PRINTED: 11/07/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315387	B. WING				0 19/2024
	ROVIDER OR SUPPLIER REHAB & NURSING		_	1	TREET ADDRESS, CITY, STATE, ZIP CODE 15 DUTCH LANE ROAD REEHOLD, NJ 07728	00/	13/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	:	F	000			
	Complaint # NJ0017	6157					
	Census: 130						
	Sample Size: 8						
	42 CFR PART 483, S	OT IN SUBSTANTIAL I THE REQUIREMENTS OF SUBPART B, FOR LONG TIES BASED ON THIS					
	A Complaint Survey v 08/13/24 through 08/ compliance with 42 C Care facilities.						
	constituted Immediate identified under 42 Cl Rights/Exercise Right F603 and F604) as the that the NJ Ex Order #6 was treated with reautonomy to participal community dining, semanner, freely commons at will and were also as policies and proceed and NJ Exercise 15 cm.	FR 483.10 (a) Resident ts (Federal (F) 550, F561, ne facility failed to provide er 26.4(b)(1)) Resident espect and dignity, the ate in group activities, rving meals in a dignified unicate with visitors, leave re (1930) from (1930) Indicated n failed to ensure the facility					
ARODATODY I		Supplier representative's signatur	F		TITLE		(X6) DATE

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

09/13/2024

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

Electronically Signed

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 '	(X3) DATE SURVEY COMPLETED	
245297	B WING			C	
313367	B: WING _	STREET ADDRESS CITY STATE 7ID C	•	8/19/2024	
			ODE		
		FREEHOLD, NJ 07728			
NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	((EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
age 1	FC	000			
(CMS) updated Guideline to aral Requirements for Providing Involved individuals, revised 16-21-ALL. Under "Resident IFs, as residential at permit residents to have ide, to the maximum extenting how they wish to live their receive care. Federal statutes tablish an array of individual State Survey Agency Directors g homes cannot impose ctions that undermine resident and required by federal law. Equire prospective residents to as a requirement for an interest in the nursing home at limited to the right to: Be free emical restraints imposed for intence, and not for treatment ical condition;9 Choose so, and health care consistent ests, assessments, and plans cot with members of the side and outside the facility;10 and confidentiality of his or her all records;11 Immediate then the following: subject to to deny or withdraw consent at the family or other relatives of ubject to reasonable resident's right to deny or at any time, others who are insent of the resident; 12 Be exual, physical, and mental					
is a solution of the first transfer to the first transfer transfer to the first transfer transfer to the first transfer tran		STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION) age 1 Penters for Medicare and (CMS) updated Guideline to eral Requirements for Providing Involved individuals, revised 16-21-ALL. Under "Resident ISFs, as residential ets permit residents to have ice, to the maximum extent ing how they wish to live their receive care. Federal statutes tablish an array of individual State Survey Agency Directors ig homes cannot impose ctions that undermine resident ions required by federal law. quire prospective residents to as a requirement for int rights in the nursing home it limited to the right to: Be free inemical restraints imposed for inience, and not for treatment lical condition;9 Choose is, and health care consistent rests, assessments, and plans ct with members of the side and outside the facility;10 and confidentiality of his or her all records;11 Immediate dent by the following: subject to to deny or withdraw consent at the family or other relatives of subject to reasonable the resident's right to deny or at any time, others who are insent of the resident; 12 Be exual, physical, and mental inishment, and involuntary	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION) STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PR LSC IDENTIFYING INFORMATION) STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PRESC IDENTIFYING INFORMATION) STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL PRESC IDENTIFYING INFORMATION) STATEMENT OF DEFICIENCY F 000 PREFIX TAG PROVIDER'S PLAN OF PREFIX TAG PROVIDER'	STREET ADDRESS, CITY, STATE, ZIP CODE 15 DUTCH LARE ROAD FREEHOLD, NJ 97728 STATEMENT OF DEFICIENCIES NOW MUST BE PRECEDED BY FULL TAG RISC IDENTIFYING INFORMATION) Age 1 STATEMENT OF DEFICIENCIES NOW MUST BE PRECEDED BY FULL TAG ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) F 000 F 000	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315387	B. WING	B WING		C 08/19/2024	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00	119/2024	
ALLAIRE	REHAB & NURSING			115 DUTCH LANE ROAD FREEHOLD, NJ 07728			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		LD BE	(X5) COMPLETION DATE	
F 000	United States, but also interference, coercion from the facility in execution the facility was notified 8/15/24. An acceptable remove mailed to the Surveyor indicating the action to facility implemented at the deficient discharged from the figure. The facility's references to see the following the following the following the facility's references to see the following the following the following the following the following the facility's references to see the following the	ercise their rights as y and as citizens of the o have the right to be free of a discrimination, or reprisal ercising those rights" ed of the IJ situation on all plan was electronically ors on 8/15/24 at 10:15 pm, he facility will take to prevent curring or recurring. The a corrective action plan to not practice. The	F	000			
F 550 SS=J	on 8/19/24, and deter F557 J, F561 J, F603 were removed as of 8 After the IJ removal, t continued from 8/15/2 potential for more tha immediate jeopardy. Resident Rights/Exer CFR(s): 483.10(a)(1)(1)(1)(1)(2)(1)(1)(2)(3)(1)(1)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	che non-compliance 2024 for no actual harm with n minimal harm that is not cise of Rights (2)(b)(1)(2) Rights. ght to a dignified existence, and communication with and	F	550		8/19/24	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		315387	B. WING		C 08/19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	33/10/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 550	with respect and digresident in a manner promotes maintenancher quality of life, reindividuality. The far promote the rights of \$483.10(a)(2) The faccess to quality caseverity of condition must establish and practices regarding provision of services residents regardless. \$483.10(b) Exercise The resident has the rights as a resident or resident of the UI \$483.10(b)(1) The fresident can exercise interference, coercifrom the facility. \$483.10(b)(2) The reprisal from the facility in the facili	ility must treat each resident gnity and care for each er and in an environment that noce or enhancement of his or cognizing each resident's cility must protect and of the resident. acility must provide equal re regardless of diagnosis, n, or payment source. A facility maintain identical policies and transfer, discharge, and the s under the State plan for all s of payment source. e of Rights. e right to exercise his or her of the facility and as a citizen	F 550			
	by: Complaint # NJ001			NJ Ex Order 26.4(b)(1); Resident #6) was discharged to prior of function as deemed safe to discharge.	l l	

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(X:	(X3) DATE SURVEY COMPLETED	
		315387	B. WING _			C 08/19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728			
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F 550	8/15/24, it was deter to ensure that 1 of 1 Resident #6 was participate in group a serving meals in a di communicate with vi and reactions and the likel isolated incident that health and safety of facility which resulted jeopardy(IJ) situation. The findings were as Reference: The Cen Medicaid Services (Conveyors on Federa services to Justice In 12/23/2016 S & C 16 Rights SNFs and NF environments, must autonomy and choice practicable regarding everyday lives and reand regulations estarights and safeguard impose conditions on resident rights and plaw. Facilities cannot residents to give up for admission"	ent facility documents on mined that the facility failed NJ Ex Order 26.4(b)(1) as afforded the autonomy to activities, community dining, gnified manner, freely sitors, leave rooms at will a community dining, gnified manner, freely sitors, leave rooms at will a community dining, gnified manner, freely sitors, leave rooms at will a community dining, gnified manner, freely sitors, leave rooms at will a consider 26.4(b)(1). The failure to spectfully and in a dignified dinood to cause of the community dining din	F 5	by Medical Doctor (MD). 2. Any admitting to face potential to be affected by or practice. 3. All facility personnel we on updated resident rights rights. Facility administrative educated on federal require providing services to form residents can be fully the individual is admitted in care. If is admitted, facil worker or designee will me weekly to ensure resident respected. Results will be reviewed with Quality Assurance and Per Improvement (QAPI) meeting to facility and the provided in the provided i	ere educated and exercise of the staff were ement for will review all the entire that the rights respected if the the facility's ity social the twith the facility's are being the team at formance	5	

