

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

PRINTED: 08/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084		
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F 000	INITIAL COMMENTS Complaint NJ #: 155752, 168834, 169845, 169880, 170054, and 171256 STANDARD SURVEY: 04/03/24 to 04/17/24 CENSUS: 95 SAMPLE SIZE: 19 + 3 closed records A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550			5/2/24

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

TITLE

(X6) DATE

Electronically Signed

05/01/2024

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 550	<p>Continued From page 1 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to maintain [REDACTED] during meal services for 1 of 3 residents (Resident #89) observed who [REDACTED] NJ ex order 26.4b1 [REDACTED]</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 04/04/24 at 12:21 PM, the surveyor observed Resident #89 [REDACTED] NJ ex order 26.4b1 by a [REDACTED] US FOIA (B) (6) [REDACTED] in the main dining room. The [REDACTED] US FOIA stood over Resident #89 who was seated at a dining table.</p> <p>At 12:28 PM, the [REDACTED] US FOIA walked away from Resident #89 to assist another resident. When the [REDACTED] US FOIA returned to Resident #89, she sat next to</p>	F 550	<p>1. [REDACTED] US FOIA and [REDACTED] US FOIA was immediately given 1:1 counseling on proper etiquette of feeding residents.</p> <p>2. All residents who require feeding assistance have the potential to be affected by this deficient practice.</p> <p>3. a. All nurses and CNA's have been in-serviced on meal service etiquette (i.e., feeding to be done at eye level with the resident).</p> <p>b. All Nurses and CNA;s have been in-serviced on the nursing team member that is assigned to feed the resident is responsible to remove the plate cover immediately prior to feeding.</p> <p>c. Nurse Manager or designee will conduct audits to ensure feeding is done properly (including removing the lid immediately prior to feeding) weekly x 4,</p>		

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F 550	<p>Continued From page 2</p> <p>the resident while she fed him/her.</p> <p>At 12:36 PM, the [US FOIA] stood back up and continued to feed Resident #89 while standing over the resident.</p> <p>During an interview with the surveyor on 04/04/24 at 12:40 PM, the [US FOIA] stated that when staff feed residents, the staff should be seated in front of the resident for "better etiquette." The [US FOIA] further stated that she stood up while [NJ ex order 26.4b1] Resident #89 [NJ ex order 26.4b1].</p> <p>2. On 04/05/24 at 12:15 PM, the surveyor observed Resident #89 sitting up in bed in his/her room. The resident's lunch tray was on an overbed table in front of the resident. The lunch tray was uncovered and set up for the resident to eat. Resident #89 was [NJ Exec Order 26.4b1] and was not eating from the lunch tray.</p> <p>At 12:18 PM, the Registered [US FOIA (B) (6)] entered Resident #89's room to assist another resident with his/her lunch. Resident #89 was still sitting up in bed with his/her lunch tray uncovered in front of him/her.</p> <p>At 12:28 PM, another staff member entered Resident #89's room, sat next to the resident, and [NJ ex order 26.4b1] him/her.</p> <p>During an interview with the surveyor on 04/05/24 at 12:37 PM, the [US FOIA (B) (6)] stated that the Certified Nursing Assistants (CNA) pass out the meal trays and know which residents require assistance with feeding from their change of shift report. The [US FOIA (B) (6)] further stated that the CNAs pass out the " trays last and keep the trays covered until they are ready to feed the resident. The</p>	F 550	<p>monthly x 3 and quarterly there after.</p> <p>4. The Nurse Manager / Designee will review any findings of this audit with the Director of Nursing and present the findings to the monthly QAPI meeting to determine the frequency of future audits.</p>		

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F 550	<p>Continued From page 3</p> <p>US FOIA (B) (6) also stated that staff should be sitting next to the resident while feeding to "promote an individualized experience and make it pleasurable for the resident."</p> <p>According to the Admission Record, Resident #89 had diagnoses which included, but were not limited to NJ ex order 26.4b1.</p> <p>Review of the significant change in status Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ ex order 26.4b1, included the resident had a Brief Interview for Mental Status score of NJ ex order 26.4b1 which indicated the resident's NJ ex order 26.4b1. Further review of the MDS included the resident NJ ex order 26.4b1.</p> <p>Review of the Care Plan, revised NJ ex order 26.4b1 included Resident #89 NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1 that, NJ ex order 26.4b1 [Resident #89] NJ ex order 26.4b1."</p> <p>During an interview with the surveyor on 04/05/24 at 1:02 PM, the US FOIA (B) (6) US FOIA (B) (6) stated that the CNAs pass out the meal trays, but if the resident NJ Exec Order 26.4b1, the US FOIA (B) (6) would hold the tray until they were ready to feed the resident. The US FOIA (B) (6) further stated that when staff feed residents, they should be sitting at eye level to the resident for NJ Exec Order 26.4b1 reasons.</p> <p>During an interview with the surveyor on 04/05/24 at 1:06 PM, the US FOIA (B) (6) stated the CNAs and nurses pass out the meal trays, but will save the feeder trays until last when the staff can feed the resident. The US FOIA (B) (6) further stated</p>	F 550			

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F 550	Continued From page 4 that staff should not leave a tray uncovered in front of a resident that staff weren't ready to feed because the food could get cold. The [US FOIA (b)] also stated that when staff feed residents, it is important for staff not to stand over the resident for the resident's [NJ Exec Order]. When informed of the observations made by the surveyor the [US FOIA (b)] verified that the [US FOIA (b)] should have asked another staff member to feed Resident #89 if the [US FOIA (b)] could not tolerate sitting, and that staff should not have left Resident #89's meal tray uncovered in front of him/her if the staff were not ready to feed the resident. Review of the facility's Meal Pass policy, dated 10/2023, included, "Should the resident require assistance with feeding, the resident will be assisted by a qualified staff member." The policy did not include how staff should be feeding residents.	F 550			
F 657 SS=D	NJAC 8:39-4.1(a)12 Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff.	F 657			5/6/24

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F 657	<p>Continued From page 5</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint NJ #: 169845</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to revise a resident's comprehensive care plan to address a.) NJ Exec Order 26.4b1 interventions and b.) NJ Exec Order 26.4b1 interventions.</p> <p>This deficient practice was identified for 2 of 19 residents reviewed for resident-centered care plans (Resident #62 and #397) and was evidenced by the following:</p> <p>1.) According to the Admission Record, Resident #62 was admitted to the facility with the diagnoses which included but was not limited to NJ ex order 26.4b1 and NJ ex order 26.4b1. The admission Minimum Data Set (MDS) an assessment tool which facilitates NJ ex order 26.4b1 dated NJ ex order 26.4b1, indicated that Resident #62 scored a NJ out of 10 on the Basic Interview for Mental Status (BIMS)</p>	F 657	<p>F657 D Care Plan Timing and Revision</p> <p>1)</p> <p>Resident # 62 □s NJ ex order 26.4b1</p> <p>Resident # 397 NJ ex order 26.4b1</p> <p>2)</p> <p>All residents have potential to be affected with proper care planning All resident care plans will be initiated, revised and updated as each resident condition changes and as ordered or recommended by medical practitioners.</p> <p>3) The Unit Manager or Designee will audit 5 resident care plans to ensure proper specialty equipment has been included; weekly x 4 weeks, monthly x 3 months and quarterly thereafter.</p>		

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F 657	<p>Continued From page 6</p> <p>which indicated that the resident had [REDACTED] NJ Exec Order 26.4b1</p> <p>On 04/04/24 at 12:10, the surveyor observed Resident #62 in the main dining room. The resident NJ ex order 26.4b1. The resident was observed sitting in a [REDACTED] NJ ex order 26.4b1 in a [REDACTED] NJ Exec Order 26.4b1 at the table. The surveyor observed a chair alarm attached to the back of the chair. The surveyor asked the Licensed Practical Nurse (LPN #1) if the resident could sit in a regular chair for meals and she stated that the resident NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>The surveyor reviewed Resident #62's electronic medical record which revealed the following information:</p> <p>The admission Progress Note dated [REDACTED] NJ ex order 26.4b1 at 01:33 PM (13:33 hours), indicated that Resident #62 NJ ex order 26.4b1 and scored a [REDACTED] NJ ex order 26.4b1 which indicated that the NJ ex order 26.4b1</p> <p>The Treatment Administration Record (TAR) dated [REDACTED] NJ ex order 26.4b1, reflected a physician's order (PO) for the resident to have [REDACTED] NJ Ex Order 26.4b1 and for staff to check every shift for placement and function for safety.</p> <p>The TAR also reflected a PO dated [REDACTED] NJ ex order 26.4b1 for Resident #62 NJ ex order 26.4b1 [REDACTED]</p> <p>NJ ex order 26.4b1 Summary dated [REDACTED] NJ ex order 26.4b1 indicated that [REDACTED] NJ ex order 26.4b1</p>	F 657	<p>4) DON or designee will conduct weekly care plan review meetings with sign out sheets. All meeting findings with the amount of care plans updated for tracking will be presented during our monthly QAPI meetings.</p>		

