had been provided or reviewed with R108. Interview with R108 on 08/28/25 at 4:10PM revealed that NJ E had not attended a Care Plan meeting or discussed NJ E care with staff. NJAC 8:39-11.1 NJAC 8:39-11.2	F0655		
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, interview, record review, and policy review, the facility failed to follow physician orders to hold medication when NJ Exec Order 26.4b1 was outside of the parameters for two of two residents (Residents (R)1 and R8) reviewed for medications and ensure the appropriate use of NJ Exec Order 26.4b1 for one of two residents (R11) reviewed for NJ Exec Order 26.4b1 These failures had the potential to cause residents' conditions to exacerbate and affect quality of care.	F0684	1) Corrective Action Taken R1 and R8: Orders reviewed with MD, MARs updated, care plans updated with NJ Exec Order 26.4b1 , NJ Exec Order 26.4b1 occurred as a result of not following NJ Exec . -Nursing staff re-educated by the Director of Nursing on properly following physician hold parameters on medications. R11: NJ Exec Order 26.4b risk assessment completed, NJ Exec Order 26.4b1 removed, care plan and order updated, NJ Exec Order 26.4b1 occurred as a result of the resident still having NJ Exec Order 26.4b1 in place. All Nursing staff were educated by the Director of Nursing on the importance of discontinuing unnecessary wander guards.	09/25/2025

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F0684 SS = D	Continued from page 7 Findings include: Review of the facility's policy titled "Medication Administration," reviewed 06/25 "It is the policy and procedure of the facility to provide the nursing staff with an understanding of proper medication administration… 1. Hold parameters: Check blood pressure and/or pulse rate immediately prior to pouring…" Review of the facility policy titled, "Wander Guard," revised 11/2021 revealed, it is the policy and procedure of this facility to provide a safe environment for its residents should a resident be identified as a wanderer. A wander guard will be applied for a resident with wandering potential upon admission or as needed based on assessment. 1. Review of R1's quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) date of [redacted], located in the "MDS" tab of the electronic medication record (EMR), revealed an admission date of [redacted] a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15, indicating R1's [redacted] was NJ Exec Order 26.4b1, and had a diagnosis of [redacted] Review of R1's "Orders," dated [redacted] located in the EMR under the "Order" tab revealed NJ Exec Order 26.4b1 [redacted] Give 1 tablet via NJ Exec Order 26.4b1 [redacted] three times a day for NJ Exec Order 26.4b1 [redacted] weekly. hold for NJ Exec Order 26.4b1 [redacted] Review of R1's "Care Plan," located in the EMR under the "Care Plan" tab revealed no care plan for [redacted] or treatment. Review of "Medical Clinician Progress Note," dated [redacted] located in the EMR under the "Progress Note" tab revealed "Pt [patient] seen and examined [redacted] in bed this AM [redacted] NJ Exec Order 26.4b1 and is [redacted] and [redacted] reports feeling [redacted]	F0684	Continued from page 7 2) Residents Potentially Affected - All Residents with physician orders for medication withhold parameters have the potential to be affected by the facilities failure to follow the physician hold parameters on medications. All Residents with wander guards have the potential to be affected by the facilities failure to discontinue unnecessary wander guards. 3) Systemic Changes All Nursing staff were re - educated by the Director of Nursing on the importance of discontinuing unnecessary wander guards. All Nursing staff were re-educated by the Director of Nursing on the importance of following physician hold parameters on medications. The Director of Nursing / designee will audit all residents on medications with hold parameters, medication administration record to ensure physicians orders are being followed correctly weekly x4, monthly x3 and quarterly thereafter. The Director of Nursing / designee will audit all residents with wanderguards to ensure placement is necessary based on elopement assessment, monthly x3 and quarterly thereafter. 4) Monitoring - The Director of Nursing /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	

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F0684 SS = D	Continued from page 8 reviewed and [redacted] has a standing order of [redacted] Review of R1's [redacted] "Medication Administration Record (MAR)" located in the EMR under the "Order" tab revealed [redacted] was administered when R1's [redacted] was [redacted]. This included: On [redacted] at 9:00 AM, [redacted] On [redacted] at 1:00 PM, [redacted] On [redacted] at 9":00 AM, [redacted] On [redacted] at 1:00 PM, [redacted] Review of R1's [redacted] "MAR" located in the EMR under the "Order" revealed [redacted] was administered when R1's [redacted]. This included: On [redacted] at 1:00 PM, [redacted] On [redacted] at 5:00 PM, [redacted] Review of R1's [redacted] "MAR" located in the EMR under the "Order" revealed [redacted] was administered when R1's [redacted]. This included: On [redacted] at 9:00 AM, [redacted] On [redacted] at 1:00 PM, [redacted] On [redacted] at 1:00 PM, [redacted] On [redacted] at 1:00 PM, [redacted] Review of R1's "Pharmacist Recommendations," dated [redacted], provided by the facility, revealed "Medication error(s) noted. [redacted] is not always held as required by the physician's hold order. Please review and follow the physician's order." During an interview on 08/27/25 at 12:28 PM, the [redacted]) was asked about R1's physician order for [redacted] and if she was aware R1's [redacted] wasn't always held when [redacted] was [redacted] than [redacted] per the [redacted] and [redacted] MAR. [redacted]	F0684		