Facility ID: NJ61314

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		315387	B. WING			C 08/19/2024	
	ROVIDER OR SUPPLIER REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CO 115 DUTCH LANE ROAD FREEHOLD, NJ 07728			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 550	each day by NJ Ex ONJ Ex Order 26. The IJ was identified #6 was observed by their room, permitted to particip community dining. Fit was not allow residents or visitors leaving the room at The Surveyors reviee Electronic Medical Fit According to the Adwas admitted to the included but not limit and NJ Ex The Minimum Data tool, dated had a Brief Interview which indicated the included but not limit and NJ Exercises and utility which indicated the included by the MDS also and utility which indicated the included by the MDS also and utility which indicated the included by the MDS also and utility which indicated the MDS also and utility which indicated the indicated the MDS also and utility which indicated the indicated the MDS also and utility which indicated the indicat	mission has been product 26.4(b)(1) of the 4(b)(1)). If on 08/15/24, when Resident Surveyors being and was not atter in group activities and surther observation revealed red to intermingle with other and were restricted from will. Wed the following in the Record (EMR). mission Record, Resident #6 facility with diagnoses which red to NJ Ex Order 26.4(b)(1) Order 26.4(b)(1) Order 26.4(b)(1) Set (MDS), an assessment indicated that Resident #6 for Mental Status (BIMS) of the resident was a indicated Resident #6 had dilized no product and p	F 58	50			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		315387	B. WING		08/19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	1 33.10.2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY 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 APPRO DEFICIENCY)	JLD BE COMPLETION	
F 550	9:05 p.m. The facilit future referrals to residents can be ful admitted into the facility on 8/19/24 and dete as of 8/15/2024. The U.S. FOIA (provided the Survey policies including, reviewed and revise "Policy Statement E residents with kindned Federal and state labasic rights to all rerights include reside existence; b. be tread dignity; c. be from isappropriation of be free from corporseclusion, and physically required to treat the self-determination; access to people aroutside the facility; a resident of the facility in exercise access to a telephon Communicate in petelephone with privating The facility policy tit PROGRAM" review under "Policy States".	or the facility as of the individual is consument to the rights of the individual is colity's care. The did the removal plan on-site termined the IJ was removed The property and the individual is colity is care. The did the removal plan on-site termined the IJ was removed The property and indicated under temployees shall treat all the individual is consument to the individual is colored in the individual is colored	F 55			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728			
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
part of the resident abradministration will: 1. Fabuse by anyone3. procedures to aid our fineglect, or mistreatme The facility policy titled dated 5/2024, under "It this policy is to ensure safe, nutritious, and er in a respectful and digit policy outlines the star meal service, dietary a dining room conduct. Sto all residentsAccesshould be easily accessResident Rights Chor Residents have the right their meals and dining Respect: All residents dignity and respect during the facility policy titled revised on 3/2024, undof this policy is to ensuaccess to a variety of age-appropriate activitiemotional, and social to policy applies to all residents have the right activities they participal participation without control of the social stopal participation	ted to freedom from involuntary seclusion and Implementation As use prevention, the Protect our residents from implement policies and facility in preventing abuse, int of our residents" I "Dining Room Services," Purpose: The purpose of that all residents receive hipoyable dining experiences infied environment. This indards and procedures for incommodations, and Ecope: This policy applies is sibility: The dining room is sible to all residents ince and Independence: that to make choices about experienceDignity and should be treated with ring mealtimes" I "Activities," reviewed and ider "Purpose: The purpose are that all residents have meaningful, engaging, and ites that promote physical, well-beingScope: This is identsResident Rights: that to choose which the in and to decline on sequence"	F 5	50			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 315387 B. WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 550 Continued From page 8 F 550 "Activities" were implemented. During an interview with the Surveyors on 8/15/24 at 9:17 a.m., in the presence of the ,U.S. FOIA (b) (6) U.S. FOIA (b) (6)), U.S. FOIA (b) (6) .S. FOIA (b) (6) FOIA (b) (6)), and stated that the and U.S. FOIA (b) (6) had an agreement that upon admission, the would that would stay in the room throughout the day. The visits would have to be scheduled to coincide with the schedule. The U.S. FOIA (b) (6) explained that the administration instructed the facility to have visitors one day a week and then the U.S. FOIA (b) (6 will send the visitor upstairs to check with the The stated that anything that was brought to Resident #6's room had to be checked by the NEXOTOR The U.S. FOLA also added that the activities for the had to be given to the for approval, before giving them to the and that the Resident was not allowed to participate in activities outside the room as instructed by the During the tour of the unit on 8/15/24 from 11:17 a.m. to 12:30 p.m., the surveyors observed Resident #6 lying in bed, watching television. The resident's were NJ Ex Order 25.4(b) and NJ Ex were sitting inside the room. The Surveyors further observed Resident #6's cell phone was out of reach. During mealtime, Resident #6 was observed sitting on the side of the bed with NJ Ex Order 26.4(b)(1). Resident #6's meal was served on disposable plate and utensils. On 8/15/2024 at 11:17 a.m., the Surveyors

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		315387	B. WING	B. WING			C 08/19/2024	
NAME OF P	ROVIDER OR SUPPLIER	0.000.			STREET ADDRESS, CITY, STATE, ZIP CODE	1 06/	19/2024	
					15 DUTCH LANE ROAD			
ALLAIRE	REHAB & NURSING			F	FREEHOLD, NJ 07728			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PRÉFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 550	Continued From page	△ Q		550				
		#6. The resident stated that	'	000				
		d to go out of the room to						
	_	to the dining room with						
		resident also stated that the						
		e used after approval from						
		Frevealed that meals were le plate and utensils without						
	_ ·) to cut the food. Resident						
		order to eat the meal, the						
resident picked up the food and used their hands								
	to break the meat into	pieces. The resident stated						
	that they NJ Ex Order 26.4(b)(<u>'</u>						
	During the interview \	with the Surveyors on						
	8/15/2024 at 11:48 a.	m., the stated that they						
		J Ex Order 26.4(b)(1) y for Resident #6, by not						
	allowing the resident	to leave the room except for						
		NJ Ex Order 26.4(b)(1)						
	medical necessary.	nd other pre-approved						
	medical necessary.							
	A review of Resident	#6's Care Plan (CP),						
	initiated on	nd revised on NJEx Order 26.4(b)(1)						
		time will be NJ Ex Order 26.4(b)(1)						
		ed solo leisure materials. d but not limited, "Recreation						
	Staff will have N Ex Order 26							
		sident #6]Any mail or						
	packages must be ha	anded directly to the NIExec						
	Recreation Staff, as	s requested and as approved						
		op off solo leisure supplies						
		ying cards, jigsaw puzzle, itebook, reading materials,						
		ig implements, etc. Upon						
	request and approval							
		sident #6] any electronics.						
	All items must be NJ	Ex Order 26.4(b)(1). We						
	are not permitted to p	provide shopping service for						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/07/2024 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 557 Continued From page 12 F 557 Resident #6 respectfully and in a dignified personal possessions. Facility manner had the likelihood to NJ Exec Order 26.4b1 administrative staff were educated on This was cited as an federal requirement for providing services isolated incident that immediately jeopardizes the to Facility's referral team will review all health and safety of the which resulted in an future referrals to ensure that the immediate jeopardy (IJ) situation. rights, dignity, respect, and has the right The findings were as follows: to retain and use personal possessions of residents can be fully respected if the Reference: The Centers for Medicare and individual is admitted into the facility's Medicaid Services (CMS) updated Guideline to care. If is admitted, facility social Surveyors on Federal Requirements for Providing worker or designee will meet with services to Justice Involved individuals, revised weekly to ensure resident rights, dignity, 12/23/2016 S & C 16-21-ALL. Under " ... Resident respect, and has the right to retain and Rights SNFs and NFs, as residential use personal possessions are being environments, must permit residents to have respected. Results will be reviewed with autonomy and choice, to the maximum extent team at QAPI meeting quarterly. practicable regarding how they wish to live their everyday lives and receive care. Federal statutes and regulations establish an array of individual rights and Page 7- State Survey Agency Directors safeguards. Nursing homes cannot impose conditions or restrictions that undermine resident rights and protections required by federal law. Facilities cannot require prospective residents to give up their rights as a requirement for admission. Resident rights in the nursing home include, but are not limited to the right to: Be free from physical or chemical restraints imposed for discipline or convenience, and not for treatment of a resident's medical condition; 9 Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care [and] interact with members of the community both inside and outside the facility; 10 Personal privacy and confidentiality of his or her personal and clinical records; 11 Immediate