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F 657	<p>Continued From page 7</p> <p>recommendations included: NJ ex order 26.4b1</p> <p>[REDACTED]</p> <p>The surveyor reviewed Resident #62's Care Plan (CP) which did not include documentation regarding NJ Exec Order 26.4b1 for the NJ ex order 26.4b1, NJ ex order 26.4b1</p> <p>On 04/05/24 at 11:30 AM, the surveyor observed that the resident was not in NJ ex order 26.4b1 room. The surveyor observed a NJ Ex Order 26.4b1 attached to the bed.</p> <p>On 04/05/24 at 11:47 AM, the surveyor interviewed the Certified Nursing Assistant (CNA #1) who stated that she had been employed in the facility for NJ ex order 26.4b1. The US FOIA (b) described the resident as NJ ex order 26.4b1. She stated that the resident NJ ex order 26.4b1</p> <p>[REDACTED] She stated that the resident NJ ex order 26.4b1 and that the NJ ex order 26.4b1. She stated that the resident was NJ Exec Order 26.4b1 and NJ ex order 26.4b1 She continued to explain that the resident got up every day to the NJ ex order 26.4b1 and had [REDACTED] and [REDACTED] because he/she NJ ex order 26.4b1 and NJ ex order 26.4b1</p> <p>On 04/05/24 at 12:10 PM, the surveyor observed Resident #62 sleeping in the NJ ex order 26.4b1, reclined at the table in the main dining room.</p> <p>On 04/05/24 at 12:54 PM, the surveyor interviewed the US FOIA (B) (6) who stated that Resident #62 was NJ ex order 26.4b1 NJ ex order 26.4b1. The US FOIA (b) explained that</p>	F 657			

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F 657	<p>Continued From page 8</p> <p>Resident #62 NJ ex order 26.4b1, NJ ex order 26.4b1 and NJ ex order 26.4b1. He stated that on admission residents were provided with a NJ ex order 26.4b1 (w/c) and evaluated to assure appropriateness (size, height, depth, and any other accessories added to the w/c). He stated that nursing would make the decision if the resident was to utilize a NJ ex order 26.4b1. He stated that Resident #62 NJ ex order 26.4b1.</p> <p>On 04/05/24 at 01:18 PM, the surveyor interviewed the US FOIA (B) (6) who stated that Resident #62 NJ ex order 26.4b1 the NJ ex order 26.4b1. She stated that when the resident NJ ex order 26.4b1 he/she NJ ex order 26.4b1 and NJ ex order 26.4b1. She stated that the resident NJ ex order 26.4b1. The RN/UM also added that the resident NJ ex order 26.4b1. The US FOIA reviewed the US FOIA in the presence of the surveyor and stated that that all NJ Exec Order 26.4b1 devices such as the NJ ex order 26.4b1, NJ ex order 26.4b1 should be documented in the CP. The US FOIA (B) (6) confirmed that these devices were not implemented on the resident's CP.</p> <p>On 04/05/24 at 01:10 PM, the surveyor interviewed LPN #2 stated that Resident #62 NJ ex order 26.4b1, NJ ex order 26.4b1, NJ ex order 26.4b1 and NJ ex order 26.4b1. She stated that the resident NJ ex order 26.4b1 and NJ ex order 26.4b1. She stated that the resident</p>	F 657			

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F 657	<p>Continued From page 9</p> <p>NJ ex order 26.4b1. She explained that NJ Exec Order 26.4b1 made the determination if the resident NJ ex order 26.4b1. She stated that Resident #62 NJ ex order 26.4b1 and NJ ex order 26.4b1. She stated that when NJ Exec Order 26.4b1 were instituted such as a NJ ex order 26.4b1, NJ ex order 26.4b1 the NJ Exec Order 26.4b1 should be documented in the care plan and the physicians' orders.</p> <p>On 04/09/24 at 09:31 AM, the surveyor interviewed the US FOIA (b) who stated that when a resident was admitted a fall risk assessment was completed and that the residents were evaluated by PT and occupational therapy (OT). The US FOIA (b) confirmed that fall prevention interventions should be put into the residents Care Plan (CP). She stated that the CP to specify what the residents fall interventions were and what goals the resident had and was also a form of communications between the interdisciplinary team. She continued to state that each Department was responsible to update the CP and this usually took place during the resident's care conference.</p> <p>The facility policy titled, "Care-Plans Comprehensive" with a revised date of 06/2023, indicated that each resident comprehensive care plan was designed to reflect treatment goals. The CP interventions were designed after careful consideration of the relationship between the resident's problem areas, their causes, resident feedback, and preferences. The policy indicated that CP revisions and assessment of resident was ongoing and CPs were revised as information about th resident and the resident's</p>	F 657			

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F 657	<p>Continued From page 10 condition change.</p> <p>2.) On 04/04/24, the surveyor reviewed Resident #397's closed record:</p> <p>According to the Admission Record, Resident #397 had diagnoses which included NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ ex order 26.4b1, included the resident had a Brief Interview for Mental Status score of NJ ex order 26.4b1 which indicated the NJ ex order 26.4b1. Further review of the MDS included the resident NJ ex order 26.4b1</p> <p>Review of a Progress Note, dated NJ ex order 26.4b1 and written by the US FOIA (B) (6), revealed the resident NJ ex order 26.4b1 Further review of the progress note included the following preventative measures: NJ ex order 26.4b1 NJ ex order 26.4b1 and the following new recommendations: NJ ex order 26.4b1</p> <p>Review of a Progress Note, dated NJ ex order 26.4b1 and written by the US FOIA (B), included the same preventative measures and recommendations as</p>	F 657			

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F 657	<p>Continued From page 11</p> <p>the [REDACTED] note.</p> <p>Review of a Progress Note, dated [REDACTED] and written by the [REDACTED], included the same preventative measures as the [REDACTED] note, but included the new recommendation of a [REDACTED] if out of bed.</p> <p>Review of the Order Summary Report, as of [REDACTED], did not include any physician orders for an [REDACTED].</p> <p>Review of the Care Plan included a focus, dated [REDACTED] with no revision date, that Resident #397 [REDACTED], but the [REDACTED].</p> <p>During an interview with the surveyor on 04/10/24 at 10:03 AM, the [REDACTED] stated that if a resident needed a [REDACTED], the nursing department would put in a request to the [REDACTED] department who would provide the [REDACTED]. When asked about Resident #397, the [REDACTED] stated the resident [REDACTED] and had been given a [REDACTED] from the [REDACTED] department, but was unable to provide any related documentation.</p> <p>During an interview with the surveyor on 04/11/24 at 9:15 AM, CNA #2, stated she knows which residents have [REDACTED] devices from the change of shift report. CNA #2 further stated that the nurses were responsible for ensuring the [REDACTED] and wheelchair [REDACTED] were in place and functional. CNA #2 added that the importance of [REDACTED] and wheelchair [REDACTED] were to help [REDACTED].</p>	F 657			

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F 657	<p>Continued From page 12</p> <p>NJ Exec Order 26.4b1</p> <p>During an interview with the surveyor on 04/11/24 at 9:20 AM, LPN #3 stated that she knows if a resident has an NJ Exec Order 26.4b1 or wheelchair because they will be included on the resident's care plan. LPN #3 further stated that a physician's order would be obtained for an NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 as well. LPN #3 added that the US FOIA (B) (6) updates the resident care plans and that it was important to include NJ Exec Order 26.4b1 preventative measures on the care plan because, "it is part of the resident's care program and if it is not documented anywhere, it wasn't done."</p> <p>During an interview with the surveyor on 04/11/24 at 9:25 AM, RN/UM #2 stated she was unsure where a resident's NJ Exec Order 26.4b1 and wheelchair would be included in the resident's medical record. RN/UM #2 further stated that each department was responsible for updating the care plans and that it would be important for NJ Exec Order 26.4b1 preventative measures to be included on the care plan in order to "help with the overall healing of the wound and prevent worsening of the wound."</p> <p>During an interview with the surveyor on 04/11/24 at 10:00 AM, the US FOIA (B) (6) stated that the nurse would know which residents had an NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 because it would be included in the physician's orders. The US FOIA (B) (6) further stated that the nurse was responsible for checking the placement and function of the NJ Exec Order 26.4b1 and wheelchair in order to NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1. When asked about care plans, the US FOIA (B) (6) stated the nursing department updates</p>	F 657			

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F 657	<p>Continued From page 13</p> <p>the care plans and that she would expect an [REDACTED] and wheelchair [REDACTED] be included for a resident with a [REDACTED] "to make everyone aware and so that everyone is doing the best practice for the resident to prevent [REDACTED]."</p> <p>During an interview with the surveyor on 04/11/24 at 10:30 AM, the [REDACTED] stated that staff know if a resident has an [REDACTED] or wheelchair [REDACTED] because it would be included on the resident's care plan. The [REDACTED] further stated that it was important to include these interventions on the care plan to prevent [REDACTED] and "to let other staff know what treatment is going on with the resident."</p> <p>Review of the facility's Care-Plans Comprehensive policy, revised 06/2023, included, "Each resident's comprehensive care plan is designed to: ... Aid in preventing or reducing declines in the resident's functional status and/or functional levels," and, "Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change."</p> <p>NJAC 8:39-11.2(i) NJAC 8:39-27.1(a)</p>	F 657			
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p>	F 658		5/6/24	

