STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING _____ B. WING _____	C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE RED BANK, NJ 07701**

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F 000	INITIAL COMMENTS A Recertification and Complaint Survey was conducted by Healthcare Management Solutions, LLC on behalf of New Jersey Department of Health (NJDOH). Complaint #: NJ181484 and NJ183544 Survey Dates: 02/23/25 to 02/26/25. Survey Census: 141 Sample Size: 32 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS RECERTIFICATION AND COMPLAINT VISIT.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, facility policy review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure three residents (Resident (R) 107, R129, and R92) out of 32 sampled residents had an accurate Minimum Data Set (MDS) assessment. This had the potential to cause the residents to have unmet care needs. Findings include:	F 641	1. Residents #107, 129, 92 were found to be affected by this deficient practice. There were no ill effects to the residents as a result of this practice. Immediate action taken was modifications to the MDS for residents #107, 129 and 92 on 3/13/2025. 2. All residents have the potential to be affected by this deficient practice Review last 7 days of MDS submissions	4/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/19/2025

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

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F 641	Continued From page 1 1. Review of R107's "Admission Record," located in the electronic medical record (EMR) under the "Profile" tab revealed the resident was initially admitted to the facility on NJ Exec Order 26.4b1 and had diagnoses that included NJ Exec Order 26.4b1 NJ Exec Order 26.4b [redacted]. Review of R107's "Medication Administration Record (MAR)" for NJ Exec Order 26.4b1 revealed an order for 'NJ Exec Order 26.4b1 [redacted]] via NJ Exec Order 26.4b1 signed off each shift from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1. Another order for 'NJ Exec Order 26.4b1 care every shift" was signed off from NJ Exec Order 26.4b1 to NJ Exec Order 26.4b1 Review of R107's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the resident's EMR under the "MDS" tab, documented R107 received no NJ Exec Order 26.4b1 nor NJ Exec Order 26.4b1 care. The resident was NJ Exec Order 26.4b1, and the "Staff Assessment for Mental Status" documented NJ Exec Order 26.4b1. Review of R107's "Care Plan" located in the "Care Plan" tab of the EMR revealed a focus area, dated NJ Exec Order 26.4b1 "The resident has a NJ Exec Order 26.4b1 r/t [related to] NJ Exec Order 26.4b1 mechanics." During an observation on 02/23/25 at 11:45 AM, R107 had a NJ Exec Order 26.4b1 in place with NJ Exec Order 26.4b1 at NJ Exec Order 2 via a NJ Exec Order 26.4b1 NJ Exec Order 2 During an interview on 02/25/25 at 2:23 PM, the US FOIA (b)(6) stated she expected the MDS to reflect NJ Exec Order 26.4b1 cares and NJ Exec Order 26 use for	F 641	for inaccuracies and necessary modifications were made 3.Policy and procedures reviewed. No changes needed. In-service performed by ADON or designee on 3/10/2025 with US FOIA (b)(6) on the appropriate coding of Trach/Oxygen, Discharges, and wound coding. 4.DON or designee will complete MDS audits to include 6 MDS submissions weekly for 4 weeks then 6 MDS submissions monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 641	Continued From page 2 someone who received them in the facility in the seven days prior to the MDS ARD date. During an interview on 02/26/25 at 1:06 PM, the US FOIA (b)(6)) expected that MDSs were coded accurately. 2. Review of R129's EMR revealed she had an "Admission Record" located in the "Profile" tab which revealed NJ Exec Order 26.4b1 was admitted to the facility on NJ Exec Order 26.4b1 with diagnosis of NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 . According to the "Miscellaneous information" section of the "Admission Record," the resident was discharged on NJ Exec Order 26.4b1 at 12:42 AM to a NJ Exec Order 26.4b1 services. Review of R129's discharge "MDS" with an ARD date of NJ Exec Order 26.4b1 and located in the "MDS" tab of the EMR revealed it was coded under "Discharge Status" that NJ Exec Order 26.4b1 went to a NJ Exec Order 26.4b1 hospital. During an interview on 02/25/25 at 12:55 PM, Licensed Practical Nurse (LPN) 4 was interviewed. She stated the resident was picked up by NJ Exec Order 26.4b1 and was discharged either to NJ Exec Order 26.4b1 home. She stated the resident did not go to the NJ Exec Order 26.4b1 During an interview on 02/25/25 at 2:22 PM, the US FOIA (b)(6). stated the MDS was inaccurately coded because the resident was discharged to a NJ Exec Order 26.4b1 and was not discharged to a	F 641		

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F 641	Continued From page 3 NJ Exec Order 26.4b1 . 3. Review of R92's "Admission Record" face sheet located in the EMR under the "Admission Record" tab revealed [redacted] was admitted to the facility on [redacted] after hospitalization with diagnoses which included [redacted] Review of the admission assessment dated [redacted] and located under the "Progress Notes" tab of the EMR, revealed R92 had [redacted] to the [redacted] Review of the [redacted] assessment on [redacted] located under the "Progress Notes" tab of the EMR, revealed the [redacted] had an [redacted] that was NJ Exec Order 26.4b1 but was not [redacted] Review of the Nurse Practitioner (NP) progress notes for [redacted] and located under the "Progress Notes" tab of the EMR, revealed R92 had NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 was ordered. Review of R92's admission "MDS" assessment located in the "MDS" tab of the EMR with an ARD of [redacted] revealed R92 did not have a BIMS score available. Review of the MDS further revealed R92 did not have any NJ Exec Order 26.4b1 [redacted] and was not at risk for NJ Exec Order 26.4b1 [redacted]. Review of the MDS revealed R92 did not have any other NJ Exec Order 26.4b1 [redacted]. Review of the MDS revealed R92 had [redacted] or [redacted] interventions to manage NJ Exec Order 26.4b1 [redacted] other than to [redacted] and applications of [redacted] and medications other than to the [redacted] were checked as applicable for R92.	F 641		

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F 641	Continued From page 4 Review of the physician orders dated NJ Exec Order 26.4b1 and located under the "Orders" tab of the EMR, revealed R92 had an order for NJ Exec Order 26 care to the NJ Exec Order 26.4b1. Review of the NJ Exec Order 26 Consult progress notes dated NJ Exec Order 26.4b1 and located under the "Evaluations" tab of the EMR, revealed R92 had a NJ Exec Order 26.4b1. During an interview on 02/26/25 at 2:41 PM with the US FOIA (b)(6) verified the admission MDS was inaccurate. The US FOIA (b)(6) reviewed the admission MDS dated NJ Exec Order 26.4b1 and revealed R92 did not have any NJ Exec Order 26.4b1 coded on the MDS. However, the US FOIA (b)(6) reviewed the admission NJ Exec O assessment done on NJ Exec Order 26.4b1 which revealed there was NJ Exec Order 26.4b to the NJ Exec Order 26. and on the NJ Exec Order 26.4b1 assessment there was a NJ Exec Order 26.4b1 to the NJ Exec Order 26.4 but was not NJ Exec Order 26. The US FOIA (b)(6) reviewed the physician orders dated NJ Exec Order 26.4b1 and further revealed that R92 had orders for treatment to the NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was NJ Exec Order 26. The US FOIA (b)(6) revealed the admission MDS should have reflected the NJ Exec Order 26.4b1 and the risk for NJ Exec Order 26.4b1 The US FOIA (b)(6) revealed the NJ Exec Order 26.4b1 on the MDS which showed treatment was correct, but the NJ Exec Order 26.4b1 was not coded correctly. The US FOIA (b)(6) revealed the MDS should have been coded as a NJ Exec Order 26.4b1. Review of the facility's policy titled, "MDS Guideline for Completion," reviewed October 2024, revealed "It is the policy of [facility] to ensure accurate and timely completion of MDS	F 641		

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F 641	Continued From page 5 ... in accordance with Federal and State Operation Manual." Review of the RAI (Resident Assessment Instrument) Manual," dated 10/01/24 and located at https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual revealed " ...It is important to note here that information obtained should cover the same observation period as specified by the Minimum Data Set (MDS) items on the assessment and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT [interdisciplinary team] completing the assessment ..."	F 641		
F 644 SS=D	NJAC 8:39-33.2(d) Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a	F 644		4/1/25

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F 644	Continued From page 6 related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to complete a new level one NJ Exec Order 26.4b1 when a NJ Exec Order 26.4b1 diagnosis was identified for one of three residents (Resident (R) 20) and failed to ensure NJ Exec Order 2 was conducted for one of three residents (R101) reviewed for NJ Exec Order 26.4b1 out of 32 sample residents. This had the potential for a failure to identify what specialized or rehabilitative services the residents needed and whether placement in the facility was appropriate. Findings include: 1. Review of R20's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed NJ Exec was admitted to the facility on NJ Exec Order 26.4b1 without a NJ Exec Order 26.4b1. Review of R20's NJ Exec Order 26.4b1 ," located in the "Misc" tab of the EMR, revealed the hospital completed the form on NJ Exec Order 26.4b1 and documented NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 Review of R20's admission "Minimum Data Set (MDS)" assessment with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 revealed R20 had not been evaluated for a NJ Exec Order 26.4b1 and determined to have a NJ Exec Order 26.4b1 and/or NJ Exec Order 26.4b1 or a related condition. R20 had no NJ Exec Order 26.4b1.	F 644	1. Residents #20 and #101 were NJ Exec Order 26.4b by this deficient practice. There were NJ Exec Order 26.4b1 to the residents as a result of this practice. Immediate action taken was a NJ Exec Order 26.4b1 was completed on resident#20 and a NJ Exec Order 2 was completed on resident #101 2. All residents with a Psych diagnosis have the potential to be affected. Director of social work conducted an audit of current residents with psych diagnosis with no negative findings. 3. Policy and procedures reviewed. No changes needed. ADON/designee in-serviced on 3/13/2025 all Social Workers, regarding PASARR completion in relation to psych diagnosis and the potential for the need for a new level 1or a level 2. 4. Director of Social Work/designee will complete 6 audits on psychiatric consults weekly for 4 weeks then 6 audits monthly for 3 months to assess whether there is a new psych diagnosis and to assess whether a new level 1 PASARR or level 2 PASARR is needed. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 644	Continued From page 7 Review of R20's diagnoses under the "Med Diag" tab of R20's EMR revealed the facility entered a diagnosis of NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 [redacted] Review of a "Nursing Progress Note," dated NJ Exec Order 26.4b1 and located in the "Prog Note" tab of the EMR, revealed "Call was placed to NJ Exec Order 26.4b1 in ref [reference] to NJ Exec Order 26.4b1 history. NJ Exec Order 26.4b1 stated that NJ Exec Order 26.4b1 was diagnosed with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 [redacted]" Review of R20's quarterly "MDS" assessment with an ARD of NJ Exec Order 26.4b1 and located in the "MDS" tab of the EMR, revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 indicating R20 was NJ Exec Order 26.4b1 [redacted]. NJ Exec Order 26.4b1 [redacted] Review of R20's EMR revealed there was no evidence of a new 'NJ Exec Order 26.4b1 [redacted] after the facility added the NJ Exec Order 26.4b1 [redacted] During an interview on 02/25/25 at 11:16 AM, the US FOIA (b)(6) stated the US FOIA (b)(6) who entered the NJ Exec Order 26.4b1 [redacted] into the EMR was out of the NJ Exec Order 26.4b1 The US FOIA (b)(6) stated she would check to see if a new 'NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 screen had been completed with the addition of the NJ Exec Order 26.4b1 . The US FOIA (b)(6) stated the facility normally received the NJ Exec Order 26.4b1 screen from the hospital. During an interview on 02/25/25 at 12:14 PM, the US FOIA (b)(6) reported she could not find a new	F 644		

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F 644	Continued From page 8 'NJ Exec Order 26.4b1 screen when the diagnosis was added. The US FOIA (b)(6) stated the facility should have completed one at the time of the diagnosis. During an interview on 02/26/25 at 10:34 PM, the US FOIA (b)(6)) stated if the social services department was made aware of a new NJ Exec Order 26.4b1 diagnosis, they should complete a new 'NJ Exec Order 26.4b1 screening with the updated information. During an interview on 02/26/25 at 1:06 PM, the US FOIA (b)(6)) stated she expected a new 'NJ Exec Order 26.4b1 screening to be completed with the addition of a new NJ Exec Order 26.4b1 2. Review of R101's "Admission Record" located under the "Profile" tab of the EMR revealed R101 was originally admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 . Review of the quarterly "MDS" with an ARD of NJ Exec Order 26.4b1 and located under the "MDS" tab of the EMR, revealed a "BIMS" score of NJ Ex out of 15 which indicated the resident had NJ Exec Order 26.4b1 Review of R101's NJ Exec Order 26.4b1 Tool, dated NJ Exec Order 26.4b1 and located under the "Miscellaneous" tab of the EMR, indicated a 'NJ Exec Order 26.4b1" for NJ Exec Order 26.4b1 based on responses to questions in NJ Exec Order 26.4b1	F 644		

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F 644	Continued From page 9 During an interview on 02/26/25 at 9:22 AM the [US FOIA (b)] confirmed that the facility was aware of R101's [NJ Exec Order 26.4b1]. She stated that the facility had been working with their [NJ Exec Order 26.4b1] services department to get the resident scheduled for a [NJ Exec Order 26.4b1]. In a subsequent interview, [US FOIA (b)] stated that the facility was allowed to admit residents who had a [NJ Exec Order 26.4b1] but reiterated that she was working to get the resident a [NJ Exec Order 26.4b1]. During an interview on 02/26/25 at 9:30 AM, the [US FOIA (b)(6)]) confirmed that the [NJ Exec Order 26.4b1] "was requested yesterday," which would have been [NJ Exec Order 26.4b1] Review of the facility's undated policy titled, "Screen/ Pre-Admission Screen Resident Review (PASRR) Process," revealed "If an issue is identified, it is reported to the Director of Social Services for further evaluation and consultation ... Social Services is responsible receiving and confirming all PASSR Level I are completely correctly and if a Level II review is required."	F 644		
F 656 SS=D	NJAC 8:39-40.3(d) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656		4/1/25

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F 656	Continued From page 10 medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 656		

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F 656	Continued From page 11 Based on record review, interviews, and facility policy review, the facility failed to ensure a comprehensive care plan was developed for three of 32 sample residents (Resident (R) 13, R56, and R121) reviewed for care plans specific to NJ Exec Order 26.4b1 [redacted]. The failures had the potential to affect resident care. Findings include: 1. Review of R13's "Profile" tab of the electronic medical record (EMR) revealed [redacted] was admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted]. Review of R13's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) NJ Exec Order 26.4b1 and located in the resident's EMR "MDS" tab, revealed R13 had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated intact cognition. The "MDS" documented R13 had NJ Exec Order 26.4b1. Review of the "Care Area Assessment (CAA)" revealed, 'NJ Exec Order 26.4b1 [redacted]. This puts resident at NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Staff to provide support as needed to NJ Exec Order 26.4b1 [redacted] by informing [redacted] of NJ Exec Order 26.4b1 [redacted]." Review of the "Orders" tab of R13's EMR revealed an order, dated NJ Exec Order 26.4b1 for 'NJ Exec Order 26.4b1 [redacted]." Review of R13's "Care Plan," located in the "Care Plan" tab of the EMR, revealed no documentation	F 656	1. Care plans were modified for residents 13, 56 and 121 Resident 13 care plan was modified to include NJ Exec Order 26.4b1 Resident 56 care plan was modified to include NJ Exec Order 26 Resident 121 care plans modified to include NJ Exec Order 26.4b1 2. All residents have the potential to be affected by this deficient practice Care plans of all residents with adaptive devices have been audited and any negative finding were addressed. Care plans of all residents with vision impairments have been audited and any negative finding were addressed. Care plans of all residents with oxygen have been audited and any negative finding were addressed. 3. Policy and procedures reviewed. No changes needed. Inservice performed by ADON/designee on 3/24/2025 for clinical managers on care plan policy. MDS will be present at the weekly care plan meetings, they will also assign residents for review to unit managers, unit managers will review care plans prior to meeting, and IDT discusses at meeting and unit manager will close the care plan. 4. Unit managers or designee will complete 6 audits on care plans weekly for 4 weeks then 6 audits monthly for 3 months. The audits will be submitted to the DON weekly.	