access to any resident by the following: subject to the resident's right to deny or withdraw consent at

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315387	B. WING				C 19/2024	
	ROVIDER OR SUPPLIER		<u>. I</u>	1	TREET ADDRESS, CITY, STATE, ZIP CODE 15 DUTCH LANE ROAD REEHOLD, NJ 07728	007	13/2024	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		I				(X5) COMPLETION DATE	
F 557	the resident; and sub restrictions and the re withdraw consent at a visiting with the conserved free from verbal, sexuabuse, corporal punis seclusion. 13 Also, not only be able to expresidents of the facilities. United States, but also interference, coercion from the facility in except the date that Resider facility and based on below, that upon admeach day by NJ EX ONJ EX Order 26.4 The IJ situation was in Residents #6 was obtheir room NJ EX Order 26.4 The NJ situation was in Residents #6 was obtheir room NJ EX Order 26.4 The NJ situation was in Residents #6 was not allow residents, communicate leaving the room at which included but which included bu	family or other relatives of ject to reasonable esident's right to deny or any time, others who are ent of the resident; 12 Be ual, physical, and mental shment, and involuntary ursing home residents must kercise their rights as by and as citizens of the so have the right to be free of an discrimination, or reprisal ercising those rights" ardy (IJ) began on the staff interviewed noted hission has been to the staff interviewed noted his in a dignified manner. The dintermingling with other atting with visitors, and will. Wed the following in the ecord (EMR). Sion Record (AR), Resident the facility with diagnoses as not limited; the following in the lecord (EMR).	F	557				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		315387	B. WING			08/	19/2024
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
ΔΙΙΔΙΡΕΙ	REHAB & NURSING			1	115 DUTCH LANE ROAD		
ALLAINL	KLIIAD & NOKSING			F	FREEHOLD, NJ 07728		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	ECTION (X5)	
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F 557	Continued From page	e 14	F	557			
	The Minimum Data S	et (MDS), an assessment					
		indicated that Resident #6's					
		ng NJ Ex Order 26.4(b)(1), and					
	NJ Ex Order 26.4(b)(1) for	rom staff in Activities of Daily					
		OS further indicated under					
		ces for Customary Routine					
		Interview for Daily and					
		revealed that while Resident					
	,	Resident was interviewed					
	and stated that it is "li						
		vhat NJ Exec Order 26.4b1; 2.) to					
		Exec Order 26.4b1					
	3.) to choose between	n a NJ Exec Order 26.4b1					
		(4.) to be able to use the					
	NJ Exec Order 26.4b1	,					
	Review of the Reside	ent's Care Plans (CP)					
	initiated on dated	and revised on					
		idicated "My leisure time will					
		(b)(1). I may need solo					
		e CP interventions included					
	but were not limited to	o "Recreation Staff will					
		pervised interactions with					
		nail or packages must be					
	handed directly to the	N I Evec Order 2					
	as requested and as						
		supplies such as; deck of					
		puzzle, word puzzle book,					
		aterials, safe writing or					
		etc. Upon request and					
	approval of NJ Ex Order						
		sident #6] any electronics.					
	Any and all items mu						
		nitted to provide shopping					
	•	#6]. We are not able to					
		s for [Resident #6] without					
	the approval of the	J Ex Order 26.4(b)(1)					
	" initiated o	n ^{NJ Ex Order 26.4(b)(1)} , created on					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		315387	B. WING			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		8/19/2024	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 557	The facility U.S. I was informed that an Immediate An acceptable remailed to the surve p.m., indicating the prevent serious had the facility implements to remediate the confidence of the facility personnel of the facility personnel of the facility personnel of the facility care. The Surveyors ve on and the facility care and the facility care. The Surveyors ve on and the facility care and t	revised on NEXODE 25.4(5)(1)." FOIA (b) (6) med on 08/15/24 at 7:51 p.m., a Jeopardy situation existed. Inoval plan was electronically eyors on 8/15/2024 at 10:15 are action the facility will take to arm from occurring or recurring. The facility as of the facility of the facility of the facility of the facility as a policy titled "Resident Rights" cluded under "Policy compliance Guidelines" that dmission, the social service mer designated staff member, dent of the resident's rights and Exercise of rights. The resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and as a citizen or resident ercise his or her rights as a illity and ercipht to be free of any	F	557			

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		315387	B. WING			l	C
		315367	B. WING			08/	19/2024
	ROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 15 DUTCH LANE ROAD FREEHOLD, NJ 07728		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 557	11:17 a.m., Resident Resident #6's room. If their bed with hospital were NJE cell phone was observesident's reach. During the interview was 8/15/2024 at 11:17 a. they could only use the loved ones after the allowed to have any in	floor on 8/15/2024 at #6 and were inside Resident #6 was lying on I gown and the were ix Order 26.4(b)(1). The wed by the window out of the	F	557			
F 561 SS=J	§483.10(f) Self-deterr The resident has the promote and facilitate through support of res not limited to the right (1) through (11) of this §483.10(f)(1) The res activities, schedules (waking times), health care services consiste assessments, and pla applicable provisions	nination. right to and the facility must resident self-determination sident choice, including but is specified in paragraphs (f) is section. ident has a right to choose including sleeping and care and providers of health ent with his or her interests, an of care and other	F	561			8/19/24