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F 658	<p>Continued From page 14</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview, and review of facility documentation it was determined that the facility failed to reconcile a physician order and accurately document on the Medication Administration Record (MAR) for a resident NJ ex order 26.4b1. This deficient practice was identified for 1 of 19 resident reviewed for professional standards of nursing practice (Resident #446).</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p>	F 658	<p>1- The physician orders and MAR of resident # 446 NJ ex order 26.4b1. An audit on all residents with HS snack have been conducted to ensure compliance.</p> <p>2- All residents who receive enteral feeding and are NPO are at risk for the deficient practice. All licensed nursing staff have been in-serviced on proper protocol.</p> <p>3- Reviewed policy to ensure order reconciliation. All staff educated on proper signing of orders. Nurse Managers or designee will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance.</p> <p>4- All Nurses have been in-serviced on the transcription of orders and ensuring all orders are in accordance with medical provider orders and are properly documented on the EMAR chart. Nurse Managers or designee will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings.</p>		

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F 658	<p>Continued From page 15</p> <p>The evidence was as followed:</p> <p>On 04/03/24 at 11:00 AM, during the initial tour the surveyor observed Resident #446 lying in bed with their [redacted] at the bedside. At that time, the surveyor observed the resident [redacted]</p> <p>The surveyor reviewed the medical record for Resident #446.</p> <p>A review of the Admission Record face sheet reflected that the resident was [redacted]</p> <p>A review of the admission Minimum Data Sheet (MDS), an assessment tool, dated [redacted], included the resident had a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15, which indicated the resident [redacted]</p> <p>A further review of the MDS in Section [redacted] and Goals, included [redacted] the resident was coded an [redacted]</p> <p>A review of the [redacted] Medication Review Report revealed the following:</p> <p>start date [redacted], [redacted]</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>NJ ex order 26.4b1</p> <p>start date NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>start date NJ ex order 26.4b1 NJ ex order 26.4b1</p> <p>A review of the NJ ex order 26.4b1 Administration Record (MAR) reflected the following:</p> <p>On NJ ex order 26.4b1 and NJ ex order 26.4b1 the nurses documented the resident NJ ex order 26.4b1.</p> <p>On NJ ex order 26.4b1 and NJ ex order 26.4b1 the nurses documented the resident NJ ex order 26.4b1.</p> <p>A review of the NJ ex order 26.4b1 reflected the following:</p> <p>On NJ ex order 26.4b1, and NJ ex order 26.4b1 the nurses documented the resident NJ ex order 26.4b1.</p> <p>On NJ ex order 26.4b1 and NJ ex order 26.4b1 the nurses documented the NJ ex order 26.4b1 NJ ex order 26.4b1.</p> <p>On 04/10/24 at 12:44 PM, the surveyor interviewed the US FOIA (B) (6) who stated that if a resident was NJ Exec O they would not receive an HS snack. The US FOIA (B) explained NJ Exec O indicated the resident was NJ ex order 26.4b1 NJ ex order 26.4b1. She stated she was only aware of one resident that was a NJ Exec Order 26.4b1 and received a meal tray, but confirmed it was not</p>	F 658			

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F 658	<p>Continued From page 17</p> <p>Resident #446.</p> <p>On 04/10/24 at 01:24 PM, the surveyor interviewed the [US FOIA (B) (6)] for resident #446. The [US FOIA] stated that the resident was [NJ ex order 26.4b1]. She stated that since the resident [NJ ex order 26.4b1]. She further stated that the resident [NJ ex order 26.4b1]. At that time, the [US FOIA] reviewed the physician orders in the electronic medical record (EMR) and confirmed there [NJ ex order 26.4b1]. She then acknowledged that the resident [NJ ex order 26.4b1]. Upon further review the [US FOIA] stated that it was ordered on [NJ ex order 26.4b1] and entered in EMR by the evening shift 3pm to 11pm supervisor. She stated that the 7p to 7a nurse was responsible for chart reconciliation. The [US FOIA] concluded that the HS snack needed to be discontinued.</p> <p>On 04/10/24 at 01:30 PM, the surveyor interviewed the [US FOIA (B) (6)] who stated that not all residents who received [NJ Exec Order 26.4b1] were [NJ Exec Order 26.4b1]. She explained that some residents could receive a meal tray based on their assessment. The [US FOIA (B) (6)] then stated that if a resident had an order for [NJ Exec Order 26.4b1] then they would not receive a tray because [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1]. She further stated that they should not be offered any snacks or anything to drink unless they were cleared by the physician to have it. At that time, the [US FOIA (B) (6)] reviewed the EMR which indicated the resident [NJ ex order 26.4b1]. She then confirmed the resident [NJ ex order 26.4b1]. She stated that the night shift 7p</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>to 7a nurses completed the reconciliation of orders. The [US FOIA (b)] stated the facility input automatic batch orders on admission and HS snacks was one of them. She then reviewed the MAR in the presence of the surveyor and confirmed the nurses check marked that the [NJ ex 4]</p> <p>The [US FOIA (b)] acknowledged that if it the resident was [NJ Ex 4] then they should not have had an order or been offered an HS snack.</p> <p>A further review of the [NJ ex order 26.4b1] reflected the [NJ ex order 26.4b1] after surveyor inquiry.</p> <p>On 04/11/24 at 11:01 AM, the [US FOIA (b)] stated that the resident [NJ ex order 26.4b1] and that [NJ ex 4]</p> <p>The [US FOIA (b)] confirmed [NJ ex order 26.4b1]</p> <p>A review of the facility's Admission/Readmission Order Reconciliation policy, updated 08/2023, included, "1. Review the hospital records, if a physician is not present, place a call to an on-call physician for Medication Reconciliation and verification of orders with diagnosis for every medication."</p> <p>A review of the facility's NPO diet policy, updated 01/2024, included, "1. Nothing by mouth (NPO) status means that a resident is not allowed to consume any foods or fluids orally. A. unless otherwise indicated by the residents' healthcare provider. 2. All aspects of the residents NPO status will be documented properly in the resident's EMAR [electronic medication</p>	F 658			

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F 658	Continued From page 19 administration record] chart."	F 658			
F 686 SS=D	<p>A review of the facility's HS Snack policy, dated reviewed 10/2023, included, "1. Due to there being more than 14 hours between meals, there is an evening snack being offered to residents who qualify."</p> <p>N.J.A.C. 8:39-27.1 (a)</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Complaint NJ #: 169845</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to maintain infection control practices and professional standards during NJ ex order 26.4b1 for 1 of 2 residents (Resident #447) reviewed for NJ ex order 26.4b1.</p>	F 686	<p>- US FOIA was immediately given 1:1 counseling on proper NJ Exec Order care techniques. All Nurses have been in-serviced by DON/ICP on hand washing when and how during treatments, the proper initialing and dating of NJ Exec Order, and the management of NJ Exec Order 26.4b1, the treatment should be dispensed in the amount needed into a medicine cup and brought into the</p>	5/6/24	

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F 686	<p>Continued From page 20</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/05/24 at 1:23 PM, the surveyor observed the [US FOIA (B) (6)] perform a [NJ ex order 26.4b1] on Resident #447. The [US FOIA] performed hand hygiene using alcohol-based hand rub (ABHR) and then donned gloves. She wiped down the overbed table with a disinfectant wipe, washed her hands for 40 seconds, and gathered the treatment supplies onto the overbed table, which included a tube of santyl ointment (removes damaged tissue). The [US FOIA] donned gloves, [NJ Exec Order 26.4b1] the resident, removed the [NJ Exec Order 26.4b1], and removed her gloves. The [US FOIA] then donned new gloves without performing hand hygiene, [NJ ex order 26.4b1] and removed her gloves. The [US FOIA] donned new gloves again without performing hand hygiene, [NJ ex order 26.4b1].</p> <p>The [US FOIA] then [NJ ex order 26.4b1] first writing the date and time on the [NJ Exec Order 26.4b1] before the application. The [US FOIA] removed her gloves, did not perform hand hygiene, grabbed a marker from her pocket, donned new gloves, and wrote the date and time on the dressing over the resident's [NJ ex order 26.4b1]. At that time, the resident [NJ ex order 26.4b1] and the [US FOIA] asked the resident if he/she wanted any medication. The [US FOIA] then [NJ Exec Order 26.4b1] the resident in bed, disposed of all of the treatment supplies, except for the [NJ Exec Order 26.4b1], removed her gloves, and washed her hands for 20 seconds. The [US FOIA] donned gloves and took the [NJ Exec Order 26.4b1] from the overbed table and put it back into the treatment cart.</p>	F 686	<p>resident's room</p> <ul style="list-style-type: none"> - All residents who receive wound treatment, have the potential to be affected by this practice. - Periodic wound care execution audits conducted by the DON or designee and will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance. - Nurse Managers or designee will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings. 		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 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	
F 686	<p>Continued From page 21</p> <p>Afterwards, the [US FOIA] wiped down the overbed table with a disinfectant wipe.</p> <p>According to the Admission Record, Resident #447 [NJ ex order 26.4b1]</p> <p>[REDACTED]</p> <p>Review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [NJ ex order 26.4b1] included the resident had a Brief Interview for Mental Status score of [NJ ex order 26.4b1] which indicated the resident's [NJ ex order 26.4b1]. Further review of the MDS included the resident had a [NJ ex order 26.4b1]</p> <p>[REDACTED]</p> <p>Review of the Medication Review Report, dated [NJ ex order 26.4b1], included a physician's order to [NJ ex order 26.4b1]</p> <p>[REDACTED]</p> <p>Review of the Care Plan, revised [NJ ex order 26.4b1] included Resident #447 [NJ ex order 26.4b1]</p> <p>[REDACTED]</p> <p>During an interview with the surveyor on 04/05/24 at 1:50 PM, the [US FOIA (B) (6)] [US FOIA (B) (6)] stated that staff should be performing hand hygiene between glove use to prevent the spread of infection. The [US FOIA (B) (6)] further stated that the</p>	F 686			

