

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

PRINTED: 02/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
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F 000	<p>INITIAL COMMENTS</p> <p>Complaint #: NJ00181255, NJ00181471</p> <p>Survey Dates: 12/17/2024</p> <p>Census: 101</p> <p>Sample Size: 48</p> <p>THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p> <p>F689</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documents on 12/17/2024, it was determined that the facility failed to ensure resident safety by using portable space heaters in resident rooms when the boilers became non-operational. The U.S. FOIA (b)(6) stated he received a call on 12/8/24 from a staff member that a resident was complaining about the temperature being cold in their room. The U.S. FOIA stated he went to the facility and noticed that the boilers were not operational and supplemental heat was needed in certain areas of the facility. The NJ Encl notified the U.S. FOIA (b)(6) that the boilers were not operational and supplemental heat was required. The U.S. FOIA purchased the portable space heaters and placed them in the resident's rooms. The two non-operational boilers were replaced on 12/10/24. The facility discontinued using the portable space heaters on 12/11/2024. There</p>	F 000			

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

TITLE

(X6) DATE

Electronically Signed

01/21/2025

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

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F 000	<p>Continued From page 1</p> <p>were NJ Exec Order 26.4b1 residents in the facility on NJ Exec Order 26.4b1 and there were 10 residents prescribed NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. The facility had knowledge that portable space heaters were being used in resident's rooms where the residents were NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 was being utilized despite being a fire hazard. This placed all residents at risk for an Immediate Jeopardy (IJ) situation.</p> <p>The Immediate Jeopardy was identified on 12/17/2024 at 6:06 PM and was reported to the U.S. FOIA (b)(6). U.S. FOIA (b)(6) were presented with the IJ template that included information about the issue. The IJ began on 12/8/2024 and continued through 12/18/2024 when the facility submitted an acceptable Removal Plan.</p> <p>On 12/20/2024, the surveyors verified the implementation of the removal plan during an onsite revisit. The facility implemented the Removal Plan, which included education for the U.S. FOIA (b)(6) on not using space heaters in the facility; education for all staff on not using the space heaters in the facility.</p> <p>The noncompliance remained on 12/20/24 as a level D for potential for minimal harm that is not an IJ based on that facility staff have been educated on not using space heaters in the facility. Audits that monitor compliance with space heaters not being used in the facility were conducted to ensure that they are being implemented.</p> <p>F835</p> <p>Based on observations, interviews, medical</p>	F 000			

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F 000	<p>Continued From page 2</p> <p>record review, and review of other pertinent facility documents on 12/17/2024, it was determined that the U.S. FOIA (b)(6) failed to ensure the resident safety by allowing the use of space heaters in resident rooms while the boilers were not operational. The U.S. FOIA (b)(6) notified the U.S. FOIA (b)(6) that the boilers were not operational and supplemental heat was required. The U.S. FOIA (b)(6) went and purchased the portable space heaters and placed them in the resident's room. The two non-operational boilers were replaced on 12/10/24. The facility discontinued using the portable space heaters on 12/11/2024. There were NJ Exec Order 26.4b1 residents in the facility on NJ Exec Order 26.4b1 and there were NJ Exec Order 26.4b1 residents on NJ Exec Order 26.4b1. The facility had knowledge that portable space heaters were being used in resident's rooms where the residents were NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 was being utilized despite being a fire hazard. This placed all residents at risk for an Immediate Jeopardy (IJ) situation.</p> <p>The Immediate Jeopardy was identified on 12/17/2024 at 6:06 PM and was reported to the U.S. FOIA (b)(6). U.S. FOIA (b)(6) were presented with the IJ template that included information about the issue. The IJ began on 12/8/2024 and continued through 12/18/2024 when the facility submitted an acceptable Removal Plan.</p> <p>On 12/20/2024, the surveyors verified the implementation of the removal plan during an onsite revisit. The facility implemented the Removal Plan, which included education for the U.S. FOIA (b)(6) on not using space heaters in the facility; education for all staff on not using the</p>	F 000			

