

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

PRINTED: 12/12/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>84 COLD HILL ROAD</b> <b>MENDHAM, NJ 07945</b>		
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F 000	INITIAL COMMENTS  A Complaint Survey was conducted on behalf of the New Jersey Department of Health.  Complaint #: NJ00151994, NJ00152729, NJ00155952, and NJ00156673  Survey Dates: 05/30/23 through 06/02/23  Survey Census: 95  Sample Size: 10  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2)  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).  §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to	F 604		6/23/23	

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

TITLE

(X6) DATE

Electronically Signed

06/21/2023

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 604	<p>Continued From page 1</p> <p>treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to assess a reclining [REDACTED] chair as a [REDACTED] failed to obtain a physician's order for a [REDACTED], and failed to provide a documented medical symptom for the use of the [REDACTED] for one of 10 sampled residents (Resident (R) 10).</p> <p>Findings include:</p> <p>Review of R10's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR) revealed R10 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED].</p> <p>Review of R10's "Care Plan," dated 04/13/23 and located under the "Care Plan" tab of the EMR, revealed a focus of R10 being at risk for [REDACTED]. Interventions included to observe for changes in [REDACTED].</p>	F 604	<p>Resident #10 was assisted into a high back [REDACTED] on 6-1-2023. The [REDACTED] was removed and no longer utilized for resident #10</p> <p>All residents who utilize a [REDACTED] for comfort, safety, and skin integrity were audited to ensure [REDACTED] were not being utilized as a [REDACTED].</p> <p>All residents utilizing [REDACTED] have clinical documentation in their medical record to reflect the residents' inability to safely transfer independently.</p> <p>All residents utilizing a [REDACTED] medical records were audited to ensure there is a physician order in place for use of the [REDACTED].</p> <p>A new Lift transfer Assessment was completed for all residents who utilize a [REDACTED]. This assessment triggered Total [REDACTED] and 1-2 person transfer in bed</p>		

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F 604	<p>Continued From page 2</p> <p><b>EX Order 26 § 4b1</b></p> <p>[REDACTED]. The "Care Plan" also recorded a focus related to R10 <b>EX Order 26 § 4b1</b>. Interventions included providing <b>EX Order 26 § 4b1</b>.</p> <p>Review of R10's admission "Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 04/19/23 and located under the "MDS" tab of the EMR, indicated R10 had "Brief Interview for Mental Status (BIMS)" score of five out of <b>EX Order 26 § 4b1</b>, which indicated R10 was <b>EX Order 26 § 4b1</b>. The "MDS" recorded R10 required <b>EX Order 26 § 4b1</b>.</p> <p>[REDACTED]. The "MDS" recorded R10 required limited assistance with <b>EX Order 26 § 4b1</b>. The "MDS" recorded R10 was not steady, but able to <b>EX Order 26 § 4b1</b>.</p> <p>[REDACTED] <b>EX Order 26 § 4b1</b></p> <p>The "MDS" recorded that no <b>EX Order 26 § 4b1</b> were used with R10.</p> <p>An "SBAR (Situation, Background, Assessment, Recommendation)" progress note, dated 05/05/23 at 1:00 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . .</p>	F 604	<p>for all of the residents who utilize a <b>EX Order</b> chair.</p> <p>The care plans for all residents utilizing a <b>EX Order</b> chair were audited to ensure they reflected the use of the <b>EX Order 26 § 4b1</b>.</p> <p>Nursing and Rehab staff were re-educated on the Policy &amp; Procedure for <b>EX Order 26 § 4b1</b> use, as well as the CMS RAI Manual P0100 on <b>EX Order 26 § 4b1</b>.</p> <p>The Unit Managers or Designee will conduct weekly audits for 4 weeks on any resident utilizing a <b>EX Order</b> chair to ensure they are not a <b>EX Order 26 § 4b1</b>. They will then conduct monthly audits for 2 months to ensure ongoing compliance.</p> <p>The unit Manager or Designee will report the results of these audits to the QAPI committee on a monthly basis for 90 days or until substantial compliance is achieved.</p> <p>The Administrator will ensure compliance of these audits and will take corrective action as needed.</p>	