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F 686	<p>Continued From page 22</p> <p>nurse should not bring [REDACTED] containers, such as a [REDACTED], into a resident's room because "it isn't sanitary when returned to the treatment cart." The [REDACTED] explained that the nurse should dispense the amount needed for the treatment into a medicine cup to bring into the resident's room. The [REDACTED] further stated that the nurse should label the [REDACTED] prior to applying it to the [REDACTED] to prevent pushing into the [REDACTED] with the pen or marker.</p> <p>During an interview with the surveyor on 04/05/24 at 1:58 PM, the [REDACTED] stated that the nurse should be performing hand hygiene between removing the old, [REDACTED] and putting on the new, [REDACTED] to prevent introducing anything [REDACTED]. The [REDACTED] further stated that the nurse should dispense a [REDACTED] into a medicine cup to bring into the resident's room to prevent the spread of [REDACTED]. The [REDACTED] also stated that the nurse should label the [REDACTED] prior to putting it on the [REDACTED] for [REDACTED] reasons.</p> <p>Review of the Wound Care policy, dated 12/2023, included, "Perform hand hygiene, put gloves on, and remove old dressing ... Wash hands thoroughly. Put a clean pair of gloves on. Follow treatment as ordered. Ensure new wound treatment has a current date and initialed."</p> <p>Review of the facility's Handwashing/Hand Hygiene policy, undated, included, "Appropriate twenty (20) seconds hand washing with antimicrobial or non-antimicrobial soap and water must be performed under the following conditions: ... After removing gloves," and, "The use of gloves does not replace hand washing."</p>	F 686			

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F 686	Continued From page 23	F 686			
F 689	NJAC 8:39-27.1(a)				
SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		5/6/24	
	<p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, review of medical records and review of other pertinent facility documentation it was determined that the facility failed to a.) follow the facility policy that was in place for resident identification and b.) to conduct a through/complete investigation for 1 of 4 resident reviewed for incidents and accidents (Resident #62). This deficient practice was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #61 was admitted to the facility with the diagnoses NJ ex order 26.4b1</p> <p>The admission Minimum Data Set (MDS) an assessment tool which facilitates resident's care dated NJ ex order 26.4b1, indicated that Resident #61 NJ ex order 26.4b1</p> <p>The MDS also reflected that the resident NJ ex order 26.4b1</p>		<p>1 - Resident #62 NJ ex order 26.4b1 Policy has been updated on patient identification with applicable staff education.</p> <p>2 - All residents with transport needs have the ability to be affected by said practice. Policy revised to include: Check name by asking if able to identify self Staff verification of residents name Check medical records # Check DOB Confirm resident by their photo in PCC ID Bracelet Ensure photo is on the outside of the appointment envelope Sign acknowledging hand off to transport</p> <p>3- All Nursing team, applicable administrative staff educated on the policy change. When sending patient out and have not returned prior to the end of shift to be included in shift to shift report.. Spot audits by nurse manager or designee to be conducted weekly x 12, monthly x 6,</p>		

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F 689	<p>Continued From page 24</p> <p>According to the AR, Resident #62 was admitted to the facility with the diagnoses NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>The admission MDS dated NJ ex order 26.4b1, indicated that Resident #62 scored a NJ out of 15 on the Basic Interview for Mental Status (BIMS) which indicated that the resident NJ ex order 26.4b1</p> <p>The MDS also reflected that the resident NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>On 04/09/24 at 12:00 AM, the surveyor reviewed an Incident and Accident Report (IAR) dated NJ ex order 26.4b1 at 07:15 am, which indicated that Resident #62 NJ ex order 26.4b1</p> <p>The IAR indicated that Resident #62 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>According to the facility investigation dated NJ ex order 26.4b1, Resident #62 NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>The investigation indicated that NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p> <p>There was no documentation on the investigative report which indicated how this event occurred or how this event could have happened. There was no documentation regarding how the US FOIA (b)(6) assigned to the resident on NJ ex order 26.4b1 from 7:00 PM- 7:00 AM NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1</p>	F 689	<p>quarter x 1.</p> <p>4 - All Nursing team, applicable administrative staff educated on the policy change. Nurse manager or designee will be conducting weekly x 12, monthly x 6, quarter x 1. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings.</p>		

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F 689	<p>Continued From page 25</p> <p>to a medical doctor's office. The causes of this incident were not identified on the investigative report. The investigative report did not contain a statement from the Licensed Practical Nurse (LPN #1) that identified that the resident [REDACTED] NJ ex order 26.4b1</p> <p>On 04/10/24 at 09:03 AM, the surveyor interviewed the [REDACTED] US FOIA (B) (6) regarding misidentification of Resident #62. The [REDACTED] US FOIA (B) (6) stated that [REDACTED] US FOIA (B) (6) assigned to Resident #62 on [REDACTED] NJ ex order 26.4b1 at 7:00 PM to 7:00 AM, thought that Resident #62 [REDACTED] NJ ex order 26.4b1</p> <p>Resident #62 [REDACTED] NJ ex order 26.4b1</p> <p>The surveyor asked the [REDACTED] US FOIA (B) (6) why the [REDACTED] US FOIA (B) (6) sent Resident #62 and how the [REDACTED] US FOIA (B) (6) could have misidentified the resident. The [REDACTED] US FOIA (B) (6) stated that she didn't know why and indicated that the nurse assigned to the resident thought that Resident #62 had the appointment. The [REDACTED] US FOIA (B) (6) stated that the transport paperwork indicated that Resident #61 (Resident #62's roommate) [REDACTED] NJ ex order 26.4b1. The [REDACTED] US FOIA (B) (6) stated she did not ask the [REDACTED] US FOIA (B) (6) during her investigation why or how [REDACTED] NJ ex order 26.4b1. She stated that she thought it was because the resident did not have a name band.</p> <p>On 04/10/24 at 09:59 AM, the surveyor interviewed the [REDACTED] US FOIA (B) (6) who explained the process for scheduling and transporting resident to an outside appointment. He explained that the [REDACTED] US FOIA (B) (6) scheduled residents outside medical doctors' appointments. He stated that the [REDACTED] US FOIA (B) (6) would notify the nurse assigned to the resident by way of a paper form or by verbal communication. He stated that the [REDACTED] US FOIA (B) (6) then</p>	F 689			

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F 689	<p>Continued From page 26</p> <p>scheduled the transport and confirmed the appointment with the provider. He then explained that when residents were being transported by ambulance to outside doctors appoints that the nurse should identify the resident with the name band or picture prior to being transported. He then continued to explain that NJ Exec Order 26.4b1 residents were sent with an escort because the facility wanted to ensure the residents were safe. The US FOIA (B) confirmed that Resident #62 NJ ex order 26.4b1 US FOIA (B) The US FOIA (B) could not speak to why LPN #1 who identified Resident #62 US FOIA (B) (6)</p> <p>The US FOIA (B) confirmed that Resident #62 NJ ex order 26.4b1 and he explained that after the 7:00 PM to 7:00 AM US FOIA (B) sent the wrong resident (Resident #62), the 7:00 AM to 7:00 PM US FOIA (B) (6) came in and that this US FOIA (B) who was very familiar with Resident #62 and Resident #61 questioned why Resident #61 NJ ex order 26.4b1 US FOIA (B), Resident #62 NJ ex order 26.4b1.</p> <p>The US FOIA (B) stated that transport was then notified and NJ ex order 26.4b1 When Resident #62 NJ ex order 26.4b1 US FOIA (B) The US FOIA (B) stated that Resident #62's family and physician were notified. The US FOIA (B) could not speak to why the US FOIA (B) who identified that Resident #62 NJ ex order 26.4b1 US FOIA (B) was not interviewed or did not write a statement during the investigation.</p>	F 689			