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F 000	Continued From page 3 space heaters in the facility. The noncompliance remained on 12/20/24 as a level D that is not an IJ based on that facility staff have been educated on not using space heaters in the facility. Audits that monitor compliance with space heaters not being used in the facility were conducted to ensure that they are being implemented.	F 000			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00181255, NJ00181471 Based on observations, interviews, medical record review, and review of other pertinent facility documents on 12/17/2024, it was determined that the facility failed to ensure resident safety by using portable space heaters in resident rooms when the boilers became non-operational. The U.S. FOIA (b)(6) stated he received a call on 12/8/24 from a staff member that a resident was complaining about the temperature being cold in their room. The U.S. FOIA stated he went to the facility and noticed that the boilers were not operational and supplemental heat was needed in certain areas of the facility. The U.S. FOIA notified the U.S. FOIA (b)(6)	F 689	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No space heaters were used as of 12/10/2024. A facility-wide audit was conducted on 12/17/2024 and no space heaters were actively being used. Resident one was NJ Exec Order 26.4b1 Resident four was NJ Exec Order 26.4b1 Resident five was NJ Exec Order 26.4b1 Resident six was NJ Exec Order 26.4b1 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:		1/22/25

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F 689	<p>Continued From page 4</p> <p>U.S. FOIA (b)(6) that the boilers were not operational and supplemental heat was required. The U.S. FOIA (b)(6) purchased the portable space heaters and placed them in the resident's rooms. The two non-operational boilers were replaced on 12/10/24. The facility discontinued using the portable space heaters on 12/11/2024. There were NJ Exec Order 26.4b1 residents in the facility on NJ Exec Order 26.4b1 and there were NJ Exec Order 26.4b1 residents on NJ Exec Order 26.4b1. The facility had knowledge that portable space heaters were being used in resident's rooms where the residents were NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 was being utilized despite being a fire hazard. This placed all residents at risk for an Immediate Jeopardy (IJ) situation.</p> <p>The Immediate Jeopardy was identified on 12/17/2024 at 6:06 PM and was reported to the U.S. FOIA (b)(6). U.S. FOIA (b)(6) were presented with the IJ template that included information about the issue. The IJ began on 12/8/2024 and continued through 12/18/2024 when the facility submitted an acceptable Removal Plan.</p> <p>On 12/20/2024, the surveyors verified the implementation of the removal plan during an onsite revisit. The facility implemented the Removal Plan, which included education for the U.S. FOIA (b)(6) on not using space heaters in the facility; education for all staff on not using the space heaters in the facility.</p> <p>The noncompliance remained on 12/20/24 as a level D based on that facility staff have been educated on not using space heaters in the facility. Audits that monitor compliance with space heaters not being used in the facility were</p>	F 689	<p>All residents have the potential to be affected. No residents were identified as being affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Regional Director of Clinical Services educated the U.S. FOIA (b)(6) and U.S. FOIA (b)(6) on not using space heaters in the facility. This was completed on 12/17/24. After that was completed, The NHA or Maintenance Director began in-servicing staff on not using space heaters in the facility. This began on 12/17/2024. All facility staff were in-serviced as of 12/20/24. Newly hired staff and agency staff will receive the in-servicing in orientation when they are hired prior to working on the floor.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The NHA will conduct audits to ensure space heaters are not used in the facility. Audits will continue daily for one week, then weekly for three weeks, then monthly for three months. The results will be reviewed in the facility's Quality Assurance and Performance Improvement (QAPI) meetings.</p>		