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	315286	A. BUILDING _____ B. WING _____	C 02/27/2025

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F 656	Continued From page 12 of NJ Exec Order 26.4b1 or associated interventions. During an interview on 02/23/25 at 10:19 AM, R13 reported he NJ Exec Order 26.4b1 which needed NJ Exec Order 26.4b R13 reported NJ Exec Order 26.4b1 During an interview on 02/26/25 at 12:44 PM, the Licensed Practical Nurse (LPN) Unit Manager (UM) 1 stated the unit managers initiated the care plans upon a resident's admission and updated them with changes. UM1 reported she was unfamiliar with CAAs. During an interview on 02/26/25 at 12:58 PM, the US FOIA (b)(6) reported if a CAA was triggered on the MDS, it was expected to be on the care plan. The US FOIA (b)(6)) was expected to review and sign off on the care plans. During an interview on 02/26/25 at 1:06 PM, the US FOIA (b)(6)) reported a CAA area was expected to be on the care plan. 2. Review of R56's "Profile" tab of the EMR revealed NJ Exec O was initially admitted to the facility on NJ Exec Order 26.4b and had a hospital stay from NJ Exec Order 26.4b1 R56 had diagnoses of NJ Exec Order 26.4b1 Review of R56's quarterly "MDS" with an ARD of NJ Exec Order 26.4b1 and located in the resident's EMR "MDS" tab, revealed R56 had a "BIMS" score of NJ Exe out of 15 which indicated NJ Exec Order 26.4b1. R56 did not utilize NJ Exec Order 26.4b Review of the "Orders" tab of R56's EMR	F 656	The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 656	Continued From page 13 revealed an order, dated [NJ Exec Order 26.4b1] for "[NJ Exec Order 26.4b1] every shift." Review of R56's five-day "MDS" with an ARD of [NJ Exec Order 26.4b1] and located in the resident's EMR section titled "MDS" revealed R56 had a "BIMS" score of [NJ Exec] out of 15 which [NJ Exec Order 26.4b1]. R56 utilized [NJ Exec Order 26.4] Review of R56's "Care Plan" located in the "Care Plan" tab of the EMR, revealed no documentation of the resident's need for [NJ Exec Order 26.4b1]. During a concurrent observation and interview on 02/23/25 at 11:59 AM, R56 was observed lying in bed with an [NJ Exec Order 26.4b1] administering [NJ Exec Order 26.4b1]. R56 reported [NJ Exec] had used [NJ Exec Order 26] since [NJ Exec Order 26.4b1] R56 did not know what [NJ Exec] orders were for the [NJ Exec Order 26.4b1]. During an interview on 02/24/25 at 2:04 PM, LPN5 reported R56 had orders for [NJ Exec Order 26] to be delivered at [NJ Exec Order 26] and changed the [NJ Exec Order 26]. During an interview on 02/26/25 at 12:28 PM, LPN3 stated he was not involved in the care planning process and was unsure where to look in the EMR to find care plans. During an interview on 02/26/25 at 12:33 PM, Certified Nurse Aide (CNA) 6 stated if she wanted to know how to care for a resident, she referred to their hard chart or asked the nurse. CNA6 was unaware of anywhere she could look for a plan of care in the EMR.	F 656		

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F 656	Continued From page 14 During an interview on 02/26/25 at 12:44 PM, UM1 stated the unit managers initiated the care plans upon a resident's admission and updated them with changes. UM1 reported [NJ Exec Order 26] should have been addressed on R56's "Care Plan" and verified it was not addressed. During an interview on 02/26/25 at 1:06 PM, the [US FOIA (b)] reported [NJ Exec Order 26] use was expected to be on the care plan. 3. Review of R121's admission "MDS" located in the "MDS" tab of the EMR with an ARD of [NJ Exec Order 26.4b1] R121 had a "BIMS" score of [NJ Exe] out of 15 which indicated NJ Exec Order 26.4b1 . Review further revealed R121 [NJ Exec Order 26.4b1] and NJ Exec Order 26.4b1 to [NJ Exec O] and was [NJ Exec Order 26.4b1] on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Review of the MDS revealed R121 was at risk for [NJ Exec Order 26.4b1]. Review of the physician's order, dated 02/02/25, located under the "Orders" tab of the EMR revealed an order for NJ Exec Order 26.4b1 and R121 needed assistance to [NJ Exec Orde] and [NJ Exec Order 26.] the [NJ Exec Order 2] Review of the physician orders revealed an order, dated [NJ Exec Order 26.4b1], for [NJ Exec Order 26.4b1] while out of bed. Review R121's comprehensive care plan located under the "Care Plan" tab of the EMR with an initiated date of [NJ Exec Order 26.4b1] revealed a problem was addressed for [NJ Exec Order 26.4b1] but there was no NJ Exec Order 26.4b1 . Review of the care plan further revealed a problem was listed for [NJ Exec Order 26.4b1] on staff for meeting Activities of Daily Living (ADL) and the interventions did not include the use of [NJ Exec Orde]	F 656		

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F 656	Continued From page 15 [redacted] or [redacted]. Review of the care plan further revealed a problem was listed for R121 for being at NJ Exec Order 26.4b1 but no interventions for the [redacted] were listed. During an interview on 02/25/25 at 10:12 AM, UM1 revealed it was CNA's responsibility to put the [redacted] on R121. UM1 revealed the CNA point of care screen and verified there were no interventions for the [redacted] to [redacted] the CNA of the need for them. UM1 revealed it was the unit manager's responsibility to put the information into the computer for the CNA's and it had not been added. During an interview on 02/26/25 at 1:23 PM, the [redacted] revealed all residents' care plan should be followed and the care plan was the basis of how staff should care for them. The [redacted] revealed if the care plan was not followed or not accurate then a resident's care may not be what the resident needed. The [redacted] revealed the care plan was like a recipe for how to take care of a resident. During an interview on 02/26/25 at 3:14 PM, the US FOIA (b)(6) revealed care plans should be followed. The US FOIA (b)(6) revealed the purpose of the care plan was to establish guidelines on how to care for a resident. The US FOIA (b)(6) revealed the nurse who admitted the resident would initiate the care plan then each discipline would follow up. The US FOIA (b)(6) revealed the US FOIA (b)(6) was responsible for verifying the care plan was in place and that it was accurate. Review of the facility's policy titled "Care Planning" with a revised date of 09/24, revealed	F 656		

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F 656	Continued From page 16 an individualized comprehensive care plan would be developed for each resident. The policy revealed the comprehensive care plan was based on a thorough assessment that identified the highest level of functioning the resident may be expected to attain. The policy further revealed it reflected the residents' wishes regarding their care. The policy revealed identified problems would have interventions that were targeted and meaningful .... "Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care Area Assessments) before interventions are added to the care plan ...The Care Planning/ Interdisciplinary Team is responsible for the review and updating of care plans ... when the resident has been readmitted to the facility from a hospital stay." Review of the facility's policy titled, "MDS Guideline for Completion," revised October 2024, revealed that "MDS director or MDS assessors will be responsible to ensure that all CAAs are completed and addressed in residents care plan before signing section V0100B." It also stated, "The IDT [interdisciplinary team] is responsible for reviewing all resident strengths, problems, needs and plan of care to insure the delivery of appropriate and quality care." NJAC 8:39-11.2(e)thru(i) NJAC 8:39-27.1(a)	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and	F 677		4/1/25

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F 677	Continued From page 17 personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to ensure proper NJ Exec Order 26.4b1 care assistance to avoid NJ Exec Order 26.4b1 for one of two residents (Resident (R) 92) reviewed for NJ Exec Order 26.4b1 care of 32 sample residents. This failure put R92 at NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1. Findings include: Review of R92's "Admission Record" face sheet located in the electronic medical record (EMR) under the "Admission Record" tab revealed he was admitted to the facility on NJ Exec Order 26.4b1 after hospitalization with diagnoses of NJ Exec Order 26.4b1 [redacted] Review of R92's admission "Minimum Data Set (MDS)" assessment located in the "MDS" tab of the EMR with an "Assessment Reference Date (ARD)" of NJ Exec Order 26.4b1 revealed R92 did not have a "Brief Interview for Mental Status (BIMS)" available. Review of the MDS further revealed R92 was NJ Exec Order 26.4b1 on staff with all Activities of Daily Living (ADL). R92 was NJ Exec Order 26.4b1 on staff for NJ Exec Order 26.4b1. Review of the MDS further revealed R92 was always NJ Exec Order 26.4b1 of NJ Exec Order and NJ Exec Order 26.4 and was not a candidate for a NJ Exec Order and NJ Exec Order 26.4 program. Review of R92's comprehensive care plan	F 677	1.Resident # 92 was affected by this deficient practice. There were NJ Exec Order 26.4b1 to the resident as a result of this deficient practice . Immediate action taken was resident was given NJ Exec Order 26.4b1 care according to the care plan 2. All residents have the potential to be affected. All CNAs involved in this practice were educated by the DON/ADON on proper incontinence care on 2/25/2025. 3. Policy and procedures reviewed. No changes needed. In-service completed by ADON/designee with all cna□s on proper incontinence care on 3/25/2025. 4. Unit managers/designee will complete 5 audits per floor weekly of residents incontinence care for 4 weeks then 5 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 677	Continued From page 18 located in the "Care Plan" tab of the EMR with an initiated date of NJ Exec Order 26.4b1 revealed a problem for NJ Exec Order 26.4b1 on staff for meeting all R92's daily living needs which included NJ Exec Order 26.4b1 Review of R92's comprehensive care plan located in the "Care Plan" tab of the EMR and initiated on NJ Exec Order 26.4b1 further revealed a problem for NJ Exec Order and NJ Exec Order 26.4b1 with an intervention for NJ Exec Order 26.4b after every NJ Exec Order 26.4b1 episode. Review of R92's comprehensive care plan located in the "Care Plan" tab of the EMR and initiated on NJ Exec Order 26.4b1 further revealed a problem for NJ Exec Order 26.4b1 of NJ Exec Order 26.4 and was at risk for NJ Exec Order 26.4b1. The care plan revealed the NJ Exec Order 26.4b1 was to be NJ Exec Order 26.4b after each NJ Exec Order 26.4b1 and the NJ Exec Order 26.4b1 was to be monitored for NJ Exec Order 26.4b1. Review of the physician orders, dated NJ Exec Order 26.4b1 located under the "Orders" tab of the EMR, revealed an order for NJ Exec Order 26.4b1 . During an interview on 02/23/25 at 4:21 PM Family Member (FM) 1 revealed she had a concern with R92 being NJ Exec Order 26.4b1 and showed this surveyor that NJ Exec Order 26.4b1 During an observation and interview on 02/23/25 at 4:39 PM, Licensed Practical Nurse (LPN) 7 was going to get a Certified Nurse Aide (CNA) to NJ Exec Order 26. R92 but came back into the room without	F 677		

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F 677	Continued From page 19 the CNA, who was on their lunch break. Observation further revealed LPN7 applied personal protective equipment (PPE) and checked R92's [NJ Exec O] and verified [NJ Exec Order 26.4b1] and the [NJ Exec Order 26.4b1] was [NJ Exec Order 26.] with [NJ Exec Ord] and the [NJ Exec Order 26.4b1] was [NJ Exec Order 26.4b1]. During an interview on 02/23/25 at 4:45 PM, LPN7 revealed to her knowledge residents should not be [NJ Exec Order 26.4b1] and it was so wrong because it could [NJ Exec Order 26.4b1]. During an interview on 02/23/25 at 4:45 PM, CNA3 revealed a resident [NJ Exec Order 26.4b1] and he did not have R92 that day. CNA3 further revealed if a resident was [NJ Exec Order 26.4b1] and not [NJ Exec Order 26.4b] when [NJ Exec O] the resident was more at risk for a [NJ Exec Order 26.4] to [NJ Exec Order 26] or [NJ Exec Order 26.4] a [NJ Exec Order 26.4b1]. During an observation on 02/24/25 at 1:43 PM, CNA4 was giving a [NJ Exec Order 26.4b] to R92, and [NJ Exec Order 26] Observation further revealed the [NJ Exec Order 26.4b1], but the [NJ Exec Order 26.4b1] During an interview on 02/25/25 at 1:23 PM, the [US FOIA (b)(6)] revealed no residents should be [NJ Exec Order 26.4b1] unless they have requested to be. The [US FOIA (b)] revealed there was only one resident in the facility who had requested to be [NJ Exec Order 26.4b1], and it was not R92. The [US FOIA (b)] further revealed if a resident was [NJ Exec Order 26] it could cause [NJ Exec Order 26.4b1] and if a resident had a [NJ Exec Order 26.4b1] then it would put them more at risk of [NJ Exec Order 26.4b1] Review of the facility's undated policy titled,	F 677		