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F 604	<p>Continued From page 3</p> <p>Resident found on the floor [redacted] noted states that [redacted] was trying to reach for something when [redacted] fell. states [redacted] hit [redacted] but upon assessment [redacted] noted . . .</p> <p>Recommendations: patient to be monitored in the day room . . . "</p> <p>A "Nursing Documentation Note," dated 05/05/23 at 3:32 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . . Resident kept trying to get out of bed by [redacted] this am, I educated resident that [redacted] may fall and get hurt and [redacted] needs to wait for help . . . "</p> <p>A "Nursing Documentation Note," dated 05/07/23 at 9:29 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . . [redacted] Resident makes several attempts to get up by [redacted] f. This writer has educated the importance of the use of [redacted] call bell whenever in need, and not to get out of bed or w/c [redacted] with assistance . . . "</p> <p>A "Nursing Documentation Note, " dated 05/07/23 at 11:43 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . . Patient was received in bed trying to get out of bed . . . "</p> <p>A "Care Plan Meeting" note, dated 05/08/23 and located under the "Progress Notes" tab of the EMR, recorded, " . . . Resident currently on [redacted] ADL re-training, and she is being seen by [redacted] for [redacted] . . . Staff will continue providing frequent reminders to utilize [redacted] call bell and wait for staff to assist [redacted] transfers and</p>	F 604		

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F 604	<p>Continued From page 4</p> <p>ambulation. Resident will be strongly encouraged to remain in the day room for closer supervision when [redacted] [family member] isn't visiting [redacted] . . . "</p> <p>A "Nursing Documentation Note," dated 05/10/23 at 10:07 AM and located under the "Progress Notes" tab of the EMR, recorded, " . . . Resident was attempting to get out of bed. This writer educated resident about the use of the call bell for [redacted] needs. This writer informed resident not to try to get out of bed that [redacted] may fall and that [redacted] already had a <b>Ex. Order 26.4(b)(1)</b> . . . "</p> <p>A "Nursing Documentation Note," dated 05/18/23 at 1:49 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . . trying to get out of bed."</p> <p>A "General" progress note, dated 05/20/23 at 10:48 AM and located under the "Progress Notes" tab of the EMR, recorded, " . . . called by another floor nurse to pt's [patient's] room. upon arrival pt noted lying on the floor flat next to [redacted] bed. pt stated ' i [sic] was trying to get up' . "</p> <p>A "Nursing Documentation Note," dated 05/29/23 at 10:34 PM and located under the "Progress Notes" tab of the EMR, recorded, " . . . multiple attempts to get up and walk . . . resident stated hears grand kids and daughter talking, trying to get up to go to them . . . "</p> <p>On 05/30/23 at 10:00 AM, R10 was observed seated in a [redacted] chair in the day room of the North wing. The back of the [redacted] chair was reclined to the furthest point. R10 had a pillow behind [redacted] head and one under [redacted] lower [redacted] .</p>	F 604			

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F 604	<p>Continued From page 5</p> <p>A "Practitioner Note," dated 05/31/23 at 1:14 PM, recorded, "... Last week staff reported frightening hallucinations that were impairing [R10]'s abilities in [REDACTED] and started [REDACTED] 2.5 mg [milligrams] qhs [every night]. Today was told that [R10] had 2 or 3 [REDACTED] last week since starting [REDACTED]. However [REDACTED] was also positive and [REDACTED] began [REDACTED] yesterday ... so may have contributed to [REDACTED] ..."</p> <p>A "Nursing Documentation Note," dated 05/31/23 at 2:42 PM and located under the "Progress Notes" tab of the EMR, recorded, "... sitting up in recliner chair ..."</p> <p>On 06/01/23 at 10:35 AM, R10 was observed seated in a [REDACTED] chair in the day room of the North wing. The back of the [REDACTED] chair was reclined to the furthestmost point and a pillow was noted under [REDACTED] lower legs.</p> <p>During an interview on 06/01/23 at 10:36 AM, Licensed Practical Nurse (LPN)1 stated R10 was in the reclined [REDACTED] chair because [REDACTED] to get up and did not do well when sitting straight up. LPN1 stated R10 might fall forward if sitting straight up.</p> <p>During an observation on 06/01/23 at 11:29 AM, R10 was observed seated in the [REDACTED] chair in the day room of the North wing. R10 removed the pillow from under [REDACTED] legs and attempted to get out of the [REDACTED] chair by raising [REDACTED]. R10 continued to move about in the chair, raising [REDACTED] upper back up and fidgeting in [REDACTED] chair.</p> <p>During an observation on 06/01/23 at 12:38 PM,</p>	F 604			