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F0684 SS = D	Continued from page 9 stated she was aware. US FOIA went on to say, "it's been an ongoing education with staff." US FOIA stated staff have been counseled, reprimanded and more education has been provided to staff about the importance of following the physician's order to hold NJ Exec medication when NJ Exec Order 26 was outside of the parameters. US FOIA stated the situation has improved and there has been NJ Exec Order 26.4b1 outcome for R1. During a telephone interview on 08/28/25 at 10:22 AM, the US FOIA (b)(6)) was asked about R1's NJ Exec Order 26.4b1 and should the nurses hold NJ Exec Order 26.4b1 if R1's NJ Exec Order 26.4b1 . The US FOIA stated, "Yes." US FOIA (b) was asked what could happen if the medication was not held when R1's NJ Exec Order 26.4b1 US FOIA (b) stated, "there is NJ Exec Order 26.4b1 because NJ Exec Order 26.4b1 . US FOIA (b) went on to say, "if it was, we might see NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 ." US FOIA stated she has addressed the issue of not NJ Exec Order in her monthly reviews US FOIA (b) stated the facility needs to educate their staff. 2. Review of R8's annual "MDS" with an ARD date of NJ Exec Order 26 , located in the "MDS" tab of the EMR, revealed an admission date of NJ Exec Order 26.4 a "BIMS" score of NJ E out of 15, indicating R8's NJ Exec Order 26.4b1 , and had a diagnosis of NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 , and NJ Exec Order 26 Review of R8's "Care Plan," dated NJ Exec Order 26.4b located in the EMR under the "Care Plan" tab revealed [R8] have [sic] NJ Exec Order 26.4b1 Interventions included "Give NJ Exec Order 26.4b1 medications as ordered. Monitor for side effects such as NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1) and effectiveness" and "Obtain NJ Exec Order 26.4b1 as ordered. Take NJ Exec Order 26.4b1 under the same conditions each time." Review of R8's "Orders, revised NJ Exec Order 26 , located in the EMR under the "Order" tab revealed NJ Exec Order 26.4b1 Give 1 tablet by mouth every 8 hours for NJ Exec hold for NJ Exec Order 26 than NJ Exec O Review of R8's NJ Exec Order 26.4b1 "MAR," located in the EMR under the "Order" tab revealed NJ Exec Order 26.4b1 was administered when R8's NJ Exec Order 26.4b1 . This included:	F0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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F0684 SS = D	Continued from page 10 On [redacted] at 2:00 PM, [redacted] On [redacted] at 2:00 PM, [redacted] Review of R8's [redacted] "MAR, located in the EMR under the "Order" tab revealed [redacted] was administered when R8's [redacted]. This included: On [redacted] at 2:00 PM, [redacted] On [redacted] at 2:00 PM, [redacted] On [redacted] at 2:00 PM, [redacted] Review of R8's [redacted] MAR, located in the EMR under the "Order" tab revealed [redacted] was administered when R8's [redacted]. This included: On [redacted] at 2:000, [redacted] On [redacted] at 2:00, [redacted] Review of R8's "Pharmacy Recommendations," dated [redacted] provided by the facility, revealed "Medication error(s) noted. [redacted] is not always [redacted] as required by the physician's hold order. Please review and follow the physician's order." During an interview on 08/27/25 at 12:28 PM, the [redacted] was asked about R8's physician's order for [redacted] and if she was aware R8's [redacted] wasn't always help when [redacted]. [redacted] stated she was aware. [redacted] went on to say, "it's been an ongoing education with staff" and staff have been counseled, and more education has been provided to staff. [redacted] stated the situation has improved and R8 has had [redacted] because of [redacted] medication not [redacted] when [redacted] was outside of parameters. On 08/27/25 at 4:08 PM, R8's was awake in [redacted]. R8 was asked if [redacted] was aware of any time [redacted] was given [redacted] when [redacted]. R8 stated [redacted] didn't think so. During a telephone interview on 08/28/25 at 10:30 AM,	F0684		

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F0684 SS = D	Continued from page 11 US FOIA was asked about R8's NJ Exec Order 26.4b1 and should the nurses hold the medication if R8's NJ Exec Order 26.4b1 US FOIA stated, "Yes." US FOIA (b) was asked what could happen if NJ Exec Order 26.4b1 was not held and R8's NJ Exec Order 26 US FOIA (b)(stated there would be NJ Exec Order 26.4b1 effects with NJ Exe because R8's NJ Exec Order 26.4b1 isn't too NJ Exec Order 26.4b1. US FOIA (b went on to say, "but if it was NJ E it could cause NJ Exec Order 26.4b1, but no NJ Exec Order 26.4b1 far." US FOIA (b stated staff need education and they have been doing better. 3. Review of R11's "Admission Record" located in the "Profile" tab of the EMR revealed NJ Exe was admitted to the facility on NJ Exec Order 26 with diagnoses including NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Review of R11's significant change "MDS" assessment under the "MDS" tab of the EMR, with an ARD of NJ Exec Order 26, revealed NJ Exe scored NJ Exe out of 15 on the "BIMS," indicating NJ Exec Order 26.4b1. Further review revealed NJ Exec Order 26.4b1 was exhibited. Review of R11's "Care Plan," located under the "Care Plan" tab of the EMR dated NJ Exec Order 26 revealed "The resident was care planned for risk for NJ Exec Order 26.4b and wears a NJ Exec Order 26.4b1. Interventions in place were to place NJ Exec Order 26.4b1 on resident. Further review no updates to care plan since NJ Exec Order 26.4 Review of R11's "Physician Orders," located under the "Orders" tab in the EMR dated NJ Exec Order 26 revealed "NJ Exec Order for NJ Exec Order 26.4b prevention." Review of R11's "NJ Exec Order 26.4b1 Risk Assessment" located under the "Observations" tab in the EMR dated NJ Exec Order 26.4 revealed R11 was not at risk for NJ Exec Order 26.4b1 Review of R7's "General Notes," located under the "Notes" tab of the EMR, dated NJ Exec Order 26.4b1 revealed no documentation of any NJ Exec Order 26.4 or NJ Exec Order 26.4b1. During an interview on 08/27/25 at 2:01 PM Certified Nurse Aide (CNA)3 said R11 like to NJ Exec Order 26.4b1. R11 can NJ Exec Order 26.4b1 and down the hallway but has never been NJ Exec Order 26.4b1 and is not a NJ Exec Order 26.4 She stated R11 knows where NJ Exe	F0684		