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F 677	Continued From page 20 "Incontinence Care Plan" revealed it was the policy of the facility to provide care to residents who were incontinent of bowel and bladder. The policy further revealed CNA' s would follow a residents incontinence program as instructed in the CNA task. The policy further revealed residents should be checked for incontinence at least every two hours and the residents should be toileted as needed. The policy revealed brief, and pads should be used appropriately with one pad on the residents' bed and one diaper on the residents. The policy further revealed that briefs and pads were to be changed immediately when wet or soiled and pericare was to be completed. NJAC 8:39-4.1(a) NJAC 8:39-21.1(a)	F 677		
F 679 SS=E	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure activities were provided according to assessments and care plans for five of six residents (Resident (R) 5, R87, R92, R112,	F 679	1.Residents # 5, 87, 92, 112, and 121 were affected by this deficient practice. Immediate action taken care plans were reviewed by unit managers with Activity director for residents # 5, 87, 92, 112, 121	4/1/25

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F 679	Continued From page 21 and R121) reviewed for activities out of the 32 sample residents This failure had the potential to affect the residents [NJ Ex Order 2] and [NJ Ex Order 26.4] status. Findings include: 1. Review of R5's "Admission Record" face sheet located in the "Admission Record" tab of the electronic medical record (EMR) revealed R5 was readmitted to the facility on [NJ Exec Order 26.4b] with diagnoses of NJ Exec Order 26.4b1 [redacted]. Review of R5's quarterly "Minimum Data Set (MDS)" located under the "MDS" tab in the EMR with an "Assessment Reference Date (ARD)" of [NJ Exec Order 26.4b] revealed a "Brief Interview for Mental Status (BIMS)" score of [NJ Exec Order] out of 15 which indicated NJ Exec Order 26.4b1. Review of the MDS further revealed it was very important to R5 to do NJ Exec Order 26.4b1. Review of R5's MDS revealed [NJ Exec] was [NJ Exec Order 26.4b1] on staff for [NJ Exec Order 26.4b] and [NJ Exec Order 26.4b1] Review of the MDS further revealed NJ Exec Order 26.4b1 [redacted] did not occur during the look back period. Review of R5's comprehensive "Care Plan" located under the "Care Plan" tab in the EMR, with a target date of [NJ Exec Order 26.4b] revealed a problem for activities that included R5 being invited to scheduled activities and that were compatible with individual needs and abilities. During an interview on 02/23/25 at 9:30 AM, R5 revealed [NJ Exec] did not go to activities in the dining room because NJ Exec Order 26.4b1, and [NJ Exec]	F 679	and activities commenced as per the care plans to meet the preferences of the residents. 2. All residents have the potential to be affected. All residents were audited for appropriate activities care plans to ensure they align with resident needs and represent resident centered care. Any negative findings were corrected 3. Policy and procedures reviewed. No changes needed. In-service by ADON/designee on 3/19/2025 with all activities staff on proper care planning and documentation and ensuring the care plan is followed in meeting the preferences of the residents and is resident centered. 4. Recreation Director/designee will complete 20 audits of activity logs and care plans for 4 weeks then 20 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 679	Continued From page 22 NJ Exec Order 26.4b1 . Review of the NJ Exec Order 26.4b1 activity calendar revealed there were approximately 65 activities that were available in the dining room. Review of the NJ Exec Order 26.4b1 activity calendar revealed there were approximately 50 activities that were available in the dining room. Reviews of NJ Exec Order 26.4b [redacted] log for R5 revealed she had not attended any of those activities. Review of the NJ Exec Order 26.4b1 activity calendar revealed on NJ Exec Order 26.4b1 at 2:00 PM bingo was being conducted in the dining area. On NJ Exec Order 26.4b1 at 10:00 AM, the activity calendar revealed communion was being done, at 10:20 AM a blackjack activity was being done in the main dining room. On Tuesday NJ Exec Order 26.4b1 at 10:30 AM the activity calendar revealed sit, and stretch was going on in the main dining room. During an observation on 02/24/25 at 10:44 AM, R5 was in bed and awake and had not gone to the blackjack activity being done in the main dining room. During an observation on 02/25/25 at 10:44 AM, R5 was sitting up in NJ Exec Order 26.4b1 while the sit and stretch activity was going on down in the dining room. During an interview on 02/25/25 at 10:44 AM R5 stated NJ Exec Order 26.4b1 [redacted] and NJ Exec Order 26.4b1 [redacted] The interview further revealed NJ Exec [redacted] did not receive communion on Monday and was not asked to attend. R5 revealed NJ Exec [redacted] was NJ Exec Order 26.4b1 [redacted] and would receive NJ Exec Order 26.4b1 if asked and NJ Exec [redacted] had never had	F 679		

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F 679	Continued From page 23 NJ Exec Order 26.4b1 since being at the facility. During an interview on 02/26/25 at 11:29 AM the US FOIA (b)(6)) revealed R5 had not gone to the dining room for activities for the month of NJ Exec Order 26.4b1 because they had not had any NJ Exec Order or NJ Exec Order 26.4b1 which R5 NJ Exec Order 26.4b The US FOIA (b)(6) revealed the main activities done with R5 were conversation, coffee cart, chronicle news, and snack and beverage cart. The US FOIA (b)(6) further revealed R5 also liked NJ Exec Order 26.4b1 did not go to the baking activities downstairs, they brought the food up to NJ Exec O During an interview on 02/26/25 at 12:58 PM, the US FOIA (b)(6) revealed R5 liked to go to anything that was going on and special events and NJ Exec Order 26.4b1 . The US FOIA revealed he tried to get staff to get NJ Exec Order 2 so R5 could go to the activities NJ Exec Order 26.4b1 . 2. Review of R87's "Admission Record" face sheet located in the "Admission Record" tab of the EMR, revealed R87 was admitted to the facility on NJ Exec Order 26.4b1 and readmitted to the facility on NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 [redacted] . Review of R87's annual "MDS" located under the "MDS" tab in the EMR, with an ARD of NJ Exec Order 26.4b1 revealed a BIMS was not conducted due to resident was NJ Exec Order 26.4b1 . Review of R87's comprehensive care plan located under the "Care Plan" tab in the EMR, with a revision date of NJ Exec Order 26.4b1 , revealed a	F 679		

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F 679	Continued From page 24 problem for activities was listed and the interventions included R87 needed [redacted] Review of the [redacted] activity calendar revealed there were approximately 65 activities that were available in the dining room. Review of the [redacted] activity calendar revealed there were approximately 50 activities that were available in the dining room. Review of the [redacted] log for R87 revealed [redacted] any of those activities. Reviews of the [redacted] log for R87 revealed [redacted], but the log did not specify what activities were done. During an observation on 02/23/25 at 10:50 AM R87 was lying in [redacted] room with no television or radio playing. During an observation on 02/24/25 at 10:42 AM R87 was lying in bed in [redacted] and was awake. Observation further revealed R87's [redacted] was at bedside. Observation further revealed [redacted] was posted on the door. During an interview on 02/24/25 at 10:42 AM Family Member (FM) 2 revealed R87 did not [redacted]. FM2 further revealed the staff did not [redacted] to any activities. FM2 further revealed that R87 liked [redacted] During an interview on 02/26/25 at 11:29 AM the [redacted] was the activity person that	F 679		

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F 679	Continued From page 25 provided activities to the residents on the [redacted] floor. During an interview on 02/26/25 at 11:55 AM the [redacted] revealed R87's room visits consisted of [redacted]. The [redacted] revealed R87 did [redacted], so the [redacted] was in [redacted] During an interview on 02/26/25 at 1:06 PM the [redacted] revealed R87 was on [redacted], and another activity assistant might have done R87's activities. 3. Review of R92's "Admission Record" face sheet located in the "Admission Record" tab of the EMR, revealed R92 was admitted to the facility on [redacted] with diagnoses of [redacted] Review of R92's admission "MDS" under the "MDS" tab in the EMR with an ARD of [redacted] revealed a BIMS was not conducted because R92 was [redacted]. Review of the MDS further revealed R92 had a [redacted] Review of R92's comprehensive care plan located under the "Care Plan" tab in the EMR, with a target date of [redacted] revealed a problem for activities and [redacted] if unable to	F 679		

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F 679	Continued From page 26 attend out of room events. Review of the physician orders under the "Orders" tab in the EMR, dated NJ Exec Order 26.4b1 [redacted], revealed R92 was NJ Exec Order 26 [redacted] Review of the NJ Exec Order 26.4b1 activity calendar revealed there were approximately 65 activities that were available in the dining room. Review of the NJ Exec Order 26.4b1 activity calendar revealed there were approximately 50 activities that were available in the dining room. Review of the log for R92 revealed NJ Exec Order 26.4b1 any of those activities. Review of the NJ Exec Order 26.4b1 log revealed R92 received room visits every day, however it was not always noted what activity was done. Review of the NJ Exec Order 26.4b1 log further revealed on NJ Exec Order 26.4b1 [redacted], R92 received conversation, snack, and beverage visits, and on NJ Exec Order 26.4b1, R92 had a NJ Exec Order 26.4b1 activity. Review of the NJ Exec Order 26.4b1 activity log revealed NJ Exec Order 26.4b1 were done but there was no documentation of what the NJ Exec Order 26.4b1 consisted of. Review further revealed the NJ Exec Order 26.4b1 did not have a signature of who had completed the activity. During an observation on 02/23/25 at 4:02 PM, R92 was lying in bed, and NJ Exec Order 26.4b1 [redacted]. Observation further revealed NJ Exec Or [redacted] was posted on the door caddie of the resident's room. During an interview on 02/23/25 at 4:21 PM,	F 679		

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F 679	Continued From page 27 Family Member (FM) 1 revealed staff NJ Exec Order 26.4b1 [redacted]. FM1 revealed the NJ Exec Order 26.4b1 that R92 used was broken and they had not yet replaced it. During observations on 02/24/25 at 9:47 AM, 10:40 AM, and 1:43 PM, R92 was lying in bed in NJ Exec Order 26.4b and the television and radio were not on. During an observation on 02/25/25 at 8:48 AM and 9:15 AM, R92 was lying in bed in NJ Exec Order 26.4b and the radio and television were both on at the same time. During an observation on 02/26/25 at 8:39 AM, R92 was lying in bed in NJ Exec Order 26.4b and the radio and television were both on at the same time. During an interview on 02/26/25 at 8:54 AM, US FOIA (b)(6) revealed the NJ Exec Order 26.4b1 was broken, and they had ordered another one, but it had not arrived yet. The US FOIA (b)(6) revealed NJ Exec Order 26.4 had established it was okay to get R92 up in a NJ Exec Order 26.4b1 During an interview on 02/26/25 at 11:40 AM, the US FOIA revealed R92 NJ Exec Order 26.4b1 so NJ Exec Order 26.4b1 that consisted of conversation and about NJ Exec Order 26.4b1 . The interview further revealed she was not sure if the NJ Exec Order 26.4b1 was broken. The interview further revealed, after she reviewed the NJ Exec Order 26.4b1, if R92 had a NJ Exec Ord then NJ Ex would not get the snack and beverage activity as documented on the log. The US FOIA (b)(6) revealed she was not sure if NJ Exe had a NJ Exec Orde During an interview on 02/26/25 at 12:51 PM, the	F 679		

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F 679	Continued From page 28 [redacted] revealed R92 did not go downstairs for any activity, and [redacted] with [redacted] The [redacted] revealed if they had an extra person, they would do more one on one activities. 4. Review of R112's "Admission Record" face sheet located in the "Admission Record" tab of the EMR, revealed R112 was admitted to the facility on [redacted] with diagnoses of [redacted] Review of R112's admission "MDS" located under the "MDS" tab in the EMR with an ARD of [redacted] revealed a BIMS was not conducted due to R112 being [redacted] and had [redacted]. Review of R112's comprehensive care plan located under the "Care Plan" tab in the EMR, with a target date of [redacted], revealed a problem for activities and the interventions included the resident needed [redacted] Review of the [redacted] activity calendar revealed there were approximately 65 activities that were available in the dining room. Review of the [redacted] activity calendar revealed there were approximately 50 activities that were available in the dining room. Review of the log for R112 revealed [redacted] any of those activities. Review of [redacted] log for R112 revealed [redacted] but there was no documentation of what those [redacted]	F 679		

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F 679	Continued From page 29 consisted of or what activity person had completed the activity. Review revealed the log that was kept in a book where the [US FOIA] documented what activity was done. During an observation on 02/23/25 at 11:45 AM, R112 was lying in bed, and no activities were being done. During an observation on 02/24/25 at 12:44 PM, R112 was lying in bed and was awake with no activities being done. During an observation on 02/25/25 at 8:59 AM, R112 was lying in bed, and no activities were being done. During an interview on 02/26/25 at 11:57 AM, the [US FOIA] revealed R112 received [NJ Exec Order 26.4b1] daily which consisted of NJ Exec Order 26.4b1 [redacted]. The [US FOIA] further revealed R112 NJ Exec Order 26.4b1 [redacted]. During an interview on 02/26/25 at 1:04 PM, the [US FOIA] revealed he did not do any [NJ Exec Order 26.4b1] with R112 but there were other activity assistants who might have. The [US FOIA] further revealed R112 [NJ Exec Order 26] [redacted]. 5. Review of R121's "Admission Record" face sheet located in the EMR under the "Admission Record" tab revealed R121 was admitted to the facility on [NJ Exec Order 26.4b1] with diagnoses of [NJ Exec Order 26.4b1] [redacted]	F 679		

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F 679	Continued From page 30 NJ Exec Order 26.4b1 [redacted].	F 679		

Review of R121's admission "MDS" located in the "MDS" tab of the EMR with an ARD of [redacted] R121 had a BIMS of [redacted] out of 15 which indicated NJ Exec Order 26.4b1 [redacted]. Review further revealed R121 NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 [redacted] and NJ Exec Order 26.4b1 [redacted]. Review of the MDS further revealed it was somewhat NJ Exec Order 26.4b1 [redacted] to participate in NJ Exec Order 26.4b1, to do NJ Exec Order 26.4b1, to NJ Exec Order 26.4b1 and participate in NJ Exec Order 26.4b1.

Review R121's comprehensive care plan located under the "Care Plan" tab of the EMR with an initiated date of NJ Exec Order 26.4b1 revealed a problem was listed for NJ Exec Order 26.4b1 on staff for meeting NJ Exec Order [redacted] and one intervention was to ensure R121 attended activities that were compatible with NJ Exec [redacted]. Review further revealed R121 should be invited to scheduled activities and NJ Exec Order 26.4b1 if unable to attend out-of-room events.

During an observation on 02/23/25 at 4:14 PM, R121 was lying in bed in NJ Exec Order 26.4b1 and the television was on.

During an observation on 02/24/25 at 8:38 AM, R121 was lying in bed in NJ Exec Order 26.4b1 and no activities were being provided.