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F 689	<p>Continued From page 27</p> <p>The [US FOIA (B)] then stated that he could get the statement from the [US FOIA] at this time. The [US FOIA (B)] did not have a response as to why the RN who sent Resident #62 instead of Resident #61, misidentified Resident #62.</p> <p>On 04/10/24 at 10:34 AM, the surveyor interviewed LPN #1 who worked 7:00 AM-7:00 PM on [US FOIA]. The [US FOIA] stated that she came in around 7:30 AM on [US ex order 26.4b1] and made rounds. She stated that she observed that both Resident #61 and Resident #62 were not in their rooms. LPN #1 then identified that the Resident #62 [US ex order 26.4b1] Resident #61's [US ex order 26.4b1]. She explained that at same time she identified that Resident #62 [US ex order 26.4b1], the [NJ ExeC Order 26.4b1] of Resident #61 called that facility, because she was waiting at the doctor's office for resident #61, [US ex order 26.4b1]. The RP for Resident #61 [US ex order 26.4b1] Resident #61. LPN #1 stated that she was not asked to write a statement regarding these events however she completed the incident report and wrote a progress note. She also stated that she assessed the resident when she returned to the facility and that the resident [US ex order 26.4b1]. She stated that the process for identification of residents was the name band and picture on the face sheet. She stated that there was also a picture on the face sheet that was included in the resident's [US ex order 26.4b1]. She stated that she was not aware of how the [US FOIA] [US ex order 26.4b1].</p> <p>On 04/10/24 at 11:15 AM, the surveyor interviewed the [US FOIA (B) (6)] who</p>	F 689			

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F 689	<p>Continued From page 28</p> <p>scheduled appointments for residents. She stated that she was given the orders by the charge nurse. She stated that she prepared all paper such as the resident face sheets, resident insurance information, resident consult request, resident labs, resident medication list, and resident progress notes. She stated that she then notified family or responsible party (RP) when appointment was scheduled. She stated that if the resident was NJ Exec Order 26.4b1, the resident "absolutely" had to be escorted. She then stated that if no family could accompany the resident, then a US FOIA was required to accompany the resident. She stated that NJ Exec Order 26.4b1 resident could not go out on transport by themselves. She explained that the facility could not send someone somewhere where they could not verbally consent to treatment or answer questions regarding their medical condition. She stated that she had been scheduling resident appointment for NJ Exec Order 26.4b1 and that she always made arrangements to have a NJ Exec Order 26.4b1 resident escorted to an outside physician appointment. She then stated that the face sheet that was included in the transport paperwork contained a resident picture, and that all paperwork had the residents name attached.</p> <p>On 04/10/24 at 11:37 AM, the surveyor interviewed Resident #62 RP who stated that she was informed immediately that US ex order 26.4b1. She stated that Resident #62 US ex order 26.4b1.</p> <p>On 04/10/24 at 11:40 AM, the surveyor attempted to interview telephone interview the 7:00 PM-7:00 AM US FOIA who misidentified resident #62 and sent the resident to Resident #61's US ex order 26.4b1.</p>	F 689			

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F 689	<p>Continued From page 29</p> <p>appointment. There was no answer. Left message to return the surveyor's call.</p> <p>On 04/11/24 at 10:22 AM, the surveyor interviewed LPN #2 who explained the facility process for identification of residents. She stated that identification was done by picture, name bracelets and asking the resident what their name was. She stated that when sending residents out of the facility to appointments, that the nurse should verify the time of the appointment and how the resident was being transported. She stated that the nurse should assure that the transport company received the transport paperwork. She stated that if the resident being transport was not coherent enough, an escort was assigned to go with them. She stated that the resident scheduling list was posted at the nursing station. She stated that it was the nurse's responsibility to check this list when they come in for their shift to assure that residents go to their appointments. She stated that the nurse would inform the assigned CNA during report who had an appointment and what time the resident was going so that the CNA could get the resident ready. She stated that if you are not familiar with the identification of a resident the nurse should check name on the resident's door, name bracelet, picture, and ask the staff and CNA to identify the resident.</p> <p>On 04/11/24 at 10:36 AM, the surveyor interviewed the US FOIA (B) (6) NJ Exec Order 26.4b1 for the US FOIA (B) (6) Unit. The US FOIA (B) (6) stated that the identification of residents should be done by resident name tag, resident picture and asking them their name. She stated that NJ Exec Order 26.4b1 residents were sent with an escort and US FOIA (B) (6) would usually document on the</p>	F 689			

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F 689	<p>Continued From page 30</p> <p>appointment list posted at the nurse's station, the name of the individual escorting the resident. She stated that if the residents RP was meeting the resident at the MDs office it would also be documented on the appointment list. She stated that it would be important to assure an escort went out with the resident because the [REDACTED] resident could not advocate for themselves. She explained that incidents were documented in the progress notes. She stated that the [REDACTED] was responsible to complete the investigation and document any interventions that were implemented. If there is an accident or incident with a resident, the assigned nurse fills out the incident report and gets statement from staff or anyone involved.</p> <p>The facility policy titled, "Transportation Policy" dated 01/2024 indicated that upon arrival the transportation company and the nurse will identify the resident going out along with the transportation staff.</p> <p>The undated facility policy titled, Patient Identification" indicated that acceptable means to identify residents may include the following but were not limited to:</p> <ul style="list-style-type: none"> -Checking the individuals name by asking if the able to verify. -Staff verification of the resident's name. -Checking the medical record number on the face sheet. -Verifying and checking date of birth, photographs which are located on the face sheet. -Checking the ID bracelet to confirm resident's identification. <p>The facility policy dated 03/2023 titled, "Incident/Accident policy and Procedure"</p>	F 689			

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F 689	Continued From page 31 indicated that it was the policy of the facility to provide a system whereby resident incidents and accidents were reported their causes identified when possible, timely interventions were established to reduce the probability of repeated incidents. The policy also indicated that all employees assigned to the resident involved in the incident and accident would fill out the Employee Statement Form.	F 689			
F 690 SS=D	NJAC 8:39-27.1 (a) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to	F 690		5/6/24	

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F 690	<p>Continued From page 32</p> <p>prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to ensure that an [REDACTED] [US ex order 26.4b1] [REDACTED] for 1 of 3 residents (Resident #40) reviewed for [REDACTED] [US ex order 26.4b1].</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/04/24 at 11:53 AM, the surveyor observed Resident #40 lying in bed and the resident had a [REDACTED] [US ex order 26.4b1], [REDACTED] [US ex order 26.4b1], [REDACTED] [US ex order 26.4b1], [REDACTED] [US ex order 26.4b1].</p> <p>During an interview with the surveyor on 04/05/24 at 9:55 AM, the [REDACTED] [US FOIA (B) (6)] stated that the CNAs were responsible for emptying the [REDACTED] [NJ Exec Order 26.4b1]. The [REDACTED] [US FOIA (B) (6)] further stated that the [REDACTED] [NJ Exec Order 26.4b1] should not touch the floor. At that time, the surveyor accompanied the [REDACTED] [US FOIA (B) (6)] to Resident #40's room so the [REDACTED] [US FOIA (B) (6)] could demonstrate how to [REDACTED] [NJ Exec Order 26.4b1] the</p>	F 690	<p>1- All nursing staff have been educated by [REDACTED] [US FOIA (B) (6)] on changing and dating [REDACTED] [NJ Exec Order 26.4b1], the proper method of [REDACTED] [NJ Exec Order 26.4b1] when touching the floors.</p> <p>2- All residents with foley bags have potential to be affected by this practice. With all residents with a foley bag checked for proper storage and dating. Nursing staff educated on proper disposal, dating and handling.</p> <p>3 - Foley bag dating and proper storage audits conducted by the DON or designee and will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance.</p> <p>4 - DON or designee will conduct weekly audits x 4, then monthly x 2, then quarterly x 3 to ensure compliance. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings.</p>		

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F 690	<p>Continued From page 33</p> <p>US ex order 26.4b1. The CNA donned gloves and a gown, removed the US ex order 26.4b1 from the US ex order 26.4b1. US ex order 26.4b1 verified the US ex order 26.4b1 emptied the bag into a US ex order 26.4b1 emptied the US ex order 26.4b1 into the US ex order 26.4b1 and discarded her gloves and gown. The US ex order 26.4b1 then turned on the sink in the resident's bathroom to wash her hands, dispensed soap into her hands, and then lathered her hands with soap under the stream of water.</p> <p>During a follow-up interview with the surveyor on 04/05/24 at 10:04 AM, the CNA stated that the process for hand washing included lathering hands with soap outside of the stream of water for 20 seconds. The CNA further stated that the importance of lathering hands outside the stream of water was to remove the germs from hands because otherwise the water will wash the soap off.</p> <p>According to the Admission Record, Resident #40 had diagnoses which included, but were not limited to, US ex order 26.4b1 US ex order 26.4b1</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated US ex order 26.4b1, included the resident had a Brief Interview for Mental Status score of US ex order 26.4b1, " which indicated the resident's US ex order 26.4b1. Further review of the MDS included the resident US ex order 26.4b1 US ex order 26.4b1</p> <p>Review of the Care Plan, revised US ex order 26.4b1, included Resident #40 US ex order 26.4b1</p>	F 690			