AND DUAN OF CORRECTION INDESTRUCTION NUMBERS		1 ` ′	PLE CONSTRUCTION B	(X3) DATE SURVEY COMPLETED		
		315387	B. WING		C 08/19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	00/13/2024	
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F 561	surveyors on Feder facility that are signi §483.10(f)(3) The rewith members of the community activities facility. §483.10(f)(8) The reparticipate in other are religious, and comminterfere with the rigifacility. This REQUIREMENT by: Complaint # NJ001 Based on observation and review of pertine 8/15/24, it was detent on the ensure that 1 of 1 Resident #6 was own choices regarding participate in activitive residents inside of the failure to treat Far a dignified manner in the findings were as Reference: The Cermedicaid Services (Surveyors on Feder	ets of his or her life in the ficant to the resident. Issident has a right to interact a community and participate in a both inside and outside the sident has a right to activities, including social, unity activities that do not hats of other residents in the social activities are activities as evidenced. T is not met as evidenced. T	F 56	1. Was discharged to prior leve function as deemed safe to dischar MD. 2. Any admitting to facility has potential to be affected by deficient practice. 3. All facility personnel were educe on updated resident rights for self determination. Facility administrative were educated on federal requirem providing services to 4. Facility's referral team will revie future referrals to ensure that the rights, for self determination of residents can be fully respected if the individual is admitted into the facility care. If is admitted, facility social worker or designee will meet with weekly to ensure resident rights for determination are being respected. Results will be reviewed with team QAPI meeting quarterly.	cated ve staff ent for ew all e he y's I self	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE COMF	SURVEY
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F 561	autonomy and choice practicable regarding everyday lives and re and regulations establing rights and safeguards impose conditions or resident rights and properties and pro	s, as residential permit residents to have at the maximum extent how they wish to live their ceive care. Federal statutes alish an array of individual at the solish an array of individual at the cotections that undermine of the cotections required by federal require prospective their rights as a requirement array (IJ) began on the staff interviewed noted the surveyors being the surveyors being the surveyors being the cord of the cote in group activities and the observation revealed at the intermingle with other and were restricted from will. The surveyors being the cote of the cote of the following in the ecord (EMR). The surveyors being the cote of the following in the ecord (EMR).	F	561			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BOILD			(2
		315387	B. WING			08/	19/2024
	ROVIDER OR SUPPLIER REHAB & NURSING			115	REET ADDRESS, CITY, STATE, ZIP CODE 5 DUTCH LANE ROAD REEHOLD, NJ 07728		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 561	. The MDS als	ge 20 the Resident was so indicated Resident #6 had tillized no NUEX OTGET 26-4() or NUEX OTGET 26-4() or the West OTGET	F	561			
	initiated on revealed "My leisur I may interventions included "My leisur I may interventions included with [R packages must beRecreation Staff, by the such as deck of pla word puzzle book, is safe writing or color request and approventited to give [R Any and all items in We are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in what we are not permitted to give [R Any and all items in white approval of the approval of the approval of the and was inform was information.]	and revised on the time will be timeed solo leisure materials. The solo leisure materials and time time time time time time time time					
	An acceptable remailed to the Surve indicating the action serious harm from a facility implemented remediate the deficiency was discharged from	eval plan was electronically every or at 10:15 pm, in the facility will take to prevent occurring or recurring. The dia corrective action plan to itent practice including: The mathematical three transfers of the facility as of the facility a					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		315387	B. WING _			C 8/ 19/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		0/13/2024
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 561	fully respected if the facility's care. The Surveyors verific on and determination; It reviewed and revisee "Policy Statement Enresidents with kindner Federal and state law basic rights to all resights include residents with kindner in the series of the self-determination; for access to people and outside the facility; garesident of the facilitizen of the United	ensure that the rights can be individual is admitted into the ed the removal plan on-site mined the IJ was removed	F 5			
	access to a telephon Communicate in per- telephone with privace The facility policy title PROGRAM," review under " Policy Stater right to be free from includes but is not lir	e, mail, and email; dd. son and by mail, email, and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		315387	B. WING		C 08/19/2024	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	1 00/13/2024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 561	part of the resident a administration will: 1 abuse by anyone3 procedures to aid out neglect, or mistreath. The facility policy titled dated 5/2024, under this policy is to ensure safe, nutritious, and in a respectful and depolicy outlines the standard service, dietary dining room conduct to all residents Accessional be easily accessional be easily accessional service. All resident dignity and respect to their meals and dining Respect: All resident dignity and respect of this policy is to enaccess to a variety of age-appropriate active motional, and social policy applies to all residents have their activities they participarticipation without. The facility also faile policies titled "RESIE PREVENTION PRO	n and Implementation As abuse prevention, the Protect our residents from Bimplement policies and r facility in preventing abuse, nent of our residents" ed "Dining Room Services," "Purpose: The purpose of re that all residents receive enjoyable dining experiences ignified environment. This andards and procedures for accommodations, and Scope: This policy applies ressibility: The dining room residents indice and Independence: right to make choices about ag experienceDignity and its should be treated with during mealtimes" ed "Activities," reviewed and inder "Purpose: The purpose sure that all residents have if meaningful, engaging, and wities that promote physical, all well-beingScope: This residentsResident Rights: right to choose which pate in and to decline	F 56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315387	B. WING				C
NAME OF D	ROVIDER OR SUPPLIER	313307	5:	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	08/	19/2024
NAIVIE OF PI	ROVIDER OR SUPPLIER			, , , , , , , , , , , , , , , , , , , ,	=		
ALLAIRE	REHAB & NURSING			115 DUTCH LANE ROAD			
				FREEHOLD, NJ 07728			
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F 561	at 9:17 a.m., in the push of the NJ Ex Order 26.4 (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6) U.S. FOIA (b) (6) The NJ Ex Order 26.4 (b) The NJ Ex Order 26.4 (c) The NJ Ex	with the Surveyors on 8/15/24 presence of the	F	561			
	During the interview						

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		PLE CONSTRUCTION IG		COMPLETED			
		315387	B. WING _			C 08/19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		00/13/2024	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 561	attend activities or gother residents. The phone can only be to with disposable plat (plastic or silver) to explained that they their hands to break voiced that they be their hands to break voiced that the police of	ed to go out of their room to go to the dining room with any also stated that the cell used after approval from the exealed that they were served es and utensils without knife cout the food. Resident #6 picked up their food and used the meat into pieces. The with the Surveyors on a.m., NEXO stated that they IJ Ex Order 26.4(b)(1) cry for Resident #6. The powed to leave their room Order 26.4(b)(1) nowers, and other	F 5	61			

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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE I	00/19/2024
ALLAIRE	REHAB & NURSING			115 DUTCH LANE ROAD FREEHOLD, NJ 07728		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 603	NJ Ex Order 26.4(b)(1) having autonomy an maximum extent prawish to live their every with the same rights. The failure to allow likelihood to cause resulted in an Immed. The findings were as Reference: The Cen Medicaid Services (Conveyors on Federa services to Justice In 12/23/2016 S & C 16 Skilled Nursing Facily have autonomy and extent practicable retheir everyday lives a same rights as nursi. The Immediate Jeop the date that Reside facility and based or below, that upon additionable and day by NJ Ex Order 26. The IJ was identified #6 was observed by to their room ont permitted to part community dining. Fithe was not allow communicate with or were restricted from	dent #6) was free from The was was receive from I to make choices to the acticable regarding how they ryday lives and receive care as nursing home residents. The autonomy posed the J Exec Order 26.4b1 which diate Jeopardy (IJ) situation. The follows: The staff interviewed noted mission has been Drder 26.4(b)(1) The follows and The was admitted to the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they wish to live and receive care with the maximum garding how they maximum garding	F 6	3. All facility personnel we on updated resident rights to involuntary seclusion. Facility administrative staff were educated requirement for provints. 4. Facility's referral team of the fully referrals to ensure rights, to be free from seclus residents can be fully respectively individual is admitted, facility worker or designee will meet weekly to ensure resident right from seclusion are being results will be reviewed with QAPI meeting quarterly.	be free from y y ucated on iding services will review all that the sion of eted if the e facility's y social t with ghts to be free epected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		315387	B. WING				C / 19/2024	
	ROVIDER OR SUPPLIER			115 D	ET ADDRESS, CITY, STATE, ZIP CODE UTCH LANE ROAD EHOLD, NJ 07728	1 00.	13/2024	
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F 603	Electronic Medical Roman According to the Administration of the Fincluded NJ Ex Order Assessed as having a sasessed as having as sasessed as having a sasessed as having a sasessed as having as sasessed as having as sasessed as having a sasessed as having as sasessed a	nission Record, Resident # 6 acility with diagnoses which according to the MDS dated 6 had a BIMS of and was no respected in and utilized no refer 26.4(b)(1). A review of the Plans revealed no care plans did not address that the ex Order 26.4(b)(1) from the 1) for all aspects of activities The CP did not address that permitted to leave the room an respect to lea	F	503				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		315387	B. WING			C 8/ 19/2024	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		0/13/2024	
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F 603	as of U.S. FOIA (b provided the Survey policies including, th titled, "Resident Rig and state laws guarate all resident's right to: a treated with respect free from abuse, new property and exploit punishment or involution or chemical restraining resident's symptoms communication with services, both inside exercise his or her refacility and as a resistates; h. be support exercising his or her confidentiality;aa. from outside the contelephone, mail, and person and by mail, privacy." The facility policy da "Activities" indicated policy is to ensure the to a variety of mean age-appropriate activities the standar planning, implement	ors with multiple facility le policy dated 01/2024 and lants indicated that "Federal lantee certain and basic rights is facility. These rights include landeess, and dignity; c. be glect, misappropriation of lation; d. be free from corporal lantary seclusion, and physical las not required to treat the last est is estimated to the death or citizen of the United lated by the facility in larghts;t. privacy and lated by the facility in lated by the facility; c. access to a lemail; dd. Communicate in lemail, and telephone with lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lated 3/2024 and titled, lathat, "The purpose of this lated 3/2024 and titled, lated 3/2	F 603				
	emotional, and social outlines the standard planning, implement programs." Under the Program Development	al well-being. This policy ds and procedures for					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING _ 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 603 Continued From page 29 F 603 physical and cognitive abilities to participate." Under the sub-heading "Resident Participation" indicated that, "Residents have the right to choose which activities they participate in and to decline participation without consequence. Their choices should be respected, and alternative options should be offered when possible." The facility also failed to comply with the policies titled "Resident Rights," "Abuse Prevention Program", "Dining Room Services", and "Activities" were implemented. On 8/15/24 at 2:30 p.m., Surveyors interviewed the U.S. FOIA (b) (6) who stated that she and the U.S. Fo had a meeting with the NJ Ex Order 26.4(b)(1)) facility staff (, and U.S. FOIA (b) (6) prior to accepting the 'inmate". They both stated that the administration staff stated that Resident #6 is NJ Ex Order 26.4(b)(1) of The that collectively as a team the facility agreed to accept NJ Ex Order 28.4(b)(1) and that the facility follows the guidelines of NEX . The and stated that the Nu Ex order 2 administration informed them that Resident #6 is not allowed to participate in activities outside of the room. They further stated that informed them that Resident #6 also has restricted visits. The visitors are only allowed two days a week. On 08/15/2024 at 11:59 a.m., the Surveyors interviewed Licensed Practical Nurse (LPN#1) who stated that she has worked for the facility for NJ Ex Order 26.4b1 day shift for four months. LPN #1 stated that there was only one residing on the unit (Resident #6). She stated that there are