During an observation on 02/24/25 at 10:38 AM, R121 was lying in bed in NJ Exec Order 26.4b1 no in-room activities were being done.

During an observation on 02/24/25 at 1:04 PM,

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F 679	Continued From page 31 R121 was lying in bed in [NJ Exec Order 26.4b1] and no in-room activities were being done. During an interview on 02/25/25 at 10:04 AM, CNA4 revealed she had taken care of R121 on [NJ Exec Order 26.4b1] and was R121's aide today. CNA4 further revealed R121 had not been to any activities on those days. CNA4 revealed she was not even sure if he was supposed to go to any activity since he had just gotten to the unit Friday from another floor. During an interview on 02/26/25 at 9:43 AM, the [US FOIA] revealed residents that were on [NJ Exec O] were not allowed to go to the dining room for activities such as entertainment, but the staff could do activities with them in their rooms. During an interview on 02/26/25 at 11:45 AM, the [US FOIA] revealed [US FOIA] did the activities for the [NJ Exec O] floor. The interview further revealed, after she reviewed the activity logbook twice, she could not find the [NJ Exec Order 26.4b1] logs for R121. The [US FOIA] revealed the pages may have fallen out and would look for the pages. During an interview on 02/26/25 at 12:26 PM, the [US FOIA (b)(6)]) revealed there was no reason why a resident that was on [NJ Exec O] could not go to any of the activity's downstairs. [US FO] further revealed residents that had a [NJ Exec Ord] did not have to stay in their rooms all the time. During an interview on 02/26/25 at 12:30 PM, the [US FOIA] revealed she had overlooked the pages in the book and found his record of activities. The interview further revealed R121 had [NJ Exec Order 26.4b1] for the months of [NJ Exec Order 26.4b1] but there was no documentation of what	F 679		

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F 679	Continued From page 32 activities had been done. During an interview on 02/26/25 at 1:23 PM, the US FOIA (b)(6)) revealed residents that were on [redacted] could go to the dining room downstairs for any activity. The [redacted] further revealed residents' activities should be established around their likes and dislikes, Review of the facility's policy titled, "Activities," with a revised date of 02/19/25, revealed it was the policy of the facility to provide an ongoing activity program to support residents in their choices of activities. The policy further revealed activities referred to any endeavor, other than routine Activities of Daily Living (ADL) that enhance the resident's sense of well-being and emotional health. The Activity policy further revealed activities would be designed to reflect the residents' interests and religious preferences. Review of the facility's policy titled, "Enhanced Barrier Precautions (EBP)" with a revised date of 02/25, revealed residents that were on EBP were permitted to leave their room to participate in activities. The policy further revealed EBP should not prevent a resident from participating in a group activity or restrict a resident to their room.	F 679		
F 684 SS=D	NJAC 8:39-7.3 Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure	F 684		4/1/25

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F 684	Continued From page 33 that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure physician orders were followed for two of 32 sample residents (Resident (R) 121 and R89) reviewed for orders regarding [redacted] for R121 and [redacted] for R89. This failure put residents at risk for [redacted]. Findings include: 1. Review of R121's "Admission Record" face sheet located in the electronic medical record (EMR) under the "Admission Record" tab, revealed R121 was admitted to the facility on [redacted] with diagnoses of [redacted]. Review of R121's admission "Minimum Data Set (MDS)" located in the "MDS" tab of the EMR with an Assessment Reference Date (ARD) of [redacted] revealed R121 had a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated [redacted]. Review further revealed R121 had [redacted] to [redacted] and was [redacted] and [redacted]. Review of the MDS revealed R121 was at [redacted].	F 684	1. Residents #121 and #89 were found to be affected by this deficient practice. There were [redacted] to the residents as a result of this practice. Resident #121 had [redacted] placed appropriately Resident # 89 had [redacted] immediately The assigned CNA was educated on 3/13/2025 regarding proper application of [redacted]. The assigned nurse was educated on 2/24/2025 on proper [redacted] changes and following physician orders. Review of all [redacted] changes for accuracy Review of [redacted] for proper application 2. All residents have the potential to be affected by this deficient practice All residents with PICC line dressings were reviewed and any negative findings were addressed All residents with adaptive devices were reviewed and any negative findings were addressed 3. Policy and procedures reviewed. No changes needed. In-service was performed by ADON/designee on PICC line care and dressing changes to all nurses, completed	

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F 684	Continued From page 34 Review of R121's comprehensive care plan located under the "Care Plan" tab of the EMR with an initiated date of NJ Exec Order 26.4b revealed a problem was addressed for NJ Exec Order 26.4b1 but there was no intervention for NJ Exec Order 26.4b1 . Review of the care plan further revealed a problem was listed for NJ Exec Order 26.4b1 on staff for meeting Activities of Daily Living (ADL) and the interventions did not include the use of NJ Exec Orde . Review of the care plan further revealed a problem was listed for R121 for being at NJ Exec Order 26.4b1 but no interventions for the NJ Exec Orde were listed. Review of the physician's order, dated NJ Exec Order 26.4b1 located under the "Orders" tab of the EMR revealed an order for NJ Exec Order 26.4b1 to NJ Exec Or while in bed to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and R121 needed NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . Review of the physician orders, dated NJ Exec Order 26.4b , revealed an order for NJ Exec Order 26.4b1 while out of bed. During an observation on 02/23/25 at 4:14 PM, R121 was lying in bed and did not have any NJ Exec Orde on NJ Exec Order 26.4b During an observation on 02/24/25 at 8:38 AM, R121 was lying in bed and did not have NJ Exec Order 26.4b1 on NJ Exec Order 26.4b During an observation on 02/24/25 at 10:38 AM, R121 was lying in bed and did not have any NJ Exec Orde on NJ Exec Order 26. . Observation further revealed there were NJ Exec Order 26.4b1 lying on the chair in the room. During an observation on 02/24/25 at 1:04 PM, R121 was lying in bed and did not have	F 684	on 3/24/2025 In-service was performed by ADON/designee to all CNAs and Nurses regarding proper application of adaptive devices, completed on 3/26/2025 4. Unit manager/designee will complete audits on PICC line dressings and adaptive devices to include 6 audits weekly for 4 weeks then 6 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 684	Continued From page 35 any NJ Exec Order 26.4b1 Observation further revealed there were NJ Exec Order 26.4b1 lying in the chair. During an observation on 02/25/25 at 10:05 AM, R121 was lying in bed and did not have NJ Exec Order 26.4b1 . Observation further revealed NJ Exec Order were on the chair in the room. During an interview on 02/25/25 at 10:06 AM Certified Nursing Assistant (CNA) 4 revealed that the NJ Exec Order 26.4b1 were to be used when a resident was in bed and the NJ Exec Order 26.4b1 were to be used when the resident was up in a wheelchair. CNA4 revealed R121 had come to the unit on NJ Exec Order 26 and she had not taken care of NJ Exec before. CNA4 revealed she had seen the NJ Exec Order 26.4b1 on the chair but did not know NJ Exec schedule. CNA4 revealed she did not get any report from the nurses yesterday or today about NJ Exec care. CNA4 revealed, after she reviewed the tablet that had the care needs of R121, there was not any indication that R121 needed to have the NJ Exec Orde on NJ Exec Order 26. CNA4 tried to look at the care plan on the tablet but she did not know how to get to the care plan to advance to the next page. The CNA4 confirmed the NJ Exec Orde were not on the resident. During an interview on 02/25/25 at 10:12 AM with the Licensed Practical Nurse (LPN) Unit Manager (UM) 1 revealed it was CNA's responsibility to put the NJ Exec Orde on R121. UM1 revealed the nurse told the CNA what the care needs were for R121, and it should be on the tablet. UM1 revealed R121 received NJ Exec Order 26.4b1 when in bed to NJ Exec Order 26.4b1 UM1 further revealed R121 was to wear the NJ Exec Order 26.4b1 when NJ Exec was up in the wheelchair. UM1 reviewed the CNA	F 684		

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F 684	Continued From page 36	F 684		

point of care screen and verified there were no interventions for the [NJ Exec Orde] to alert the CNA of the need for them. UM1 revealed it was the unit manager's responsibility to put the information into the computer for the CNA's and it had not been added.

During an interview on 02/26/25 at 9:29 AM, the US FOIA (b)(6) revealed R121 had been admitted to the facility from the hospital and the [NJ Exec Orde] were already established from there and the NJ Exec Order 26.4b1 did not have to address them. The US FOIA (b)(6) further revealed the NJ Exec Order 26.4b1 should have been worn in bed for NJ Exec Order 26.4b1 . The US FOIA (b)(6) further revealed R121 was at risk of NJ Exec Order 26.4b1 were not being utilized.

During an interview on 02/26/25 at 1:23 PM, the US FOIA (b)(6)) revealed after an order was obtained it should be documented in the task section so the CNA's can see what the residents' needs were. The [US FOIA (b)] revealed if the order was not transferred over to the task, then the CNA might not be able to see the care needs.

During an interview on 02/26/25 at 3:14 PM, the US FOIA (b)(6) revealed R121 had an order for the NJ Exec Order 26.4b1 to be worn when [NJ Exe] was in bed. The US FOIA (b)(6) further revealed the [NJ Exec Order] were not on the comprehensive care plan and should be an intervention for the resident. The US FOIA (b)(6) revealed R121 was at risk for NJ Exec Order 26.4b1 should be utilized on the [NJ Exec O]

2. Review of R89's Admission Record located under the "Profile" tab of the electronic medical

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F 684	Continued From page 37 record revealed R89 was originally admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted]. During an observation on 02/23/25 at 11:20 AM, R89 was NJ Exec Order 26.4b1, throughout the NJ Exec Order 26.4b1. The resident was NJ Exec Order 26.4b1 and a NJ Exec Order 26.4b1 could be seen on the resident's NJ Exec Order 26.4b1. Hanging from the NJ Exec Order 26.4b1 was a NJ Exec Order 26.4b1 along with a NJ Exec Order 26.4b1. Upon closer assessment at 11:27 AM, the NJ Exec Order 26.4b1 revealed a date of NJ Exec Order 26.4b1. Review of the admission "MDS" with an ARD of NJ Exec Order 26.4b1 located under the "MDS" tab of the EMR revealed a BIMS score of NJ Exec out of 15 which indicated R89 was NJ Exec Order 26.4b1. During an interview on 02/23/25 at 3:03 PM, R89 stated NJ Exec did not recall the last time NJ Exec Order 26.4b1 [redacted] but advised that NJ Exec has had NJ Exec [redacted] related to NJ Exec Order 26.4b1. Review of R89's orders located under the "Orders" tab of the EMR revealed the following NJ Exec Order 26.4b1 orders: 1) NJ Exec Order 26.4b1 [redacted] once weekly, every night shift every Fri" with a start date of NJ Exec Order 26.4b1 2) NJ Exec [redacted] weekly on Wed 7-3 shift, every day shift every Wed" starting on NJ Exec Order 26.4b1. Review of the "Medication Administration Record (MAR)" for the month of NJ Exec Order 26.4b1 revealed	F 684		

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F 684	Continued From page 38 that the NJ Exec Order 26.4b1 was performed on NJ Exec Order 26.4b1 During an observation and interview on 02/24/25 at 3:45 PM, UM2 was shown the NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 and confirmed that NJ Exec Order 26.4b1 are typically changed weekly. UM2 confirmed that per the order and administration record, the NJ Exec Order 26.4b1 had not been changed. During an interview on 02/25/24 at 10:26 AM, LPN9 stated that she entered the order for the NJ Exec Order 26.4b1 to be conducted weekly on Fridays. She was asked about the duplicate order to NJ Exec Order 26 NJ Exec Order 26.4b1 on Wednesdays, and she stated she was not aware of another order. LPN9 was also asked why the MAR had been documented as if the NJ Exec Order 2 change occurred and she confirmed that she did not know. Review of the facility's policy titled, "Dressings, Dry/Clean," dated June 2024, revealed its purpose was to provide guidelines for the application of dry, clean dressings. Per the policy, to prepare for a dressing change staff must verify there's a physician's order; review care, orders, and diagnoses to determine if there are special resident needs; check the treatment record; and lastly assemble the equipment and supplies as needed. 1. Adjust bedside stand to waist level. Clean bedside stand. Establish a clean field. 2. Place the clean equipment on the bedside stand. Arrange the supplies so they can be easily reached. 3. Tape a biohazard or plastic bag on the bedside stand or open on the bed. 4. Pull strips of tape adequate for securing dressing at the end of the procedure and add date, time, and initials. Place on edge of bedside table to enable	F 684		

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F 684	Continued From page 39 easy access when needed. Review of the facility's policy titled, "Adaptive Devices" with a revised date of 10/24 revealed adaptive devices were utilized to maximize positioning comfort and function. Review further revealed the LPN would document adaptive device on the CNA accountability record and on the interdisciplinary care plan. NJAC 8:39-27.1(a)	F 684		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to administer [NJ Exec Order 26] at the physician prescribed dose for one of six residents (Residents (R) 56) reviewed for respiratory care out of 32 sample residents. This had the potential to cause residents' [NJ Exec Order 26.4b1] [NJ Exec Order 26.4b] Findings include: Review of R56's "Profile" tab of the electronic medical record (EMR) revealed [NJ Exec O] was initially admitted to the facility on [NJ Exec Order 26.4b1] and had a	F 695	1.Residents # 56 was affected by this deficient practice Immediate action taken was proper NJ Exec Order 26.4b1 setting was applied. 2. All residents have the potential to be affected. Audit of all residents with oxygen completed by DON/ADON/Unit Managers have appropriate care plans and the orders match the current settings 3. Policy and procedures reviewed. No	4/1/25

