PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		PLE CONSTRUCTION G		X3) DATE SURVEY COMPLETED	
		315174	B. WING			C 02/19/2022		
NAME OF F	PROVIDER OR SUPPLIER	0.0			REET ADDRESS, CITY, STATE, ZIP CODE	021	19/2022	
DEPTFO	RD CENTER FOR RE	HABILITATION AND HEALTHCAR	RE		11 CLEMENTS BRIDGE RD EPTFORD, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMEN	гѕ	F 0	000				
	Complaint #: NJ15 NJ152310	2289, NJ152294, NJ152309,						
	Census: 225							
	Sample Size: 7 Services Provided CFR(s): 483.21(b)(Meet Professional Standards 3)(i)	F6	558			3/15/22	
	The services provid as outlined by the o must- (i) Meet professiona This REQUIREMED by:	prehensive Care Plans ded or arranged by the facility, comprehensive care plan, al standards of quality. NT is not met as evidenced 152294, NJ152309, NJ152310			1. Resident #1 was administered medication on the following shift (2/with Ex.Order 26.4(b)(1). The medical	l .		
	review of other peri 2/15/2022, 2/16/202 determined that the medications accord maintain accurate r documentation that the residents and fa acceptable standar 7 residents (Reside The facility also fail "Pain Management Administration- Doc practice was evider	s, medical record reviews, and tinent facility documents on 22, and 2/19/2022, it was a facility failed to administer ding to physician's in order to medication administration at indicated the pain status of ailed to adhere to the ds of nursing practice for 6 of ent #1, #2, #3, #4, #5 and #6). The deduction cumentation. This deficient need by the following:			director, NP, and the RN evaluated resident #1 on 2/15/22, 2/20/22, and 3/9/22 with no noted lasting negative effect from the omission of scheduled medications. Resident #2 was administered medication on the following shift (2/with Ex.Order 26.4(b)(1) documented medical director, NP, and the RN evaluated resident #2 on 2/15/22, 2 and 3/9/22 with no noted lasting negetifects from the omission of the scheduled medication. Resident #3 was administered medication on the following shift (2/	d e (13/22) . The /20/22, gative		
ABORATORY	/ DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	JATURE		TITLE		(X6) DATE	

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

TITLE

03/09/2022

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.

	9/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	OILULL
DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
## A5 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 response to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the framework of case finding, 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 otherwise legally authorized Physician or Dentist." Review of the Electronic Medical Records (EMRs) were as follows: 1. According to the "Admission Record (AR)," Resident #1 was admitted to the facility on store as which included but were not limited to Product 26-4B1. According to the Minimum Data Set (MDS), an assessment tool dated 2/4/2022, Resident #1 had a Brief Interview of Mental Status (BIMS) score of T/15, indicating the resident was 200-23-28-28. ### With resolution of #P Ne placed director and the RN evaluated resident #3 on 2/15/22, 2/20/22, 2nd and 3/9/22 with no noted lasting negative effects from the omission of the scheduled Transplaced Transplace	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
			A. Bolebino		c		
		315174	B. WING			02/1	9/2022
	PROVIDER OR SUPPLIER RD CENTER FOR RE	HABILITATION AND HEALTHCAR	E	1	TREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	The MDS als needed assistance (ADLs), recercise regimer as needs showed that Ex.Order completed for the pas Ex Order 26. 4B1 all being the lowest and Review of the "Order Resident #1 dated following Physician Evaluation, record properties of the paster o	so showed the resident with some Ex Order 26. 4B1 ived a scheduled on, and received color 20 ded (PRN). The MDS also be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be presence of color 20 ded (PRN) is should be color 20 ded (PRN)	F	558	affected by this deficient practice. The missed medication report for 2 and 2/13/22 (239 pages) was reviet 2/19/22 and 159 residents with medomissions were evaluated by nursing administration on 2/15/22-2/20/22 with negative outcome noted for any ideresident. Medication errors were completed each identified resident (159 resident Staffing coordinator were counseled (2/20/22) by the administrator on note the DON if there is no nurse to admissional Director of Clinical / design (2/15/22; 2/19/22; 3/9/22) on profess standards with emphasis on medical administration. Course content will ensuring scheduled and PRN medito all residents are administered and swith documented swith documented and swith documented and swith documented and swith documented and provided and PRN medications as a scomplete and PRN medications as as complete and PRN medications as as complete and PRN medications as as complete and provided and	wed on dication and with no entified for ents). d contifying an inister the enee essional ention include cations and entire entir	
	Ex Order 26. 4B1 1 tablet by mouth e	. Give very 8 hours for Ex Order 20. 451			are available to distribute medicational residents.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		315174	B. WING			02/19/2022	
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096				
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F 658	Ex Order 26. 4B1 1 tablet by mouth of Ex Order 26. 4B1 dated 9/15/2021. Take Ex.Order 26.4 A review of the 02/ Medication Admini Resident #1 confin were not administed documneted evide and gave the medice evidenced by the formula in the second 2/12/2022 on the 1 blank. Ex Order 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Give 1 tablet by medical in the second 2/12/2022 on the 1 blank. Ex Order 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1 Three times a day in 2/13/2022 at 6:00 at 6:00 a.m. was be a conder 26. 4B1	. Give every 6 hours related to other (b)(1) twice a day for **Corder 26.481** ed 8/25/2021. 01/2022-02/28/2022 stration Record (MAR) for med the aforementioned PO's ered because there was no nace the staff assesed for cation to the resident as ollowing: (every) shift for **Corder 26.481** on a 0-10 scale, on 1:00 p.m7:00 a.m. shift was . Give 1 tablet by mouth related to **Ex Order 26.481**, on a.m. was blank. . Give 1 tablet by serious for the staff as a.m. was blank.	F 658	Medication pass competencial completed (2/20/22) on the 2 nurses that failed to appropriate document on their medication administration from 2/12/22 to 4. The DON/ designee will audit administration daily (all reside missed administration x 4 we weekly x 4 weeks and then more compliance is met. The result audits will be submitted at QA The DON/ designee will conding medication to ensure that is provided when ordered and medications are administered requested. Audits will be coming x 4 weeks (2/20/22-3/20/22) to 4 weeks and then monthly uncompliance is met. The Administrator/ designee will conding to ensure that licensed nurses are available administer all necessary schemedications and PRN medications and monitoring of the secution and the secu	identified ately a control of these with the control of the		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION ING	COM	(X3) DATE SURVEY COMPLETED C	
315174		B. WING		I .	02/19/2022	
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		TOTEGEE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	Ex Order 26. 4B1 2/13/2022 at 6:00 a Ex Order 26. 4B1 1 tablet by mouth e on 2/13/202 Ex Order 26. 4B1 1 tablet by mouth e Ex Order 26. 4B1 at 12:00 a.m. and 6 Take Ex.Order 26.4 [Scores] on 2/ blank. 2. According to the readmitted to the faoriginally admitted 6	, on	F6	358		
	#2 had a BIMS sco resident was Ex Ord showed the residen with most ADLs, re- medication regimen Ex Order 26. 4BI and at 1	DS, dated 2/2/2022, Resident re of [15] indicating the der 26. 4BI. The MDS also not needed [Ex.Order 26.4(b)(1)] ceived a scheduled [15] n, listed his/her [15] n as a level of [16] out of 10, with 1 and 10 being the highes [15]				
		for Resident #2 dated the PO's for the following:				

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		315174	B. WING _			C / 19/2022	
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCA	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096				
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F 658	Continued From p	age 5	F 65	58			
	Evaluation Q evaluation, record 10/13/2019.	(every) shift for course on a 0-10 scale, dated					
	Ex Order 26. 4B1 two times a day fo	. Give 1 tablet by mouth r ^{Ex Order 26, 481} , dated 8/25/21.					
		1 tablet by mouth in the er 26. 4B1, dated 12/31/2019.					
	Ex Order 26. 4B1 Give 1 tablet by m Ex Order 26. 4B1, da	outh every 6 hours for ted 10/13/2019.					
	Ex Order 26. 4B1 Give 30 ML by mo Ex Order 26. 4B1, date	uth four times a day for ed 1/11/2022.					
		Give 1 tablet by mouth at ler 26. 4B1 , dated 8/23/2021.					
	Resident #2 confir were not administed documneted evide	/01/2022-02/28/2022 MAR for med the aforementioned PO's ered because there was no ence the staff assessed for dication to the resident as following:					
	evaluation, record	(every) shift for scale on 0 p.m. to 7:00 a.m. shift. was					
	Ex Order 26. 4B1 two times a day fo	. Give 1 tablet by mouth					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED C 02/19/2022	
315174 B. WING		
NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
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F 658 a.m. was blank. Ex Order 26. 4B1 tablet by mouth in the morning for Ex Order 26. 4B1 on 2/13/2022 at 6:00 a.m. was blank. Ex Order 26. 4B1 Give 1 by mouth four times a day for Ex Order 26. 4B1 Give 1 tablet by mouth every 6 hours for Ex Order 26. 4B1 mouth every 6 hours for Ex Order 26. 4B1 Sive 1 tablet by mouth at bedtime for Ex Order 26. 4B1 Sive 1 tablet by mouth at Ball t		