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F 689	<p>Continued From page 5</p> <p>conducted to ensure that they are being implemented.</p> <p>This deficient practice was identified for 48 of 48 residents and was evidenced by the following:</p> <p>A review of the facility's Facility Reported Event (FRE) records revealed: "On Sunday 12/08/2024 at approximately 1 P.M., the Director of Maintenance notified the Administrator that both of the Water Source Heat Pump Boilers were not properly functioning and has caused an interruption of service for the heating units. The contracted boiler company was immediately contacted, and a representative was called on sight to inspect both boilers and begin working on the repairs. Ambient temperatures were still being maintained at this time in all resident living spaces. The entire Emergency Chain of Command was immediately notified including the contracted boiler repair company, corporate office, DOH (Department of Health), and NJLTCO (New Jersey Long Term Care Ombudsman). Two replacement boilers units were ordered and scheduled for delivery and install beginning 12/9/2024. During this time the Nursing Department and Maintenance Department are completing and maintain temperature check logs every two hours, and a Fire Watch is in effect with hourly monitoring. Substitute heat devices were in place where needed and extra blankets and comforters are being provided to all residents in need. Wellness checks are ongoing to ensure the comfort and safety of each resident."</p> <p>According to the Admission Record (AR), Resident #6 was admitted to the facility with diagnoses which included but were not limited to:</p> <p>NJ Exec Order 26.4b1</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>NJ Exec Order 26.4b1</p> <p>[REDACTED]</p> <p>According to the Quarterly Minimum Data Set (MDS), an assessment tool dated NJ Exec Order 26.4b1, Resident #6 had a Brief Interview for Mental Status (BIMS) score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1. The MDS further revealed that the resident was on NJ Exec Order 26.4b1.</p> <p>A review of the facility's document titled "Order Listing Report" (OLR) revealed that Resident #6 had an order for NJ Exec Order 26.4b1.</p> <p>During a tour of the second-floor unit at 10:25 A.M., the surveyor observed Resident #6 wearing NJ Exec Order 26.4b1 in his/her room.</p> <p>During an interview with the surveyor on 12/17/2024 at 10:25 A.M., Resident #6 stated he/she remembered there was a portable space heater in his/her room approximately a "couple of weeks ago." Resident #6 stated the staff removed the portable space heater but was unsure of the date the heater was removed.</p> <p>According to the AR, Resident #4 was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1.</p> <p>According to the Quarterly MDS dated NJ Exec Order 26.4b1, Resident #4 had a BIMS score of NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1.</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>NJ Exec Order 26.4b1</p> <p>During an interview with the surveyor on 12/17/2024 at 10:27 A.M., Resident #4 stated approximately at the beginning of the month, the facility did not have heat because the boilers went down. Resident #4 stated staff brought a portable heater to his/her room. Resident #4 stated the heat did not operate for approximately four to five days. Resident #4 further stated NJ Exec Order 26.4b1 " when the heat was not working. Resident #4 stated that the Maintenance staff removed the heaters, once the heat came back on but he/she was unsure of the exact date this had occurred.</p> <p>During an interview with the surveyor on 12/17/2024 at 10:34 A.M., the U.S. FOIA (b)(6) stated that the boilers were not operating on the weekend of 12/08/2024. She stated that the residents were given portable space heaters and extra blankets. The U.S. FOIA (b)(6) stated that residents with NJ Exec Order 26.4b1 were also provided with portable space heaters, but they were placed on the other end of the resident's room.</p> <p>According to the AR, Resident #5 was admitted to the facility with diagnoses which included but were not limited to: NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>According to the Quarterly MDS dated NJ Exec Order 26.4b1, Resident #5 had a BIMS score of NJ Exec Order 26.4b1 which indicated the resident's NJ Exec Order 26.4b1</p>	F 689			

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F 689	<p>Continued From page 8</p> <p>NJ Exec Order 26.4b1 The MDS further revealed that the resident was on NJ Exec Order 26.4b1</p> <p>A review of the facility's document titled "Order Listing Report" (OLR) revealed that Resident #5 had an order for NJ Exec Order 26.4b1</p> <p>During a tour of the NJ Exec Order 26.4b1 at 10:38 A.M., the surveyor observed Resident #5 wearing NJ Exec Order 26.4b1 in his/her room.</p> <p>During an interview with the surveyor on 12/17/2024 at 10:38 A.M., Resident #5 stated he/she could not remember the date, but the heat was not working. Resident #5 stated the Maintenance staff brought a plug-in heater into his/her room. Resident #6 stated he/she told the staff they could not plug the heater in his/her room. Resident #5 stated the plug-in heater was left in the room even though he/she requested it be removed. Resident #5 stated the plug-in heater was eventually removed but he/she cannot remember when it was removed. Resident #5 stated that he/she did not use the plug-in heater.</p> <p>According to the AR, Resident #1 was admitted to the facility with diagnoses which included but were not limited to NJ Exec Order 26.4b1</p> <p>According to the Quarterly MDS dated NJ Exec Order 26.4b1, Resident #1 had a BIMS score of NJ Exec</p>	F 689			