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F 695	Continued From page 40 hospital stay from NJ Exec Order 26.4b1 , with onset date of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . Review of the "Orders" tab of R56's EMR revealed an order, dated NJ Exec Order 26.4b1 for 'NJ Exec Order 26 at NJ Exec Order 26.4b1 every shift." Review of R56's five-day "Minimum Data Set (MDS)" assessment with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located in the "MDS" tab of the EMR, revealed a "BIMS" score of NJ Exe out of 15 which indicated R56 had NJ Exec Order 26.4b1 . R56 utilized NJ Exec Order 26.4 Review of R56's "Medication Administration Record (MAR)," dated NJ Exec Order 26.4b1 and located in the EMR under the "Orders" tab, revealed nurses signed off the order for 'NJ Exec Order 26.4b1' every shift and documented an NJ Exec Order 26.4b1 level. During a concurrent observation and interview on 02/23/25 at 11:59 AM, R56 was observed lying in bed with an NJ Exec Order 26.4b1 administering NJ Exec Order 26.4b1 . R56 reported NJ Exec O had used NJ Exec Order 26 since returning from the hospital. R56 did not know what NJ Exec During an observation on 02/24/25 at 12:51 PM, R56 was in bed with NJ Exec Order 26.4b1 set at NJ Exec Order 26.4b1 . During an observation and interview on 02/24/25 at 2:04 PM, Licensed Practical Nurse (LPN) 5	F 695	changes needed. In-service conducted by ADON/designee with all nurses regarding oxygen use and following MD orders completed on 3/24/2025. 4. Unit managers/designee will audit 6 residents with oxygen weekly for 4 weeks then 4 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 695	Continued From page 41 reported R56 had orders for [NJ Exec Order 26] to be delivered at [NJ Exec Order 26.4b1], verified the [NJ Exec Order 26.4b1] was set incorrectly, and changed the [NJ Exec Order 26.4b1] [redacted] During an interview on 02/26/25 at 1:06 PM, the [US FOIA (b)(6) redacted]) stated she expected [NJ Exec Order 26] orders to be followed. The [US FOIA (b)] stated high settings of [NJ Exec Order 26] delivery could be problematic for residents with [NJ Exec Order 26.4b1] [redacted] or when trying to wean a resident off of [NJ Exec Order 26.4b] Review of the facility's policy titled, "Oxygen Administration," reviewed October 2024, revealed staff were to, "Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration ... adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered."	F 695		
F 698 SS=D	NJAC 8:39-27.1(a) Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure a meal	F 698	1.Residents # 13 was affected by this deficient practice	4/1/25

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F 698	Continued From page 42 or snack was provided and that there was ongoing pre- and post-[NJ Exec Order 26] communication for a resident receiving [NJ Exec Order 26] three times a week for one of one resident (Resident (R) 13) reviewed for [NJ Exec Order 26] out of 32 sample residents. This had the potential to affect the [NJ Exec Order 26.4b1] status and health of residents receiving [NJ Exec Order 26.4b] Findings include: Review of R13's "Admission Record" located in the electronic medical record (EMR) under the "Profile" tab, revealed [NJ Exec] was admitted to the facility on [NJ Exec Order 26.4b1] with diagnoses that included NJ Exec Order 26.4b1 and [NJ Exec Order 26.4b1]. Review of R13's "Care Plan" section of the EMR revealed a focus area, dated [NJ Exec Order 26.4b1] "[Resident] needs [NJ Exec Order 26.4b1] three times a week" with interventions including: "Vital signs are taken before and after [NJ Exec Order 26.4b] The "Care Plan" also included a focus for R13 being "at risk for NJ Exec Order 26.4b1 " Review of R13's annual "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [NJ Exec Order 26.4b] and located in the resident's EMR "MDS" tab, revealed a "Brief Interview for Mental Status (BIMS)" score of [NJ Exec] out of 15 which NJ Exec Order 26.4b1 . R13 received [NJ Exec Order 26.4b] Review of the "Orders" tab of R13's EMR, revealed an order, dated [NJ Exec Order 26.4b1] '[NJ Exec Order 26] pick up - 5:30 am one time a day every Tue, Thu, Sat." Review of a '[NJ Exec Order 26.4b] binder, located at the nurse's station for R13, revealed it contained '[NJ Exec Order 26.4] and Nursing Home Hand-Off	F 698	Immediate action taken was communication with the US FOIA (b)(6) and the US FOIA (b)(6) regarding providing meal bags or early tray prior to resident #13 leaving for [NJ Exec Order 26] when resident will be missing a meal in the facility The unit manger completed the [NJ Exec Order 26] communication log. 2. All dialysis residents have the potential to be affected. All dialysis residents logs were audited for accuracy and any defient practice was corrected All dialysis residents were provided food as appropriate prior to dialysis 3. Policy and procedures reviewed. The current dialysis communication form was updated by the DON to include checking if food was provided prior to dialysis if a meal will be missed. Inservice by the ADON/designee with all nursing and dietary staff regarding providing meals for residents that will miss meals due to dialysis was completed on 3/24/2025. Inservice by ADON/designee on the new dialysis communication form to ensure accuracy on the new dialysis communication form. 4.Unit managers/designee will audit all dialysis resident□s books weekly to ensure dialysis form has been completed appropriately to include checking if food was provided prior to dialysis if a meal will be missed, for 4 weeks then monthly X3	

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F 698	Continued From page 43 Communication Tool" papers in it for each NJ Exec Order 26. day. The papers were pre-filled with R13's name, code status, allergies, diet, current type of precautions, contact person, and nursing home name and number. There were areas above the prefilled line containing the facility's name and number to fill in vital signs, what the last meal or snack was, and the time it was consumed. The middle section, below the nursing facility's name and number, and above "To be completed by NJ Exec Order 26. facility" addressed NJ Exec Order 26 access concerns, medications taken, and changes since last NJ Exec Order 26. treatment. The areas had yes/no boxes to check. Further review of the 'NJ Exec Order 26.4b binder for R13 revealed that, of the 19 papers filled out for NJ Exec Order 26. days between NJ Exec Order 26.4b1 fifteen contained no documentation of vital signs taken before NJ Exec Order 26.4b None of the papers documented any meal or snack. Seventeen of the papers had no boxes checked regarding whether the resident had taken any medications or had any changes since the last NJ Exec Order 26. treatment. During an interview on 02/23/25 at 10:26 AM, R13 reported receiving NJ Exec Order 26. for NJ Exec Order 26.4b1 R13 stated he went out to NJ Exec Order 26. at 5:30 AM on Tuesdays, Thursdays, and Saturdays without receiving a snack. 'NJ Exec Order 26.4b1 when I return around 11:00 AM." During an interview on 02/25/25 at 4:15 PM, Licensed Practical Nurse (LPN) 4 stated NJ Exec Order 26. communication forms were in a binder, which went with the resident to NJ Exec Order 26.4b LPN4 was unsure who filled out the top portion of the forms, above the "to be completed by NJ Exec Order 26. facility" area since she did not send residents to NJ Exec Order 26.4b	F 698	on all dialysis residents . The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 698	Continued From page 44 She stated when R13 returned from [NJ Exec Order 26.4b] LPN4 reviewed the bottom part of the communication form, which [NJ Exec Order 26] filled out, wrote a progress note, and checked his vital signs. During an interview on 02/25/25 at 4:20 PM, LPN3 stated the facility should fill out the top of the form above the "to be completed by [NJ Exec Order 26] facility." LPN3 stated when LPN3 worked the evening shift, dietary staff did not send food in the evening for the residents to eat the morning of [NJ Exec Order 26.4b] During an interview on 02/25/25 at 4:24 PM, Unit Manager (UM) 1 stated that [NJ Exec Order 26] filled out the communication form under the nursing home name but above "to be completed by [NJ Exec Order 26] facility." UM1 stated this section included medications taken, new medical problems or falls, hospitalizations or emergency department visits, labs drawn since last [NJ Exec Order 26.4b] and new medications or vaccinations. During an interview on 02/25/25 at 4:43 PM, the [US FOIA (b)(6)] stated the nurse sending the resident to [NJ Exec Order 26] was expected to fill out the top of the [NJ Exec Order 26] communication form all the way to the area "to be completed by dialysis" for ongoing communication with [NJ Exec Order 26.4b] During an interview on 02/26/25 at 9:39 AM, LPN8 reported the nursing staff made R13 tea each morning before [NJ Exec Order 26.4b] LPN8 stated that sometimes R13 took crackers in the morning before [NJ Exec Order 26.4b] but sometimes [NJ Exec Order 26.4b1]. LPN8 stated dietary staff did not send up an early breakfast tray or snack. She stated the [NJ Exec Order 26] binder, with the communication forms, went with	F 698		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 698	Continued From page 45	F 698		

R13 to [NJ Exec Order 26.4] She stated the top of the communication forms had prefilled information. LPN8 stated nursing documented vital signs prior to [NJ Exec Order 26.4] She stated the rest of the form was only filled out with changes, and there were no recent changes.

During an interview on 02/26/25 at 11:00 AM, the [US FOIA (b)(6)] stated if a resident went out to [NJ Exec Order 26] before 6:00 AM, dietary sent a bagged breakfast up to the unit the evening before, which nursing kept in the refrigerator until the next morning. [US FOIA] stated if a resident went out at 6:00 AM or later, dietary was onsite and sent up an early breakfast tray.

Review of the facility's policy titled, "Meals for Dialysis Residents," created 03/24, revealed "Nursing Services will notify the Food Services Department when a resident will be at dialysis during meal times. Such information will include, but is not necessarily limited to: need for an early meal tray; which meal(s) the resident will miss; how long the resident will be absent; and which meal the resident will be served upon returning to the facility."

Review of the facility's "Dialysis Procedure," reviewed 01/25, revealed "Communication with the Dialysis Center will be maintained through the use of a communication book. The book is located at the nurse's station and is clearly labeled with the resident's name. The communication book is sent with the resident each time they are transported to dialysis. The nursing staff and the Dialysis Center will communicate any pertinent resident information through the communication book." In addition, the "Dietician will be made aware to provide

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F 698	Continued From page 46 snacks/meals as needed." NJAC 8:39-2.9 NJAC 8:39-27.1(a)	F 698		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and	F 758		4/1/25

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F 758	Continued From page 47 §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure PRN (as needed) NJ Exec Order 26.4b1 were not prescribed beyond 14 days without documented rational, for one of five residents (Resident (R) 101) reviewed for unnecessary medications of 32 sample residents. This failure had the potential to contribute to excessive medication administration. Findings include: Review of the "Admission Record" located under the "Profile" tab of the electronic medical record (EMR), revealed R101 was originally admitted to the facility on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 [redacted]. Review of the quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located under the "MDS"	F 758	1.Residents # 101 was affected by this deficient practice. Immediate action taken was the medication was discontinued as per MD order Audit of existing NJ Exec Order 26.4b1 Meds were reviewed and ensured that a stop date was included with each order 2. All residents with PRN Psychotropic medications have the potential to be affected. Audit of existing PRN Psychotropic Meds were reviewed and ensured that a stop date was included with each order 3. Policy and procedures reviewed. No changes needed. Inservice was conducted by ADON/designee with all nursing staff regarding PRN use of psychotropic medications completed on 3/24/2025.	

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F 758	Continued From page 48 tab of the EMR, revealed a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated the resident had NJ Exec Order 26.4b1. Review of R101's "Order" tab of the EMR, revealed an order for NJ Exec Order 26.4b1 once every 24 hours as needed (PRN) for [redacted] with a start dated [redacted]. There was no end date indicated. Review of the most recent NJ Exec Order 26.4b1 evaluation follow-up, located under the "Evaluations" tab of the EMR, on [redacted], revealed the resident was reviewed related to a history of NJ Exec Order 26.4b1 The resident was noted to have no 'NJ Exec Order 26.4b1 during the assessment. According to the evaluation, R101 also NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 along with NJ Exec Order 26.4b1 of NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 Review of the "Medication Administration Record (MAR)" dated NJ Exec Order 26.4b1 and located under the "Orders" tab of the EMR, revealed that the medication was administered on NJ Exec Order 26.4b1 During an interview on 02/16/25 at 4:12 PM, the US FOIA (b)(6)) confirmed that the NJ Exec Order 26.4b1 , was PRN and did not have an end date. She added that the facility was aware of the regulation and that an end date was required for that medication protocol. NJAC 8:39-29.3(a)	F 758	4. Unit managers/designee will audit 6 residents with PRN psychotropic medications weekly for 4 weeks then monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More	F 759		4/1/25

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F 759	Continued From page 49 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: Based on observation, record review, interview, and facility policy review, the facility failed to ensure medication administration was less than 5% error rate which included NJ Exec Order 26.4b1 scheduled for every eight hours was administered one hour and 39 minutes after the scheduled time; NJ Exec Order 26.4b1, which had been discontinued, was administered; and one tablet of NJ Exec Order 26.4b was administered instead of two for one of four residents (Resident (R) 101) observed during medication administration of 32 sample residents. Medication errors have the potential to result in adverse health outcomes. Findings include: Review of R101's "Admission Record" under the electronic medical record (EMR) "Profile" tab, revealed NJ Exec was admitted to the facility on NJ Exec Order 26.4b. R101 had diagnoses which included NJ Exec Order 26.4b1. Review of R101's "Orders" tab of the EMR, revealed orders which included: NJ Exec Order 26.4b1 Give two tablets daily and one tablet every evening, both ordered NJ Exec Order 26.4b1. NJ Exec Order 26.4b1. Give one capsule by mouth every eight hours for NJ Exec Order 26.4b1, ordered NJ Exec Order 26.4b1 and	F 759	1.Residents # 101 was affected by this deficient practice Immediate action taken was MD notified of medication discrepancy and the nurse involved in the deficient practice was in-serviced by the ADON on medication administration, medication errors, and medication pass competency was completed on 2/25/2025. 2.All residents have the potential to be affected. 3. Policy and procedures reviewed. No changes needed Inservice by the ADON/designee with all nursing staff regarding medication administration and following medication orders and medication competancy completed on 3/24/2025. 4.Pharmacy consultant/pharmacy representative, ADON/ designee will complete 3 medication passes weekly for 4 weeks and then 3 medication passes weekly for 3 months. The medication pass audits will be submitted to the DON weekly.	