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F0684 SS = D	Continued from page 12 is NJ Exec Order 26.4b1. During an interview on 08/27/25 at 2:15 PM US FOIA (b)(6) said R11 really enjoyed NJ Exec Order 26.4b1 and likes NJ Exec Order 26.4b1 was able to NJ Exec Order 26.4b1 and was aware of NJ Exec Order 26.4b1 was and NJ Exec Order 26.4b1 was located on. She has never personally seen NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. She also stated if a resident was assessed to not be an NJ Exec Order 26.4b risk they should not have a NJ Exec Order 26.4b1. During an interview on 08/28/25 at 8:57 AM the US FOIA (b)(6) stated if a resident was assessed not to be an NJ Exec Order 26.4b risk they should not have a NJ Exec Order NJAC 8:39-27.1(a)	F0684		
F0700 SS = E	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. 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 rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation. §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. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is NOT MET as evidenced by:	F0700	1) Corrective Action Taken R1, R6, R11, R87 reassessed on for NJ Exec Ord use; completed NJ Exec Order 26.4b1 risk assessment, documented alternatives trialed, obtained written informed consent or removed NJ Exec O verified NJ Exec Order 26.4b1 compatibility and proper installation, and updated orders and care plans All nursing staff were educated by the Director Nursing/designee on the importance of trying alternatives and obtaining consent prior to NJ Exec Orde use. All clinical staff educated by the Administrator on assessing entrapment risk of NJ Exec Order 26 The Director of Nursing/designee completed a building-wide audit of all residents with NJ Exec Order 2 and corrected any missing assessments, consents, or orders. 2) Residents Potentially Affected - All Residents have the potential to be affected by the facilities failure to assess entrapment risk, try alternatives, and obtain informed consent prior to bedrail use.	09/25/2025

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F0700 SS = E	Continued from page 13 Based on observation, interview, and record review, the facility failed to assess the risk of [NJ Exec Order 26.4b1] try alternatives, and/or obtain informed consent before initiating [NJ Exec Order 26] for seven (Residents (R)1, R11, R83, and R87) of seven residents reviewed for [NJ Exec] These failures could result in serious injury or death to residents. Findings include: Review of the facility policy titled "Side Rail," dated 12/24, provided by the facility revealed "It is the policy of this facility to provide residents with side rails as an enabler for bed mobility. Procedure: 1. Upon admission, the nurse will assess the need for side rails using the "Side Rail Assessment" form in [Electronic Medical Record software]. 2. Side rails will be monitored and re-evaluated on a quarterly basis (based on MDS [Minimum Data Set] schedule) or as warranted by the resident's condition. 3. Residents may request the use of side rails for their own personal reasons. It is the resident's right that this decision must be honored. 4. If resident's family requests side rail use, the nurse will assess the resident and the request, discuss risks involved with its use with the resident and family and describe alternative individualized care practices (i.e. a lower bed) that may be safer and appropriate for the resident." 1. Review of R11's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed [NJ Exec] was admitted to the facility on [NJ Exec Order 26] with diagnoses including [NJ Exec Order 26.4b1] and [NJ Exec Order 26.4b1] Review of R11's [NJ Exec Order 26.4b1] "Minimum Data Set (MDS)" assessment under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of [NJ Exec Order 26], revealed [NJ Exec] scored [NJ Exec] out of 15 on the "Brief Interview for Mental Status (BIMS)," indicating [NJ Exec Orde] . Review of R11's "Care Plan," located under the "Care Plan" tab of the EMR dated [NJ Exec Order 26.4b] revealed "The resident used [NJ Exec Order 26] as an [NJ Exec Order 26] Interventions in place were to use [NJ Exec Order 26] for [NJ Exec Orde] and [NJ Exec Order 26.4b1] Further review no updates to care plan since [NJ Exec Order 26].	F0700	Continued from page 13 3) Systemic Changes All nursing staff were educated by the Director Nursing on the importance of trying alternatives and obtaining consent prior to bedrail use. All staff educated by the Administrator on assessing entrapment risk of bedrails. EMR updated to require completion of these fields before rail order entry. The Director of Nursing / designee will audit all new residents' use of bed rails to ensure alternatives trialed, and written informed consent was obtained prior to bed rail use, weekly x4, monthly x3 and quarterly thereafter. The Maintenance Director/designee will audit all new resident's use of bed rails to assess for entrapment risk, weekly x4, monthly x3 and quarterly x2. 4) Monitoring The Director of Nursing /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits. The Maintenance Director/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	

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F0700 SS = E	Continued from page 14 Review of R11's "Physician Orders," located under the "Orders" tab in the EMR, dated [NJ Exec Order 26], revealed "...NJ Exec Order 26.4b1 used as an [NJ Exec Order 26] Review of R11's "Resident Evaluation [NJ Exec Order] Assist Device," located under the "Observations" tab in the EMR and dated NJ Exec Order 26.4b1 , revealed no evidence of alternates explored, or risk versus benefits. During an interview on 08/27/25 at 2:15 PM Registered Nurse/Unit Manager (RN/UM) 1 stated residents were assessed for [NJ Exec Order 26] on admission, and they were asked if they wanted [NJ Exec Order 26]. She said she thought that risks and benefits were discussed but she was unsure where these signed consents were located or if they explored alternates prior to use. During an interview on 08/27/25 at 2:27 PM Licensed Practical Nurse/Unit Manager (LPN/UM)1 said staff were not exploring alternatives prior to using [NJ Exec Order] for residents. She also stated they do not discuss risk versus benefits with residents, but they did inform them [NJ Exec Order] were considered a restraint and ask them if they wanted them or not. During an interview on 08/28/25 at 8:57 AM the [US FOIA (b)(6)] said staff would ask for verbal consent for [NJ Exec Order 26] use upon admission but it was not documented. She said the nurse would discuss risk versus benefits, but it was not documented. She said staff asked residents if they wanted [NJ Exec Order 26] and they would be provided at that time. She was unaware of alternates were explored prior to use. 2. Observations on 08/25/25 at 2:00 PM, 08/27/25 at 10:00 AM, and 08/28/25 at 1:30 PM revealed R6 [NJ Exec Or] on [NJ Exec Order] with both [NJ Exec Order 26.4b1] in the [NJ Exec Or] Review of R6's "Electronic Medical Record" (EMR) under the "Clinical Census" tab revealed [NJ E] had been admitted on [NJ Exec Order 26] at 9:15 PM. Review of R6's admission "Minimum Data Set" (MDS) with an "Assessment Reference Date" (ARD) of [NJ Exec Order 26.] under the MDS tab revealed [NJ E] "Brief Interview for Mental	F0700		