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		315174	B. WING _			C / 19/2022	
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCA	ARE STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			1 02/13/2022	
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F 658	,	age 7 6R for Resident #3 dated	F 65	58			
	2/15/2022 included Ex Order 26. 4B1	d the PO's for the following: . Give 1 tablet ne for <i>Ex Order 26. 4B1</i>					
		(every) shift for cooler? on a 0-10 scale, dated					
		outh every 4 hours as needed , dated 11/30/2021.					
	MAR for Resident aforementioned P because there was staff assessed for	#3 confirmed the Os were not administered s no documneted evidence the and gave the medication evidenced by the following:					
	Ex Order 26, 4B1 by mouth at bedtir 2/13/2022 at 9:00	. Give 1 tablet ne for <i>Ex Order 26. 4B1</i> on p.m. was blank.					
	evaluation record	Shift every shift for on a 0-10 scale on 0 p.m. to 7:00 a.m. shift. was					
	Ex Order 26. 4B1 Give 1 tablet by m for Ex Order 26. 4B p.m. to 7:00 a.m.						
		ogress Notes (PNs) dated a.m., written by Licensed					

OLIVILI	COT OIL MEDIO/ IIL	A MILDICAID SLIVICES			<u> </u>	IVID INO.	0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315174	B. WING			02/19/2022	
NAME OF I	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1	511 CLEMENTS BRIDGE RD		
DEPTFO	RD CENTER FOR RE	HABILITATION AND HEALTHCAI	RE		EPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	#3 "contacted Ex O Resident requested" During an interview Resident #3 stated were not showing u (11:00 p.m. to 7:00 explained he/she d medication for the resident called Surveyor that the rehis/her (Ex O Resident #3 used to responded, and the was in contact and ne resident stated he/s medication, but medication to him/had no choice but to	PN #4), revealed that Resident due to		358			
	received the neede relieved slowly. What was the residence residen	The resident stated he/she and medication of the symptoms were and the symptoms were are asked by the Surveyor ent's condenses the stated his/her of the symptoms was condenses which not limited to of the stated his/her of the stated his/her of the symptoms was condenses which not limited to of the stated his/her of the symptoms with t					

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(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 658	Ex Order 26. 4B1 According to the M #4 had a BIMS sor resident was Ex Or showed the reside with most ADLs, as scheduled with most ADLs, as scheduled completed for the resident had ex. Order 26.4(b)(1). Review of the OSF 2/15/2022 included evaluation, record 7/28/2021. Ex Order 26. 4B1 times a day for Ex exident #4 confir were not administed documneted evide and gave the medie evidenced by the foresident #4 confir were not administed documneted evide and gave the medie evidenced by the foresident #4 confir were not administed and gave the medie evidenced by the foresident #4 confir were not administed and gave the medie evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced by the foresident #4 confir were not administed evidenced evid	IDS, dated 2/3/2022, Resident ore of 500 / 15, indicating the order 26. 4BI. The MDS also ont needed Ex.Order 26.4(b)(1) and the resident received a edication regimen and 500 / 10 / 10 / 10 / 10 / 10 / 10 / 10	F 65				

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F 658	evaluation, record 2/12/2022 on 11:00 blank. Ex Order 26. 4B1 times a day for Ex Oblank. Ex Order 26. 4B1 Give 1 tablet by mon 2/2 blank. 5. According to the readmitted to the faoriginally admitted which included but which included but and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and PRN. Further is showed that a Ex. Order 26.4(b)(1) with more ceived a schedul and	on a 0-10 scale on 0 p.m. to 7:00 a.m. shift. was Give 10 mL by mouth two order 26. 4B1 n 2/13/2022 at 5:00 a.m. was acility on a 0-10 scale on order 26. 4B1 with every 8 hours for and on a order 26. 4B1 by order 26. 4B1 with diagnoses were not limited to a order 26. 4B1 DS, dated 1/22/2022, Resident ore of a 1/15, indicating the order 26. 4B1 The the resident needed ost ADLs, and the resident ed a corder 26.4(b)(1) regimen review of the MDS also order 26.4(b)(1) should be oresence of a corder 26.4(b)(1) and the	F 6	558			
		a 0-10 scale, dated					

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F 658	5/24/2018. Ex Order 26. 4B1	. Give 2	F 658				
	tablets = 80 MG, d						
		outh at bedtime for ^{Ex Order 26, 4BI} , ag, dated 12/21/2021.					
	mouth four times a (5-10), dated	. Give 1 tablet by day for <i>Ex Order 26. 4B1</i> 12/21/2021.					
	Ex Order 26. 4B1 2 tablets by mouth dated 3/14/2018.	. Give at bedtime for Ex Order 26. 4B1,					
	Ex Order 26. 4B1 . Ins bedtime for Ex Order 26.	till Ex.Order 26.4(b)(1) at for 14 days, dated 2/8/2022.					
	Resident #5 confir were not administed documneted evide	01/2022-02/28/2022 MAR for med the aforementioned PO's ered because there was no nce the staff assessed for pain cation to the resident as ollowing:					
	on a 0-10 sca	shift for evaluation, record le on 2/13/2022 on 3:00 p.m. to d 11:00 p.m. to 7:00 a.m. shift.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		315174	B. WING		02/19/2022	
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLÉTION	
F 658	Continued From pa	age 12	F 658			
	mouth two times a	. Give 2 tablets by day for score 26.48 2 tablets = 80 at 5:00 p.m. was blank.				
		rs for ^{Ex Order 26, 4B1} on 2/13/2022 5:00 a.m., and 2/13/2022 at				
		. Give 1 tablet by for ^{Ex Order 26, 481} . Hazardous 2022 at 9:00 p.m. was blank.				
		. Give 1 tablet by day for <i>Ex Order 26. 4B1</i> 8/2022 at 9:00 p.m. was blank.				
	Ex Order 26. 4B1 mouth at bedtime 18:00 p.m. was blan	. Give 2 tablets by for ^{Ex Order 26. 4B1} on 2/13/2022 at lk.				
	Ex Order 26. 4B1 . Instead time for Ex Order 26. 9:00 p.m. was blan	till 1Ex.Order 26.4(b)(1) at for 14 days on 2/13/2022 at lk.				
	readmitted to the fa originally admitted	e AR, Resident #6 was acility on Ex Order 26. 481 and on Ex Order 26. 481 with diagnoses were not limited to Exclusive 1911				
		IDS, dated 11/24/2021,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		315174	B. WING		02	C / 19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		TOTESEE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 658	indicating the resided MDS also showed to with mo received a schedule and Ex.Order 26.4(b)(1 MDS also showed to be completed for the resident has Ex.Order 26.4B1 by mouth one time tablets by mouth the dated 1/15/2022. Ex Order 26.4B1 two times a day for dated 1/15/2022. Ex Order 26.4B1 two times a day for dated 1/15/2022. Ex Order 26.4B1 two times a day for dated 1/15/2022. Ex Order 26.4B1 two times a day for dated 1/15/2022.	ent was Ex Order 26. 4B1. The the resident needed st ADLs, and the resident ed cooler medication regimen. PRN. Further review of the that a Ex.Order 26.4(b)(1) t should be presence of cooler 26.4(b)(1), which er 26.4(b)(1), and has because of cooler 26.4(b)(1). for Resident #6 dated the PO's for the following: Give 1 tablet a day for cooler 26. 4B1 1/15/2022. . Give 3 ree times a day for cooler 26. 4B1 2022. . Give 1 tablet by mouth Ex.Order 26. 4B1 2022.		958		
	Ex Order 26, 4B1					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	СОМ	(X3) DATE SURVEY COMPLETED C	
		315174	B. WING			19/2022
	PROVIDER OR SUPPLIE	REHABILITATION AND HEALTHCA	RE 1	TREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	, 021	1012022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 658	(Physician) if Tomy (Physician) if Tomy/dl (milligrar units; 201-250 = 4 301-350 = 8 units MD if Some is greate Ex Order 26. 4B1 Ex Order 26. 4B1 and time a day for 1/15/2022. Ex Order 26. 4B1 mouth one time a day for 1/15/2022. Ex Order 26. 4B1 mouth one time a day for 1/15/2022. Ex Order 26. 4B1 mouth one time a day for 2/1/2022 and 2/1	as per -149 = 0 units Call MD Ex Order 26. 4B1 is less than m/per decilitre); 150-200 = 2 4 units, 251-300 = 6 units; 351-400 = 10 units; 401+ Call er than 400mg/dl, before meals for before meals for the bedtime for Ex Order 26. 4B1				