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F 603	WEXORET 26.4(b)(1) the rife only comes out of resident. On 08/15/2024 at 11: interviewed Resident being Second by NJ with NJ Ex Order 2 stepped outside of the Surveyors to speak with stated that Surveyors to speak with the resident stated that the bed or just NJ Ex The resident stated that the bed or just NJ Ex The resident stated that is working that shift that is working that shift that unless they are gishower, they must stated that stated that stated that with the stated that shift that is working that shift that unless they are gishower, they must stated that with the stated that the resident	their room for showers and are always with the 17 a.m., the Surveyors #6, who was observed Ex Order 26.4(b)(1) 26.4(b)(1). The er room to allow the with the resident. Resident #6 ever step outside the room to resident stated that they do then speaking on the phone Il staff are communicating formation. The Surveyors was always were either were order 25.4(b)(1) and it depends on the hift. Resident #6 also stated foing to were either #6 in at the door when were eight to the in at the door when were eight to the AU a.m., the Surveyors that were were eight to the NJ Ex Order 26.4(b)(1) The esident Were order 26.4(b)(1) The esident NJ Ex Order 26.4(b)(1) The the stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident oom NJ Ex Order 26.4(b)(1) The stated that the resident	F	603		
	the room and could n	ed the resident must eat in ot eat in the main dining esidents. The stated that				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING _ 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 603 Continued From page 31 F 603 visitation of anyone must be approved by On 08/15/2024 at 12: 15 p.m., the Surveyors interviewed the U.S. FOIA (b) (6) stated that based on experience, they would only offer room-based activities. She stated that the resident was not offered to attend any activities out of the room. On 08/15/2024 at 12:16 p.m., the Surveyors interviewed the Certified Nursing Assistant (CNA #1), who stated that all meals were provided in the room, and the resident was never offered to eat in the main dining with the other residents. On 8/19/24 at 9:57a.m., the Surveyors interviewed Activity Aide #1, who stated that every day the activities staff would do morning room visits. She stated that if she offered anything besides coffee, it had to be approved by the She said that if the resident asked for a coloring book or pen, everything had to be approved by the US FOIA (b)(6). On 08/15/24 at 4:01p.m., the Surveyors interviewed the U.S. FOIA (b) (6) who stated that she had been employed by the facility for NJ Ex Order 26.4(b)(1). She explained during the initial social services visit, that it's her protocol to review Resident's Rights (RR) and the Advanced Directives. She stated that RR are reviewed with all alert and oriented residents. She stated that when the was admitted to the facility, she explained to the resident rights and advanced directives. She stated that resident is being and that the interventions that are put into place by the and from the facility.

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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NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING				STREET ADDRESS, CITY, STATE, ZIP COD 115 DUTCH LANE ROAD FREEHOLD, NJ 07728		00/19/2024	
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F 603	Continued From page 32		F 6	03			
F 604 SS=J	NJAC 8:39-4.1 (a) Right to be Free from CFR(s): 483.10(e)(1)		F 6	04		8/19/24	
	§483.10(e) Respect a The resident has a rig and dignity, including	ght to be treated with respect					
	physical or chemical purposes of discipline	ht to be free from any restraints imposed for e or convenience, and not esident's medical symptoms, 12(a)(2).					
	neglect, misappropria and exploitation as de includes but is not lim corporal punishment,	involuntary seclusion and ical restraint not required to					
	§483.12(a) The facility must-						
	from physical or chen purposes of discipline are not required to tre symptoms. When the indicated, the facility alternative for the lea document ongoing re restraints.	must use the least restrictive st amount of time and evaluation of the need for is not met as evidenced		1. was discharged to pri	or level of		
	Complaint # NJ0017	01 <i>01</i>		function as deemed safe to d			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 604 Continued From page 33 F 604 Based on observation, interview, review of Any admitting to facility has resident medical records and other pertinent facility documentation it was determined the potential to be affected by deficient facility failed to ensure that 1 of 1 NJ Ex Order 26.4(b)(1) practice. (Resident #6) was 3. All facility personnel were educated from NJ Ex Order 26.4(b)(1). The failure to treat residents on updated resident rights to be free from respectfully and in a dignified manner had the physical restraints. Facility administrative NJ Exec Order 26.4b1 staff were educated on federal resulted in an immediate jeopardy (IJ) situation. requirement for providing services to Facility's referral team will review all future referrals to ensure that the The findings were as follows: rights, to be free from physical restraints Reference: The Centers for Medicare and of residents can be fully respected if Medicaid Services (CMS) updated Guideline to the individual is admitted into the facility's Surveyors on Federal Requirements for Providing care. If is admitted, facility social services to Justice Involved individuals, revised worker or designee will meet with 12/23/2016 S & C 16-21-ALL, documented weekly to ensure resident rights to be free Skilled Nursing Facilities must permit residents to from physical restraints are being have autonomy and choice to the maximum respected. Results will be reviewed with extent practicable regarding how they wish to live team at QAPI meeting quarterly. their everyday lives and receive care with the same rights as nursing home residents. The Immediate Jeopardy (IJ) began on the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been NJEX Order? each day by NJ Ex Order 26.4(b)(1) of the NJ Ex Order 26.4(b)(1) . The IJ was identified on Resident #6 was observed by the Surveyors with NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) The Surveyors reviewed the following in the Electronic Medical Record (EMR).