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F0700 SS = E	Continued from page 15 Status" (BIMS) score was [redacted] out of 15. This indicated [redacted] had NJ Exec Order 26.4b1 . Review of R6's "Admission/Readmission Evaluation" found under the "Assessment" tab completed on [redacted] revealed the [redacted] assessment section. This assessment revealed [redacted] had an NJ Exec Order 26.4b1 [redacted] due to NJ Exec Order 26.4b1, [redacted] had a history of [redacted] had NJ Exec Order 26.4b1 or had NJ Exec Order 26.4b1 to a NJ Exec Order 26.4b1 on the side of the bed, had NJ Exec Order 26.4b1 [redacted], was on medications that required [redacted] was currently using the [redacted] for [redacted] or [redacted] and [redacted] expressed [redacted] for the [redacted] The interventions checked included: [redacted] the NJ Exec Order 26.4b1, provide [redacted] care to NJ Exec Order 26.4b1 provide frequent staff [redacted] at night, periodic NJ Exec Order 26.4b1 for resident at night, and visual and verbal reminders to use the call bell. Recommendations included the use of NJ Exec Order 26.4b1 [redacted] 3. Observations on 08/25/25 at 1:45 PM revealed R87 was laying in [redacted] with NJ Exec Order 26.4b1 in the NJ Exec Order 26.4b1 . Review of R87's (EMR) under the "Clinical Census" tab revealed [redacted] had been admitted on [redacted] Review of R87's admission "MDS" with an ARD of [redacted] under the MDS tab revealed [redacted] BIMS score was [redacted] out of 15. This indicated [redacted] had NJ Exec Order 26.4b1 . Review of R87's Admission/Readmission Evaluation" found under the "Assessment" tab completed on [redacted] revealed the [redacted] assessment section. This assessment revealed [redacted] had an [redacted] in [redacted] due to NJ Exec Order 26.4b1, [redacted] had a history of [redacted] had NJ Exec Order 26.4b1 or had NJ Exec Order 26.4b1 on the [redacted], had [redacted] with [redacted] or [redacted], was on medications that required [redacted] and was currently using the [redacted] for [redacted] or [redacted] The interventions checked included: provide [redacted] care to [redacted] provide frequent staff [redacted] at night, periodic assisted [redacted] for resident at night, and visual and verbal	F0700		

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F0700 SS = E	Continued from page 16 reminders to use the call bell. Recommendations included the use of NJ Exec Order 26.4b1. Interview on 08/27/25 at 10:48 AM with RN-UM1 said the US FOIA does the review of the care plan. She said all the beds had NJ Exec Order 26 attached to them. She said if the resident did not need the NJ Exec Order 26 they were just NJ Exec Order 26. She agreed most of the residents had NJ Exec on their beds, including R6 and R87. 4. Review of R1's quarterly "MDS" with an ARD date of NJ Exec Order 26, located in the "MDS" tab of the EMR, revealed an admission date of NJ Exec Order 26.4, a "BIMS" score of NJ E out of 15, indicating R1's NJ Exec Order 26 was NJ Exec Order 26.4b1 and had a diagnosis of NJ Exec Order 26.4b1. Review of R1's "Orders," located in the EMR under the "Order" tab revealed no order for NJ Exec Order 26. Review of R1's "Care Plan," dated NJ Exec Order 26, located in the EMR under the "Care Plan" tab revealed "R1 use NJ Exec as an NJ Exec Order 26. Interventions included "Discuss and record, with the resident/family the risk and benefits of NJ Exec Order 26," "Ensure valid consent on Chart prior to initiating NJ Exec Order 26.4 and "Evaluate the resident use of NJ Exec Order 2 and continuing risk/benefits and the need for ongoing use upon admission, significant changes, annually and quarterly." Review of R1's "admission evaluation," dated NJ Exec Order 26.4b located in the EMR under the "Assessment" tab revealed no NJ Exec Order 2 assessment or consent for NJ Exec Order 26. Review of R1's NJ Exec Order assessment, dated NJ Exec Order 26, located in the EMR under the "Assessment" tab revealed R1's was a NJ Exec Order 26.4b1 but the assessment did not include the risk of NJ Exec Order 26.4b1 or if informed consent was obtained. The assessment was completed by US FOIA (b)(6). During an interview on 08/27/25 at 9:19 AM, LPN2 was asked why R1 had NJ Exec Order 26.4b1. LPN2 stated, "I can't answer that question." During an interview on 08/27/25 at 10:47 AM, the US FOIA (b)	F0700		