	OF DEFICIENCIES OF CORRECTION	l', '		IPLE CONSTRUCTION	COM	TE SURVEY MPLETED
		315174	B. WING _		l l	C / 19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP OF 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		1072022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 658	two times a day for	Ex Order 26. 4B1	F 65	58		
	was blank.	2 and 2/12/2022 at 9:00 a.m.				
		. Give 1 capsule a day for ^{Ex Order 26, 4B1} on 2022 at 9:00 a.m. was blank.				
	on i	. Give 2 tablets by day for <i>Ex Order 26. 4B1</i> 2/7/2022, 2/12/2022, and a.m., 2/13/2022, and 2/14/2022 lank.				
	2/9/2022, 2/12/202 10:00 a.m., 2/8/202 2/12/2022, 2/15/20	Give 2 capsules by a day for , on 2/8/2022, 2, 2/15/2022, and 2/16/2022 at 22, 2/9/2022, 2/11/2022, 22 at 2:00 p.m., and 2/8/2022, 4/2022 at 8:00 p.m. was blank.				
	(Physician) if work 570mg/dl (milligram units; 201-250 = 4 301-350 = 8 units; MD if work is greated Ex Order 26. 4B1 for 20.481 on 2/7/20	before meals for 22, 2/12/2022 and 2/15/2022 at 0 a.m., and 2/9/2022 and	i			
		. Exorder 26.4 20 units bedtime for Exorder 26.481 022, 2/14/2022, and 2/15/2022				

AND DUAN OF CODDECTION DEPOTED TO AN AND DESCRIPTION NUMBERS		A. BUILDI	FIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED C		
		315174	B. WING		I .	/19/2022	
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 658	at 9:00 p.m. was be seen and 2/12/2022 at 9:00 Ex Order 26. 4B1 mouth one time a 2/15/2022 at 9:00 During an interview with the Unit Mana (UM/LPN), when to blank spaces mean the treatment was not assigned out. The resident did not receive the reason, the doctor The reason for not assigned out.	. Give 1 tablet by mouth one Ex Order 26. 4B1 on 2/7/2022 0:00 a.m. was blank. . Give 1 tablet by day for Acute on Ex Order 26. 4B1 on 2/7/2022, 2/12/2022, and a.m. was blank. w on 2/16/2022 at 10:02 a.m. ager/Licensed Practice Nurse he Surveyor asked her what an on the MAR, she stated blank medication or medication done, not administered UM/LPN further stated that if a ceive medication for some (physician) would be notified. It administering the medication inted on the MAR and in the		58			
	on the 11:00 p.m.t only nurse on the units 1A and 1B. L was the only nurse on the 11:00 p.m. The LPN explaine 11:00 p.m.to 7:00 nurse on the 11:00 p.m.to 7:00 nurse on the 100 p.m.to 7:00 nu	e interview on 2/16/2022 at 1 indicated that on 2/12/2022, o 7:00 a.m. shift, she was the floor and was assigned to PN #1 also stated that LPN #2 assigned to the assigned to 7:00 a.m. shift on 2/12/2022. If that on 2/12/2022, on the a.m. shift, she was the only floor for units as of 105. LPN #1 hat she could not care for all of ents and only provided care for he stated some residents were g they were not getting their					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315174	B. WING			1	0 19/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY 1511 CLEMENTS BRID DEPTFORD, NJ 080	OGE RD	1 027	IOIZOZZ
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	((EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION SHOULD NCED TO THE APPROPRIESTORY)	BE	(X5) COMPLETION DATE
F 658	medications, and and she administer medications. LPN called the called the she was again the funits of the she was an interview only two nurses of the she was again the she was again the funits of the she was again the fun	age 17 came up to the nurses' station, ared those residents their #1 also stated that a resident floor. Attend that the next night on 11:00 p.m.to 7:00 a.m. shift, a only nurse on the floor floor White the stated that a resident e further stated that a resident nut to the floor medications as no ner cart. The LPN explained, on the 11:00 p.m. to 7:00 a.m. a mass text message to the g (DON), the Human Resources of the facility staff that they see on duty in the entire sus of over two hundred The process of the grown of the decrease	F6				
	message sent out p.m. to 7:00 a.m. sexplained that the and she did not he When asked by the more nurses or what the 11:00 p.m. to 7 responded that LF instead of texting;	on 2/13/2022 during the 11:00 shift by LPN #1. The DON text message was at 2:07 a.m., ear the text message alert. e Surveyor why she did not get by she did not come into assist 7:00 a.m. shift, the DON PN #1 should have called she did not see the text morning. The shift was almost					

	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING		COMPLETED		
		315174	B. WING _		C 02/19/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	, VERTUIEVEE
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLÉTION
F 658	over, so she did not DON further explained that the have been aware because there was schedule for 2/12/2 a.m. shift on units also stated pain movement also stated pain movement and movement as second in a.m., when the Su spaces mean on the spaces mean on the spaces mean the administered or not further stated she medications being	ot go to the facility to help. The ined that the staffing schedules re the weekend begins. She Staffing Coordinator should that the nursing staff was short is only one nurse on the 2022 on the 11:00 p.m. to 7:00 Ex Order 26. 4B1 The DON redications should be given and if a resident did not receive the nurse would be written up; I are nurses from this past the MAR, she stated blank medication was not of documented. The DON was not aware of the residents' missed and the police being the fact, the following day	F 65	58	
	Management" reve "Purpose" included reducing physical associated with pa achieving their hig functioning. The fa resident's respons individualThe fa self-reporting as the pain. Facility clinic when caring for re- determining the se- on interventions."	19 facility policy titled; "Pain ealed the following: Under d: "The facility is committed to and psychosocial symptoms ain to assist the resident in hest practicable level of acility recognizes that a see to pain is subjective and scility promotes resident ne most reliable indicator of ians use objective pain scales sidents that are able to assist in everity of pain and effectiveness Under "Policy" revealed "3. ntin the following: Evaluation			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED		
		315174	B. WING		C 02/19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	,	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	02/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION
F 658	of painDetermine acceptable level of cause(s) for resider and/or exacerbating of past and current spiritual and cultural Review of a 1-2019 "Medication Administrevealed the followi "The facility shall madministration recoladministered." Under Documentation must be seen acceptable of the painting o	e Resident's pain goal and pain. 4. Identify the potential at pain. Evaluate alleviating g factors. Review effectiveness treatment, as well as specific I issues related to pain."	F 658		
	provided to resident consistent with profithe comprehensive and the residents' general This REQUIREMENT by: C#: NJ152289, NJ: Based on interviews records, and reviews	. ,	F 697	1. Resident #1 was administered medication on the following shift (2) 8am) with resolution of sources was completed and the of care is currently being followed.	esident e plan

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		315174	B. WING _			C 19/2022	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		TOTEGEE	
		HABILITATION AND HEALTHCAR	RE	1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 697	2/19/2022, it was of failed to consistent evaluate residents were aphysician's orders experiencing its policies titled "Medication Admin deficient practice of 2/13/2022 on the 15 of 8 units and for #2, #3, #4 and #5) by the following: A review of a facilit titled; "Pain Manag Under "Purpose": reducing physical associated with pa achieving their high functioning. The faresident's responsindividualThe fare	letermined that the facility dly follow residents' care plans, for and ensure that administered according to the (PO's) for residents who were The facility also failed to follow Management" and istration-Documentation." This occurred on 2/12/2022 and 1:00 p.m. to 7:00 a.m. shift, on 5 of 7 residents (Resident #1, reviewed, and was evidenced by's policy dated 7/2019 and lement" included the following: The facility is committed to and psychosocial symptoms in to assist the resident in nest practicable level of cility recognizes that a set opain is subjective and cility promotes resident emost reliable indicator of ans use objective pain scales sidents that are able to assist in verity of pain and effectiveness. Under "Policy" revealed " 3. at in the following: Evaluation of pain. 4. Identify the potential ent pain. Evaluate alleviating gractors. Review effectiveness a treatment, as well as specific al issues related to pain." by's policy dated 1-2019 and administration-Documentation ing: Under "Policy" included:	F 69	Medical Director, NP and the evaluated resident #1 (2/1 3/9/22) with no noted lasting effect from the omission of medications. Resident #2 was administed medication on the following with \$\infty\$.\text{Corder 26.4(b)(1)} \$\infty\$ completed and is currently being followed. Director, NP and RN evaluate #2 (2/15/22, 2/20/22, 3/9/2 noted lasting negative effet omission of scheduled medication on the following with \$\infty\$.\text{Corder 26.4(b)(1)}\$. The was completed and is currently being followed. Director, NP and RN evaluate #3 (2/15/22, 2/20/22, 3/9/2 noted lasting negative effet omission of scheduled medication on the following with \$\infty\$.\text{Corder 26.4(b)(1)}\$ and \$\infty\$ resident #4 was administed medication on the following with \$\infty\$ completed and care care currently being followed. The was completed and care care currently being followed being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care currently being followed. The was completed and care care care care care care care care	ared shift (2/13/22) e resident shift (2/13/22)		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		315174	B. WING _		1 '	0 19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP (1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 697	"The facility shall madministration recoadministered." Und Documentation mu Reason (s) why a madministered" During a tour on 2/interviewed Reside #2 told the surveyo (2/12/2022) during shift, the resident whis/her routine received it. Resider bell to call for his madministered and he/she was in night, so he/she coadministered and he Surveyor the with 10 being the matted that his/her. Resident #2 explain he/she did not received to feel Ex Order 10 to CNA #1, Ex Order 10 to CNA #1, Ex Order 10 to CNA #1, Ex Order 10 to CNA #1 explained to the su of medication later at 6:00 a.m. Treceive the 6:00 a.m. Treceive the 6:00 a.m. Treceive the 6:00 a.m. Shift. For the surveyor and the surveyor the surveyor the residual to 7:00 a.m. shift. For the surveyor the surveyor the surveyor the residual to 7:00 a.m. shift. For the surveyor the surveyor the surveyor the surveyor the surveyor the residual to Toda a.m. Treceive the 6:00 a.m. Treceive the 6:00 a.m. Treceive the 6:00 a.m. Shift. For the surveyor the surve	paintain a medication and to document all medications are "Procedure" included: "3. st include, as a minimum:e. nedication wasnot 15/2022, the surveyors and #2 at 11:45 a.m. Resident are that on Saturday night the 11:00 p.m. to 7:00 a.m. as supposed to receive at 12:00 a.m. but never at #2 stated he used the call procession and was told by the sesistant (CNA #1) that the are a nurse. Resident #2 stated but did not have a nurse that all uld not get the surveyors that since and to call are severe, Resident #2 was a supposed to receive a nurse that are that all not get the sesident #2 stated but did not have a nurse that all not get the sesident #2 was a supposed to receive and to call are severe, Resident #2 was a supposed to receive the sesident #2 was a supposed to receive that such and the resident also did not make the surveyors that his/her next dose was scheduled for six hours he resident also did not make and the other medications and the fications due on the 11:00 p.m. Resident #2 stated that he/she and the other medications	F 69	was completed and the is currently being followed. director, NP and RN evaluated (2/15/22, 2/20/22, 3/9/22) which is currently being followed. (2/15/22, 2/20/22, 3/9/22) which is deficient properties. 2. All residents have the potential administration and extended by this deficient properties. Which is defic	The medical ated resident #5 with no noted the omission of the	