According to the Admission Record, Resident # 6 was admitted to the facility with diagnoses which

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	ROVIDER OR SUPPLIER REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP COL 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	DE	, ,		
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F 604	A review of the Individual revealed no care plar restraints. The CP diductivities of daily livin address that the resident were no consecutivities of the Individual revealed no care plar restraints. The CP diductivities of daily livin address that the resident NJ Ex Order 26.4(b) activities of daily livin address that the residence were no consecutivities. The facility Indicated was 7:51 p.m., that an Immexisted. An acceptable removemailed to the Surveyor indicating the action the serious harm from our facility implemented a remediate the deficie was discharged from 9:05 p.m. The facility future Indicated into the facility admitted into the facility admitted into the facility admitted into the facility and into the	According to the MDS dated 6 had a BIMS of and was and utilized no resolve and utilized for divident and address that the resolve and not address that the resolve and not address that the resolve and not dent was not permitted to resolve and not dent was not permitted to resolve and not resolve action plan to and plan was electronically one on 8/15/24 at 10:15 pm, the facility will take to prevent according to recurring. The resolve action plan to and practice including: The resolve and re	F	504				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315387	B. WING _			C 18/19/2024	
NAME OF PROVIDER OR SUPPLIER ALLAIRE REHAB & NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728				
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F 604	Continued From page 35 on 8/19/24 and determined the IJ was removed as of 8/15/2024.		F 6	04			
	policies including, the titled, "Resident Right and state laws guara to all residents of this resident's right to: a. treated with respect, free from abuse, neg property and exploits punishment or involutor chemical restraint resident's symptoms communication with services, both inside exercise his or her rifacility and as a resident's support exercising his or her confidentiality;aa. from outside the contelephone, mail, and	ors with multiple facility e policy dated 01/2024 and hts" indicated that " Federal intee certain and basic rights is facility. These rights include dignified existence; b. be kindness, and dignity; c. be lect, misappropriation of ation; d. be free from corporal intary seclusion, and physical is not required to treat the i; e. self-determination; f. and access to people and and outside the facility; g. ghts as a resident of the lent or citizen of the United					
	of Restraints" indicated only be used for the residents and only at been tried unsuccess used to treat the resident and never for disciplication. When the use of restrictive alternative amount of time necessions.	ted 02/2024 and titled, "Use ed that "restraints should safety and well-being of the fter other alternatives have sfully. Restraints shall only be dent's medical symptoms ne or staff convenience. traints is indicated, the least will be used for the least ssary, and the ongoing need for restraints will be					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 604 Continued From page 36 F 604 documented. 6.) Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions that may improve the symptoms. 9.) Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. specific reason for the restraint; b. how the restraint will be used to benefit the resident's medical symptom; and c. the type of restraint, and period of time for the use of the restraint." The facility also failed to comply with the policies titled "Resident Rights," and " Physical Restraints" were implemented. On 8/15/24 at 2:30 p.m., the Surveyors interviewed the U.S. FO [®] and the<mark>U.S. FOIA (b) (6)</mark> who stated that she and the meeting with the NJ Ex Order 26.4(b)(1) staff (^{U.S. FOIA}(t) U.S. FOIA (b) (6), and U.S. FOIA (b) (6) prior to accepting the They both stated that the administrative staff indicated that Resident #6 is and the NJ Ex Order 26.4(b)(1 of have been in use since admission. The U.S. FOIA (b) (6) stated that "collectively as a team, N Ex Order 25.4(b)(1), and will follow they agreed to accept the guidelines of the On 08/15/2024 at 11:59 a.m., the Surveyors interviewed Licensed Practical Nurse (LPN#1) who stated that she has worked for the facility for

and has been the

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NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE		06/19/2024	_	
				115 DUTCH LANE ROAD				
ALLAIRE	REHAB & NURSING			FREEHOLD, NJ 07728				
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F 835	Continued From page	÷ 38	F 8	35				
	by:	is not met as evidenced						
	Complaint # NJ 1761 Based on observation pertinent facility docu determined that the facility implement for Resident Rights a well as policies and p NJ Ex Order 26.4(b)(1) an residents signed an A admission to the facil autonomy to participa community dining, se manner, freely comm leave rooms at will; a for NJ Ex Order 20	n, interviews, and review of ments on 8/15/2024, it was acility U.S. FOIA (b) (6) failed to a.) ensure ed policies and procedures and Self Determination as rocedures to prevent down site of the compact		1. Was discharged to prior lefunction as deemed safe to discharged. 2. Any admitting to facility had potential to be affected by deficient practice. 3. The facility revised and update policies and procedures including limited to residents' rights, self-determination, physical restrates seclusion to include and policies, and based state and Federal requirements. facility educated Social Worker (State importance of obtaining resident/responsible party signate the admission agreement. The faced staff members on residenting to the including but not limited to	arge by as as ant ated g but no aints ar sed on The SW) on ure on acility	ot nd		
		e was identified for 1 of 1 we 6).		autonomy, community dining, dig visitation and communication, an freedom of seclusion. 4. If is admitted, facility social	d al worke			
	Surveyors on Federa services to Justice In 12/23/2016 S & C 16-Rights SNFs and NFs environments, must pautonomy and choice practicable regarding everyday lives and reand regulations establights and Page 7- St	MS) updated Guideline to I Requirements for Providing volved individuals, revised -21-ALL. Under "Resident		or designee will conduct weekly a ensure that (or his/her responsion party) signed the admission agre Results will be reviewed with teal QAPI meeting quarterly. Policies procedures will be reviewed on a and as needed basis.	sible ement. m at and			

CLIVILIV	3 FOR MEDICARE &	MEDICAID SERVICES				OIVID INC	7. 0930 - 0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY
			5 14//10				С
		315387	B. WING _			08/	19/2024
	ROVIDER OR SUPPLIER REHAB & NURSING			115	REET ADDRESS, CITY, STATE, ZIP CODE DUTCH LANE ROAD EEHOLD, NJ 07728		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 835	rights and protections. Facilities cannot required give up their rights as admission. Resident include, but are not lifted from physical or cher discipline or convenio of a resident's medic activities, schedules, with his or her interest of care [and] interact community both inside Personal privacy and personal and clinical access to any reside the resident's right to any time, immediate the resident; and subtrestrictions and the rewithdraw consent at visiting with the constructions in the construction of the facility of the facility of the facility of the facility in extra the resident of the facility in extremely and based on below, that upon additional access to any residents of the facility and based on below, that upon additional facility and based on below. The limited States of the facility and based on below, that upon additional facility and based on below.	ons that undermine resident is required by federal law. Uniter prospective residents to it a requirement for rights in the nursing home imited to the right to: Be free mical restraints imposed for ence, and not for treatment all condition; 9 Choose and health care consistent ists, assessments, and plans with members of the de and outside the facility; 10 de confidentiality of his or her records; 11 Immediate in the part of the entity the following: subject to redeny or withdraw consent at family or other relatives of opect to reasonable esident's right to deny or any time, others who are ent of the resident; 12 Be unal, physical, and mental shment, and involuntary ursing home residents must exercise their rights as ty and as citizens of the so have the right to be free of in, discrimination, or reprisal ercising those rights"	F	3335			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED
	315387	B. WING		08/19/2024
PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) FROM IN EXAMPLE A COMMISSION OF THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) FROM IN INFORMATION OR ISC IDENTIFYING INFORMATION IN INFORMATION				
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETION
Resident #6 was obbeing and the room NJ Ex O from partic community dining, be dignified manner, intresidents, communic leaving the room at The Surveyors reviee Electronic Medical For According to the Adrewas admitted to the included but not limitated but not limitated and a Brief Interview which indicated the staff which indicated the staff will have minimal tool. I may not the minimal staff will have minimal with [Repackages must be here]	Served by the Surveyors NJ Ex Order 26.4(b)(1) In reder 26.4(b)(1) In	F 835		
	ROVIDER OR SUPPLIER REHAB & NURSING SUMMARY S (EACH DEFICIEN REGULATORY OF RESIDENT STATE OF STATE O	REHAB & NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Resident #6 was observed by the Surveyors being strong and JEX Order 26.4(b)(1) in the room JEX Order 26.4(b)(1) from participating in group activities, community dining, being served meals in a dignified manner, intermingling with other residents, communicating with visitors and leaving the room at will. The Surveyors reviewed the following in the Electronic Medical Record (EMR). According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to JEX Order 26.4(b)(1) The Minimum Data Set (MDS), an assessment tool, dated indicated the Resident was indicated that Resident #6 had a Brief Interview for Mental Status (BIMS) of JEX Order 26.4(b) (1) The Minimum Data Set (MDS), an assessment and utilized no and utilized no or JEX ORDER 26.4(b)(1) A review of Resident #6's Care Plan (CP), initiated on and utilized no or JEX ORDER 26.4(b)(1) I may need solo leisure materials. Interventions included but not limited, "Recreation Staff will have minimal and JEX ORDER 26.4(b)(1) With [Resident #6]Any mail or packages must be handed directly to the JEX ORDER 26.4(b) (1) With [Resident #6]Any mail or packages must be handed directly to the JEX ORDER 26.4(b) (1) Recreation Staff, as requested and as approved	REHAB & NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Resident #6 was observed by the Surveyors being participating in group activities, community dining, being served meals in a dignified manner, intermingling with other residents, communicating with visitors and leaving the room at will. The Surveyors reviewed the following in the Electronic Medical Record (EMR). According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to be a considered to the consideration of the consideration	REHAB & NURSING SITEET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 Resident #6 was observed by the Surveyors being and NJ EX Order 26.4(b)(1) Intervention By Expression By Ex