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F 604	<p>Continued From page 6</p> <p>R10 was observed seated in the [redacted] chair in the day room of the North wing. R10 had a pillow behind [redacted] back and was feeding [redacted] of the noon meal. Certified Nurse Aide (CNA)8 was seated next to R10, assisting [redacted] as required. R10 would raise [redacted] upper body forward towards the table and attempt to take a bite of food and then lean backwards. R10 would lean to the right and then straighten [redacted] without assistance.</p> <p>During an observation on 06/01/23 at 1:02 PM, CNA1 propelled R10 to [redacted] bathroom in the [redacted] chair. CNA1 assisted R10 to stand using one arm, lowered R10's [redacted] EX Order 26 § 4b1, and assisted R10 in transferring to the [redacted] CNA1 exited the bathroom, leaving R10 alone while seated on the [redacted]. CNA1 confirmed R10 could sit on the [redacted] by [redacted] and stated, [redacted] knows how to put the light on. That's why I'm by the door." R10 used the toilet and CNA1 assisted R10 to stand using one arm. R10 stood while CNA1 cleaned [redacted] perineal area. R10 stated she could not stand straight and CNA1 encouraged [redacted] to do so. CNA1 cleaned and redressed R10, and R10 pivoted back to the [redacted] chair. CNA1 instructed R10 to push back in the chair, and R10 did so.</p> <p>Continuing with the observation on 06/01/23 at 1:02 PM, CNA1 assisted R10 in washing her hands and then reclined the [redacted] chair to the furthest point. R10 asked why the chair had to be reclined, and CNA1 responded, "I have to do it for your safety."</p> <p>During an interview on 06/01/23 at 1:10 PM, CNA1 stated staff had been using the [redacted] chair in the reclined position since 05/29/23.</p>	F 604			

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F 604	<p>Continued From page 7</p> <p>CNA1 stated R10 had attempted to get out of <sup>Ex Order</sup> <del>_____</del> without assistance. CNA1 confirmed the chair was reclined because if it was left in the sitting position, R10 would attempt to get up. CNA1 stated the chair was used for R10's safety. CNA1 stated the nurse on duty on 05/29/23 had instructed her to use the <sup>Ex Order</sup> <del>_____</del> chair after R10 had attempted to get up so many times.</p> <p>On 06/01/23 at 1:29 PM, R10 was observed in the day room of the North wing. R10 was seated in the <sup>Ex Order</sup> <del>_____</del> chair and the back was reclined to the furthest point. R10 was attempting to get out of the <sup>Ex Order</sup> <del>_____</del> chair by raising <sup>Ex Order</sup> <del>_____</del> upper body and swinging <sup>Ex Order</sup> <del>_____</del> legs over the right arm rest. R10 continued to move about in the chair, raising <sup>Ex Order</sup> <del>_____</del> upper back up and <sup>Ex Order</sup> <del>_____</del> in <sup>Ex Order</sup> <del>_____</del> chair.</p> <p>Review of R10's current "Physician Orders," located under the "Orders" tab of the EMR, revealed no order for the use of a <sup>Ex Order</sup> <del>_____</del> chair for the resident.</p> <p>Review of R10's "Progress Notes," located under the "Progress Notes" tab of the EMR and "Assessments," located under the "Assessments" tab of the EMR, revealed no documentation an assessment was conducted to see if the <sup>Ex Order</sup> <del>_____</del> chair was a <sup>Ex Order</sup> <del>_____</del> for R10. There was no specific documentation detailing medical symptoms for the use of the <sup>Ex Order</sup> <del>_____</del> chair.</p> <p>Review of R10's "Care Plan," located under the "Care Plan" tab of the EMR, revealed no documentation R10's care plan had been updated to include the use of a reclining <sup>Ex Order</sup> <del>_____</del> chair.</p> <p>On 06/01/23 at 1:35 PM, the Director of Nursing</p>	F 604			