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F0700 SS = E	Continued from page 17 was asked why R1 had NJ Exec Order 26.4b1. US FOIA stated they were used as NJ Exec Order 26 and R1 could use them. US FOIA stated NJ Exec Order 2 assessments were completed quarterly. US FOIA was asked where the informed consent would be documented. US FOIA stated there are no written consents, only verbal, which was obtained during admission. US FOIA stated she was working on a written informed consent form. During an interview on 08/27/25 at 12:36 PM, Certified Nurse Aide-Agency (CNA – A)5 was asked if she was R1's nurse aide and CNA-A5 stated, "Yes." CNA-A5 was asked why R1 had NJ Exec Order 26.4b1. CNA-A5 stated she was agency, and she didn't know why, and she didn't know what the facility policy was concerning NJ Exec Order 26.4. CNA-A5 went on to say she was the wrong person to ask about it. During a follow up interview on 08/28/25 at 10:00 AM, the US FOIA was asked about R1's NJ Exec Order 2 assessment not addressing the risk of NJ Exec Order 26.4b1 and risk verses benefits as R1 had a NJ Exec Order diagnosis and NJ Exec Order 26 . US FOIA stated again that only verbal consent was obtained. US FOIA asked why the NJ Exec Order 26.4b1 or risk verse benefits were not in the assessments at admission or the NJ Exec Order 26.4 assessment. US FOIA acknowledged the risk of NJ Exec Order 26.4b1 and risk verses benefits were not documented. US FOIA confirmed the facility's NJ Exec Order 2 policy didn't include risk of NJ Exec Order 26.4b1 risk verses benefits and informed consent. On 08/28/25 at 11:14 AM, R1 was awake in bed with NJ Exec in progress while watching television and NJ Exec Order 26 in the NJ Exec Order 26.4b1. R1 was asked if NJ E could use NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 in bed. R1 stated, 'NJ Exec Order 26.4b1 During an interview on 08/28/25 at 4:33 PM, CRN was asked if she completed R1's NJ Exec Order 26.4b1 assessment. CRN stated, "Yes." CRN was asked about the assessment not addressing the risk of NJ Exec Order 26.4b1 in the document and if she was aware of the requirement. CRN confirmed the risk of NJ Exec Order 26.4b1 was not in the assessment and was not aware of the requirement. CRN stated a section could be added. NJAC 8:39-27.1(a)	F0700		
F0759 SS = D	Free of Medication Error Rts 5 Prcnt or More	F0759	1) Corrective Action Taken	09/25/2025

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F0759 SS = D	Continued from page 18 CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent. A total of four errors occurred out of 25 opportunities for error for two of five residents (Resident (R) 82, and R 108) observed for medication administration. The facility's medication error rate was 16%. The findings include: Review of the Medication Administration Policy reviewed date 06/2025 revealed under "Policy", "It is the policy and procedure of the facility to provide the nursing staff with an understanding of proper medical administration …Under "Medication Timing" item 2. revealed "Medication ordered with food may be administered with milk and graham crackers (or similar items). 3. Medication ordered with meals should be given with the meal (i.e. Metoprolol). 4. Medication ordered before a meal should be specific to manufacturer's recommendation and administered prior to the start of the meal…)." 1.Review of R82's" Admission Record," located in the "Profile" tab of the electronic medical record (EMR) revealed the resident was admitted to the facility on NJ Exec Order 26 with diagnoses of NJ Exec Order 26.4b1 [redacted] Review of R82's admission "Minimum Data Set (MDS)" under the "MDS" tab of the EMR, with an Assessment Reference Date (ARD) of NJ Exec Order 26 revealed the "Brief Interview for Mental Status (BIMS)," revealed a score of NJ Ex out of 15, which indicated NJ Exec Order 26.4b1 [redacted] Observation of Licensed Practical Nurse (LPN) 7 on	F0759	Continued from page 18 R82 and R108: Meds were administered incorrectly regarding timing with meals; nurse counseled; physician notified, noNJ Exec Order 26.4b1. MARs updated with clear "with meals" and "before meals" alerts. The Director of Nursing / designee conducted a facility wide audit on all active orders with meal-timing instructions for accuracy. All Nursing staff were educated by the Director of Nursing/designee on properly following medication instructions for medications needing to be administered with meals. 2) Residents Potentially Affected All Residents with physician orders for medications to be administered with meals have the potential to be affected by this deficient practice. 3) Systemic Changes All Nursing staff were educated by the Director of Nursing on properly following medication instructions for medications needing to be administered with meals. The Director of Nursing / Designee will audit all physician orders to ensure medications to be administered with meals are properly indicated on the medication administration record for nursing staff, weekly x4, monthly x3 and quarterly thereafter. The Director of Nursing / Designee will conduct a medication pass on 4 nursing staff, monthly x12. 4) Monitoring The Director of Nursing /designee will review any findings of these audits and present them quarterly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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F0759 SS = D	Continued from page 19 08/27/25 at 7:50 AM revealed LPN7 prepared R82's medication and placed one NJ Exec Order 26.4b1 tablet, and NJ Exec Order 26.4b1 in a small plastic medication cup. LPN7 then moved toward R82 and administered the medication. The medications were administered without the offer of food and before R82 had NJ Exec breakfast meal. Review of the "Physician's Orders" in the EMR under the "Orders" tab revealed R82 was prescribed NJ Exec Order 26.4b1 one tablet every twelve hours, to be given with food or meals for the treatment of "NJ Exec Order 26.4b1 [sic]." Further review of the physician's orders revealed NJ Exec Order 26.4b1 was to be administered with meals for the treatment of NJ Exec Order 26.4b1 Interview with LPN 7 at the time of observation confirmed that she should have administered the medication with NJ Exec breakfast meal. 2. Review of R108's" Admission Record," located in the "Profile" tab of the EMR revealed admission to the facility on NJ Exec Order 26 with diagnoses of NJ Exec Order 26.4b1 Review of R108's Admission " (MDS)" under the "MDS" tab of the EMR, with an ARD of NJ Exec Order 26 revealed the "BIMS," revealed a score of NJ Ex out of 15, indicating NJ Exec Order 26.4b1 . Observation on 08/27/25 at 8:38 AM revealed LPN7 prepared R108's NJ Exec Order 26.4b1 tablet and placed in a plastic medication cup. In addition, LPN7 prepared NJ Exec Orde from a vial of NJ Exec Order 26.4b1 LPN7 then drew NJ Exec Order 26.4b, the correct dosage of NJ Exec Orde and administered the NJ Exec Orde to R108 after NJ Ex had consumed NJ Exec breakfast meal. Interview with LPN7 at the time of observation confirmed that she should have administered the NJ Exec Orde prior to the resident eating NJ Exec breakfast meal. Review of the "Physician's Orders" in the EMR under the "Orders" tab revealed R108 was prescribed NJ Exec Order 26.4b1 tablet twice a day, to be given with meals.	F0759	Continued from page 19 with the QAPI committee to determine the frequency of future audits.	