PRINTED: 11/07/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER-AND PLAN OF CORRECTION COMPLETED A. BUILDING _ 315387 R WING 08/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD **ALLAIRE REHAB & NURSING** FREEHOLD, NJ 07728 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 835 Continued From page 41 F 835 permitted to give [Resident #6] any electronics. Any and all items must be handed to the . We are not permitted to provide shopping service for [Resident #6]. We are not able to provide salon services for [Resident #6]; without the approval of the NJ Ex Order 26.4(b)(1) and ability to fund the service. A review of the Resident's Physician's orders did not reveal any orders for The orders did reveal a dietary order specifying that only plastic spoons are to be on the tray. The facility U.S. FOIA (b) (6)) was informed on at 7:51 p.m., that an Immediate Jeopardy situation existed. An acceptable removal plan was electronically mailed to the Surveyors on at 10:15 p.m., indicating the action the facility will take to prevent NJ Exec Order 28.4b1 from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The was discharged from the facility as of 9:05 p.m. The facility's referral team will review all future referrals to ensure that the rights of residents can be fully respected if the individual is admitted into the facility's care. The facility will review, and update policies annually and as needed. The Surveyors verified the removal plan on-site and determined the IJ was removed as of On 08/15/24, the U.S. FOIA (b) provided the surveyors with multiple facility policies including "Dining Room Services and Activities". The Dining Room Services policy with

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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		315387	B. WING			08/	19/2024
	ROVIDER OR SUPPLIER REHAB & NURSING		·	11	REET ADDRESS, CITY, STATE, ZIP CODE 5 DUTCH LANE ROAD REEHOLD, NJ 07728		
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(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 835	purpose section, "T ensure that all resic and enjoyable dining and dignified envirous dated 3/2024 titled purpose of this polimesidents have acceengaging, and age-promote physical, ewell-being. This polyprocedures for planevaluating activity purposedures for participate in and to consequence. Their and alternative options possible." A review of the facion Comprehensive, Pedate of 1/2024 revet that, "A comprehen plan that includes must imetable to meet psychosocial and furpolemented for each activity of the undure for Administrator of duties of the Administrator of duties of the Administrator of the	The purpose of this policy is to dents receive safe, nutritious, ag experiences in a respectful onment." The facility policy "Activities" indicated that, "The cy is to ensure that all less to a variety of meaningful, appropriate activities that emotional, and social licy outlines the standards and aning, implementing, and programs." Under the cy Program Development vities should be inclusive, of all physical and cognitive te." Under the sub-heading tion" indicated that, "Residents cose which activities they of decline participation without or choices should be respected, ons should be offered when lity policy titled "Care Plans, erson-Centered" with a review ealed under, "Policy Statement" sive, person-centered care measurable objectives and the resident's physical, unctional needs developed and	F	335			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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		315387	B. WING	_		08/	19/2024		
	ROVIDER OR SUPPLIER REHAB & NURSING			11	TREET ADDRESS, CITY, STATE, ZIP CODE 15 DUTCH LANE ROAD REEHOLD, NJ 07728	E ROAD J 07728			
(X4) ID PREFIX TAG	(EACH DEFICIENC	<u>-</u>			(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 835	operational policies a residents' needs in co and local requiremen Determine the p facility and hire or arr implement the facility Develop a monit compliance with fede requirements. On 8/15/24 at 2:30 p. interviewed the who stated the meeting with the NJ Administrative who stated the meeting with the NJ Administrative staff in under the jurisdiction restraints have been U.S. FOIA (b) (6) stated to they agreed to accepthe guidelines of they agreed to accepthe guidelines of NH or they are day shift for there was only one (Resident #6 only comshower and present.	ersonnel requirements of the ange for sufficient staff to policies and procedures. toring system to assure ral, state, and local m., the Surveyors and the U.S. FOIA (b) (6) at she and the U.S. FOIA (b) (1) estaff (b) (6) prior to accepting the stated that the dicated that Resident #6 is of New Order 26.4 (b) (1) estaff (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	F	835					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG		DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	CODE	00/13/2024
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 835	interviewed Resident Secondaria by NJ Ex O resident's stepped our Surveyors to speak we stated that stated that and when the medical medical information we surveyors asked if reand the resident stated that stated that resident stated that for NJ Ex Order 2 and showers present. On 08/15/2024 at 11: interviewed the NJ Ex Order 2 and showers present. On 08/15/2024 at 11: interviewed the NJ Ex Order 2 and showers present. On 08/15/2024 at 11: interviewed the NJ Ex Order 2 and showers present. On 08/15/2024 at 12: interviewed the NJ Ex Order 2 and showers present.	#6, who was observed to be order 26.4(b)(1), and the eNJ Ex Order 26.4(b)(1). Itside of the room to allow the vith resident. Resident #6 ever step outside the room to sident #6 stated there is no when speaking on the phone all staff are communicating with the resident. The exident was NJ Ex Order 26.4(b)(1) are exident was NJ Ex Order 26.4(b)(1). The exident was not because the proof of the phone all staff are communicating with the resident. The exident was NJ Ex Order 26.4(b)(1) are they only leave the room 6.4(b)(1). The exident is to NJ Ex Order 26.4(b)(1) are not exident is to NJ Ex Order 26.4(b)(1) are not exident is to NJ Ex Order 26.4(b)(1) are not exident in the resident could only owers or any other reason excessary. The NJ Ex Order 26.4(b)(1) are not exident that the resident could only owers or any other reason excessary. The NJ Ex Order 26.4(b)(1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order by NJ Ex Order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the order 26.4(b) (1) are not exident that visitation of the ord	F	835		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		245207	B. WING			С	
	ROVIDER OR SUPPLIER	315387	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 115 DUTCH LANE ROAD FREEHOLD, NJ 07728	<u> </u>	08/19/2024	
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 835	On 08/15/24 at 4:01 printerviewed the U.S. who stated that she had facility for the limit of the	p.m., the Surveyors FOIA (b) (6) and been employed by the (4(b)(1)). She explained that, and Services visit on er protocol to review (a) and the Advanced (b) that RR are reviewed with residents. She stated that (a) itted to the facility, she dent Rights and Advanced (b) that Resident #6 is (a) I LEX OTGET (a) and not from	F8	335			