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F 604	<p>Continued From page 8</p> <p>(DON) stated R10 had <b>EX Order 26 § 4b1</b>, had been <b>EX Order 26 § 4b1</b>, and had been diagnosed with a <b>EX Order 26 § 4b1</b> and that was why the facility began using the <b>EX Order 26 § 4b1</b> chair for R10. The DON stated the facility had not considered the possibility the <b>EX Order 26 § 4b1</b> chair could be a <b>EX Order 26 § 4b1</b> as they were focusing on trying to meet R10's medical needs. The DON reviewed the clinical record and confirmed there was no assessment to determine if the <b>EX Order 26 § 4b1</b> chair was a <b>EX Order 26 § 4b1</b> for R10 and confirmed there was no physician's order for the use of the <b>EX Order 26 § 4b1</b>. The DON confirmed the clinical record documented R10 had been hallucinating, had a <b>EX Order 26 § 4b1</b>, and had started a new medication but there was no documentation those symptoms were the basis for using a <b>EX Order 26 § 4b1</b> for R10. The DON confirmed anything that prevented a resident from rising or limited a resident's freedom of movement would be considered a <b>EX Order 26 § 4b1</b>. The DON stated the facility's policy was to not use <b>EX Order 26 § 4b1</b>. The DON confirmed the resident could not get out of the <b>EX Order 26 § 4b1</b> chair.</p> <p>On 06/01/23 at 2:05 PM, <b>Ex.Order 26.4(b)(1)</b> 2 stated she had been working with R10. PT2 stated R10 had been having episodes of <b>EX Order 26 § 4b1</b>, had been diagnosed with a <b>EX Order 26 § 4b1</b>, and was <b>EX Order 26 § 4b1</b>. PT2 stated R10 tended to lean to the right and had difficulty in sitting up straight. <b>EX Order 26 § 4b1</b> stated those were the medical symptoms R10 had been exhibiting that required the use of the <b>EX Order 26 § 4b1</b> chair. <b>EX Order 26 § 4b1</b> confirmed R10 had not been assessed to see if the reclining <b>EX Order 26 § 4b1</b> chair was a <b>EX Order 26 § 4b1</b> for R10 and that there was no physician's order for the use of a <b>EX Order 26 § 4b1</b>.</p> <p>On 06/01/23 at 4:30 PM, PT1 reported the degree</p>	F 604			

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F 604	Continued From page 9 of recline was 122 degrees when the [REDACTED] chair was reclined to its' furthestmost point.  Review of the facility's policy titled, "[REDACTED] : Use of, " revised 06/15/22, revealed, " . . . Patients have the right to be free from any physical . . . [REDACTED] imposed for purposes of discipline or convenience, and not required to treat the patient's medical symptoms . . . Physical [REDACTED] is defined as any manual method, physical or mechanical device, equipment or material that . . . is attached or adjacent to the patient's body . . . cannot be removed easily by the patient, and . . . restricts the patient's freedom of movement . . . If the device . . . restricts freedom of movement . . . The [REDACTED] Evaluation/Reduction will be completed . . . Prior to the application of any [REDACTED] . . . There must be documentation identifying the medical symptom being treated and an order for the use of the specific type of [REDACTED] . . . Consent must be obtained prior to the application of the [REDACTED] . . . "	F 604			
F 622 SS=D	NJAC: 8:39-4.1 (a) 6 Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)  §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved	F 622		6/23/23	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>84 COLD HILL ROAD</b> <b>MENDHAM, NJ 07945</b>		
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F 622	<p>Continued From page 10</p> <p>sufficiently so the resident no longer needs the services provided by the facility;</p> <p>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>(D) The health of individuals in the facility would otherwise be endangered;</p> <p>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is</p>	F 622			

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F 622	<p>Continued From page 11</p> <p>communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ 152729</p> <p>Based on interview and record review, the facility</p>	F 622	Resident #3 was Discharged from the center.		