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F 759	Continued From page 50 -NJ Exec Order 26.4b1 . Give two capsules with meals for NJ Exec Order 26.4b1, ordered NJ Exec Order 26.4b1 . Review of R101's "Medication Administration Record (MAR)" dated NJ Exec Order 26.4b1 and located under the EMR "Orders" tab, revealed the NJ Exec Order 26.4b1 ordered to be given every eight hours, was scheduled at 8:00 AM. The two tablets of NJ Exec Order 26.4b were scheduled for 9:00 AM, and the NJ Exec Order 26.4b1 had been scheduled for 9:00 AM until it was discontinued on NJ Exec Order 26.4b1. During an observation on 02/25/25 at 9:25 AM, Licensed Practical Nurse (LPN) 2 reviewed the medication orders in the EMR and removed one NJ Exec Order 26.4b1 tablet from a box labeled with R101's name and placed it in the medication cup. LPN2 then removed R101's packaged strip/roll of medications from the medication cart and reviewed the medication orders on the EMR while looking at the medication names and doses listed on the packaged medications. Although the NJ Exec Order 26.4b1 were not on the 9:00 AM medication list LPN2 reviewed, LPN2 placed R101's NJ Exec Order 26.4b1 and two tabs of the NJ Exec Order 26.4b1 in the medication cup with R101's other medications. At 9:37 AM, LPN2 administered all the medications in the medication cup to R101. During an interview on 02/25/25 at 10:12 AM, LPN2 confirmed she had given the NJ Exec Order 26.4b1 late; she had one hour before until one hour after the scheduled time to administer the medication. LPN2 reviewed the NJ Exec Order 26.4b order and reported R101 should receive two tablets in the morning. LPN2 was unable to locate the NJ Exec Order 26.4b1 order and asked another nurse if R101 had	F 759	The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 759	Continued From page 51 recently had medications discontinued. During an interview on 02/26/25 at 12:05 PM, the US FOIA (b)(6)) stated medications were to be given from one hour before to one hour after the scheduled time. The US FOIA (b)(6) stated medications should be given as ordered. During an interview on 02/26/25 at 1:06 PM, the US FOIA (b)(6)) stated she expected nurses to administer medications as ordered. US FOIA (b) stated nurses should perform the five rights with their medication administration to prevent medication errors. The US FOIA (b) expected medications to be administered within one hour before to one hour after their scheduled times. Review of the facility's policy titled, "Medication Administration," reviewed December 2024, revealed the procedure the licensed nurse was to follow: "3. Reads medication order on electronic Medication Administration Record (e-MAR) 4. Removes medication from resident's drawer in the medication cart, checks name of resident, checks name of drug, checks strength/dose of drug, frequency given 5. Checks medication order again. Compares e-MAR to med rolls to ensure it reads the same ... 7. Stock Medications: Carefully read label, compare medication and correct dosage on the e-MAR. Pour medication ..." The policy further stated, "It is a Standard of Practice that medications be administered as ordered by the physician. Medication be [sic] administered to the resident within a one-hour time frame before/after the indicated administration time, unless otherwise specified by drug information."	F 759		

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F 759	Continued From page 52 NJAC 8:39-29.2(d)	F 759		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of facility policy, the facility failed to ensure that three of six medication carts, located on all three floors of the facility, were secure when staff were not present. This had the potential to affect the health of all residents with medications on those carts and the safety of any resident who might	F 761	1. All affected med carts were locked when not in use. LPN #11, 12, RN #1, UM #2 were in serviced by ADON regarding the importance of locking the medication carts on 2/26/2025. 2. All residents have the potential to be affected by this deficient practice	4/1/25

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F 761	Continued From page 53 open the cart and remove medications. Findings include: Observations of one of two medication carts on the third floor on 02/23/25 revealed: -From 11:25 AM until 11:34 AM, Registered Nurse (RN) 1 walked away and went into a resident's room leaving the medication cart unlocked. Five residents were seated in wheelchairs in the hall within twenty feet of the cart, located across the hall from the Dayroom. -At 11:34 AM, RN1 returned to the medication cart. RN1 removed medication and walked into another resident's room at 11:35 AM, leaving the cart unlocked and unattended. -From 12:20 PM until 12:24 PM, the medication cart was observed in the same location as previous observations and was unlocked. Two residents were seated in wheelchairs nearby. RN1 returned to the cart at 12:24 PM to obtain requested pain medication. At 12:26 PM, RN1 walked away leaving the cart unlocked until locking it at 12:37 PM. -From 12:55 PM to 1:00 PM, the medication cart was unlocked, and RN1 handed out lunch trays. No one was in the vicinity of the cart. During an interview on 02/23/25 at 3:00 PM, RN1 stated the medication cart was to be locked if unattended. RN1 stated there were times he left the cart unlocked during his shift. "I'll do better next time. It's my first survey. It's a learning experience." When asked what could occur when the cart was left unlocked, RN1 stated, "Some residents might take meds off it." During an observation on 02/23/25 at 3:52 PM, an unlocked medication cart was observed in front of	F 761	LPN #11, 12, RN #1, UM #2 were in serviced by ADON regarding the importance of locking the medication carts. 3. Policy and procedures reviewed. No changes needed. In-service was performed by ADON/designee on importance of locking medication carts when not in use for all nurses completed on 3/24/2025. 4. Unit manager/designee will complete audits to include 4 audits weekly for 4 weeks then 4 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 761	Continued From page 54	F 761		

the fourth-floor nursing station, directly across from the elevator. An attempt to pull on each door revealed they were unsecure. There were no nursing staff visible from the elevator and down each corridor, running left to right. There was a resident seated in her wheelchair approximately 10 to 12 feet from the unsecure medication cart, and other residents were traversing the halls passing the cart.

During an observation on 02/23/25 at 3:55 PM, Unit Manager (UM) 2 was observed on an adjacent corridor standing at another medication cart. She was asked who was responsible for the unlocked medication cart, and she stated Licensed Practical Nurse (LPN) 12. UM2 was asked if the cart was secure, and she confirmed that it was not. She added that it was expected that if you walk away from your cart, you are to ensure that it was secure.

During an interview on 02/26/25 at 12:05 PM, the US FOIA (b)(6)) stated medication carts should be locked when unattended.

During an observation with the US FOIA (b)(6) on 02/26/25 at 12:08 PM, one medication cart on the second floor was unattended and unlocked in the hallway near room 230 with no staff or residents in the hall. The US FOIA (b)(6) locked the cart.

During an interview on 02/26/25 at 12:10 PM, LPN11 stated she should keep the medication cart locked. LPN11 reported she had been in a hurry and had not realized the cart wasn't locked when she pushed the lock button before walking into a resident's room.

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F 761	Continued From page 55 During an interview on 02/26/25 at 1:06 PM, the US FOIA (b)(6)) stated she expected medication carts to be locked when nurses walked away from them. Review of the facility's policy titled, "Medication Storage," revised May 2024, revealed "Medication room, carts, and medication supplies are locked or attended by persons with authorized access."	F 761		
F 812 SS=E	NJAC 8:39-29.2 NJAC 8:39-29.4(h) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and facility	F 812	1.Immediate action taken was education	4/1/25

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F 812	Continued From page 56 policy review, the facility failed to ensure staff changed gloves and washed hands after touching face and contaminated items while touching food and plates with the same contaminated gloves in one of one kitchen. This failure had the potential to result in the spread of infection and food borne illness for 132 of 141 residents consuming food in the facility. Findings include: On 02/25/25 at 11:25 AM, Cook1 was observed touching his face and nose with his gloved hands. At 11:35 AM, he began serving food off the steam table without first changing his gloves. While serving he was observed picking the fried fish filets up with his gloved hands not using utensils, removing sandwiches and chicken strips out of the oven with his gloved hands. At 11:47 AM, he picked up visibly soiled cooking mitts and placed one on each of his gloved hands, opened the oven door, removed a pan of fish, and placed it in the steam table. He took the oven mitts off and continued to serve the food touching the serving utensils, the top side of the plates and taking fish out of the pan with his gloved hands without first changing his gloves. At 11:54 AM, he again put the oven mitts over his gloved hands and removed a pan of fish out of the oven and again preceded to continue serving without first changing his gloves and washing his hands. He removed chicken strips out of the oven using his gloved hands. The US FOIA (b)(6)) was alerted to the staff not changing his gloves and he also observed Cook1 put the contaminated gloves on and then remove them and continue touching the food without first changing his gloves. The US FOIA confirmed the observation and obtained serving utensils for the fish and the	F 812	by the DON/ADON to Cook #1 on hand hygiene and proper food handling 2. All residents have the potential to be affected. 3 Policy and procedures reviewed. No changes needed. Inservice by the ADON/designee with all dietary staff regarding hand hygiene and food handling completed 3/28/2025. 4 DON/designee will audit 10 dietary staff for hand hygiene and proper food handeling weekly for 4 weeks then 10 dietary staff monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE RED BANK, NJ 07701**

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F 812	Continued From page 57 chicken strips and handed them to Cook1 telling him the inside of the cooking mitts were soiled. Cook1 continued to use his hands with the same gloves on and was observed touching the side of his pants and his face again. Review of the facility's policy titled, "Red Bank Center for Rehabilitation and Healing ...Policy and Procedure ...Title: Dietary - Handwashing" with a created date of 03/24, revealed "hands shall be washed in accordance with established procedures; before working, after eating, after touching any part of the body, after using the restroom, after working with any dirty equipment, and between working with foods." NJAC 8:39-17.2(g)	F 812		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(h)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 842		4/1/25

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F 842	Continued From page 58 (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services	F 842		

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F 842	Continued From page 59 provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure complete records for two of four residents (Resident (R) 127 and R129) related to the NJ Exec Orde in facility for R127 and related to being NJ Exec Order 26.4b1 for R129; reviewed for medical records of 32 sample residents. Failure to completely document the circumstances around resident discharge had the potential to result in staff not knowing why the resident was no longer in the facility; not knowing if the physician and family were notified; and potential legal ramifications. Findings include: 1. Review of R127's "Admission Record" located in the "Profile" tab of the electronic medical record (EMR) revealed the resident was discharged on NJ Exec Order 26.4b1 at 7:20 AM and the resident was discharged to the NJ Exec Order 26.4b1. Review of the resident's discharge "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of NJ Exec Order 26.4b1 and located under the "MDS" tab of the EMR, revealed NJ Exec O had a NJ Exec Orde in facility. Review of the EMR in its entirety revealed it was	F 842	1.Residents # 127, 129 were affected by this deficient practice Immediate action taken was missing documentation for residents #127 and #129 was entered as a late entry. 2.All residents have the potential to be affected. All discharges from February 2025 were reviewed for proper discharge documentation and any corrections were completed. 3. Policy and procedures reviewed. No changes needed. Inservice by the ADON/designee with all nursing staff regarding appropriate documentation on death/discharge of residents 4 Unit managers/designee will complete 6 audits on discharged residents weekly for 4 weeks and then 6 audits on discharged residents monthly for 3 months The audits will be submitted to the DON weekly. The audits will be presented to the	

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F 842	Continued From page 60 absent of further documentation related to the NJ Exec Order 26.4b1. There was no documentation related to how the NJ Exec Order 26.4b1 was discovered; who was notified of the NJ Exec Order 2 and the circumstances surrounding the NJ Exec Order 2 Review of the "Prog Note" tab in the EMR revealed the last three progress notes in the resident's record was a Social Services evaluation, dated NJ Exec Order 26.4b1 and timed 9:09 AM; a NJ Exec Order 26.4b1 note, dated NJ Exec Order 26.4b1 and timed 12:24 PM; and a NJ Exec Order 26. note, dated NJ Exec Order 26.4b1 timed 4:32 PM which revealed NJ Exec Order 26.4b1 was not recommended. There were no notes addressing the resident's NJ Exec Orde and the circumstances around NJ Exec Order 26.4b1 or notification of the physician and responsible party about the NJ Exec Order 2 During an interview on 02/24/25 at 3:51 PM, the US FOIA (b)(6)) was asked about the resident's NJ Exec Orde and medical record. After reviewing the EMR, she verified the record was absent of any documentation related to the NJ Exec Orde of the resident. Review of the "Medication Administration Record (MAR), dated NJ Exec Order 26.4b1 and located under the "Order" tab of the EMR, revealed the resident did not receive medication on NJ Exec Order 26.4b1 based on review of the initials of the nurses administering the medications and revealed Licensed Practical Nurse (LPN) 2 was the last nurse to administer NJ Exec medication. During an interview on 02/25/25 at 1:47 PM, LPN2 verified she forgot to document on the resident's NJ Exec Order 2 She stated she had worked a double shift from 11:00 PM to 3:00 PM that day	F 842	Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 842	Continued From page 61 and it just slipped her mind, and she forgot to document on the [NJ Exec Order 26.4b1]. She stated the resident [NJ Exec Order 26.4b1] on the 11:00 PM to 7:00 AM shift stating it was "maybe" around 6:00 AM. She stated the US FOIA (b)(6) told her the resident NJ Exec Order 26.4b1 and when she went to check on the resident she did not have any vital signs and NJ Exec Order 26.4b1, so she notified Registered Nurse (RN) 1 and he NJ Exec Order 26.4b1. During an interview on 02/25/25 at 2:39 PM, RN1 stated he was working on the [NJ Exec Order 26.4b1] floor, and the [NJ Exec Order 26.4b1]-floor nurse called him to come to the [NJ Exec Order 26.4b1] floor. He stated when he arrived at the resident's room NJ Exec Order 26.4b1, NJ Exec Order 26.4b1, she was [NJ Exec Order 26.4b1], and he NJ Exec Order 26.4b1. When asked, he stated he did not do any documentation because the nurse working on the floor was going to do the documentation and notify the family and responsible party. During an interview on 02/25/25 at 2:46 PM, LPN2 stated the resident had a court appointed power of attorney and she called the number and left a message, and she called the physician and informed him of the [NJ Exec Order 26.4b1] however she did not document it because she forgot. Review of the "orders" tab of the EMR revealed there was no order from the physician to release the resident's NJ Exec Order 26.4b1. 2. Review of R129's EMR "Admission Record" located in the "Profile" tab revealed [NJ Exec Order 26.4b1] was admitted to the facility on [NJ Exec Order 26.4b1] with diagnosis of NJ Exec Order 26.4b1,	F 842		

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F 842	Continued From page 62	F 842		

NJ Exec Order 26.4b1 [redacted]

Review of the EMR "Miscellaneous information" tab of the "Admission Record," revealed the resident was discharged on NJ Exec Order 26.4b1 to a NJ Exec Order 26 [redacted]

Review of the discharge "MDS" with an ARD of NJ Exec Order 26.4b1 and located under the "MDS" tab of the EMR revealed the resident's last MDS was a "NJ Exec Order 26.4b1 [redacted]."

Review of her progress notes in the "Progress note" tab of the EMR, revealed there were no progress notes for the date NJ Exec [redacted] was discharged. The last progress note was a "Medical Professional Note," dated NJ Exec Order 26.4b1 and timed 3:34 PM. The note was absent to the resident's discharge. The next note was dated NJ Exec Order 26.4b1 timed 12:00 AM (prior to the discharge date) which revealed it was a discharge note completed by a US FOIA (b)(6) [redacted] The note revealed the US FOIA [redacted] completed a final examination of the resident, completed medication reconciliation, prescribing discharge medications and discussion of continuing care instructions with the resident, family, and relevant care givers.