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F0759 SS = D	Continued from page 20 Further review of the physician's orders revealed NJ Exec Order 26.4b1 were to be administered before meals for the treatment of [redacted]" Observation of the R108 at the time of observation revealed the resident had finished eating [redacted] breakfast in [redacted] room prior to the medication being administered, as evidence by an empty food tray. R108 confirmed [redacted] had eaten [redacted] breakfast and commented it was [redacted]" Interview with US FOIA (b)(6) on 08/28/25 at 10:39 AM revealed administration of medications should be administered as ordered by the prescribing physician. The [redacted] further stated that the prescribing physician should be notified of medication discrepancies. Interview with the US FOIA (b)(6) on 08/28/25 at 10:00AM revealed that the facility expectation is that medications are to be administered as prescribed by the attending physician. NJAC 8:39-29.2(d)	F0759		
F0880 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	F0880	1) Corrective Action Taken R105's [redacted] was replaced on [redacted] and secured off the floor with a [redacted]; NJ Exec Order 26.4b1; care plan updated. All Nursing staff were re-educated by the Infection Preventionist on the importance of ensuring the prevention of contamination of NJ Exec Order 26.4b1 [redacted], by not being on the floor. The Unit Managers / Designees immediately audited all residents using NJ Exec Order 26.4b1 [redacted] to ensure proper placement to prevent contamination. 2) Residents Potentially Affected All residents needing use of oxygen tubing have the	09/25/2025

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F0880 SS = D	Continued from page 21 services under a contractual arrangement based upon the facility assessment conducted according to §483.71 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 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.	F0880	Continued from page 21 potential to be affected by the facilities failure to prevent contamination of humidified oxygen tubing/ moisture collection bag. 3) Systemic Changes All Nursing staff were re-educated by the Infection Preventionist on the importance of ensuring the prevention of contamination of oxygen tubing / moisture collection bag, by not being on the floor. The Infection Preventionist / Designee will audit all oxygen tubing / moisture collection bags to ensure proper placement to prevent contamination, daily x7, weekly x4, monthly x3 and quarterly thereafter. 4) Monitoring - The Infection Preventionist /designee will review any findings of these audits and present them quarterly with the QAPI committee to determine the frequency of future audits.	

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F0880 SS = D	Continued from page 22 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure one of one Resident (R)105 with a NJ Exec Order 26.4b1 which delivered NJ Exec Order 26.4b1, and a NJ Exec Order 26.4b1 had been kept off of the floor. Having the NJ Exec Ord and NJ Exec Order 26.4b1 on the floor put R105 at risk of NJ Exec Order 26 Findings include: Review of the facility's policy titled, "Oxygen Tubing and Respiratory Products" revised October 2024 indicated, "All oxygen tubing would have been properly stored to prevent the transmission of infection. If the tubing falls on the floor, it shall immediately be discarded and replaced to prevent contamination." Review of R105's Electronic Medical Record (EMR) "Census List" under the tab "Census " revealed NJ Exec had been admitted on NJ Exec Order 26.4 Review of R105's EMR "Medical Diagnosis" under the tab "Medical Diagnosis" revealed NJ Exec had been admitted with a NJ Exec Order 2 of the NJ Exec Order 26.4b1 Review of R105's EMR "NJ Exec Order 26.4b1 Admission/Readmission Evaluation" under the "Assessments" tab was completed on NJ Exec Order 26.4 A "Brief Interview for Mental Status" was completed, and NJ Exe score was NJ Exe out of 15 which indicated NJ Exec Orde . Review of R105's EMR "Care Plan" under the "Care Plan" tab revealed focus area of NJ Exec Order 26.4b1 NJ Exe goals included "R105 will have no s/sx [signs and/or symptoms] of NJ Exec Order 26 through the review date. Interventions included "Perform NJ Exec Order 26.4b1 care every shift" and "Give NJ Exec Order 26.4b1 as prescribed."	F0880		

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F0880 SS = D	Continued from page 23 Observations on 08/25/2025 at 11:01 AM, on 08/26/25 at 1:15 PM, and on 08/27/25 at 9:25 AM revealed R105's NJ Exec Order 26.4b1 with a NJ Exec Order 26 between two pieces of the NJ Exec Ord was laying on the floor beside NJ Exec Order 2. NJ Exec was laying in NJ Exec Order 2. Interview on 08/25/25 at 4:00 PM with the US FOIA (b)(6) revealed R105 has a NJ Exec Order 26.4b1 and uses a NJ Exec Order 26.4b1 . She said the NJ Exec Order 26.4b1 is changed daily on the night shift. Interview on 08/27/25 at 9:35 AM with Licensed Practical Nurse (LPN)3 revealed she has had training on NJ Exec Order 26.4b1 care previously by the US FOIA (b) She had a refresher on the care this morning by Registered Nurse/Unit Manager (RN UM)1. Observation and interview on 08/27/25 at 4:45 PM with LPN3 revealed the NJ Exec Ord for R105 was on the floor with the NJ Exec Order 26.4b1 also on the floor. She agreed the NJ Exec Ord being on the floor was an opportunity for NJ Exec Order 26 She said that they had not found a way to keep the NJ Exec Ord off the floor as it frequently was found laying on the floor. Interview on 08/28/25 at 9:00 AM with the US FOIA revealed she had not been aware R105's NJ Exec Order 26.4b1 was laying on the floor. She agreed there was a chance for NJ Exec Order 26.4b1 of an NJ Exec Order 26.4 process. She agreed a system to keep it off of the floor should have been investigated sooner. NJAC 8:39-19.4	F0880		

