

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

PRINTED: 05/17/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315142</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/04/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LLANFAIR HOUSE CARE &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1140 BLACK OAK RIDGE ROAD</b> <b>WAYNE, NJ 07470</b>		
(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 000	INITIAL COMMENTS  Complaint #: NJ156147, NJ156594, NJ157292, NJ157833, NJ160480 Census: 99 Sample Size: 7  The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.  Survey date: 06/04/2023	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580			6/30/23

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

TITLE

(X6) DATE

Electronically Signed

06/23/2023

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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ160480</p> <p>Based on interviews, record review, and facility policy review, the facility failed to notify a provider of a change in condition for 1 (Resident #5) of 3 residents so the provider could make a timely decision regarding the course of treatment for the resident. Further, the facility failed to notify the provider that an ordered laboratory sample could not be collected so the provider could determine a course of action, if warranted.</p> <p>Findings included:</p>	F 580	<p>Resident #5 no longer resided in the facility at the time of state visit, however, all in-house patients were reviewed who had a change in condition or laboratory / radiology services that they for a timely follow up with physician. All licensed nurses were immediately in-serviced by the Director of Nursing, ADON, and MDS Coordinator on documentation pertaining to physician notification of lab/radiology and change in conditions.</p>		

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F 580	<p>Continued From page 2</p> <p>The facility's policy, titled, "Notification of Changes," revised Septemeber2022, indicated, "The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notify, consistent with his or her authority, resident's representative when there is a change requiring notification. The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: 2. Significant change in the resident's physical, mental, or psychosocial condition such as deterioration in health, mental, or psychosocial status. This may include: a. life-threatening conditions, or b. Clinical complications. 3. Circumstances that require a need to alter treatment."</p> <p>A review of Resident #5's "Admission Record" revealed the facility readmitted the resident on <u>NJ Ex Order 26. 4B1</u>, with diagnoses to include <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of the admission Minimum Data Set (MDS), with an Assessment Reference Date of <u>NJ Ex Order 26. 4B1</u>, revealed Resident #5 was <u>NJ Ex Order 26. 4B1</u> for daily decision making per the Staff Assessment for Mental Status. The MDS indicated the resident had an active diagnosis to include <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of Resident #5's care plan revised on <u>NJ Ex Order 26. 4B1</u>, indicated the resident had a diagnosis of <u>NJ Ex Order 26. 4B1</u>. The care plan interventions</p>	F 580	<p>All residents in the facility have the potential to be effected by the deficient practice.</p> <p>The DON or designee will conduct random daily audits on all labs / radiology, progress notes and change in conditions to ensure the physicians have been noted timely.</p> <p>Audits will be monitored for completion by the Director of Nursing or designee weekly for 4 weeks, every two weeks for 2 months and monthly for 3 months. Audits will be discussed during Quality Assurance Performance Improvement Committee meeting. QAPI Committee will determine if continued auditing is necessary once 100% compliance threshold is met for two consecutive months. This plan can be amended when indicated Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee at least quaterly.</p>		

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F 580	<p>Continued From page 3</p> <p>directed the staff to monitor/document/report the physician as needed any signs/symptoms of <u>NJ Ex Order 26. 4B1</u> to include <u>NJ Ex Order</u>.</p> <p>A review of Resident #5's advanced practice nurse (APN) progress note, written by the Advanced Practice Nurse (APN) (nurse practitioner) and dated <u>NJ Ex Order 26. 4B1</u>, revealed the resident was admitted to the nursing facility on <u>NJ Ex Order 26. 4B1</u> after being <u>NJ Ex Order 26. 4B1</u> from <u>NJ Ex Order 26. 4B1</u> for <u>NJ Ex Order 26. 4B1</u>.</p> <p>A review of Resident #5's "Progress Notes," entered by Licensed Practical Nurse (LPN) #8 and dated <u>NJ Ex Order 26. 4B1</u> at 12:02 PM, indicated the resident was assessed to have a <u>NJ Ex Order</u> of <u>NJ Ex Order 26. 4B1</u>. Per the note, LPN #8 placed an ice pack and cold compress on the resident's <u>NJ Ex Order 26. 4B1</u> and administered <u>NJ Ex Order 26. 4B1</u>.</p> <p>On 06/04/2023 at 3:41 PM, the surveyor attempted a telephone interview with LPN #8. On <u>NJ Ex Order 26. 4B1</u> at 8:15 PM, LPN #8 returned the surveyor's call. LPN #8 stated if a resident presented with a <u>NJ Ex Order</u>, she should call the resident's physician or nurse practitioner. LPN #8 stated on <u>NJ Ex Order 26. 4B1</u> she did not call the physician or nurse practitioner when Resident #5 developed a <u>NJ Ex Order 26. 4B1</u> because the resident was being treated for <u>NJ Ex Order 26. 4B1</u> and she thought a <u>NJ Ex Order</u> was expected.</p> <p>In an interview on 06/04/2023 at 12:39 PM, the APN stated nurses were expected to call the physician or the nurse practitioner if a resident</p>	F 580			