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F 690	<p>Continued From page 34</p> <p>US ex order 26.4b1 but did not include interventions on how to maintain the NJ Exec Order 26.4b1 to prevent NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyor on 04/05/24 at 10:22 AM, the US FOIA (B) (6) stated that the CNAs were responsible for NJ Exec Order 26.4b1 and that the NJ Exec Order 26.4b1 should be secured below the resident, but not touching the floor for NJ Exec Order 26.4b1 control reasons. The US FOIA (B) (6) explained that if the NJ Exec Order 26.4b1 was on the floor, the US FOIA (B) (6) should notify the nurse to NJ Exec Order 26.4b1. The US FOIA (B) (6) further stated that hands should be washed by lathering hands with soap outside the stream of water in order to "stop the spread of germs."</p> <p>During an interview with the surveyor on 04/05/24 at 10:31 AM, the US FOIA (B) (6) stated that CNAs were responsible for NJ Exec Order 26.4b1 and that NJ Exec Order 26.4b1 should be kept off the floor because the floor "is a source of germs and not sanitary." The US FOIA (B) (6) explained that if the NJ Exec Order 26.4b1 was on the floor, the nurse should NJ Exec Order 26.4b1. The US FOIA (B) (6) further stated that the process for hand washing included lathering hands with soap outside of the stream of water because "otherwise you would rinse off the soap that you need to clean the skin."</p> <p>During an interview with the surveyor on 04/05/24 at 10:37 AM, the US FOIA (B) (6) stated the CNAs were responsible for NJ Exec Order 26.4b1 and that the NJ Exec Order 26.4b1 should be kept off the floor for NJ Exec Order 26.4b1 prevention reasons. The US FOIA (B) (6) explained that if the NJ Exec Order 26.4b1 was on the floor, the staff</p>	F 690			

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F 690	<p>Continued From page 35</p> <p>should notify the nurse to NJ Exec Order 26.4b1. The US FOIA (b) further stated that hands should be lathered with soap outside the stream of water during hand washing otherwise "the soap will wash away and you will only be rinsing with water."</p> <p>Review of the facility's Insertion and Removal of Indwelling Catheter policy, undated, included, "Secure urinary drainage bag below the level of the bladder and KEEP OFF THE FLOOR AT ALL TIMES."</p> <p>Review of the facility's Care and Maintenance of Foley Drainage System policy, dated 02/2024, included, "All foley drainage bags are to be kept in privacy bags when at the bedside or when a resident is in a wheelchair."</p> <p>Review of the facility's Handwashing/Hand Hygiene policy, undated, included, "Appropriate twenty (20) seconds hand washing with antimicrobial or non-antimicrobial soap and water must be performed under the following conditions: ... After removing gloves." The policy further included, "Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for twenty (20) seconds under a moderate stream of running water, at a comfortable temperature."</p> <p>Review of the Centers for Disease Control and Prevention (CDC) "Hand Hygiene in Healthcare Settings," guidelines, dated 01/2021, included, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your</p>	F 690			

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F 690	Continued From page 36 hands with water and use disposable towels to dry. Use towel to turn off the faucet."			F 690			
F 732 SS=B	<p>N.J.A.C. 8:39-23.2(a) Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.</p> <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p>			F 732			5/6/24

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F 732	<p>Continued From page 37</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to post the Nursing Home Resident Care Staffing Report daily.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 04/05/24 at 12:52 PM, the surveyor observed the staffing report posted at the front desk dated [NJ ex order 26.4b1] day shift. At that time, a review of the staffing report revealed [NJ ex order 26.4b1] evening shift, [NJ ex order 26.4b1] night shift, and [NJ ex order 26.4b1] day shift was not posted.</p> <p>On 04/10/24 at 10:10 AM, the surveyor observed the staffing report posted at the front desk dated [NJ ex order 26.4b1] night shift. At that time, a review of the staffing report revealed [NJ ex order 26.4b1] day shift was not posted.</p> <p>On 04/11/24 at 10:40 AM, the surveyor interviewed the [US FOIA (B) (6)] who stated that she was responsible for posting the daily staffing report. She explained she edited it every day and for the weekend she printed them out to be posted. The [US FO] stated that the staffing report was kept at a table across from the front receptionist desk. She further stated that every morning she came in and ensured the posting was updated daily because it included the</p>	F 732	<p>F732 B-</p> <p>- [US FOIA (b)(6)]</p> <p>educated on posting requirements. Policy updated to ensure timely posting.</p> <p>- All resident who wish to see nurse staffing posted have the potential to be affected by this deficient practice.</p> <p>- 3 shift staffing reports made available by the start of day shift for posting.</p> <p>- Administrator or designee will conduct audits of nurse staffing being posted weekly x 12, monthly x 8. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings.</p>		

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F 732	Continued From page 38 census, the number of nurses and the number of aides per shift. The [USFO] concluded the staffing report should be updated and posted daily. On 04/11/24 at 12:46 PM, the [US FOIA (B) (6)] [REDACTED] stated in the presence of the [US FOIA (B) (6)] and survey team that staffing was post in front of the receptionist desk by the state survey book and that it was updated daily. The [US FOIA (B)] stated that the staffing report reflected all three shifts, and that the [USFO] was responsible for updating it. He further stated if the [USFO] did not then the nursing supervisors would also update it. The [US FOIA (B)] stated that the staffing report included, the census and the actual ratio of nursing and aides during that day. A review of the facility's undated Posting of Nursing Ratios policy, included, "2. The proper ratios will be updated daily for each shift."	F 732			
F 755 SS=E	NJAC 8:39-41.2 Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures	F 755		5/6/24	

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F 755	<p>Continued From page 39</p> <p>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Complaint #: NJ171256</p> <p>Based on observation, interview, record review and pertinent facility documents, it was determined that the facility failed to ensure the accountability of controlled substance inventories were completed in accordance with the facility's policy. This deficient practice was identified on 2 of 5 medication carts reviewed (NJ Exec Order 26.4b1 medication cart #3 and NJ Exec Order 26.4b1 medication cart #2) during the medication storage and labeling task.</p> <p>The evidence was as followed:</p> <p>On 04/04/2024 at 10:51 AM, during an interview with the surveyor, US FOIA (B) (6)</p>	F 755	<p>F755</p> <ul style="list-style-type: none"> - Educate nurses on the medication administration process and mandatory sign out when medication is administered. - All residents have the potential to be affected by this deficient practice. All nurse have been educated on proper medication administration and sign out process. - Continues education with spot check audits. Unit manager or designee will audit weekly x 4, monthly x 2 and quarterly x 9. Audit and findings reported to the QAPI team each month. - DON or designee will audit controlled substance inventories on nurses carts; weekly x 4, monthly x 2 and quarterly x 9 		

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F 755	<p>Continued From page 40</p> <p>#1) stated that when the pharmacy brought in the controlled substances (drug or other substance that is tightly controlled by the government because it may be abused or cause addiction), both the incoming and outgoing nurses should sign the Controlled Substance Inventory Record (CSIR) and count the actual medication cards. LPN # 1 also confirmed that the CSIR should not be missing any documentation signatures. At that time, the surveyor, in the presence of LPN # 1, reviewed the ^{NJ Exec Order 26.4b1} medication cart #3 document titled, "Controlled Substance Inventory Record" which revealed the following:</p> <p>On 04/03/2024 in the section labeled, "7PM OUT:" there was no signature.</p> <p>On 04/04/2024 at 12:08 PM, in the presence of the surveyor, LPN #2 counted the controlled substances in the ^{NJ Ex Order 26.4b1} medication cart #2. At that time, the surveyor compared the nurses audible count to the document titled, "Individual Patient Controlled Substance Administration Record - 90 Dose" specifically for the medication called Tramadol HCL 50 milligrams (mg) tablets (a medication used to treat pain). At that time, LPN #2 counted 74 tablets of Tramadol. The "Individual Patient Controlled Substance Administration Record - 90 Dose" document revealed a count of 75 tablets of Tramadol. LPN #2 then stated she administered the Tramadol tablet to a resident but forgot to sign the "Individual Patient Controlled Substance Administration Record - 90 Dose" document.</p> <p>On the same date and time, the surveyor compared the nurse's count to the document titled, "Individual Patient Controlled Substance Administration Record - 60 Dose" for Pregabalin</p>	F 755	and report results at QAPI monthly. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings.		

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F 755	<p>Continued From page 41</p> <p>capsule 75mg (medication used to treat nerve and muscle pain). At that time, LPN #2 counted 51 capsules. The "Individual Patient Controlled Substance Administration Record - 60 Dose" document revealed a count of 52 capsules of Pregabalin. LPN # 3 then stated she administered the Pregabalin capsule to a resident but forgot to sign the "Individual Patient Controlled Substance Administration Record - 60 Dose" document.</p> <p>On 04/05/2024 at 09:37 AM, during an interview with the surveyor, the US FOIA (B) (6) stated the unit manager and herself monitored the controlled substances. She further stated the purpose was to ensure it was being done and the counts were "correct with no missing items." The US FOIA (B) (6) confirmed the nurses should have signed the declining inventory logs as soon as the medication was dispensed. The US FOIA (B) (6) acknowledged that the controlled substance inventory documents should not be missing signatures.</p> <p>A review of the of the facility's policy dated 01/2024 titled, "Narcotic and Controlled Substance Policy and Procedure" under the subsection, "Procedure" revealed but was not limited to, "3. A Narcotic Count will be completed by two Licensed Nurses prior to the end of each shift, opening of a unit and closing of a unit." Further, the policy revealed under the section titled, "Narcotic Administration" that the nurse will, "4. Sign out the Narcotic from the declining sheet in the Narcotic Book immediately after taking out of the card."</p> <p>N.J.A.C. 8:39-29.77(c)</p>	F 755			
F 842 SS=D	Resident Records - Identifiable Information	F 842		5/6/24	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 42</p> <p>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§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.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§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</p>	F 842			

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F 842	<p>Continued From page 43</p> <p>a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (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. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (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. <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ169880 and 170054</p> <p>Based on interview, record review and review of pertinent facility documents, it was determined that the facility failed to accurately document in the medical records. This deficient practice was identified for 1 of 22 residents (Resident #398) medical records reviewed and was evidenced by the following:</p>	F 842	<p>1. Resident #398 NJ ex order 26.4b1 with no ill effects from this deficient practice.</p> <p>2. All residents have the potential to be affected by this deficient practice. Education on incident accident policy and the mandatory post-incident documentation needed.</p> <p>3. a. All nurses have been educated on the incident / accident policy.</p>		

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F 842	<p>Continued From page 44</p> <p>The surveyor reviewed the medical record for Resident #398.</p> <p>A review of the Admission Record face sheet reflected that the resident was admitted to the facility with diagnoses NJ ex order 26.4b1</p> <p>A review of the care plan date initiated NJ ex order 26.4b1 reflected a focus of NJ ex order 26.4b1</p> <p>NJ ex order 26.4b1 Interventions dated NJ ex order 26.4b1 included NJ ex order 26.4b1</p> <p>A review of the Incident/Accident Report revealed the resident had an NJ ex order 26.4b1 on NJ ex order 26.4b1 at 5:55 PM NJ ex order 26.4b1. It further indicated the POA was notified at 6:17 PM.</p> <p>A review of the Progress Notes (PN) from NJ ex order 26.4b1, revealed there was no progress note in the electronic medical record (EMR) on NJ ex order 26.4b1 during the 7am to 7pm shift regarding the NJ ex order 26.4b1 at 01:27 (1:27 AM), which indicated NJ Exec Order 26.4b1, NJ ex order 26.4b1</p> <p>Upon further review, the PN did not indicate the resident's representative was notified until NJ ex order 26.4b1 at 00:22 (12:22 AM) which reflected, during PM [night] care staff NJ ex order 26.4b1 on the resident's NJ ex order 26.4b1</p>	F 842	<p>b. All nurses have been educated on the mandatory post - incident documentation needed.</p> <p>c. Unit manager or designee will audit 3 incidents / accidents (if applicable) weekly x4, monthly x 3, and quarterly thereafter.</p> <p>4. Unit Manager or Designee will bring findings of this audit to the Director of Nursing and present findings monthly at the QAPI meeting to determine the frequency of future audits.</p>		

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F 842	<p>Continued From page 45</p> <p>On 04/10/24 at 12:55 PM, the surveyor interviewed the US FOIA (B) (6) who stated Resident #398 NJ ex order 26.4b1 NJ ex ord. The LPN stated that the resident NJ ex ord. She explained if the resident had a NJ Exec then staff would assess the resident and then document it in the EMR, notify the physician and the family. She further explained that they would document in the EMR as well as complete an incident report. The US FOIA stated that it was important to also document the NJ EX in the EMR, so everyone was aware that the resident had a NJ ex. She stated that they wrote PN for the next three (3) days and assessed the resident to NJ Exec Order 26.4b1 or NJ Exec Order 26.4 occurred with the resident. The US FOIA stated that the family was notified of the NJ ex ord because they need to know what happened to their loved ones. She further stated that the resident's representative would be notified right after the NJ ex order 26.4b occurred. The US FOIA stated that if there was no answer then they would leave a message for the family representative to call back and if it was more than an hour with no call back then they would attempt to call again.</p> <p>On 04/10/24 at 01:43 PM, the surveyor interviewed the US FOIA (B) (6) who stated that there should be a PN included with the incident report. She stated that "if you don't document and the paperwork was lost" no one would know what was done. She further stated that the PN showed others what was done for that resident. The US FOIA (B) acknowledged the nurses should have written a progress note on NJ ex order 26.4b regarding the NJ ex in the EMR. She further acknowledged the nurses should have documented in the PN that family was notified on</p>	F 842			

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F 842	<p>Continued From page 46</p> <p>[REDACTED] in the EMR. The [REDACTED] emphasized "it should be automatic" because staff should notify the resident's representative after the resident was assessed.</p> <p>On 04/12/24 at 09:04 AM, in the presence of the survey team both the [REDACTED] the [REDACTED] acknowledged there should have been a progress note associated with the incident report in the EMR.</p> <p>A review of the facility's Incident/Accident Policy and Procedure dated reviewed [REDACTED], included, "The nurse also informs the responsible party immediately of any injury that may require residents to be transferred from this facility."</p> <p>A review of the facility's Notification of Change policy updated 01/2024, included, "notify the resident's legal representative or an interested family member of the following changes. 1. An accident involving the resident which results in injury and has the potential for requiring physician intervention."</p> <p>A review of the facility's Nursing Documentation policy date reviewed 1/2024, included, "1. Gather information and prepare to chart, it is your responsibility as the professional or long term care staff member to document what you found, what you did or did not do for the resident. 5. Proper nursing documentation provides evidence that the nurse has acted as required or ordered. 10. When notifying MD [medical doctor] or family, include name of who you spoke to and the time. 13. Document all events including falls in [EMR]; 14. Document your assessment post event includes interactions and any resulting</p>	F 842			

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F 842	Continued From page 47 actions taken to care for the resident." NJAC 8:39-35.2 (d)	F 842			

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

LAUREL MANOR HEALTHCARE AND REHABILITATIO **18 W LAUREL ROAD**
STRATFORD, NJ 08084

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S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 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.	S 000		
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 #: NJ168834 Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratio, as mandated by the State of New Jersey, for 1 of 1 week of complaint staffing and 2 of 2 weeks of staffing prior to the recertification survey dated 04/12/24. This deficient practice was evidenced by the following: 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	S 560	S560 1) The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly 2) All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey.	5/6/24

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

TITLE

(X6) DATE

Electronically Signed

05/01/24

New Jersey Department of Health

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S 560	<p>Continued From page 1</p> <p>nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>A review of the "Nurse Staffing Report" for the following weeks provided by the facility revealed the following:</p> <p>For the 2 weeks of staffing prior to survey from 03/17/2024 to 03/30/2024, the facility was deficient in CNA staffing for resident on 14 of 14 day shifts and deficient in CNAs to total staff on 12 of 14 evening shifts as follows:</p> <p>-03/17/24 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/17/24 had 8 CNAs to 18 total staff on the evening shift, required at least 10 CNAs.</p> <p>-03/18/24 had 8 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/18/24 had 7 CNAs to 21 total staff on the evening shift, required at least 10 CNAs.</p>	S 560	<p>3) The facility will continue to post job openings on job sites to promote CNA openings</p> <p>The facility is offering a sign on bonus</p> <p>The facility has contracted with agency to assist with our staffing needs</p> <p>The administrator/designee will review the daily staffing sheets weekly x 4 then monthly</p> <p>for 3 months and quarterly thereafter.</p> <p>4) The Administrator/designee will review any findings of these audits and present them</p> <p>quarterly with the QAPI committee to determine frequency of future audits.</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>-03/19/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/19/24 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/20/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/20/24 had 8 CNAs to 21 total staff on the evening shift, required at least 10 CNAs.</p> <p>-03/21/24 had 9 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/21/24 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/22/24 had 10 CNAs for 98 residents on the day shift, required at least 12 CNAs.</p> <p>-03/22/24 had 8 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/23/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/24/24 had 6 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/24/24 had 6 CNAs to 16 total staff on the evening shift, required at least 8 CNAs.</p> <p>-03/25/24 had 4 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/25/24 had 7 CNAs to 22 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/26/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/26/24 had 8 CNAs to 22 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/27/24 had 8 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/27/24 had 9 CNAs to 24 total staff on the evening shift, required at least 12 CNAs.</p> <p>-03/28/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>-03/28/24 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-03/29/24 had 10 CNAs for 96 residents on the</p>	S 560		