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S0000		09/25/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: For the 4 weeks of staffing from 12/29/2024 to 01/25/2025, the facility was deficient in CNA staffing for residents on 27 of 28-day shifts and deficient in CNAs to total staff on 19 of 28 evening shifts as follows: -12/29/24 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/30/24 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. -12/30/24 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -12/31/24 had 10 CNAs for 94 residents on the day	S0560	1) Corrective Action Taken The staffing coordinator was re- educated by the Administrator on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. There was no care issues reported on the shifts that were identified. The facility will continue to reach out to existing staff to pick up overtime shifts and staff accordingly to meet ratios. 2) Residents Potentially Affected - All residents have the potential to be affected by failure to maintain the required minimum direct care staff-to-resident ratios. 3) Systemic Changes - The facility will continue to post job openings on multiple job sites to promote CNA openings. - The facility is offering a sign-on bonus for new hires.	09/25/2025

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

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S0560	Continued from page 1 shift, required at least 12 CNAs. -12/31/24 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/01/25 had 10 CNAs for 94 residents on the day shift, required at least 12 CNAs. -01/02/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/02/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/03/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/03/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -01/04/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/05/25 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs. -01/05/25 had 7 CNAs to 16 total staff on the evening shift, required at least 8 CNAs. -01/06/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/06/25 had 8 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. -01/07/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/07/25 had 9 CNAs to 23 total staff on the evening shift, required at least 10 CNAs. -01/08/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/08/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/09/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/09/25 had 9 CNAs to 24 total staff on the evening shift, required at least 12 CNAs. -01/10/25 had 11 CNAs for 95 residents on the day	S0560	Continued from page 1 - The facility has contracted with an agency to assist with staffing needs. - The Staffing Coordinator/designee will review daily staffing sheets to ensure the facility maintains direct care staff-to-resident ratios, weekly × 4 weeks, then monthly × 3 months, then quarterly thereafter. 4) Monitoring - The Administrator/designee will review findings from these audits and present them quarterly to the QAPI committee to determine frequency of future audits.	

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S0560	Continued from page 2 shift, required at least 12 CNAs. -01/10/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -01/11/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/12/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/13/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/13/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/14/25 had 9 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/14/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/15/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs. -01/15/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/16/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/17/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/17/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/18/25 had 9 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/19/25 had 8 CNAs for 97 residents on the day shift, required at least 12 CNAs. -01/20/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/21/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/21/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -01/22/25 had 9 CNAs for 95 residents on the day shift,	S0560		

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S0560	Continued from page 3 required at least 12 CNAs. -01/22/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -01/23/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/23/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -01/24/25 had 11 CNAs for 101 residents on the day shift, required at least 13 CNAs. -01/23/25 had 9 CNAs for 95 residents on the day shift, required at least 12 CNAs. -01/23/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. For the 3 weeks of staffing from 07/20/2025 to 08/09/2025, the facility was deficient in CNA staffing for residents on 16 of 21 day shifts and deficient in CNAs to total staff on 15 of 21 evening shifts as follows: -07/21/25 had 10 CNAs for 90 residents on the day shift, required at least 11 CNAs. -07/21/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -07/22/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -07/23/25 had 9 CNAs for 89 residents on the day shift, required at least 11 CNAs. -07/23/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -07/24/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -07/24/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -07/25/25 had 10 CNAs for 89 residents on the day shift, required at least 11 CNAs. -07/25/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -07/26/25 had 10 CNAs for 89 residents on the day	S0560		

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S0560	Continued from page 4 shift, required at least 11 CNAs. -07/28/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -07/29/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -07/30/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -07/30/25 had 8 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -07/31/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -07/31/25 had 8 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -08/01/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -08/01/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -08/02/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs. -08/03/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/04/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/04/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -08/05/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/05/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -08/06/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/06/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/07/25 had 10 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/07/25 had 9 CNAs to 21 total staff on the evening	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

(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
S0560	Continued from page 5 shift, required at least 10 CNAs. -08/08/25 had 10 CNAs for 97 residents on the day shift, required at least 12 CNAs. -08/08/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -08/09/25 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. For the 2 weeks of staffing prior to survey from 08/10/2025 to 08/23/2025, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in CNAs to total staff on 10 of 14 evening shifts as follows: -08/10/25 had 10 CNAs for 96 residents on the day shift, required at least 12 CNAs. -08/11/25 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -08/11/25 had 9 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -08/12/25 had 11 CNAs for 96 residents on the day shift, required at least 12 CNAs. -08/12/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/13/25 had 11 CNAs for 95 residents on the day shift, required at least 12 CNAs. -08/13/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/14/25 had 11 CNAs for 94 residents on the day shift, required at least 12 CNAs. -08/14/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/15/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/16/25 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -08/17/25 had 11 CNAs for 93 residents on the day shift, required at least 12 CNAs. -08/18/25 had 9 CNAs for 93 residents on the day shift,	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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S0560	Continued from page 6 required at least 12 CNAs. -08/18/25 had 9 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -08/19/25 had 9 CNAs for 94 residents on the day shift, required at least 12 CNAs. -08/19/25 had 10 CNAs to 22 total staff on the evening shift, required at least 11 CNAs. -08/20/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -08/21/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -08/22/25 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -08/23/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.	S0560		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	**18 W LAUREL ROAD , STRATFORD, New Jersey, 08084**