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F 689	<p>Continued From page 9</p> <p>NJ Exec Order 26.4b1, which indicated the resident's NJ Exec Order 26.4b1</p> <p>During an interview with the surveyor on 12/17/2024 at 10:51 A.M., Resident #1 stated on NJ Exec Order 26.4b1, he/she received a NJ Exec Order 26.4b1 in his/her room. Resident #1 stated the NJ Exec Order 26.4b1 operated for one night but was not connected to the red emergency outlet, which resulted in shutting off the lights in his/her room. Resident #1 stated the NJ Exec Order 26.4b1 removed from his/her room on NJ Exec Order 26.4b1.</p> <p>During an interview with the surveyors on 12/17/24 at 1:15 P.M., the U.S. FGA stated when he went to the facility on NJ Exec Order 26.4b1 around 6 P.M., he noticed the common area was a little chilly. He checked the boilers and noticed that the temperature was 52 degrees. He stated the normal temperature should have been 80 degrees. The U.S. FGA stated that one boiler was not functioning properly, and the other boiler did not have enough output to keep the facility warm. The U.S. FGA stated that the appropriate temperature for the resident's room should be between 71-81 degrees. The U.S. FGA stated he toured the facility to assess which of the resident's rooms needed supplemental heat. He stated that some of the heating consoles in some of the resident's rooms were providing appropriate temperatures and therefore did not require supplemental heat. The U.S. FGA stated that he was aware of the issues with the one boiler not being operational and the other two boilers needed to be repaired. He was obtaining quotes to have them repaired. The U.S. FGA stated that he was aware that the portable heaters were a fire hazard, but this was an emergent situation and felt this was the best</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>option to keep the residents comfortable at the time.</p> <p>During an interview with the surveyors on 12/17/24 at 2:41 P.M., the [U.S. FOIA (b)(6)] stated that he was notified on 12/8/24 by the [U.S. FOIA (b)(6)] that the boilers were not working properly. The [U.S. FOIA (b)(6)] stated he was aware that it was against regulations to use the portable space heaters because it was a fire concern. The [U.S. FOIA (b)(6)] stated it was not acceptable to not follow regulations regarding space heaters for the best interest of the residents. He stated this was an emergent situation and that his focus was the best interest of the resident's health and safety and to keep the residents comfortable. The [U.S. FOIA (b)(6)] stated that he would have considered evacuation if the problem with the boilers and no heat was a persistent problem.</p> <p>During a tour of the Physical Therapy aquatics room on 12/17/2024 at 5:11 P.M., the surveyor observed multiple portable space heater boxes. The [U.S. FOIA (b)(6)] confirmed that there were 46 boxes present during the tour.</p> <p>Review of the facility's Emergency Preparedness Plan for Fire Prevention dated 08/19/2024 revealed under "Policy Statement," "It is the policy of the facility that all personnel participate in methods of fire prevention and to report any condition (s) that could result in a potential fire hazard." Revealed under "Procedure," "fire prevention is the responsibility of all personal, residents, visitors, and public alike. Should a fire hazard, or other conditions that could develop into a fire hazard be discovered, it shall be reported to the [U.S. FOIA (b)(6)] immediately. Hazardous conditions must be corrected as soon as practical." Any hazardous condition requiring</p>	F 689			

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

PRINTED: 02/26/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From page 11 more that twenty-four (24) hours to correct must be reported to the U.S. FOIA (b)(6) outlining what corrections shall be made, methods of correction, and when the hazardous condition is expected to be corrected."	F 689			
F 835 SS=J	NJAC 8:39-31.2 (e) Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00181255, NJ00181471 Based on observations, interviews, medical record review, and review of other pertinent facility documents on 12/17/2024, it was determined that the U.S. FOIA (b)(6) _____ failed to ensure the resident safety by allowing the use of space heaters in resident rooms while the boilers were not operational. The US FOIA (b)(6) _____ that the boilers were not operational and supplemental heat was required. The U.S. FOIA purchased the portable space heaters and placed them in the resident's rooms. The two non-operational boilers were replaced on 12/10/24. The facility discontinued using the portable space heaters on 12/11/2024. There were NJ Exec Order 26.4b1 residents in the facility on NJ Exec Order 26.4b1 and there were NJ Exec residents NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 . The facility had	F 835	<p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: No residents were found to be affected.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected. No residents were identified as being affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Regional Director of Clinical Services educated the US FOIA (b)(6)</p>		1/22/25

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NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 835	<p>Continued From page 12</p> <p>knowledge that portable space heaters were being used in resident's rooms where the residents were cognitively impaired, and oxygen was being utilized despite being a fire hazard. This placed all residents at risk for an Immediate Jeopardy (IJ) situation.</p> <p>The Immediate Jeopardy was identified on 12/17/2024 at 6:06 P.M. and was reported to the U.S. FOIA (b)(6). The U.S. FOIA (b)(6) were presented with the IJ template that included information about the issue. The IJ began on 12/8/2024 and continued through 12/18/2024 when the facility submitted an acceptable Removal Plan.</p> <p>On 12/20/2024, the surveyors verified the implementation of the removal plan during an onsite revisit. The facility implemented the Removal Plan, which included education for the U.S. FOIA (b)(6) on not using space heaters in the facility; education for all staff on not using the space heaters in the facility.</p> <p>The noncompliance remained on 12/20/24 as a level D that is not an IJ based on that facility staff have been educated on not using space heaters in the facility. Audits that monitor compliance with space heaters not being used in the facility were conducted to ensure that they are being implemented.</p> <p>This deficient practice was identified for 48 of 48 residents and was evidenced by the following:</p> <p>A review of the facility's Facility Reported Event (FRE) records revealed: "On Sunday 12/08/2024 at approximately 1 P.M., the U.S. FOIA (b)(6) notified the U.S. FOIA (b)(6) that both</p>	F 835	<p>on not using space heaters in the facility. This was completed on 12/17/24.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting: The Regional Director of Clinical Services or designee will conduct audits to ensure space heaters are not used in the facility. Audits will continue weekly for one week, then every other week for three weeks and then monthly for two months. The results will be reviewed in the facility's Quality Assurance and Performance Improvement (QAPI) meetings.</p>		

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NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
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F 835	<p>Continued From page 13</p> <p>of the Water Source Heat Pump Boilers were not properly functioning and has caused an interruption of service for the heating units. The contracted boiler company was immediately contacted, and a representative was called on sight to inspect both boilers and begin working on the repairs. Ambient temperatures were still being maintained at this time in all resident living spaces. The entire Emergency Chain of Command was immediately notified including the contracted boiler repair company, corporate office, DOH (Department of Health), and NJLTCO (New Jersey Long Term Care Ombudsman). Two replacement boilers units were ordered and scheduled for delivery and install beginning 12/9/2024. During this time the Nursing Department and Maintenance Department are completing and maintain temperature check logs every two hours, and a Fire Watch is in effect with hourly monitoring. Substitute heat devices were in place where needed and extra blankets and comforters are being provided to all residents in need. Wellness checks are ongoing to ensure the comfort and safety of each resident."</p> <p>During an interview with the surveyors on 12/17/24 at 2:41 P.M., the [REDACTED] stated that he was notified on 12/8/24 by the [REDACTED] that the boilers were not working properly. The [REDACTED] stated he was aware that it was against regulations to use the portable space heaters because it was a fire concern. The [REDACTED] stated it was not okay to not follow regulations regarding space heaters for the best interest of the residents. He stated this was an emergent situation and that his focus was the best interest of the resident's health and safety and to keep the residents comfortable. The [REDACTED] stated that he would have considered evacuation if the problem with the boilers and no heat was a</p>	F 835			