	OF DEFICIENCIES OF CORRECTION			PLETED		
		315174	B. WING		I	9/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCAR	RE .	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	2/12/2022 showed on the floor as floor as , 23 residents of atted 2/12/2022 re one nurse (License assigned to the assigned to care for and units. Further review of the fact dated 2/12/2022 showed on the floor as residents on the floor as fl	ity's daily census report dated the facility had 105 residents of follows: 24 residents on unit in unit 28 residents on unit into on unit 28 residents on unit into on unit 29 residents on unit into on unit 29 residents on unit 29 residents on the 29 residents on the 29 residents on unit 29 residents on	F 697	policies on medication administratic Ex.Order 26.4(b)(1) on 2/19/22. The policies were determined to be in compliance with state and federal guidelines. Licensed nurses were educated by Regional Director of Clinical/ design Ex.Order 26.4(b)(1) with emphasis of consistently following residents of consistently following residents for ensuring that Ex.Order 26.4(b)(1) were administered. Education completed 2/15/22, 2/19/22, 3/9/22. Course content included ensuring scheduled and PRN medication all residents are administered as in by the physician6s order; following resident s plan of care for completing Ex.Order 26.4(b)(1) with documented pain scale each shift. The In-service completed by the Red Director on 2/15/22, 2/19/22, and 3 also included notifying the DON if a is unavailable to administer schedulation and PRN medications as well complete Ex.Order 26.4(b)(1). The staffing coordinator was couns and educated by the administrator 2/20/22) on the importance of ensulicensed nurses are available to dismedications and complete evaluations for all residents. In the the DON is to be notified that there call out/ shortage for licensed nurse and shortage for licensed nurse call out/ shortage for licensed nurse.	egional 1/9/22 a nurse aled (on uring stribute event is a	

PRINTED: 02/01/2024 FORM APPROVED OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	315174	B. WING			02/1	19/2022	
NAME OF PROVIDER OR SUPPLI	ER		ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
DEPTFORD CENTER FOR	REHABILITATION AND HEALTHC	ARE		511 CLEMENTS BRIDGE RD EPTFORD, NJ 08096			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
According to the assessment too a Brief Interview of Daily Living (AEX.Order 26.4(b)(1) MDS also showed be completed for resident has Ex.Order 26.4(b) and to a Ex.Order 26.4(b)(1) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1)) A review of Resiful of Daily Living (AEX.Order 26.4(b)(1))	e Minimum Data Set (MDS), an I dated 2/2/2022, Resident #2 has of Mental Status (BIMS) score of the resident was also showed the resident regimen. Further review of the red that a Ex.Order 26.4(b)(1) should refer 26.4(b)(1) with a product intensity intensit	d if	697	4. The DON/ designee will audit medication administration daily for administration of medications(2/20/22- 3/20/22) and 4 weeks, then weekly x 4 and then monthly until compliance. A sample of resident care plan be audited by the DON/designee (2/19/22) to ensure the current plan is being followed. The results of these audits will be submitted at QAPI. The DON/ designee will conduct audits of residents will medication to ensure that medications are administered when requested. Audits will be completed weekly x 4 and then monthly until compliance. The administrator / Designee will allicensed nursing staff to ensure that scheduled licensed nurses are avait to administer all necessary schedulimedications and PRN medications. The results of these audits will be submitted at QAPI. The DON is responsible for execution monitoring of this POC.	weeks is met. Is will on of care the weeks is met. I weeks is met. udit tilable le		

"Interventions": Administer medications as

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245474	B. WING	-		С	
NAME OF	PROVIDER OR SUPPLIER	315174	B. WING	S	FREET ADDRESS, CITY, STATE, ZIP CODE	02/	19/2022
		HABILITATION AND HEALTHCAR	RE	15	511 CLEMENTS BRIDGE RD EPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	ordered, Evaluate to as new alleviating of symptoresident satisfaction functional ability and and record previous management of the Identify previous residentify, record, and conditions which must be to the Identify, record, and conditions which must be to the Identify, record, and conditions which must be to the Identify previous residentiate appropriate or pharmacological into for probable cause Remove/limit cause Monitor/document or increased Ex.Order 20 and Identify PMR Reference in the current complaint residents the past of consult, PMR Reference in the Identification of the Identi	the effectiveness of edded. Review for compliance, oms, dosing schedules and n with results, impact on dimpact on cognition, Identify and impact on function. Identif	F6	97			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315174	B. WING		02	C / 19/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCAF	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
F 697	Fx Order 26. 4B1 Give 1 for Ex.Order 26.4(b)(1) A review of the 02 Medication Admini Resident #2 confir a Ex.Order 26.4(b)(PO's were not adminicated to p.m. to 7:00 Ex.Order 26.4(b)(PO's were not adminicated to p.m. to 7:00 Ex.Order 26.4B1 mouth every 6 hou 2/12/2022 on the was blank. Ex. Order 26. 4B1 mouth every 6 hou 2/13/2022 at 12:00 During an interview CNA #1 stated that and told him he/sh CNA #1 said then #2 needed his/her reported it to her. What the nurse did Resident #2 needed #1 stated she did her Resident #2 needed #1 stated Resident #2 needed #1 stated Resident #2 needed #2 according to the to the facility on Ex.	tablet by mouth every 6 hours dated 10/13/2019. /01/2022-02/28/2022 stration Record (MAR) for med the staff failed to perform and the aforementioned ninistered on 2/12/2022 on the a.m. shift as follows: shift for x.Order 26.4(b)(1) on 11:00 p.m. to 7:00 p.m. shift. Give 1 tablet by ars for x.Order 26.4BI, on	F6	697		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315174	B. WING		02	C / 19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		TOTESEE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697	According to the MI #3 had a BIMS scoresident was Ex Order revealed Resident with mo received with mo received assessment sl presence of assessment	DS, dated 12/9/2021, Resident re of 12/9/2021, indicating the let 26. 4B1. The MDS also 43 needed 12/9/2021 needed 12/9/2021 needed 12/9/2021 needed 12/9/2021 needed 12/9/2021 needed (PRN). It is the MDS also showed that a nould be completed for the nd the resident has frequent 12/9/2021 needed	F6	97		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION NG	CON	E SURVEY MPLETED	
		315174	B. WING _		I	C / 19/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCA	ARE .	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		TOILGEL
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 697	(grunting, moans, Mood/behavior (chaggressive, squirm (wide open/narrow focus); Face (sad, clenched teeth, grirocking, curled up, Review of the OSF 2/15/2022 included Evaluation, record 11/30/2021. Ex Order 26. 4BI Give 1 tablet by m for Ex Order 26. 4BI 11/30/2021. A review of the 02 Resident #3 confirm a Ex.Order 26. 4BI Give 1 tablet by m for Ex.Order 26. 4BI	yelling out, silence); nanges, more irritable, restless, ny, constant motion); Eyes v slits/shut, glazed, tearing, no crying, worried, scared, imacing) Body (tense, rigid, thrashing), pain, undated. R for Resident #3 dated d the PO's for the following: (every) shift for cevery) shift for couth every 4 hours as needed vouth every 4 hours as needed viological and the aforementioned ninistered on 2/12/2022 and viological and the aforementioned viological and the aforementioned viological and the aforementioned viological and the aforementioned viological and viological an				