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F 622	<p>Continued From page 12</p> <p>failed to provide complete [REDACTED] assessments and treatment information to the admitting provider for one of 10 sampled residents (Resident (R) 3) who was transferred to another healthcare provider. This had the potential to prevent the resident from receiving necessary treatments for [REDACTED].</p> <p>Findings include:</p> <p>Review of R3's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed R3 was admitted to the facility on [REDACTED] with diagnoses that included [REDACTED].</p> <p>Review of R3's [REDACTED] Reports," dated 12/30/21 and located under the "Documents" tab of the EMR, revealed R3 had a [REDACTED]</p> <p>[REDACTED]</p> <p>Review of R3's "Treatment Administration Records (TARs)," dated 01/06/22 and located under the "Orders" tab of the EMR, revealed documentation R3 received treatments to all [REDACTED] on the day shift.</p> <p>Review of R3's "Daily/Skilled Note," dated 01/06/22 at 10:00 AM and located under the "Progress Notes" tab of the EMR, indicated, " . . . reason for skilled care/stay/documentation: Therapy d/c [discharge] to [REDACTED] today</p>	F 622	<p>All residents discharged from the center had the potential to be affected by this practice.</p> <p>Nurses were re-educated on the Policy for Nursing Documentation.</p> <p>The Nurses will review all discharge paperwork prior to a resident's planned discharge from the center to ensure its accuracy regarding [REDACTED] and any treatment orders.</p> <p>The UM will perform weekly audits for 4 weeks on all discharged residents to ensure the documentation was complete and accurate. They will then conduct monthly audits for 2 months to ensure ongoing compliance.</p> <p>The Unit Manager or designee will report the results of these audits to the QAPI Committee on a monthly basis for 90 days, or until substantial compliance is achieved.</p> <p>The administrator will ensure compliance of these audits and will take corrective action as needed</p>	

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F 622	<p>Continued From page 13</p> <p>1/6/22 Additional details about this note: Resident d/c to home. All due medications administered. Discharge planning and meds reviewed and signed with family and group home team. Stable upon discharge. Discharge via <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>. . " The note did not address R3's <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>Review of R3's "Discharge Transition Plan," dated 01/06/22 and located under the "Documents" tab of the EMR, indicated, " . . . <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>" There was no documentation related to the <b>EX Order 26 § 4b1</b> [REDACTED] .</p> <p>On 06/01/23 at 2:58 PM, the Director of Nursing (DON) confirmed R3 was discharged to a group home. The DON stated the social worker and the nurse on duty at the time of discharge were responsible for documenting all pertinent information related to the resident's status, including any <b>EX Order 26 § 4b1</b> [REDACTED] . The DON reviewed the clinical record and the Discharge Transition Plan and confirmed information related to the <b>EX Order 26 § 4b1</b> [REDACTED] on R3's <b>EX Order 26 § 4b1</b> [REDACTED] was not documented on the Discharge Transition Plan or in the clinical record. The DON stated her expectation was for all pertinent information to be conveyed to the receiving provider.</p> <p>Review of the facility's policy titled, "Nursing Documentation," revised 05/01/23, revealed, " . . . Nursing documentation will follow the guidelines of good communication and be concise, clear, pertinent, and accurate based on the resident's . . . condition, situation, and complexity . . . Documentation of nursing care is recorded in the medical record and reflective of the care provided</p>	F 622			

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F 622	Continued From page 14 by nursing staff . . . Documentation includes information about . . . nursing assessment and interventions . . . responses to nursing care . . . specifies what nursing interventions were performed by whom, when, and where . . . "	F 622			
F 842 SS=D	NJAC 8:39-5.1 Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(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(i) Medical records. §483.70(i)(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; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(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	F 842		6/23/23	