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NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 835	<p>Continued From page 14 persistent problem.</p> <p>During a tour of the Physical Therapy aquatics room on 12/17/2024 at 5:11 P.M., the surveyor observed multiple portable space heater boxes. The [REDACTED] confirmed that there were 46 boxes present during the tour.</p> <p>Review of the facility's Emergency Preparedness Plan for Fire Prevention dated 08/19/2024 revealed under "Policy Statement", "It is the policy of the facility that all personnel participate in methods of fire prevention and to report any condition (s) that could result in a potential fire hazard." Revealed under "Procedure", "fire prevention is the responsibility of all personnel, residents, visitors, and public alike. Should a fire hazard, or other conditions that could develop into a fire hazard be discovered, it shall be reported to the Maintenance Director immediately. Hazardous conditions must be corrected as soon as practical. Any hazardous condition requiring more than twenty-four (24) hours to correct must be reported to the Administrator outlining what corrections shall be made, methods of correction, and when the hazardous condition is expected to be corrected."</p> <p>A review of the "Administrator Job Description," dated May 2023 revealed under "Major Duties and Responsibilities:"</p> <ol style="list-style-type: none"> Plans, develops, organizes, and implements, evaluates and directs the overall operation of the facility as well as its program and activities, in accordance with current state and federal laws and regulations. Ensures delivery of compassionate quality care and services across an interdisciplinary team approach as evidenced by adequate, and 	F 835			

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NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
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F 835	Continued From page 15 competent facility staff, employee turnover, general cleanliness, physical plant condition, and optimal resident functioning-physically and psychosocially. 3. Follows appropriate safety and hygiene measures at all times to protect residents and themselves NJAC:8:39-9.2 (a) NJAC:8:39-27.1 (a)	F 835			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long-Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ181255, NJ181471 Based on interviews and review of facility documents on 12/17/2024, it was determined that the facility failed to ensure staffing ratios were met for 7 of 14 day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112,	S 560	. No residents were identified to be affected by this deficient practice. Identify those individuals who could be affected by the deficient practice: All residents have the potential to be affected by this deficient practice. What corrective action will be accomplished for those residents affected by the deficient practice: The Administrator, Director of Nursing, and Staffing Coordinator were re-educated on the minimum staffing requirements. The facility has contracted with multiple staffing agencies to supplement their staff	1/22/25

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

TITLE

(X6) DATE

Electronically Signed

01/21/25

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
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S 560	<p>Continued From page 1</p> <p>codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the two weeks of staffing prior to survey from 12/01/2024 to 12/14/2024, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows:</p> <p>On 12/01/24, the facility had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 12/02/24, the facility had 10 CNAs for 103 residents on the day shift, required at least 13 CNAs.</p> <p>On 12/06/24, the facility had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>On 12/07/24, the facility had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>On 12/08/24, the facility had 12 CNAs for 106 residents on the day shift, required at least 13 CNAs.</p> <p>On 12/09/24, the facility had 12 CNAs for 106 residents on the day shift, required at least 13</p>	S 560	<p>for the missing shifts in an effort to meet the staffing ratios.</p> <p>Measures or systemic changes to ensure that the deficiencies will not recur:</p> <p>" The administrator/designee will participate in a weekly call for 3 months with a recruitment team to review open positions and recruitment tactics to improve hiring outcomes to meet the required staffing ratio.</p> <p>" The Administrator/designee will review the staffing sheets daily to ensure compliance with the staffing ratios.</p> <p>" The administrator/designee will review the minutes from resident council to determine whether any concerns regarding care and services are identified monthly for three months and then quarterly.</p> <p>" Results of audit will be reviewed at the Monthly Quality Assurance Meeting and Quarterly over the duration of the audit process.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061211	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/20/2024
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512		
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S 560	Continued From page 2 CNAs. On 12/14/24, the facility had 12 CNAs for 101 residents on the day shift, required at least 13 CNAs.	S 560			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315451	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/4/2025
NAME OF FACILITY THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0689	Correction	ID Prefix F0835	Correction	ID Prefix	Correction
Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.70	Completed	Reg. #	Completed
LSC	01/22/2025	LSC	01/22/2025	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/20/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061211	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/4/2025
NAME OF FACILITY THE ELMS REHAB AND HEALTHCARE CENTER OF CRANBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/22/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 12/20/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			