AND DIAM OF CODDECTION IN IDENTIFICATION NUMBER:		1, ,	TIPLE CONSTRUCTION NG	CON	TE SURVEY MPLETED	
		315174	B. WING		I	C / 19/2022
	PROVIDER OR SUPPLIE	REHABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 697	#3 "contacted em Resident request During an intervier Resident #3 state were not showing (11:00 p.m. to 7:0 explained he/she medication for the resident called Surveyor that the his/her Ex Order 2 Resident #3 used responded, and the resident stated he medication to him had no choice but to take him/her to continued to explain the resident #3 by mouth relieved slowly. What was the resident #3 a. According to the facility on a state of the facility of the faci	ergency services due to end to be taken to ex order 26. 481" ew on 2/19/2022 at 7:15 a.m., ed that the nurses on the unit up repeatedly on the night of a.m.) shift. The resident did not receive his/her entire night shift when the entire night #3 explained to the resident was in explained to the		97		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LTIPLE CONSTRUCTION DING		COMPLETED	
		315174	B. WING	3		C 02/19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCA	ARE	STREET ADDRESS, CITY, STATE, ZIP 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	CODE	CETTOTESEE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 697	According to the M #1 had a BIMS scoresident was Ex Orashowed that the resand received a schregimen and PRN. Ex.Order 26.4(b)(1) spresence of code 20 in and at level of out of and 10 being the hid of the following the prevention of the following the prevention of the following the prevention of the following the preventions of the following the review of the following the review of the following the following the following the review of the following the foll	DS, dated 2/4/2022, Resident re of 2006/15, indicating the der 26. 4B1. The MDS also sident needed ADL 2006/2004/2004 (b)(1) The MDS also showed that hould be completed for the sted 2006/2004 (b)(1) The MDS also showed that hould be completed for the sted 2006/2004 (as Ex Order 26. 4B1 of 10, with 1 being the lowest ighest 2006/2004 (c) Int #1's Care Plan (CP) ing: Period 10 of 2006/2004 (c) Period 2006/2004 (c)		697		
	complains of Exorder 26	or requests Ex.Order 26.4(b)(1).				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C		
		315174	B. WING _			19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 697	Review of the OSR 2/15/2022 included 2/15/2022 included 2/15/2022 included 2/16/2022. Ex Order 26. 4B1 Give 1 tablet by modulate 2/10/2021. Ex Order 26. 4B1 mouth every 8 hour 09/02/2021. A review of the 02/0 Medication Administ Resident #1 confirm Ex.Order 26.4(b)(1) were not administe p.m. to 7:00 a.m. si as follows: Ex Order 26. 4B1 Give 1 tablet by modulation. Record 2/12/2022 on 11:00 blank. Ex Order 26. 4B1 Give 1 tablet by modulation. Record 2/12/2022 on 2/10/2022 on 2/	afor Resident #1 dated the PO's for the following: (every) shift for come on a 0-10 scale, dated on a 0-10 scale, dated buth two times a day for come of 12/15/2021. Cive 1 tablet by rs for come of 12/15/2021. Give 1 tablet by rs for come of 12/12/2022 on the 11:00 hift (2/12/2022 into 2/13/2022) Shift every shift for come on a 0-10 scale on p.m. to 7:00 a.m. shift. was outh two times a day for come of 13/2022 at 4:00 a.m. was contact the start of 14/13/2022 at 4:00 a.m	F 69	7		
	בי וטובטבב מנ ט.טט פ	was platfit.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315174	B. WING		I	C / 19/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP CO 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		TOILGE
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 697	During an interview Resident #1 stated a.m. shift, he/she minto Sunday because unit. The resident until the 7:00 a.m. medications, and he decording to the to the facility on included but were resident was a large with most ADLs; the scheduled with most ADLs; the scheduled compared with most	that on the 11:00 p.m. to 7:00 nissed his/her on Saturday on Saturday se there was no nurse on the t stated he/she had to wait nurse came on duty to give the is/her came on duty to give the is/her was admitted was admitted with diagnoses which not limited to Ex Order 26. 4B1 and the resident received a dication regimen and discourse medication PRN. The MDS also showed that a should be completed for the not the resident had consider 26.4(b)(1) rating of out of the not the resident had considered between the sident may have Alteration in sidents where a sident second of the not the sident second of the not the not the resident had considered for the not the resident had considere	F 6	97		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
		315174	B. WING		l l	C / 19/2022
	PROVIDER OR SUPPLIER	EHABILITATION AND HEALTHCA	RE	STREET ADDRESS, CITY, STATE, ZIP OF 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		1012022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		I SHOULD BE	(X5) COMPLETION DATE
F 697	interaction If residutilize appropriate pharmacological in 7/28/2021. Review of the OSF 2/15/2022 included Evaluation Quantity on a 0-10 scale Ex Order 26. 4B1 mouth every 8 hous 2/7/2022. A review of the 02 Resident #4 confinates Ex.Order 26.4(b)(1) were not administed p.m. to 7:00 a.m. sas follows: Ex Order 26. 4B1 mouth every 8 hous 2/13/2022 at 6:00 at 2/13/2022 at 6:00 at 2/13/2022 on 11:00 blank. 5. According to the readmitted to the foriginally admitted	ent appears to be in non-pharmacological and dated of the PO's for the following: shift for cooler 26 evaluation, record le, dated 7/28/2021. Give 1 tablet by non-pharmacological and the staff failed to perform and the aforementioned PO's pered on 2/12/2022 on the 11:00 shift (2/12/2022 into 2/13/2022) Give 1 tablet by non-pharmacological and non-pharmacologica		97		
	According to the M	IDS. dated 1/22/2022. Resident				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	315174	B. WING		I .	C / 19/2022		
	HABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP COI 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL		HOULD BE	(X5) COMPLETION DATE
#5 had a BIMS scoresident had Ex Or MDS also showed a scheduled a	the resident contest and the resident received nedication regimen and redication regimen and redication regimen and redication regimen and redication regimen and resident has resident has resident has resident has resident has resident has resident and the resident has resident so received the resident in comfort R/T S/P ous) resident is able to verbalize resident is able to verbalize resident is able to verbalize resident	F 6	97				
	_						
	Continued From pa #5 had a BIMS scoresident had Ex Ore MDS also showed a scheduled a scheduled following: Under "Focus": Alte (status post) (previmedications, Fooder 26.4(b)(1) spresence of the scheduled following: Under "Focus": Alte (status post) (previmedications, Fooder 26.4(b)(1) spresence of the scheduled following: Under "Focus": Alte (status post) (previmedications, Fooder 26.4(b)(1) spresence of the scheduled following: Under "Focus": Alte (status post) (previmedications, Fooder 26.4(b)(1) through the review "Interventions as nealleviating of symplesident satisfaction for example): Ex.Order 26.4(b)(1)remind of non-phine. (for example): ava Report to Nurse review of the OSE 2/15/2022 included for the OSE 2/15/2022 i	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 33 #5 had a BIMS score of 1/15, indicating the resident had Ex Order 26.4B1 MDS also showed the resident ADLs; the resident received a scheduled medication regimen and additionally received medication PRN. Further review of the MDS also showed that a Ex.Order 26.4(b)(1) should be completed for the presence of py, and the medication py, and the following: Under "Focus": Alteration in comfort R/T S/P (status post) (previous) medications as needed through the review date, undated, under "Goals": Resident Ex.Order 26.4(b)(1) medications as needed through the review date, undated, under "Interventions":Administer medications as orderedEvaluate the effectiveness of interventions as needed. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on Ex.Order 26.4(b)(1)remind of non-pharmacological interventions, i.e. (for example): Ex.Order 26.4(b)(1)remind of non-pharmacological interventions, i.e. (for example): Ex.Order 26.4(b)(1) medications as needed to verbalize Ex.Order 26.4(b)(1)remind of non-pharmacological interventions, i.e. (for example): Ex.Order 26.4(b)(1) medications as ordered to Nurse resident complaints of resident is able to verbalize Ex.Order 26.4(b)(1)remind of non-pharmacological interventions, i.e. (for example): Ex.Order 26.4(b)(1) medications as	## CORRECTION ## IDENTIFICATION NUMBER: 315174	A BUILDING 315174 B. WING PROVIDER OR SUPPLIER RD CENTER FOR REHABILITATION AND HEALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 33 #5 had a BIMS score of #15, indicating the resident had \$\frac{10}{4}\text{ Order 26}\text{ Order 26} Or	TOORTECTION 315174 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096 SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPTECHENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 33 #5 had a BIMS score of 1/15, indicating the resident had 1/2 Order 20 .4B1 MDS also showed the resident received a scheduled medication regimen and additionally received medication regimen and additionally received medication PRN. Further review of the MDS also showed that a scorder 20 .4(b)(1) should be completed for the presence of 1/2, and the resident has 1/2, and		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	COMPLETED		
		315174	B. WING _		02/19	/2022
	PROVIDER OR SUPPLIER	HABILITATION AND HEALTHCAR	RE	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE C	(X5) COMPLETION DATE
F 697	evaluation, record 5/24/2018. Monitor resident Ex. the number of Exorder Ex Order 26. 4B1 mouth every 8 hour 09/17/2021. A review of the 02/0 Resident #5 confirm an Ex.Order 26.4(b) aforementioned PC 2/12/2022 and 2/13 7:00 a.m. shift (2/12 2/13/2022 into 2/14 Monitor resident Ex. the number of Exorder 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Ex Order 26. 4B1 mouth every 8 hour 8. 2/14/2022 at 6:00 Exercise Explanation Q (evaluation, recorder 2/13/2022 from 11:00 blank. Review of Resident EMR showed no do	Order 26.4(b)(1)) every shift and record dated 11/3/2020. Give 1 capsule by s for x Order 26.4B1, dated 01/2022-02/28/2022 MAR for need the staff failed to perform (1) Also, the 's were not administered on /2022 on the 11:00 p.m. to 2/2022 into 2/13/2022 and /2022) as follows: Order 26.4(b)(1)) every shift and record on 2/13/2022 at 11:00 nift. was blank. Give 1 capsule by s for x Order 26.4B1 on 2/13/2022 a.m. were blank.	F 69	7		
	completed or received according to the PC	ved their medications O's order.				

NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD			315174			0:	_
				RE	1511 CLEMENTS BRIDGE RD		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
During an interview on 2/16/2022 at 9:26 a.m., the Staffing Coordinator confirmed she received a text on 2/11/2022 on the 11:00 p.m. to 7:00 a.m. shift, at 12:00 a.m. but did not see the text until she woke up. According to the Staffing Coordinator, the text was also sent to the DON and the HR Director. Since there was no response from the group, she assumed it was resolved. The Staffing Coordinator further stated she was aware that nursing was short-staffed, but the HR Director also handles the weekend schedule. During a telephone interview on 2/16/2022 at 11:11 a.m., LPN #1 indicated that on 2/12/2022, on the 11:00 p.m. to 7:00 a.m. shift, she was the only nurse on the and LPN #1 also stated that LPN #2 was the only nurse assigned to the and the condition of the 11:00 p.m. to 7:00 a.m. shift on 2/12/2022. The LPN explained that on 2/12/2022. The LPN explained that on 2/12/2022. The LPN explained that on 2/12/2022, on the 11:00 p.m. to 7:00 a.m. shift, she was the only nurse on the foor residents and only provided care for some residents. She stated some residents were crying, complaining they were not getting their medications. and came up to the nurses' station, and she administered those residents their medications. and came up to the nurses' station, and she administered those residents their medications. LPN #1 also stated that a resident called the police from the foor resident tensus of 105. LPN #1 further extead that a resident called the police from the foor. LPN #1 further stated that the next night on 2/13/2022, on the 11:00 p.m. to 7:00 a.m. shift, she was again the only nurse on the foor exidents.	F 697	During an interviet the Staffing Coord text on 2/11/2022 shift, at 12:00 a.m. she woke up. Acc Coordinator, the trand the HR Direct response from the resolved. The Stashe was aware the HR Director as schedule. During a telephonal 11:11 a.m., LPN # on the 11:00 p.m. only nurse on the units and and she administed further explained the some residents. LPN #1 further sta 2/13/2022, on the she was again the she w	w on 2/16/2022 at 9:26 a.m., dinator confirmed she received a on the 11:00 p.m. to 7:00 a.m. a. but did not see the text until ording to the Staffing ext was also sent to the DON for. Since there was not a group, she assumed it was affing Coordinator further stated at nursing was short-staffed, but also handles the weekend see interview on 2/16/2022 at a sindicated that on 2/12/2022, at 7:00 a.m. shift, she was the floor and was assigned to assigned to the floor and was assigned to 7:00 a.m. shift on 2/12/2022. At the floor and was the only floor for units floor and only provided care for the stated some residents were ago they were not getting their came up to the nurses' station, and those residents their floor.	F 6	97		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		315174	B. WING			02/	19/2022
	PROVIDER OR SUPPLIER RD CENTER FOR RE	HABILITATION AND HEALTHCAR	RE	1511	EET ADDRESS, CITY, STATE, ZIP CODE CLEMENTS BRIDGE RD PTFORD, NJ 08096		
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F 697	he/she did not recenurse was on his/h 2/13/2022, during the shift, she sent out a Director of Nursing (HR) Director, and were only two nurse building, for a censure residents. According called down to the to get his/her media that she would not floor. LPN #1 explaided not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the resident called Resident #3 was did not give the floor on 2/11/20 a.m. shift, the HR I received a group to night between 12:3 to the HR Director, message but did not give the the same that contacted the on-cexplained that she and the Supervisor was unsure who was unsure	medications as no er cart. The LPN explained, on the 11:00 p.m. to 7:00 a.m. a mass text message to the (DON), the Human Resources other facility staff that they es on duty in the entire sus of over two hundred to LPN #1, Resident #3 floor from the floor floor from the floor flo	F6	697			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG	CON	E SURVEY MPLETED
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F 697	take the keys becawith anyone. The I facility is short-staff. During an interview the Director of Nur Supervisor was on not work on 2/12/2 also confirmed that message sent out p.m. to 7:00 a.m. sexplained that the and she did not he When asked by the more nurses or whome the 11:00 p.m. to 7 responded that LP instead of texting; message until the over, so she did not pool further explained that the have been aware to because there was schedule for 2/12/2 a.m. shift on units also stated are looked, a medication, the did not write up the weekend yet.	a.m., but she did not want to ause she did not count the cart LPN continued to explain the	F 6	97		
	spaces mean on the spaces mean the r	ne MAR, she stated blank medication was not of documented. The DON				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 697	further stated she w	vas not aware of the residents' missed and the police being fact, the following day e shift was over.	F 6	97		
	Sufficient Nursing SCFR(s): 483.35(a)(§483.35(a) Sufficient The facility must have the appropriate comprovide nursing and resident safety and practicable physical well-being of each in resident assessment and considering the diagnoses of the factordance with the at §483.70(e). §483.35(a)(1) The fiby sufficient number types of personnel of nursing care to all in resident care plans (i) Except when waithis section, license (ii) Other nursing pelimited to nurse aide §483.35(a)(2) Except agraph (e) of this designate a license nurse on each tour	staff 1)(2) Int Staff. Inve sufficient nursing staff with inpetencies and skills sets to defend a related services to assure attain or maintain the highest lesident, and psychosocial resident, as determined by ints and individual plans of care in number, acuity and cility's resident population in refacility assessment required facility must provide services are of each of the following on a 24-hour basis to provide residents in accordance with the fived under paragraph (e) of red nurses; and resonnel, including but not reserve to serve as a charge	F7	25		3/15/22