During an interview on 02/25/25 at 12:55 PM, LPN4 stated she was R129's nurse at the time of discharge, however she forgot to document on the discharge. She stated she remembered NJ Exec O [redacted], but she could not remember if NJ Exec Order 26.4b1 [redacted] and she could not remember if she sent any discharge instructions

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F 842	Continued From page 63 or medications with the resident, however she thought she did send in two subscriptions with the resident. Review of the facility's policy titled, "[Facility Name] for Rehabilitation and Healing ... Title: Documentation of Transfers/Discharges," with a reviewed date of 10/24, revealed "When a resident is transferred or discharged, his or her medical records shall be documented as to the reasons why such action was taken." The policy stated when a resident is transferred or discharged the reason for the discharge, the appropriate notice was provided to the physician and responsible party; the time and date of the transfer; the new location of the resident; the mode of transportation; disposition of the resident's personal effects; disposition of medications; and a summary of the resident's overall medical, physical, and mental condition must be documented along with the signature of the person recording the data in the medical record." NJAC 4.1(a)18 NJAC 8:39-35.2(d)(k)	F 842		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control	F 880		4/1/25

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F 880	Continued From page 64 program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct	F 880		

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F 880	Continued From page 65 contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy reviews, the facility failed to ensure infection control [NJ Exec Order 26.4b1] [redacted] were followed for two of four residents (Resident (R) 92 and R107) reviewed for [NJ Exec Or] and failed to ensure medications were handled properly for one of four residents (R101) reviewed for medication administration of 32 sample residents. In addition, [NJ Exec Order 26.4b] supplies were not readily available on one out of four floors of the facility. These failures put all residents at risk of infection. Findings include: 1. During observations on 02/23/25 from 9:50 AM- 2:41 PM for rooms [NJ Exec Order 26.4b1] [redacted] [NJ Exec Or] signage was located. Review of the signage for [NJ Exec Order] located on the door caddie or wall of the rooms revealed everyone must clean their hands including before entering the room	F 880	1. CNA#2, LPN#5, LPN#6 were educated on [NJ Exec Or] practices and the proper wearing of PPE and [NJ Exec Order] care on 2/25/2025. LPN#2 was educated on the proper use of medication handlingon 2/25/2025. All EBP carts were restocked with appropriate PPE on all units. All expired PPE was discarded from all units an supply closets. 2. All residents have the potential to be affected by this deficient practice 3. Policy and procedures reviewed. Policy to be updated to include procedures of restocking PPE supplies. Inservice/competency to all staff regarding hand hygiene, and EBP practices by IP/designee completed 3/31/2025. Inservice/competency to all nursing staff	

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F 880	Continued From page 66 and when leaving the room. The signage further revealed providers, and staff must also put on gloves and a gown when doing [NJ Exec Order 26.4b1] care which included NJ Exec Order 26.4b1 [redacted]. During an observation on 02/23/25 at 12:56 PM, a lunch tray was passed to room [NJ Exec O] which had [NJ Exec Or] posted on the door caddie by Certified Nurse Aide (CNA) 2 and CNA2 did not sanitize her hands before or after entering the room. CNA2 went down the hall and passed another tray to room [NJ Exec O] which had [NJ Exec Or] signage on the door caddie and did not sanitize her hands going into the room or when leaving. CNA2 continued down the hall to the small dining room and helped residents without washing or sanitizing her hands. During an interview on 02/23/25 at 2:46 PM, CNA2 revealed she had been employed at the facility for [NJ Exec Order 26.4b1] and been in-serviced on [NJ Exec Orde] CNA2 revealed if a resident was on [NJ Exec Or] they had to gown up and put gloves on anytime they touched the resident. CNA2 revealed when they passed trays in a room with [NJ Exec Or] they did not have to sanitize their hands when they entered or left the room. Review of the in-service training completed on 10/14/24 revealed CNA2 had education on infection control in healthcare setting and it contained information about [NJ Exec Orde] During an observation on 02/24/25 at 8:55 AM, Licensed Practical Nurse (LPN) 5 went into R92's room, who had [NJ Exec Orde] posted on the door caddie, and did not sanitize her hands or apply a gown but she did put a mask on and gloves. LPN5 proceeded to NJ Exec Order 26.4b1 [redacted] the	F 880	regarding trach care and suctioning completed 3/31/2025. In service to central supply coordinator on ensuring PPE is not expired and ensuring units are stocked appropriately on 2/25/2025. 4. IP/designee to perform audits to include 1 audit/shift weekly on trach care competency for 4 weeks then 1 audit monthly for 3 months on trach care competancy. IP/Facility managers/designee to perform audits to include 10 audits weekly on EBP practice for 4 weeks then 10 audits monthly for 3 months on EBP practice. IP/designee to perform audits to include 5 audits weekly on PPE supply and expiration dates, for 4 weeks then 5 audits monthly for 3 months. The audits will be submitted to the DON weekly. The audits will be presented to the Administrator at the quarterly QAPI meetings for follow up as needed.	

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F 880	Continued From page 67	F 880		

NJ Exec Order 26.4b1, did not remove her gloves, opened the drawer beside the bed, and reached down and NJ Exec Order 26.4b1 and plugged in the NJ Exec Order 26.4b1 fixed the blanket, removed her gloves, and sanitized her hands. LPN5 applied gloves but did not put on a gown and the NJ Exec Order 26.4b1. LPN5 removed the gloves and did not sanitize or wash her hands. Observation of R92 revealed NJ Exec Order 26.4b1. Observation further revealed LPN5 did not have any gloves on and reached down beside the table and NJ Exec Order 26.4b1. LPN5 sanitized her hands and applied sterile gloves but no gown to NJ Exec Order 26 R92. LPN5 NJ Exec Order 26.4b1 R92 and after NJ Exec Order 26.4b1 she cleaned around the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 without changing gloves. LPN5 removed the gloves, sanitized her hands, and put a NJ Exec Order around the NJ Exec Order 26.4b1 with no gloves or gown on. LPN5 sanitized her hands and applied the NJ Exec Order 26.4b1

During an observation on 02/24/25 at 12:53 PM, LPN5 applied gloves, mask, and no gown to NJ Exec Order 26.4b1 from the NJ Exec Ord of R92. LPN5 removed her gloves and washed her hands.

During an interview on 02/24/25 at 12:53 PM, LPN5 stated R92 was not on any precautions and when NJ Exec Order 26.4b1, she did not need to wear a gown. LPN5 revealed she had worn a gown previously that morning when she NJ Exec Order 26.4b1 him but this time it was just a NJ Exec Order 26.4b1, so she did not need a gown. LPN5 further revealed they did not have to sanitize their hands if they just went into the room and did not touch the resident even though the signage reflected you

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 68 needed to sanitize your hands when going in and out of the room. LPN5 further revealed she had been in-service on [NJ Exec Orde redacted] During an observation on 02/25/25 at 9:15 AM, LPN6 went into R92's room and did not sanitize or wash her hands but had regular gloves on her hands. LPN6 did not have a gown or any type of face covering on her. Observation further revealed LPN6 removed the [NJ Exec Order 26.4b1 redacted]. Observation further revealed [NJ Exec Order 26.4 redacted] and LPN6 [NJ Exec Order 26.4b1 redacted] machine and did not remove her gloves to [NJ Ex Order 26.4b redacted] R92. Observation further revealed the [NJ Exec Order 26.4b redacted] was changed but LPN6 did not use sterile gloves. LPN6 did not wash hands or sanitize her hands and did not change gloves to attach the [NJ Exec Order 26.4b1 redacted] Observation further revealed LPN6 had to [NJ Exec Order 26 redacted] in. During an interview on 02/25/25 at 9:30 AM, LPN6 revealed she did not wash or sanitize her hands before doing R92's care because she had just come out of the room. LPN6 revealed she did not change gloves and was not aware that sterile gloves needed to be used for [NJ Exec Order 26.4b1 redacted] LPN6 revealed she should have changed gloves when she had [NJ Exec Order 26.4b1 redacted] R92 and [NJ Exec Order 26.4b1 redacted]. LPN6 verified she had not worn a gown even though R92 had been [NJ Exec Order 26.4b1 redacted] LPN6 revealed she was not sure what type of precautions R92 was on and had not read the signage for [NJ Exec Orde redacted] and was not even sure there had been a sign up there before. LPN6 revealed she thought she had an in-service on universal precautions but the	F 880		

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F 880	Continued From page 69	F 880		

agency she worked for did not offer in-services. LPN6 further revealed the room only had four electrical outlets and they were all being used and that was why she had to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 cords.

During an interview on 02/25/25 at 10:30 AM, the US FOIA (b)(6)) revealed sterile gloves should be worn to NJ Exec Order 26 a resident and should be removed after NJ Exec Order 26.4b1 US FOIA further revealed using dirty gloves that had touched a power cord should not be used to NJ Exec Order 26 a resident and that was a "no no." The US FOIA further revealed sterile protocol was broken by not utilizing sterile gloves to suction. The US FOIA revealed "you do not know what you have on dirty gloves."

During an interview on 02/25/25 at 1:47 PM, the US FOIA (b)(6) revealed if a resident was on NJ Exec Or staff should sanitize their hands before and after they went into a room and that included passing meal trays. The US FO further revealed if staff were going to NJ Exec Order 26 a resident that had a NJ Exec Ord and was on NJ Exec Or they should wear a gown, gloves, eye protection, and mask. The US FO further revealed the eye shields or goggles should be on the door caddies for immediate use. The US FO revealed NJ Exec Order 26.4b1 was a NJ Exec Order 26.4b1 for NJ Exec Order 2 and if on NJ Exec Or they must wear eye protection and a gown to keep from transmitting germs to the rest of the facility and staff.

During an observation on 02/25/25 at 2:41 PM, there were no face shields or goggles on the NJ Exec Order 26.4b bins on NJ Exec Order 26.4b1 unit. Observation further revealed the door caddies on Rooms NJ Exec Order 26.4b1 did not have any goggles or face shields available for immediate use even though the residents were

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REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE RED BANK, NJ 07701**

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F 880	Continued From page 70 on [NJ Exec Orde] During an interview on 02/25/25 at 2:41 PM, [US FD] verified there were no goggles or face shields readily available on the [NJ Exec O] floor even though there were [NJ Exec Order 26.4b1] residents on the unit. The [US FD] stated face shields should be available for immediate use to help prevent the spread of germs, especially if a resident was on a [NJ Exec Order 26.4b1] The interview with the [US FD] further revealed the staff did not restock supplies as readily as they should. The [US FD] revealed nursing staff, usually the night shift supervisor were the ones who were supposed to restock. During an observation and interview on 02/25/25 at 3:00 PM, the [US FD] revealed there were supposed to be stock face shields in central supply but when he looked at the two boxes they expired on 07/24. Observation further revealed there were no face shields available in the stockroom. Observations with the [US FD] further revealed there were goggles available on the other floors but no face shields. During an interview on 02/26/25 at 1:23 PM, the [US FOIA (b)(6)]) revealed she expected the staff to follow policy on [NJ Exec Order 26.4b1]. The [US FOIA (b)] further revealed when a resident was on [NJ Exec O] staff should sanitize their hands before and after they go into the room and that included passing meal trays. The [US FOIA (b)] stated if staff provided hands on care, then they should sanitize their hands before going into the room, put a gown on, and gloves before doing care, and face shields if [NJ Exec Order 26.4b1] The [US FOIA (b)] further revealed once the care was completed staff should remove	F 880		

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	315286	A. BUILDING _____ B. WING _____	C 02/27/2025

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F 880	Continued From page 71	F 880		

PPE and hands should be sanitized or washed. The [US FOIA (b)] revealed if proper PPE was not utilized then it proposed a [NJ Exec Order 26.4b1] to other residents, families, and staff.

During an interview on 02/26/25 at 1:23 PM, the [US FOIA (b)] further revealed agency staff had to have documented in-services on infection control before they could work at the facility. The interview with the [US FOIA (b)] further revealed central supply brought the supplies to the units and the nurse stocked the door caddies and hall bins.

2. Review of R107's "Admission Record" located in the resident's electronic medical record (EMR) "Profile" tab, revealed the resident was initially admitted to the facility on [NJ Exec Order 26.4b1] and had diagnoses that included [NJ Exec Order 26.4b1] R107 returned from the hospital on [NJ Exec Order 26.4b1]

Review of the R107's quarterly "Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of [NJ Exec Order 26.4b1] and located in the resident's EMR "MDS" tab, documented R107 had a [NJ Exec Order 26.4b1]. The resident was [NJ Exec Order 26.4b1], and the "Staff Assessment for Mental Status" documented [NJ Exec Order 26.4b1].

Review of R107's "Orders" tab of the EMR, revealed an order, dated [NJ Exec Order 26.4b1] for [NJ Exec Order 26.4b1]. [NJ Exec Orde] each morning and give a four-hour break when finished. R107 also had orders for [NJ Exec Order 26.4b1], dated [NJ Exec Order 26.4b1].

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	315286	A. BUILDING _____ B. WING _____	C 02/27/2025

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F 880	Continued From page 72	F 880		

Review of R107's "Care Plan" located in the "Care Plan" section of the EMR revealed a focus area dated [redacted] "To prevent cross contamination utilize [redacted]." Another focus area, dated [redacted] revealed "The resident requires [redacted]."

During an observation on 02/23/25 at 11:45 AM, an [redacted] sign hung on R107's door with a door caddy holding gowns and gloves.

During an observation on 02/24/25 at 2:45 PM, LPN5 flushed R107's [redacted] with water poured in a [redacted]. LPN5 then ran [redacted] from the [redacted] to R107's [redacted] LPN5 pushed a [redacted] to start the flow [redacted]. During the observation, LPN5 wore gloves but no gown.

During an interview on 02/24/25 at 3:10 PM, LPN5 stated [redacted] for R107 meant staff wore gowns and gloves when [redacted]. LPN5 stated a gown was not needed for the [redacted].

During an interview on 02/25/25 at 1:47 PM, the [redacted] stated staff should wear a gown if passing meds by a [redacted], as that was considered [redacted].