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S 560	<p>Continued From page 3</p> <p>day shift, required at least 12 CNAs. -03/29/24 had 6 CNAs to 21 total staff on the evening shift, required at least 10 CNAs. -03/30/24 had 9 CNAs for 96 residents on the day shift, required at least 12 CNAs.</p> <p>On 04/11/24 at 10:30 AM, the surveyor interviewed the Staffing Coordinator (SC) who stated that her role included ensuring the facility was fully staffed with the nurses and CNAs. When asked what was fully staffed? The SC replied that the staffing ratios were one CNA for eight residents on the 7:00 AM - 3:00 PM shift, one CNA for 10 residents on the 3:00 PM - 11:00 PM shift, and one CNA for 14 residents on the 11:00 PM - 7:00 AM shift. She further stated that if they did not have enough staff then she reached out to the five agencies they utilized. The SC stated that she did not feel like they met the ratio requirements because they had a lot of call outs but that they offer several incentives to fill the shifts. She explained they offered bonuses and shift differential. The SC confirmed that the facility had half the number of CNAs needed for day shift on 3/25/24. She stated that it was important to meet the staffing ratio to ensure the residents are cared for and happy. The SC concluded she always feel like they need more staff but felt the staffing has been "pretty good lately."</p> <p>On 04/11/24 at 12:41 PM, the Licensed Nursing Home Administrator (LNHA) stated in the presence of the Director of Nursing (DON) and survey team that the staffing ratios were one CNA for eight residents on the 7:00 AM - 3:00 PM shift, one CNA for 10 residents on the 3:00 PM - 11:00 PM shift, and one CNA for 14 residents on the 11:00 PM - 7:00 AM shift. The LNHA stated that they have sign on bonuses, refer a friend</p>	S 560		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAUREL MANOR HEALTHCARE AND REHABILITATIO

18 W LAUREL ROAD
STRATFORD, NJ 08084

STATE FORM

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NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084		
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S1405	<p>Continued From page 5</p> <p>by: Based on interview and review of pertinent facility documents, it was determined that the facility failed to ensure that newly hired employees had completed a health history and received an examination by a Physician, an Advanced Practice Nurse, or a Licensed Physician Assistant within two weeks prior to employment or upon employment, or within thirty days if a Registered Nurse (RN) completed an assessment upon employment, for 2 of 10 newly hired employees reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the employee files of 10 random newly hired individuals. The "Employee Health Examination" forms revealed the following:</p> <p>-Employee #7 had a hire date of [NJ ex order 26.4b1] and the form was signed by the examining physician on [NJ ex order 26.4b1]. There was no evidence of an RN assessment upon employment.</p> <p>-Employee #10 had a hire date of [NJ ex order 26.4b1] and the form was signed by the examining physician on [NJ ex order 26.4b1]. There was no evidence of an RN assessment upon employment.</p> <p>During an interview with the surveyor on 04/11/24 at 10:00 AM, the Infection Preventionist/Staff Educator/Assistant Director of Nursing (IP/SE/ADON) stated that upon hire, she reviewed the new hire's health history and then within 30 days of hire, the employee had a physical completed by the facility's physician. The IP/SE/ADON further stated that she obtained the new hire's vital signs immediately before the physician performs the physical. The</p>	S1405	<p>S1405</p> <ul style="list-style-type: none"> - all current employee files have been reviewed for compliance. - Resident have potential to be affected if an employee is not properly medically cleared. - Policy updated and Human resources along with nurse management have been educated on the requirement. Audits of new employee files to be conducted by the Administrator or designee weekly x 4, monthly x 2 quarterly x 3. - Audits of new employee files to be conducted by the Administrator or designee weekly x 4, monthly x 2 quarterly x 3. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings. 	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 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) COMPLETE DATE
S1405	Continued From page 6 IP/SE/ADON added that it was important for new hires to receive a physical upon hire to "make sure they are fit for duty." During an interview with the surveyor on 04/11/24 at 10:30 AM, the Director of Nursing (DON) stated she was unsure when new hires should receive their physical exam by a licensed physician, but that it was important "to make sure they are able to do the job they are hired to do." Review of the facility's Employee Health Record policy, undated, included "All new employees are required to have a physical examination, by a licensed physician, within 30 days of their first day of employment." The policy did not indicate whether the timeframe was allowed only if an RN completed an assessment upon employment.	S1405		
S1410	8:39-19.5(b)(1) Mandatory Infection Control and Sanitation (b) Each new employee, including members of the medical staff employed by the facility, upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows: 1. If the first step of the Mantoux tuberculin	S1410		5/6/24

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 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) COMPLETE DATE
S1410	<p>Continued From page 7</p> <p>skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and review of facility records, it was determined that the facility failed to ensure that a new employee received the [redacted] NJ Exec Order 26.4b1 [redacted] also called a [redacted] NJ Exec Order 26.4b1 [redacted] as required for 1 of 10 new employee files reviewed.</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the employee files of ten random newly hired individuals which revealed one employee that NJ ex order 26.4b1 [redacted]</p> <p>Review of Employee #9's "Time Card," revealed the employee's first day of work was [redacted] NJ ex order 26.4b1 [redacted].</p> <p>Review of Employee #9's NJ ex order 26.4b1 [redacted] form revealed the bottom section for "Test #1" and "Test #2" were not filled out, but there was another form attached titled, [redacted] NJ ex order 26.4b1 [redacted] from an outside provider.</p> <p>Review of Employee #9's NJ ex order 26.4b1 [redacted] form revealed the Employee had a first step performed on [redacted] NJ ex order 26.4b1 [redacted], but the section for the</p>	S1410	<p>S1410</p> <ul style="list-style-type: none"> - all current employee files have been reviewed for compliance. - Resident have potential to be affected if an employee is not properly medically cleared. - Policy updated and Human resources along with nurse management have been educated on the requirement. Audits of new employee files to be conducted by the Administrator or designee weekly x 4, monthly x 2 quarterly x 3. - Audits of new employee files to be conducted by the Administrator or designee weekly x 4, monthly x 2 quarterly x 3. All audit results and any possible discrepancy will be presented to our monthly QAPI meetings. 	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060405	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 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) COMPLETE DATE
S1410	<p>Continued From page 8</p> <p>[REDACTED] was not filled out.</p> <p>During an interview with the surveyor on 04/11/24 at 10:00 AM, the Infection Preventionist/Staff Educator/Assistant Director of Nursing (IP/SE/ADON) stated that new hires received their [REDACTED] step [REDACTED] upon hire and the [REDACTED] step was given two weeks later. The IP/SE/ADON further stated that if a new hire had a [REDACTED] within the last [REDACTED], they could provide that information and receive their [REDACTED] step [REDACTED] test upon hire. The IP/SE/ADON added that it was important for new hires to receive a [REDACTED] test to make sure they do not have [REDACTED] which could spread to others.</p> <p>During an interview with the surveyor on 04/11/24 at 10:30 AM, the Director of Nursing (DON) stated that new employees received their [REDACTED] step [REDACTED] upon hire during orientation, but was unsure about if a new hire had received a [REDACTED] at a previous facility. The DON further stated that it was important for new hires to receive a [REDACTED] test upon hire "to make sure they are not exposing anyone to [REDACTED]".</p> <p>Review of the facility's Employee Health Record policy, undated, included "All employees are required to have a Mantoux, Tuberculin Test upon hire."</p>	S1410		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2024
NAME OF FACILITY LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084	

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 F0657	Correction	ID Prefix F0686	Correction	ID Prefix F0755	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed
LSC	05/06/2024	LSC	05/06/2024	LSC	05/06/2024
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/06/2024	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 4/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2024
NAME OF FACILITY LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084	

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 F0550	Correction	ID Prefix F0657	Correction	ID Prefix F0658	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	05/02/2024	LSC	05/06/2024	LSC	05/06/2024
ID Prefix F0686	Correction	ID Prefix F0689	Correction	ID Prefix F0690	Correction
Reg. # 483.25(b)(1)(i)(ii)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(e)(1)-(3)	Completed
LSC	05/06/2024	LSC	05/06/2024	LSC	05/06/2024
ID Prefix F0732	Correction	ID Prefix F0755	Correction	ID Prefix F0842	Correction
Reg. # 483.35(g)(1)-(4)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	05/06/2024	LSC	05/06/2024	LSC	05/06/2024
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 4/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060405	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2024
NAME OF FACILITY LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084	

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	05/06/2024	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 4/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060405	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/15/2024
NAME OF FACILITY LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 08084	

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 S1405	Correction	ID Prefix S1410	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-19.5(a)	Completed	Reg. # 8:39-19.5(b)(1)	Completed
LSC	05/06/2024	LSC	05/06/2024	LSC	05/06/2024
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 4/17/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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

PRINTED: 08/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER LAUREL MANOR HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 18 W LAUREL ROAD STRATFORD, NJ 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	
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 04/17/2024. The facility was found to be in compliance with 42 CFR 483.73	E 000			
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/17/24 and 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 Laurel Manor Healthcare and Rehabilitation Center is a two-story building built in 1958, it is composed of Type II protected construction. The facility is divided into four - smoke zones. The generator does approximately 30 % of the building as per the Maintenance Director. The current occupied beds are 102 of 106.	K 000			

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

TITLE

(X6) DATE

Electronically Signed

05/01/2024

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.