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE			
DERTEO	DD CENTED EOD DE	HABILITATION AND HEALTHCAR	,_	1511 CLEMENTS BRIDGE RD		- 1	
DEFIFO	ND CENTER FOR RE	HABILITATION AND REALTHCAN	` -	DEPTFORD, NJ 08096		- 1	
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F 725	Based on interview facility documents of 2/19/2022, it was do failed to ensure the to provide care for a 2/13/2022 on the 17 The facility also fail "Staffing Hours." The on 5 of 8 units, affer (Resident #1, #2, # had the potential to was evidenced by the During a tour on 2/1 interviewed Reside #2 told the surveyor (2/12/2022) during shift, the resident whis/her routine received it. Resider call bell to call for he had to the certified Nurthe resident did not stated he/she with 10 scale, with 10 Resident #2 stated Resident #2 explain he/she did not received it.	s and review of pertinent on 2/15/2022, 2/16/2022, and etermined that the facility re were sufficient nursing staff all residents on 2/12/2022 and 1:00 p.m. to 7:00 a.m. shifts. ed to follow its policy titled his deficient practice occured cted 5 of 7 residents 3, #4, and #5) reviewed and affect all other residents. This he following: 15/2022, the surveyors of the surveyors of the 11:00 p.m. to 7:00 a.m. was supposed to receive at 12:00 a.m. but never of the 11:00 p.m. to 7:00 a.m. was supposed to receive at 12:00 a.m. but never of the surveyors of the surveyors of the surveyor of the surveyor of the surveyor the surveyor of the surveyor the surveyor the surveyor the surveyor the surveyor that since ive the surveyors the surveyors the surveyors the surveyors that since ive the surveyors the surveyors the surveyors the surveyors the surveyors the surveyors the	F 72	1. Resident #1 was administered medication on the following shift with Ex.Order 26.4(b)(1). The medic director, NP, and the RN evaluate resident #1 on 2/15/22, 2/20/22, 3/9/22 with no noted lasting negal effect from the omission of sched medications. Resident #2 was administered medications. Resident #2 was administered medication on the following shift with Ex.Order 26.4(b)(1) documente medical director, NP, and the RN evaluated resident #2 on 2/15/22 and 3/9/22 with no noted lasting reffects from the omission of the scheduled medication on the following shift with Ex.Order 26.4(b)(1) documente with Ex.Order 26.4(b)(1) documente medicated resident #3 on 2/15/22 and 3/9/22 with no noted lasting reffects from the omission of the scheduled medication. Resident #4 was administered medication on the following shift with Ex.Order 26.4(b)(1) documente medication on the following shift with Ex.Order 26.4(b)(1) documente medication on the following shift with Ex.Order 26.4(b)(1) documente medical director, NP and RN evaluated resident #4 on 2/15/22, 2/20/22, 3/9/22 with no noted lasting negal effects from the omission of the	2/13/22) cal		
	started to feel <i>Ex Order</i> to CNA #1, <i>Ex Order</i> However, the reside			scheduled medication. Resident #5 was administered	er 25		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION NG	COM	E SURVEY IPLETED
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F 725	when Resident #2 paramedics and prexplained to the strong medication later at 6:00 a.m. receive the 6:00 are early morning medication of the facility of the f	called came. Resident #2 further curveyors that his/her next dose was scheduled for six hours. The resident also did not medication and the dications due on the 11:00 p.m. Resident #2 stated that he/she and the other medications and the other medications are shift at 7:45 a.m. ity's daily census report dated the facility had 105 residents follows: 24 residents on unit nunit and the facility had 105 residents on unit nunit and the facility had 105 residents on unit nunit and the facility had only ed Practical Nurse) LPN #1 and units. No nurse was for the 58 residents on the facility's daily census report howed the facility had a total of the facility's daily census report howed the facility had a total of the facility's staff assignment sheets evealed the facility had only one signed to the facility had only one signed to care for the 57	F 72	medication on the following s with Ex.Order 26.4(b)(1) docum medical director, NP, and RN resident #5 on 2/15/22,2/20/2 3/9/22 with no noted lasting medication on the omission of t scheduled medication. Resident #6 was administered medication on the following s with Ex.Order 26.4(b)(1) docum medical director, NP and RN resident #6 on 2/15/22, 2/20/3/9/22 with no noted lasting medication of t scheduled medication. Nerrors were completed for idea residents. 2. All residents have the potential affected by this deficient practical fected by the fected fected by the fected by the fected fected by the fected fected fected by the fected fecte	ented. The N evaluated 12, and regative the with the evaluated 12, and regative the evaluated 13 at to be retice. The determined 14 are currently. The evaluated 15 scheduled 16 are currently. The evaluated 16 scheduled 17 are currently. The evaluated 17 are currently. The evaluated 18 scheduled 18 1	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING		(X3) DATE	SURVEY LETED
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	PROVIDER OR SUPPLIE	REHABILITATION AND HEALTHCAR	RE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
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F 725	A review of the fadated 2/13/2022 nurse (LPN #1) of LPN to the same and sunits. During an interview Resident #1 states a.m. shift (on Sates missed his/her pion the sunit. The wait until the 7:00 give the resident #3 states were not showing (11:00 p.m. to 7:00 explained he/she medication for the resident called Surveyor that the his/her sunder 26:400 and the resident stated he resident to take him/her to take him/h	cility's staff assignment sheets revealed the facility had only one in the floor and assigned the difference was for the 42 residents on the floor the 42 residents on the word with the floor sheet at 3:25 p.m., and that on the 11:00 p.m. to 7:00 red that on the 11:00 p.m. to 7:00 red with the floor stated he/she had to a.m. nurse came on duty to the medications, and the sa floor and the word floor	F 725	ensure that necessary medications administered. The medical director determined optimum times to impro resident squality of life and stream the number of medications administ by nursing. The medications for the shift were rescheduled in compliance manufacturers recommendation to administration of medications for what residents are awake. Reducing medications and shifting medication waking hours will improve the reside quality of life while allowing nursing focus on administering essential medications on the 11-7 shift. This was completed from 2/20/22-2/25/22 Facility schedules were evaluated by administration on 2/19/22 with adeq staffing noted to provide medication noted at this time. 3. The facility policy on medication administration was reviewed by the nursing administration on 2/19/22 and determined to be in compliance with and federal guidelines. The staffing coordinator was educate 2/20/22) on ensuring that adequate staffing levels are reached to provide and medications to all residents. If restaff does not meet adequate levels DON and administrator must be not the DON and/or administrator is not responding continued attempts to reeither one must occur.	ove nlline tered 11-7 ce with shift nen ns to ent6s to was y juste is was and n state ted (on le care nursing s, the cified. If	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	1 200		E SURVEY PLETED
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F 725	received the needer relieved slowly. What was the resident #3 During an interview CNA #1 stated that and told him he/she CNA #1 said the nu #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the resident #2 needed his/her reported it to the nu Surveyor what the nu #2 needed his/her reported it to the nu Surveyor what the nu #2 needed his/her reported it to the nu #2 needed his/her reported it to the nu #2 needed his/her reported his/he	The resident stated he/she and the symptoms were an asked by the Surveyor ent's correct 255(b)(1) on a 0-10 stated his/her correct was cor	F 72	The Regional Director / design serviced licensed nurses (on 2/19/22, 3/9/22) on ensuring the residents needs were met and medications are administered supervisors were educated to administration and the MD if the enough nursing staff to administrations and care. Additional recruiting efforts were to employ and maintain nursing including new contracts with the agencies, additional ads to attempt staff, generous incentives to a of other facilities, sign on and bonuses initiated. 4. The administrator / Designee schedules to actual payroll purensure nursing staff is provided the medication needs of the reaction needs of the reaction needs of the reaction needs of the reaction of the medication of the seaudits will be completed week and then monthly until compliance administration of these audits will presented at monthly QAPI. The DON/ designee will audit administration x 4 weeks and x 4 weeks and then monthly uncompliance is met. The results of these audits will submitted at QAPI.	2/1522, hat . Nursing notify here was not ister ere initiated og staff raveling tract nursing attract staff referral will audit nches to ed to meet esidents. dly x 4 weeks ance is met. I be medication then weekly intil	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L. IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315174	B. WING		02	C / 19/2022	
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DEPTFO	RD CENTER FOR RE	HABILITATION AND HEALTHCAR	RE	1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096			
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F 725	on the 11:00 p.m. to The LPN explained 11:00 p.m. to 7:00 a nurse on the first with the first of the further explained to the further explained to the further explained to the further explained to some residents. SI crying, complaining medications, and of station and she add medications. LPN: called the first called to the first order 26.4BI consus of 103. She called for the first order 26.4BI consus of 103. She called for the first order 26.4BI consus of 103. She called for the first order of Nursing (HR) Director of Nursing (HR) Director, and were only two nurse building, for a cens residents. According called down to the to get his/her medit that she would not floor. LPN #1 explaid not give the resident called Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explaid not give the resident called Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explaid not give the resident called Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explaid not give the resident called Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explaid not give the resident called Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explained Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explained Resident #3 was for the first order to get his/her medit that she would not floor. LPN #1 explained Resident #3 was for the first order to get his/her medit that she would not give the resident called Resident #3 was for the first order to get his/her medit that she would not give the resident was for the first order to get his/her medit that she would not give the resident #10 was for the first order to get his/her medit that she would not give the resident #10 was for the first order to get his/her medit that she would not give the resident #10 was for the first order to get his/her medit that the first or	that on 2/12/2022, on the a.m. shift, she was the only oor for units of 105. LPN #1 at she could not care for all of ents and only provided care for he stated some residents were get they were not getting their same up to the nurses ministered those residents their than the object of the nurse of the stated that a resident form the object of the nurse of the stated that a resident of the further stated that a resident of the stated of the s	F 7	The Administrator is re execution and monitori			
		asked the HR Director if she					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	TIPLE CONSTRUCTION	(SURVEY PLETED
		315174	B. WING			02/	0 19/2022
	PROVIDER OR SUPPLIER		RE .	STREET ADDRESS, CITY, STATE, 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096	ZIP CODE	0ZI	13/2022
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F 725	received a text from nurse on the floor to 7:00 a.m. shift. she received a grothe night between According to the H nurse's text messar anyone else. She have contacted the Director explained shift and the Super She was unsure where the Director explained shift and the Super She was unsure where the LPN stated the floor, and she told explained that Resmedication at 3:00 take the keys becar with anyone. The Let a facility is short-staff. During an interview the Director of Nur Supervisor was on not work on 2/12/2 also confirmed that message sent out p.m. to 7:00 a.m. sexplained that the and she did not he When asked by the more nurses or whith the 11:00 p.m. to 7 responded that LP responded	m LPN #1 about being the only on 2/11/2022 on the 11:00 p.m. The HR Director confirmed that up text from the nurse during 12:30 a.m. to 2:30 a.m. R Director, she replied to the age but did not follow up with explained that the nurse should a on-call Supervisor. The HR that she does not take calls off rvisor handles that on-off shifts, ho was the on-call Supervisor. In interview on 2/16/2022 at 1:13 rmed she was assigned to the age and units on Sunday 11:00 p.m. to 7:00 a.m. shift, here was no other nurse on the the HR Director. LPN #4 dident #3 requested his/her pain a.m., but she did not want to huse she did not count the cart LPN continued to explain the	F7	725			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		315174	B. WING			C 19/2022
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F 725	over, so she did no DON further explain are looked at before explained that the Shave been aware the because there was schedule for 2/12/2 a.m. shift on units also stated pain me when requested, and medication, the did not write up the weekend yet. During a post-surve 3/1/2022 at 11:25 a stated she was schweekend of 2/12/20 at 7:00 a.m. throug Supervisor explained Staffing Coordinated percent positive shear the survey to be respond. A review of the facit Hours," last revised following: "Our facility maintains act to ensure that our rare met. Licensed a licensed nursing staffings staffings to staffings act to ensure that our rare met. Licensed a licensed nursing staffings to staffings to staffings act to ensure that our rare met. Licensed a licensed nursing staffings to staffings to staffings the staffings to staffings the staffings that the staffings tha	norning. The shift was almost at go to the facility to help. The need that the staffing schedules are the weekend begins. She staffing Coordinator should nat the nursing staff was short only one nurse on the 022 on the 11:00 p.m. to 7:00 coordinators should be given in the nursing staff was short only one nurse on the 022 on the 11:00 p.m. to 7:00 coordinators should be given in the nurse would be written up; I nurses from this past ey telephone interview on interview	F 7	725		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		MPLETED
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F 725	Continued From pa	ge 46	F 7	25		
	REF: F658 and F6	97.				
	N.J.A.C. 8:39-27.1	(a)				