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F 842	<p>Continued From page 15</p> <p>operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to document a change in condition requiring</p>	F 842	<p>Resident #4 was discharged on [REDACTED] to the [REDACTED]</p>		



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F 842	<p>Continued From page 16</p> <p>hospitalization for one (Resident (R) 4) of 10 sampled residents.</p> <p>Findings include:</p> <p>Review of R4's "Admission Record," located under the "Profile" tab of the electronic medical record (EMR), revealed R4 was admitted to the facility on [redacted] with diagnoses that included <b>EX Order 26 § 4b1</b></p> <p>Review of R4's "General" progress note, dated 01/03/22 at 5:28 AM, entered as a late entry, and located under the "Progress Notes" tab of the EMR, revealed, " . . . Note: Adl [activities of daily living] care rendered and medications given as ordered. Resident is alert, oriented, able to make needs and wants known to staff, no sign of discomfort noted or express by resident. [redacted] appointment scheduled and endorsed to am [morning] nurse for follow up . . . "</p> <p>Review of a hospital "History and Physical," dated 01/03/22 at 8:20 PM and located under the "Documents" tab of the EMR, indicated, " . . . according to the facility [R4] has been [redacted] for the past day and this morning she appeared [redacted] and [redacted] than her baseline when the paramedics saw her she was found to have <b>EX Order 26 § 4b1</b> [redacted] according to [family member] she spoke with the patient yesterday and had a normal conversation patient was initially unable to speak here in the <b>EX Order 26 § 4b1</b> when I saw her she was able to speak when asked her why she was here she says she was here because she <b>EX Order 26 § 4b1</b> [redacted] or that she</p>	F 842	<p>All residents had the potential to be affected by this practice.</p> <p>Nurses were re-educated on the Policy &amp; Procedure for Nursing Documentation, and specifically that any resident being transferred to the [redacted] should have documentation in place that clearly reflects the resident's clinical condition, physical assessment, and physician communication that precipitated a resident's transfer to the [redacted]</p> <p>The Unit Manager or designee will perform weekly audits for 4 weeks, then monthly for 2 months to ensure the medical records for any patient transferred to the [redacted] contain the necessary documentation.</p> <p>The Unit Manager or Designee will report the results of these audits to the QAPI Committee on a monthly basis for 90 days, or until substantial compliance is achieved.</p> <p>The Administrator will ensure compliance of these audits and will take corrective action as needed.</p>		

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F 842	<p>Continued From page 17</p> <p>had a [REDACTED] she has <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>[REDACTED] <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>"</p> <p>Review of R4's "Nursing Documentation Note," dated 01/06/22 at 9:07 PM and located under the "Progress Notes" tab of the EMR, revealed, ". . . Patient was admitted/readmitted for the following reason(s): <b>EX Order 26 § 4b1</b> . . . "</p> <p>Review of R4's "Progress Notes," located under the "Progress Notes" tab of the EMR; "Assessments," located under the "Assessments" tab of the EMR; and the "Documents" tab of the EMR, revealed no documentation to show R4's clinical condition, physical assessments, or physician communication that precipitated R4's transfer to the [REDACTED]</p> <p>On 06/01/23 at 3:12 PM, the Director of Nursing (DON) confirmed there was no documentation related to the events that precipitated R4's transfer to the [REDACTED]. The DON confirmed the clinical record did not reveal R4's clinical picture. The DON confirmed that all events leading to the transfer of a resident to the [REDACTED] should be documented in the clinical record and stated it was her expectation for her staff to do so.</p> <p>The facility's policy titled, "Nursing Documentation," revised 05/01/23, recorded, ". . . Nursing documentation will follow the guidelines</p>	F 842		