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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		061314	B. WING		08/19	9/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALLAIRE	REHAB & NURSING	115 DUTCH FREEHOLD	LANE ROAD			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	Ī	PROVIDER'S PLAN OF CORRECTION	N .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000			
S 560	8:39, standards for lic Facilities. The facility Correction, including deficieny and ensure implemented. Failure result in enforcement the provisions of the Code, Title 8, chapter licensure regulations. 8:39-5.1(a) Mandator	Jersey Administrative code, censure of Long Term Care must submit a Plan of a completion date for each that the plan is to correct deficiencies may action in accordance with New Jersey Administrative of 43E, enforcement of	S 560			8/19/24
	by: Complaint #NJ00176 Based on review of p documentation, it was failed to ensure staffir maintain the required ratios as mandated b 3 of 35 day shifts as 1 practice had the pote Findings include: Reference: New Jers (NJDOH) memo, date with N.J.S.A. (New Jers Line of the pote o	ertinent facility s determined that the facility ng ratios were met to minimum staff-to-resident y the state of New Jersey for follows: This deficient ntial to affect all residents. sey Department of Health ed 01/28/2021, "Compliance ersey Statutes Annotated) um staffing requirements for		1. All residents are at risk to affected to the deficient practice 2. The facility will utilize internal and external resources to increase recruitr of direct staff and to ensure the availat of other staffing resources (e.g contrastaff) in the event of staffing shortage facility distributed retention bonuses a bonus pay to ensure shifts are staffed appropriately. 3. For the next month the administrated designee will review the projected staff hours daily to ensure staffing hours at state minimum. 4. Findings will be submitted for 3 monto the monthly qapi committee who will review with the monthly qapi committee who will review the projected staff hours daily to ensure staffing hours at state minimum.	ment bility cted . The and or or ffing bove	

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

_E

(X6) DATE 09/13/24

Electronically Signed

TITLE

PRINTED: 11/07/2024 FORM APPROVED

New Jersey Department of Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		061314	B. WING		C 08/19/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ATE, ZIP CODE	•
ALLAIRE	REHAB & NURSING		CH LANE ROAD LD, NJ 07728	1	
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S 560	Governor signed into codified as N.J.S.A. 3 established minimum nursing homes. The freffective on 02/01/202 One Certified Nurse A residents for the days member to every 10 r shift, provided that no shall be CNAs and eable signed into work a shall perform nurse at care staff member to night shift, provided the member shall sign in perform CNA duties. As per the "Nurse Stathe facility for the the 07/14/2024 to 08/17/2 ratios did not meet the one CNA to eight residocumented below: -07/28/24 had 15 CN/day shift, required at 1-08/07/24 had 14 CN/d	law P.L. 2020 c 112, 0:13-18 (the Act), which staffing requirements in collowing ratio (s) were 21: Aide (CNA) to every eight shift. One direct care staff residents for the evening of fewer of all staff members and direct staff member shall as a certified nurse aide and dide duties: and one direct every 14 residents for the nat each direct care staff to work as a CNA and Affing Report" completed by 5 weeks of staffing from 2024, the staffing to resident the minimum requirement of dents for the day shift as As for 133 residents on the least 17 CNAs. As for 134 residents on the least 17 CNAs.	\$ 560	determine further interventions as near	eded.

		POST	-CERT	TFICATION	N REVISI	T RE	PORT				
	R / SUPPLIER / CLIA / CATION NUMBER	MULTIPLE CONS A. Building B. Wing	TRUCTION					Y2	DATE O 9/19/20	F REVISIT 24	Г
	FACILITY EREHAB & NURSING				STREET ADDRE 115 DUTCH LAN FREEHOLD, NJ	NE ROAD		CODE			
program, corrected provision	ort is completed by a qual to show those deficienci d and the date such corre number and the identific ey report form).	es previously repo ctive action was a	orted on the ccomplishe	CMS-2567, Staten d. Each deficiency	nent of Deficiend should be fully	cies and identified	Plan of Cor	rection, that have er the regulation o	r LSC		
ITE	М	DATE	ITEM		DATE	≣.	ITEM			DATE	
Y4		Y5	Y4		Y	5	Y4			Y5	
ID Prefix	F0550 483.10(a)(1)(2)(b)(1)(2)	Correction	ID Prefix	F0557 483.10(e)(2)	Correc		ID Prefix	F0561 483.10(f)(1)-(3)(8)		Correcti	
Reg. # LSC		Completed 08/19/2024	Reg. # LSC		Compl 08/19/2		Reg. # LSC			08/19/20:	
ID Prefix	F0603	Correction	ID Prefix	F0604	Correc	ction	ID Prefix	F0835		Correcti	ion
Reg. #	483.12(a)(1)	Completed	Reg. #	483.10(e)(1), 483.12 (2)	2(a) Comp	leted	Reg.#	483.70		Comple	ted
LSC		08/19/2024	LSC		08/19/2	2024	LSC			08/19/20	24
ID Prefix		Correction	ID Prefix		Correc	ction	ID Prefix			Correcti	ion
Reg. #		Completed	Reg. #		Comp	leted	Reg. #			Comple	ted
LSC			LSC		<u> </u>		LSC				

Reg. # Completed Reg.# Completed Reg. # Completed LSC LSC LSC **REVIEWED BY** SIGNATURE OF SURVEYOR **REVIEWED BY** DATE DATE STATE AGENCY (INITIALS) TITLE DATE REVIEWED BY DATE **REVIEWED BY** (INITIALS) CMS RO CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 8/19/2024 YES NO

ID Prefix

Reg. #

ID Prefix

LSC

Correction

Completed

Correction

ID Prefix

Reg.#

ID Prefix

LSC

ID Prefix

Reg.#

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Correction

Completed

Correction

Correction

Completed

Correction

			STATE	FORM: RE	VISIT REPORT			
	R / SUPPLIER / CL		TRUCTION				DATE O	F REVISIT
061314	CATION NUMBER	A. Building _{Y1} B. Wing					_{Y2} 9/19/20	24 _{Y3}
NAME OF	FACILITY	<u>l</u>			STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
ALLAIRE	REHAB & NUR	SING			115 DUTCH LANE ROAL)		
					FREEHOLD, NJ 07728			
correctiv	e action was acco	y a State surveyor to shown complished. Each deficient previously shown on the S	cy should be fully	/ identified us	ing either the regulation	or LSC provision nur	mber and the	
ITE	M	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y 5	Y4		Y5
ID Prefix	S0560	Correction	ID Prefix		Correction	ID Prefix		Correction
Reg.#	8:39-5.1(a)	Completed	Reg. #		Completed	Reg. #		Completed
LSC		08/19/2024	LSC —			LSC		,
			-					
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg.#		Completed	Reg. #		Completed	Reg.#		Completed
LSC			LSC			LSC		Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
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LSC			LSC			LSC		
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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		
REVIEWE STATE AC		REVIEWED BY (INITIALS)	DATE	SIGNATU	RE OF SURVEYOR	l	DATE	
REVIEWE CMS RO	D BY	REVIEWED BY (INITIALS)	DATE	TITLE			DATE	
FOLLOW	UP TO SURVEY CO	OMPLETED ON			DRRECTED DEFICIENCIES IENCIES (CMS-2567) SEN			s 🗆 NO

Page 1 of 1 EVENT ID: TRBF12

YES NO

8/19/2024