(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
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 8/28/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		12/15/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/12/2025 in relation to the 8/28/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		12/15/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STRATFORD NURSI... B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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K0000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 08/27/25 and the facility was found to be in non-compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies. Laurel Manor Healthcare and Rehabilitation Center is a two-story building built in 1963. It is composed of Type II unprotected construction. The facility is divided into seven - smoke zones. The generator powers approximately 50% of the building per the Maintenance Director. The current occupied beds are 92 of 106.	K0000		09/25/2025
K0341 SS = F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure low voltage wiring was protected in conduit below seven feet in accordance with NFPA 70 National Electrical Code (2011 Edition)	K0341	1) Corrective Action Taken - The exposed low-voltage wiring from the junction box to the sprinkler flow switch and tamper switch on the OS&Y valve was enclosed in rigid conduit. - The Maintenance Director to verify and document the correction in the Life Safety log. 2) Residents Potentially Affected - All Residents have the ability to be affected. 3) Systemic Changes - Maintenance director or designee will perform inspections of all wiring below 7 feet to ensure compliance monthly x3, quarterly x3. Findings reported to Administration and QAPI. Said inspections will ensure measures are sustained. - Maintenance staff re-educated on 09/02/25 regarding code requirements for conduit protection of low-voltage wiring and documentation expectations.	10/15/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 02 - STRATFORD NURSI... B. WING	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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K0341 SS = F	Continued from page 1 section 760.130 (B) (1). This deficient practice had the potential to affect all 92 residents and was evidenced by the following: An observation on 08/27/25 at 12:43 PM revealed five low voltage wires from a junction box to the sprinkler flow switch and to a sprinkler tamper switch on the sprinkler system's outside stem & yoke (OS&Y) valve were not protected under seven feet. During an interview at the time of observation, the US FOIA (b)(6) confirmed the low voltage wire was exposed and not secured in conduit. NJAC 8:39-31.2(e) NFPA 13, 70	K0341	Continued from page 1 4) Monitoring - Maintenance Director or designee will conduct monthly inspections of all fire alarm/sprinkler wiring x 6 months, then quarterly. - Results reported to the Safety Committee and QAPI committee for oversight which meets quarterly.	
K0351 SS = F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is NOT MET as evidenced by: Based on observation and interview, it was determined that the facility failed to ensure standard response sprinklers and quick response sprinklers were not in	K0351	1) Corrective Action Taken - The single standard response sprinkler in the southwest compartment near the Administrator's office to be replaced with a quick response sprinkler by a licensed fire protection contractor. - The Maintenance Director documented the correction in the Life Safety log. 2) Residents Potentially Affected - All residents have the potential to be affected. An inspection was noted and no other mixed sprinklers were found. 3) Systemic Changes - Maintenance Director or designee to conduct additional facility wide audits to ensure there are no quick response or standard sprinklers are mixed in the same compartment. Preventive maintenance program updated on 09/01/25 to include annual verification of sprinkler head type consistency and quarterly visual inspections. - Maintenance staff re-educated on 09/02/25 on identifying and reporting mismatched sprinkler heads. - Maintenance Director or designee to conduct monthly audits x3, quarterly x3 and report findings to Administrator and QAPI.	10/22/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 02 - STRATFORD NURSI... B. WING	08/28/2025

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K0351 SS = F	Continued from page 2 the same compartment in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (2010 Edition) Section 8.3.3.2. This deficient practice had the potential to affect all 92 residents and was evidenced by the following: An observation on 08/27/25 at 1:35 PM revealed one out of 12 sprinklers in the southwest compartment near the administrator's office was a standard sprinkler and 11 were quick response sprinklers. During an interview at the time of the observation, the US FOIA (b)(6) confirmed the standard sprinkler was in the same compartment as the quick response sprinklers. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K0351	Continued from page 2 4) Monitoring - Maintenance Director or designee will conduct monthly x3, then quarterly x 3, visual inspections of all sprinkler heads and log results to ensure standards are sustained. - Results will be submitted and reviewed by the Safety Committee and QAPI committee which meets quarterly. Separate Attachments sent for proof of correction.	
K0712 SS = F Bldg. 02	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is NOT MET as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure fire drills were conducted quarterly using the fire alarm system on the second shift between 3:00 PM and 9:00 PM in accordance with NFPA 101 Life Safety Code (2012 Edition) sections 19.7.1.6 and 19.7.1.4. This deficient practice had the potential to affect all 92 residents and was evidenced by the following: A review of the facility's untitled fire drill records revealed the facility failed to use the fire alarm system when conducting a fire drill on the second shift	K0712	1) Corrective Action Taken - The vendor was provided with an inservice on the proper education for regulation compliance. - Maintenance Director counseled on proper fire drill procedures. 2) Residents Potentially Affected - All residents have the ability to be affected. - The Maintenance Director reviewed the prior 12 months of drill logs and confirmed no other missed or improperly performed drills. 3) Systemic Changes - Maintenance director and regional director of life safety educated on regulation of alarm activation requirements. - Monthly audit of alarm activation usage to be reviewed x 12 months with results provided to the safety committee and QAPI for review. - Vendor and all department heads and shift supervisors were reeducated on fire drill timing, documentation, and alarm activation requirements.	09/25/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 02 - STRATFORD NURSI... B. WING	08/28/2025

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LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	18 W LAUREL ROAD , STRATFORD, New Jersey, 08084

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K0712 SS = F Bldg. 02	Continued from page 3 on January 2, 2025, at 7:47 PM. The documentation indicated the facility used a coded announcement which was only permitted between the hours of 9:00 PM and 6:00 AM. During an interview on 08/27/25 at 4:45 PM, the US FOIA (b)(6) confirmed that the fire alarm system was not used for the fire drill on January 2, 2025. NJAC 8:39-31.2(e)	K0712	Continued from page 3 4) Monitoring - Maintenance Director or designee will audit all fire drill logs monthly for 1 year to ensure each shift is covered and proper methods used. - Results reported to the Safety Committee and QAPI committee for oversight which meet quarterly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/28/2025

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E0000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 08/27/25. The facility was found to be in compliance with 42 CFR 483.73.	E0000		09/25/2025

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K0000 Bldg. 02	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/26/2025 in relation to the 8/28/2025 Life Safety Code survey. The facility was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy.	K0000		12/26/2025

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