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F 842	Continued From page 18 of good communication and be concise, clear, pertinent, and accurate based on the resident's . . . condition, situation, and complexity . . . Documentation of nursing care is recorded in the medical record and reflective of the care provided by nursing staff . . . Documentation includes information about . . . nursing assessment and interventions . . . responses to nursing care . . . specifies what nursing interventions were performed by whom, when, and where . . . "  NJAC 8:39-35.2 (d)	F 842			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061406</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2023</b>
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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00151994, NJ00152729, NJ00155952, and NJ00156673</p> <p>Survey Dates: 05/30/23 through 06/02/23</p> <p>Survey Census: 95</p> <p>Sample Size: 10</p> <p>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.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 10 of 14 day shifts and 1 of 14 overnight shifts as follows: This deficient practice had the potential to</p>	S 560	<p>No resident were affected by this practice.</p> <p>All residents had the potential to be affected by this practice</p> <p>Facility staff including Administrator, DON, HR coordinator, scheduling manager,</p>	6/23/23

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

06/21/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061406</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR CENTER</b>	STREET ADDRESS CITY STATE ZIP CODE <b>84 COLD HILL ROAD</b> <b>MENDHAM, NJ 07945</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 560	<p>Continued From page 1</p> <p>affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of 5/14/2023 through 5/27/2023, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift and one direct care staff member to every 14 residents for the night shift as documented below:</p> <p>1. For the weeks of 05/14/2023 to 05/27/2023, the facility was deficient in CNA staffing for residents on 10 of 14 day shifts and deficient in total staff for residents for 1 of 14 overnight shifts as follows:</p>	S 560	<p>Market HR and recruiters will continue all recruiting functions through various forums to increase the number of CNA applicants. Facility staff will continue weekly staffing calls with regional support team to recruit CNAs for open positions.</p> <p>Facility will continue to hold job fairs and recruit for open CNA positions.</p> <p>The Facility has a scheduled CNA class for July 2023.</p> <p>The DON, Staffing coordinator and HR coordinator/ designee will maintain a listing of current recruiting efforts.</p> <p>The HR Coordinator will present the results of the current recruiting efforts to the QAPI Committee on a monthly basis for 3 months or until substantial compliance is achieved</p> <p>The administrator will audit these efforts weekly X 4 weeks, then monthly X 2 months to ensure the center team is following up on all CNA Recruitment tasks</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061406</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR CENTER</b>	STREET ADDRESS CITY STATE ZIP CODE <b>84 COLD HILL ROAD</b> <b>MENDHAM, NJ 07945</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 560	<p>Continued From page 2</p> <p>-05/14/23 had 8.5 CNAs for 89 residents on the day shift, required 11 CNAs.                      -05/15/23 had 10.5 CNAs for 89 residents on the day shift, required 11 CNAs.                      -05/16/23 had 9.5 CNAs for 89 residents on the day shift, required 11 CNAs.                      -05/17/23 had 9.5 CNAs for 89 residents on the day shift, required 11 CNAs.                      -05/20/23 had 9 CNAs for 93 residents on the day shift, required 12 CNAs.                      -05/20/23 had 5.5 total staff for 93 residents on the overnight shift, required 7 total staff.</p> <p>-05/21/23 had 8 CNAs for 92 residents on the day shift, required 11 CNAs.                      -05/22/23 had 10.5 CNAs for 92 residents on the day shift, required 11 CNAs.                      -05/23/23 had 9.5 CNAs for 92 residents on the day shift, required 11 CNAs.                      -05/26/23 had 9 CNAs for 91 residents on the day shift, required 11 CNAs.                      -05/27/23 had 10.5 CNAs for 91 residents on the day shift, required 11 CNAs.</p> <p>NJAC: 8:39-5.1 (a)</p>	S 560		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315143	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 7/6/2023	Y3
NAME OF FACILITY HOLLY MANOR CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 84 COLD HILL ROAD MENDHAM, NJ 07945		

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 F0604	Correction	ID Prefix F0622	Correction	ID Prefix F0842	Correction
Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # 483.15(c)(1)(i)(ii)(2)(i)-(iii)	Completed	Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed
LSC	06/23/2023	LSC	06/23/2023	LSC	06/23/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/2/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061406	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/6/2023
Y1	Y2	Y3
NAME OF FACILITY HOLLY MANOR CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 84 COLD HILL ROAD MENDHAM, NJ 07945

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	06/23/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/2/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		