During an interview on 02/26/25 at 1:06 PM, the

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F 880	Continued From page 73 US FOIA (b) reported the expectation that nurses would use NJ Exec Or and wore a gown and gloves when NJ Exec Order 26.4b1 . 3. Review of R101's "Admission Record" located in "Profile" tab of the EMR revealed R101 was admitted on NJ Exec Order 26.4b1 and had diagnoses which included NJ Exec Order 26.4b1 . During an observation of a medication administration pass on 02/25/25 at 9:25 AM, LPN2 was tearing open medication packaging which held multiple pills when one pill landed on the medication cart instead of in a medication cup. LPN2 picked up the pill with an ungloved hand and placed it in the medication cup with the other pills. At 9:37 AM, LPN2 administered all the medications in the medication cup to R101. During an interview on 02/25/25 at 10:12 AM, LPN2 stated, "My error. I would not normally do that," when asked about picking up the pill with an ungloved hand and placing it in the medication cup. During an interview on 02/25/25 at 1:47 PM, the US FO stated when passing medication, staff should not touch pills. They should use touchless method, open the pack, and drop the medication into a cup. If staff needed to touch a pill, the US FO recommended using gloves and perform hand hygiene before putting on the glove to pick up the pill. The US FO stated by administering medication touched with bare hands, staff risked transmitting germs and putting the residents in jeopardy. During an interview on 02/26/25 at 1:06 PM, the US FOIA (b) stated nurses were expected to wear gloves if they were touching medications.	F 880		

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F 880	Continued From page 74 Review of the facility's policy titled, "Medication Administration," revised December 2024, revealed staff were to remove medications from med rolls and administer them using a no touch technique. Review of the facility's policy titled, "Enhanced Barrier Precautions" with a revised date of 02/25, revealed the policy was to "reduce the risk of transmission of multidrug-resistant organisms in the facility while allowing those most likely to become colonized or those known to be colonized or infected to participate in group activities that night otherwise be limited if they were required to be maintained on contact precautions." The policy further revealed EBP was implemented based on an evaluation of the resident's risk of acquiring multidrug-resistant organisms. The policy revealed EBP would be implemented with residents who have risk factors that included wounds, indwelling medical devices, and colonization. NJAC 8:39-19.4	F 880		

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
	061325	A. BUILDING: _____ B. WING _____	C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AN	100 CHAPIN AVENUE RED BANK, NJ 07701

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S 000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined the facility failed to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in	S 560	1.The staffing coordinator was educated on the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey on 3/13/2025. The facility will continue to reach out to existing staff to see if they want to pick up overtime shifts and continue to try and staff accordingly. 2.All residents have the ability to be affected by the facility failing to maintain the required minimum direct care staff-to-resident ratios as mandated by the state of New Jersey. 3.The facility will continue to post job	4/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/19/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 nursing homes. The following ratio(s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties. For the 3 weeks of AAS-11 staffing, the facility was deficient as follows: 1. For the week of Complaint staffing from 12/08/2024 to 12/14/2024, the facility was deficient in CNA staffing for residents on 6 of 7 day shifts as follows: -12/08/24 had 9 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/09/24 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/10/24 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/11/24 had 14 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/13/24 had 17 CNAs for 141 residents on the day shift, required at least 18 CNAs. -12/14/24 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.	S 560	openings on job sites to promote CNA applications and hirings. The facility has contracted with staffing agencies to assist with our staffing needs. The administrator/ designee will review the daily staffing sheets weekly x 4 then monthly for 3 months and quarterly thereafter. 4.The Administrator/designee will review any findings of these audits and present them quarterly with the QAPI committee to determine frequency of future audits.	

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S 560	Continued From page 2 2. For the 2 weeks of staffing prior to survey from 02/09/2025 to 02/22/2025, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts as follows: -02/09/25 had 15 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/10/25 had 14 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/13/25 had 16 CNAs for 134 residents on the day shift, required at least 17 CNAs. -02/16/25 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs. -02/17/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -02/20/25 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs. -02/21/25 had 16 CNAs for 140 residents on the day shift, required at least 17 CNAs.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315286 Y1	A. Building B. Wing Y2	4/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	100 CHAPIN AVENUE RED BANK, NJ 07701

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 F0641	Correction	ID Prefix F0644	Correction	ID Prefix F0656	Correction
Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0677	Correction	ID Prefix F0679	Correction	ID Prefix F0684	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.24(c)(1)	Completed	Reg. # 483.25	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0695	Correction	ID Prefix F0698	Correction	ID Prefix F0758	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0759	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/27/2025

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

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315286 Y1	A. Building B. Wing Y2	4/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	100 CHAPIN AVENUE RED BANK, NJ 07701

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Reg. # 483.20(g)	Completed	Reg. # 483.20(e)(1)(2)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0677	Correction	ID Prefix F0679	Correction	ID Prefix F0684	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.24(c)(1)	Completed	Reg. # 483.25	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0695	Correction	ID Prefix F0698	Correction	ID Prefix F0758	Correction
Reg. # 483.25(i)	Completed	Reg. # 483.25(l)	Completed	Reg. # 483.45(c)(3)(e)(1)-(5)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0759	Correction	ID Prefix F0761	Correction	ID Prefix F0812	Correction
Reg. # 483.45(f)(1)	Completed	Reg. # 483.45(g)(h)(1)(2)	Completed	Reg. # 483.60(i)(1)(2)	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	04/01/2025
ID Prefix F0842	Correction	ID Prefix F0880	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(h)(1)-(5)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed	Reg. #	Completed
LSC	04/01/2025	LSC	04/01/2025	LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 2/27/2025

☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061325 Y1	A. Building B. Wing Y2	4/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	100 CHAPIN AVENUE RED BANK, NJ 07701

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	04/01/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/27/2025	☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061325 Y1	A. Building B. Wing Y2	4/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	100 CHAPIN AVENUE RED BANK, NJ 07701

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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	04/01/2025	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/27/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 02/27/25. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health (NJDOH), Health Facility Survey and Field Operations on 02/27/25 and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Redbank Center for Rehabilitation and Healing is a four-story building built in 1975. It is composed of Type II protected construction. The facility is divided into 12 - smoke zones. The generator powers approximately 70 % of the building per the Maintenance Director. The current occupied beds are 141 of 175.	K 000		
K 271 SS=F	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface.	K 271		4/1/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/19/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 271	Continued From page 1 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure one out of three exit discharges were free of obstructions in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.1.10.1. This deficient practice had the potential to affect all 70 residents on the second floor of B-Wing at the facility an was evidenced by the following: An observation on 02/27/25 at 12:22 PM of the egress outside of the second floor B-Wing stairway exit, revealed that the egress was obstructed with storage including beds. During an interview at the time of observation, the US FOIA (b)(6) confirmed the storage obstructed the access from the stairway door. NJAC 8:39-31.1(c), 31.2(e)	K 271	1.The storage items, including beds were removed from the second floor B- wing stairway exit. 2.All residents have the potential to be affected by this deficient practice. 3.All Maintenance staff were in serviced by the Administrator that all exit discharges must be maintained free of obstructions on 3/24/2025. 4.The maintenance director or designee will monitor, by making rounds on a weekly basis X 4 weeks and then monthly X 3 months that all exit discharges are maintained free of obstructions to ensure this deficiency does not reoccur. All findings will be reported to the Administrator at the quarterly QAPI meeting for the next three quarters.	
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this	K 311		4/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 311	Continued From page 2 box. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 11 out of 12 fire rated door assemblies of stairway exit doors latched when closed in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 19.3.1.1. This deficient practice had the potential to affect all 141 residents and was evidenced by the following: Observations on 02/27/25 from 11:00 AM to 3:00 PM revealed the stairway exit doors were equipped with delayed egress and did not have latching mechanisms to latch the door when closed. The delayed egress would release from the magnet upon the activation of the fire alarm system and the doors could not latch leaving the doors to swing open in the event of a fire exposing occupants trying to escape from other floors. During an interview at the time of observation, the US FOIA (b)(6) confirmed the stairway doors did not latch. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 311	1. The 11 stairway exit doors were repaired and are equipped with latching mechanisms to latch the door when closed. 2. All residents have the potential to be affected by this deficient practice. 3. All Maintenance staff were in serviced by the Administrator on 3/24/2025 that all fire rated door assemblies of stairway exit doors must latch when closed in accordance with NFPA 101 Life Safety Code (2012 edition) Section 19.3.1.1. 4. The maintenance director or designee will monitor, by making rounds on a weekly basis X 4 weeks and then monthly X 3 months that all fire rated door assemblies of stairway exit doors must latch when closed, to ensure this deficiency does not reoccur. All findings will be reported to the Administrator at the quarterly QAPI meeting for the next three quarters.	
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the	K 351		4/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 351	Continued From page 3 Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a list of sprinklers used in the facility was in the spare sprinkler cabinet in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (2010 Edition) Section 6.2.9.7., and 6.2.9.7.1. This deficient practice had the potential to affect all 141 residents and was evidenced by the following: An observation on 02/27/25 at 1:00 PM revealed the spare sprinkler head cabinet lacked a list of sprinklers that were used in the building. During an interview at the time of the observation, the US FOIA (b)(6) confirmed that a sprinkler list was not present in the sprinkler cabinet. NJAC 8:39-31.1(c), 31.2(e) NFPA 13	K 351	.A list of sprinklers used in the facility was obtained from our sprinkler company and put in the spare sprinkler head closet. 2.All residents have the potential to be affected by this deficient practice. 3. All Maintenance staff were in serviced by the Administrator on 3/24/2025 on the need to ensure a list of sprinklers used in the facility was in the spare sprinkler cabinet in accordance with NFPA 13, Standard for the installation of sprinkler systems (2010 editions) section 6.2.9.7 and 6.2.9.7.1. 4.The maintenance director or designee will monitor, by checking the spare sprinkler head cabinet on a weekly basis X 4 weeks and then monthly X 3 months that a list of sprinklers used in the facility was in the spare sprinkler head cabinet, to ensure this deficiency does not reoccur. All findings will be reported to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 351	Continued From page 4	K 351	Administrator at the quarterly QAPI meeting for the next three quarters.	
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure A) Nonmetallic Sheathed Cable was concealed within walls, floors, or ceilings that provided a thermal barrier of material that had at least a 15-minute finish rating as identified in listings of fire-rated assemblies in accordance with NFPA 70 National Electrical Code (2011 Edition) Article 334.10 (3) (5) and B) that extension cords were not used as permanent wiring in accordance with NFPA 1 Fire Code (2012 Edition) 11.1.7.6. These deficient practices had the potential to affect all 141 residents and were evidenced by the following: An observation on 02/27/25 at 11:16 AM revealed 15 NJ Exec Order 26.4b1 [redacted] gauge Nonmetallic Sheathed Cable was exposed in the outside kitchen storage area after the ceiling was removed and in the sprinkler riser room.	K 511	1.An Electrician came down and replaced all non compliant wiring in the outside kitchen storage area and in the sprinkler riser room, ensuring there was no exposed nonmetallic sheathed cable. The Electrician also hard wired the outside cooler and the extension cord was removed from the outside cooler. 2.All residents have the potential to be affected by this deficient practice. 3.All Maintenance staff were in serviced on 3/24/2025 by the Administrator on the need to ensure that Nonmetallic sheathed cable was concealed within walls, floors, or ceilings that provided a thermal barrier of materials that had at least a 15 minute finish rating as identified in listings of fire	4/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING 01 B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 511	Continued From page 5 An observation on 02/27/25 at 11:25 AM revealed an extension cord plugged into an outside cooler run across the building and into an exterior outlet near the B-Wing exit door During an interview at the time of the observations, the US FOIA (b)(6) confirmed the Nonmetallic Sheathed Cable was exposed in the kitchen storage room and in the sprinkler riser room. The US FOIA (b)(6) also verified the extension cord going to the outside cooler. NJAC 8:39-31.2(e) NFPA 70	K 511	rated assemblies in accordance with NFPA 70 National electrical code (2011 edition) Article 334.10 (3) (5) and that extension cords cannot be used as permanent wiring in accordance with NFPA 1 Fire code (2012 edition) 11.1.7.6. 4.The maintenance director or designee will monitor, by doing walking rounds, on weekly basis X 4 weeks and then monthly X 3 months that there is no non compliant wiring, to ensure this deficiency does not reoccur. All findings will be reported to the Administrator at the quarterly QAPI meeting for the next three quarters.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure fire doors were	K 761	1. All Fire doors in the facility were inspected by 3/13/25, in accordance with	4/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 761	Continued From page 6 inspected annually by an individual who could demonstrate the knowledge and understanding of the operating components in accordance with NFPA 101 Life Safety Code (2012 Edition) Section 7.2.1.15. This deficient practice had the potential to affect all 141 residents and was evidenced by the following: A review of the facility's untitled fire safety binder provided by the facility revealed no documented evidence that the facility's fire doors were inspected. Observations on 02/27/25 from 11:00 PM to 3:00 PM of the facility's fire doors revealed the doors lacked the required inspection tags to be placed on the doors after completed inspections. During an interview at the time of each observation, the US FOIA (b)(6) confirmed the fire doors had not been inspected annually. NJAC 8:39-31.1(c), 31.2(e) NFPA 80	K 761	NFPA 101 Life Safety Code (2012 Edition) section 7.2.1.15. 2. All residents have the potential to be affected by this deficient practice. 3. All Maintenance staff were in serviced by the Administrator on 3/24/2025 on the need to ensure the fire doors are inspected annually in accordance with NFPA 101 Life Safety Code (2012 Edition) section 7.2.1.15. 4. The Maintenance director or designee will monitor, by checking that the required fire door inspections have been completed in accordance with NFPA 101 Life Safety Code (2012 Edition) section 7.2.1.15, on a weekly basis X 4 weeks and then monthly X 3 months, to ensure this deficiency does not reoccur. All findings will be reported to the Administrator at the quarterly QAPI meeting for the next three quarters.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		4/1/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

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K 918	Continued From page 7 Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building in accordance with NFPA 110 Standard for Emergency and Standby Power Systems (2010 Edition) Section 5.6.5.6. This deficient practice had the potential to affect all 141 residents and was evidenced by the following: Observations on 02/27/25 at 11:08 AM revealed	K 918	1. An Electrician installed a remote manual stop station outside the area of the generator on 3/3/2025. 2. All residents have the potential to be affected by this deficient practice. 3. All maintenance staff were in-serviced on 3/24/2025 on the requirements for generator testing and maintenance in a facility including the need to have a remote manual stop station. 4. The Maintenance Director or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315286	A. BUILDING **01** B. WING _____	**02/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	**100 CHAPIN AVENUE** **RED BANK, NJ 07701**

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K 918	Continued From page 8 the emergency generator was not equipped with a remote manual stop station anywhere on the premises. During an interview at the time of observation, the US FOIA (b)(6) confirmed the remote manual stop station was not installed. NJAC 8:39-31.2(e) NFPA 99, 110	K 918	designee will monitor compliance with generator testing and maintenance , by auditing generator testing and maintenance logs and by making rounds on a weekly basis X 4weeks and then monthly X 3 months, that this deficiency does not reoccur. All findings will be reported to the Administrator at the quarterly QAPI meeting for the next three quarters.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315286 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	4/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
REDBANK CENTER FOR REHABILITATION AND HEALING	100 CHAPIN AVENUE RED BANK, NJ 07701

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0271	04/01/2025	LSC K0311	04/01/2025	LSC K0351	04/01/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0511	04/01/2025	LSC K0761	04/01/2025	LSC K0918	04/01/2025
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/27/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO