

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 09/25/2022
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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint #: NJ151488, NJ152377, NJ154715, NJ157439, NJ154751 Census: 101 Sample Size: 9 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. Survey date: 09/25/2022	F 000		
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ154751 Based on observation, interviews, record review, and facility policy review, it was determined the facility failed to maintain a medication error rate below 5% for 1 (Resident #8) of 4 residents observed during medication passes conducted by three licensed nurses. The medication error rate was 8%, based on a total of 25 opportunities observed and a total of two medication errors detected. Findings included: Review of an "Order Summary Report," revealed Resident #8 had a physician's order dated	F 759	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice All residents have the potential to be affected by the deficient practice. Resident #8 had no direct negative outcome from the NJ Exec. Order 264 error identified. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice. Other residents with similar orders were audited and no other residents were found	9/26/22

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

TITLE

(X6) DATE

Electronically Signed

10/23/2022

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.

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 09/25/2022
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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 759	<p>Continued From page 1</p> <p>09/16/2022 for a NJ Exec. Order 26:4.b.1 [REDACTED]. Additionally, the resident had a physician's order dated 09/22/2022 for NJ Exec. Order 26:4.b.1 NJ Exec. Order 26:4.b.1 [REDACTED].</p> <p>Observation on 09/25/2022 at 8:23 AM revealed Licensed Practical Nurse (LPN) #2 administering medication to Resident #8. The LPN administered NJ Exec. Order 26:4.b.1 [REDACTED] to the resident.</p> <p>During an interview on 09/25/2022 at 10:02 AM, LPN #2 acknowledged and agreed she had administered NJ Exec. Order 26:4.b.1 [REDACTED] LPN #2 confirmed the resident should have received NJ Exec. Order 26:4.b.1 [REDACTED] which were available in the medication cart.</p> <p>During an interview on 09/25/2022 at 10:14 AM, the Regional Director of Nursing Services (RDNS) stated nurses should administer medications according to the physician's orders.</p> <p>Review of a facility policy titled, "Administering Medications and Treatments," reviewed/revised 02/2020, revealed "Medications are administered in accordance with prescriber orders, including any required time frame." The policy also indicated, "The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication."</p> <p>New Jersey Administrative Code 8:39-29.2(d)</p>	F 759	<p>to be 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:</p> <p>Licensed nurse education was completed by the Director of Nursing on the facility's Administering Medications and Treatments policy on 9/26/2022. The policy was reviewed with all facility licensed nurse staff. New licensed nurse hires will continue be educated during their new-hire orientation.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting</p> <p>Director of Nursing (D.O.N.) or a designated nurse will complete random medication pass audits on licensed nurses three times a week for 12 weeks. Results of the audit will be presented by the D.O.N. at the Quarterly Quality Assurance Performance Improvement (QAPI) x 3 or until a timeframe determined by the QAPI members.</p>		

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

PRINTED: 11/06/2023
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 09/25/2022
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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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 09/25/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF C	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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	--------------	---	--------------------

S 000	<p>Initial Comments</p> <p>Complaint #: NJ151488, NJ152377, NJ154715, NJ157439, NJ154751 Census: 101 Sample Size: 9</p> <p>TYPE OF SURVEY: Complaint Investigation</p> <p>The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.</p> <p>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 provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intakes #NJ151488, #NJ154715, and #NJ154751</p> <p>Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined the facility failed to maintain direct care staff-to-resident ratios as mandated by New Jersey State Law. This was evident for 15 out of</p>	S 560	<p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>There were no care issues reported on the fifteen shifts that were identified.</p> <p>2.Address how the facility will identify</p>	9/26/22

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

TITLE

(X6) DATE

Electronically Signed

10/23/22

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 09/25/2022
NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF C		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)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 1</p> <p>84 shifts reviewed. This had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. [New Jersey Statutes Annotated] 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aid to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>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 certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 04/03/2022 to 04/16/2022, revealed staff-to-resident ratios that did not meet the minimum requirements, as listed below:</p> <p>04/03/2022 - 10 certified nurse aides (CNAs) for</p>	S 560	<p>other residents having the potential to be affected by the same deficient practice.</p> <p>Director of Nursing/designee reviewed the last 30 days of the CNA staffing report. The interdisciplinary team reviewed grievance logs and care conference meetings and no care issues were identified.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>Administrator in-serviced the Staffing Coordinator regarding the requirement for S560 to ensure C.N.A. staffing needs are reviewed daily and addressed as needed to meet the staffing requirement. Recruitment efforts are in place to assist the facility in recruiting. CNAs receive sign on bonuses, referral bonuses, reimbursement for C.N.A. tuition, and transportation service from certain locations. Facility also has contracts with agencies to recruit C.N.As. Director of Nursing/designee also reviews staff attendance records to ensure that excessive absences are addressed accordingly.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061211	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF C	STREET ADDRESS CITY STATE ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCS (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	--------------	---	--------------------

S 560	<p>Continued From page 2</p> <p>101 residents on the day shift, required 13 CNAs. 04/06/2022 - 10 CNAs for 98 residents on the day shift, required 12 CNAs. 04/16/2022 - 8 CNAs for 94 residents on the day shift, required 12 CNAs.</p> <p>2. A review of the "Nurse Staffing Report," completed by the facility for the weeks of 09/11/2022 to 09/24/2022, revealed staff-to-resident ratios that did not meet the minimum requirements, as listed below:</p> <p>09/11/2022 - 11 CNAs for 95 residents on the day shift, required 12 CNAs. 09/12/2022 - 11 CNAs for 94 residents on the day shift, required 12 CNAs. 09/13/2022 - 11 CNAs for 94 residents on the day shift, required 12 CNAs. 09/14/2022 - 11 CNAs for 94 residents on the day shift, required 12 CNAs. 09/16/2022 - 11 CNAs for 100 residents on the day shift, required 12 CNAs. 09/18/2022 - 8 CNAs for 101 residents on the day shift, required 13 CNAs. 09/19/2022 - 12 CNAs for 102 residents on the day shift, required 13 CNAs. 09/20/2022 - 10 CNAs for 103 residents on the day shift, required 13 CNAs. 09/21/2022 - 8 CNAs for 103 residents on the day shift, required 13 CNAs. 09/22/2022 - 11 CNAs for 103 residents on the day shift, required 13 CNAs. 09/23/2022 - 8 CNAs for 104 residents on the day shift, required 13 CNAs. 09/24/2022 - 12 CNAs for 101 residents on the day shift, required 13 CNAs.</p> <p>During an interview on 09/25/2022 at 11:24 AM, the Nursing Home Administrator (NHA) stated he was aware of the mandate regarding staffing</p>	S 560	<p>Administrator/designee will have weekly meetings with the staffing coordinator to review staffing schedules, needs, and the efficacy of the systems in place to fill needs. The findings of the audits will be presented at the Quarterly Quality Assurance Performance Improvement (QAPI) meetings x3 three meetings or until a timeframe determined by the QAPI members.</p> <p>Completion date: 9/26/2022</p>	
-------	--	-------	---	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061211	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER THE ELMS REHAB AND HEALTHCARE CENTER OF C	STREET ADDRESS CITY STATE ZIP CODE 61 MAPLEWOOD AVENUE CRANBURY, NJ 08512
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	Continued From page 3 ratios. The NHA reported since he started on 07/20/2022, he had successfully signed on several agencies, implemented bonus programs, and worked hard to improve employee morale in the facility. The NHA reported callouts were a factor; the facility made every effort to fill all callouts. However, the facility was not always successful. According to the NHA, the staffing coordinator put together the schedules, and the staffing numbers were always at the appropriate ratios. However, callouts and agency cancelations that could not be filled at times brought the facility below the requirements.	S 560		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315451	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/25/2022	Y3
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 F0759	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/26/2022	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 9/25/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061211	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/25/2022
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	09/26/2022	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 9/25/2022		<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 		