New Jersey Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. Boilebiive	-		:
		060804	B. WING			9/2022
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY,	•		
DEPTFO	RD CENTER FOR RE	HABILITATION AI	CLEMENTS BRI FORD, NJ 0809			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
S 560	8:39-5.1(a) Mandate	ory Access to Care	S 560			3/15/22
		comply with applicable local laws, rules, and				
	by:	NT is not met as evidenced 52294, NJ152309, NJ1523	10	The facility schedules were review the administrator on 2/19/22 and states.		
	2/16/2022, and 2/19 the facility failed to met to maintain the staff-to-resident ratiof New Jersey for 1 of 20 evening shifts of 20 overnight shift	cument review on 2/15/202 8/2022, it was determined the ensure staffing ratios were required minimum los as mandated by the stat 6 of 21 day shifts for CNAs, for total staff reviewed and ts for total staff reviewed. The	at = 5 = 6	was added to meet the minimum requirement of direct care staff to requirement. Additional recruitme were employed including new conwith traveling agencies, additional attract nursing staff, generous incommodities to attract staff of other facilities, in of referral and sign on bonuses.	nt efforts stracts l ads to entives	
	Findings include:			All residents have potential to be by this deficient practice.	affected	
	(NJDOH) memo, da with N.J.S.A. (New 30:13-18, new minin nursing homes," inc Governor signed int codified as N.J.S.A. established minimu	ersey Department of Health ated 01/28/2021, "Complian Jersey Statutes Annotated) mum staffing requirements dicated the New Jersey to law P.L. 2020 c 112, . 30:13-18 (the Act), which m staffing requirements in e following ratio (s) were		The facility schedules were review the administrator on 2/19/22 and additional staff was added to mee requirements for direct care staff resident ratio. 3. The staffing coordinator was educate administrator on 2/20/22 on each	et the to	
	One Certified Nurse residents for the da	e Aide (CNA) to every eight y shift. One direct care staff) residents for the evening		the administrator on 2/20/22 on eithat adequate staffing levels are r to comply with the NJ state requir for direct care staff to resident rat including a C.N.A. ration of 8:1 on	eached ement io	

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

TITLE

(X6) DATE 03/09/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
					С					
060804			B. WING		02/19/2022					
NAME OF				OTATE ZID CODE	02/1	0,2022				
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
DEPTFO	DEPTFORD CENTER FOR REHABILITATION AT DEPTFORD, NJ 08096									
0/4) ID	CLIMMADY CT/	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON	(X5)				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)						
S 560	Continued From pa	nge 1	S 560							
0 000	shift, provided that shall be CNAs and be signed into work shall perform nurse care staff member night shift, provided	no fewer of all staff members each direct staff member shall as a certified nurse aide and aide duties: and One direct to every 14 residents for the dithat each direct care staff in to work as a CNA and		shift; 10:1 on evening shift; and 14 night shift. 4. The Administrator / Designee will a schedules to ensure direct care st resident ratio requirement is met. will be completed weekly x 4 week monthly until compliance is met.	audit aff to Audits					
	02/12/2022, the factor staffing for resident deficient in total state evening shifts and residents on 3 of 14 on 01/30/22 had 17	f 01/30/2022 through cility was deficient in CNA its on 11 of 14-day shifts, off for residents on 3 of 14 deficient in total staff for 4 overnight shifts as follows:		The results of these audits will be presented at monthly QAPI. The Administrator is responsible for execution and monitoring of this P						
	on the overnight sh On 01/31/22 had 19 the day shift, requir On 02/01/22 had 29 the day shift, requir On 02/03/22 had 19 the day shift, requir On 02/04/22 had 29 the day shift, requir On 02/05/22 had 29 the day shift, requir On 02/06/22 had 29 on the evening shift On 02/06/22 had 19 on the evening shift On 02/06/22 had 19 on the evening shift On 02/06/22 had 19 on the evening shift On 02/06/22 had 19	3 total staff for 226 residents ift, required 17 total staff. 9 CNAs for 226 residents on red 29 CNAs. 6 CNAs for 222 residents on red 28 CNAs. 9 CNAs for 222 residents on red 28 CNAs. 3 CNAs for 222 residents on red 28 CNAs. 2 CNAs for 222 residents on red 28 CNAs. 2 CNAs for 222 residents on red 28 CNAs. 2 CNAs for 222 residents on red 28 CNAs. 3 total staff for 222 residents on red 28 CNAs. 5 total staff for 222 residents on red 28 CNAs. 5 total staff for 221 residents on red 28 CNAs for 221 residents on								

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED			
060804		B. WING		C 02/19/2022			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
DEPTFORD CENTER FOR REHABILITATION AT 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096							
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
the day shift, requir On 02/07/22 had 20 on the evening shift On 02/08/22 had 20 the day shift, requir On 02/11/22 had 20 the day shift, requir On 02/12/22 had 10 on the overnight shifts as 10 on 02/19/2022, the fact staffing for resident in total staff	6 CNAs for 221 residents on red 28 CNAs. 0 total staff for 221 residents it, required 23 total staff. 5 CNAs for 222 residents on red 28 CNAs. 1 CNAs for 217 residents on red 28 CNAs. 7 CNAs for 215 residents on red 27 CNAs. 0 total staff for 215 residents ift, required 16 total staff. of 02/13/2022 through cility was deficient in CNA is on 5 of 7-day shifts, deficient idents on 2 of 6 evening shifts al staff for residents on 3 of 6 follows: 2 CNAs for 213 residents on red 27 CNAs. 9 total staff for 213 residents ift, required 22 total staff. 5 total staff for 213 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents ift, required 22 total staff. 4 total staff for 211 residents ift, required 16 total staff. 2 CNAs for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 total staff for 211 residents on red 27 CNAs. 8 CNAs for 220 residents on	S 560					

New Jersey Department of Health

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	COMPI	COMPLETED			
		060804	B. WING		C 02/19/2022			
		000004			02/1	02/19/2022		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
DEPTFORD CENTER FOR REHABILITATION AI 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE			
S 560	Continued From pa	ge 3	S 560					
	the day shift, require	ed 28 CNAs.						

			POST-C	ERTI	FICATION	N REVISIT F	REPOF	RT			
	R / SUPPLIER CATION NUMB		MULTIPLE CON A. Building	STRUCTIO	N				DATE (OF REVI	SIT
315174		Y1 B	B. Wing					Y2	3/23/2	022	Y 3
NAME OF FACILITY						STREET ADDRESS, C	CITY, STATE	, ZIP CODE			
DEPTFC	RD CENTER	FOR REH	ABILITATION	AND HEAL	THCARE	1511 CLEMENTS BRIL					
						DEPTFORD, NJ 08096	<u> </u>				
program, corrected provision	, to show thos d and the date	e deficiend such corre the identifi	cies previously ective action v	reported ovas accom	on the CMS-256 plished. Each d	edicaid and/or Clinica 7, Statement of Defici eficiency should be fune CMS-2567 (prefix o	encies and Illy identifie	Plan of Correcti d using either th	ion, that ie regula	t have b ation or	LSC
ITEI	М		DATE	ITEM		DATE	ITEM			DATE	
Y4			Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0658		Correction	ID Prefix	F0697	Correction	ID Prefix	F0725		Corre	ction
Reg. #	483.21(b)(3)(i)		Completed	Reg. #	483.25(k)	Completed	Reg. #	483.35(a)(1)(2)		Comp	leted
LSC			03/15/2022	LSC		02/20/2022	LSC			03/15/2	2022
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Reg. # Completed		Reg. #		Completed	Reg. #			Comp	leted		
LSC		LSC			LSC						
STATE A		REVIEWI (INITIALS		DATE	SIGNATU	IRE OF SURVEYOR			DATE		
REVIEWS CMS RO	ED BY	REVIEWI (INITIALS		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 2/19/2022				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?							NO

2/19/2022

YES NO

STATE FORM: REVISIT REPORT MULTIPLE CONSTRUCTION PROVIDER / SUPPLIER / CLIA / DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building 3/23/2022 060804 B. Wing **Y3** NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE DEPTFORD, NJ 08096 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 DATE ITEM DATE ITEM DATE **Y4 Y5** Y4 Y5 Y4 **Y**5 ID Prefix S0560 **ID Prefix ID Prefix** Correction Correction Correction 8:39-5.1(a) Reg. # Completed Reg. # Completed Reg. # Completed LSC 03/15/2022 LSC LSC **ID Prefix ID Prefix ID Prefix** Correction Correction 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 ID Prefix ID Prefix** Correction Correction Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **REVIEWED BY REVIEWED BY** DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE REVIEWED BY **REVIEWED BY** CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

Page 1 of 1 EVENT ID:

YES NO

UZI412

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

2/19/2022