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F 580	<p>Continued From page 4</p> <p>experienced a change in condition. The APN stated she did not recall being notified Resident #5 had a <b>NJ Ex Order 26. 4B1</b> on <b>NJ Ex Order 26. 4B1</b>. Per the APN, the resident's <b>NJ Ex Order</b> of <b>NJ Ex Order 26. 4B1</b> should have been reported to her or the physician right away, as it would have warranted further assessment. The APN stated she may have adjusted the <b>NJ Ex Order 26. 4B1</b> ordered for the resident, added a new <b>NJ Ex Order 26. 4B1</b> and/or started the resident on <b>NJ Ex Order 26. 4B1</b>. According to the APN, she became aware on <b>NJ Ex Order 26. 4B1</b> that Resident #5 had a <b>NJ Ex Order</b> and ordered <b>NJ Ex Order 26. 4B1</b> and other <b>NJ Ex Order 26. 4B1</b>.</p> <p>On 06/04/2023 at 10:00 AM and 3:43 PM, the surveyor attempted a telephone interview with Resident #5's Primary Care Physician (PCP). The PCP returned the surveyor's call on <b>NJ Ex Order 26. 4B1</b> at 4:20 PM. The PCP stated he was not notified when the resident was found to have a <b>NJ Ex Order 26. 4B1</b> on <b>NJ Ex Order 26. 4B1</b>. Per the PCP, the nurse should have notified the physician or the nurse practitioner.</p> <p>A review of Resident #5's physician orders revealed on <b>NJ Ex Order 26. 4B1</b>, there was an order for the staff to collect a <b>NJ Ex Order 26. 4B1</b> and sensitivity to rule out an <b>NJ Ex Order 26. 4B1</b>.</p> <p>A review of Resident #5's "Progress Notes," entered by Registered Nurse (RN) #10 and dated <b>NJ Ex Order 26. 4B1</b> at 6:25 AM and <b>NJ Ex Order 26. 4B1</b> at 2:19 AM, indicated the RN was unable to collect a <b>NJ Ex Order 26. 4B1</b> from the resident.</p> <p>In an interview on 06/04/2023 at 3:46 PM, RN #10 stated she worked at the facility for <b>NJ Ex Order</b> years and she did not recall Resident #5. RN #10</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>stated she worked the 11:00 PM - 7:00 AM shift and anything not urgent in nature regarding a resident, she would report to the next shift for follow up with the physician or the nurse practitioner. According to RN #10, she would not notify the physician or nurse practitioner of an inability to obtain a <b>NJ Ex Order 26. 4B1</b> in the middle of the night. There was no documented evidence of follow through by other clinical staff that a <b>NJ Ex Order</b> was unable to be collected.</p> <p>In an interview on 06/04/2023 at 1:48 PM, the Director of Nursing (DON) stated a resident's change in condition should be reported to the physician or nurse practitioner as soon as possible and the notification should be documented in the resident's medical record. The DON stated the physician or nurse practitioner should have been notified immediately on <b>NJ Ex Order 26. 4B1</b> when the resident developed a <b>NJ Ex Order</b> and when nurses were unable to obtain a <b>NJ Ex Order</b> from the resident on <b>NJ Ex Order 26. 4B1</b>. The DON stated nurses were expected to document all notifications/endorsements to the next shift in the progress notes as well as follow and carry out physicians' orders.</p> <p>During an interview on 06/04/2023 at 12:39 PM, the APN stated she was not notified the staff were unable to obtain a <b>NJ Ex Order 26. 4B1</b> from the resident, this would have been another indication the resident needed fluids. The APN stated the nurse's inability to obtain a <b>NJ Ex Order 26. 4B1</b> from the resident should have been reported to her or the physician immediately.</p> <p>New Jersey Administrative Code § 8:39-13.1(d)</p>	F 580			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>061611</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/04/2023</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**LLANFAIR HOUSE CARE & REHABILITATION C** **1140 BLACK OAK RIDGE ROAD**  
**WAYNE, NJ 07470**

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S 000	Initial Comments  Census: 99 Sample Size: 7  TYPE OF SURVEY: Complaint  The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:39, Standards for Licensure of Long-Term Care Facilities.  The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of 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: Complaint Intake #NJ156594, #NJ157292, #NJ157833  Based on interviews, facility document review, and New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, it was determined that the facility failed to ensure staffing ratios were met. The facility was deficient in CNA staffing for residents on 5 of 14 day shifts from 05/21/2023 to 06/03/2023. This deficient practice had the potential to affect all residents.	S 560	The facility continues to follow a recruitment plan to attract certified nursing assistant's staff and licensed staff to meet the ratio requirement. Leadership has met and will continue to meet on an ongoing basis to identify staffing challenges and areas of improvement for licensed certified nursing needs. The Regional Administrator along with the DON reviewed the staffing ratio requirements with the staffing coordinator to ensure the	6/30/23

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

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S 560	<p>Continued From page 1</p> <p>Findings included:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One certified nurse aide to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each direct staff member shall be signed in to work as a certified nurse aide and shall perform nurse aide duties; and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties.</p> <p>1. A review of the "Nurse Staffing Report," completed by the facility for the week of 05/21/2023 to 06/03/2023, revealed staff-to-resident ratios that did not meet the minimum requirements. The facility was deficient in CNA staffing for residents on 5 of 14 day shifts as follows: - 05/21/2023 had 10 CNAs for 95 residents on the</p>	S 560	<p>minimum state required staffing are met daily as of June 16th. The facility DON along with the Regional Administrator also reviewed the emergency staffing policy on June 16th to include the use of Healthcare Agencies.</p> <p>All residents in the facility have the potential to be affected by the deficient practice.</p> <p>Ongoing efforts to recruit and retain staff are in place. Bonus shifts referral bonus program and CNA school programs. The facility continues to conduct job fairs with immediate interviews and contingency offers. The facility will begin an expedited but robust onboarding process for new hires. The Admin, DON and Regional Administrator and staffing coordinator will conduct weekly meeting to review call outs and facility census vs. staffing needs. Identify compliance and adjust interventions as needed to ensure staffing ratios are met.</p> <p>The DON / designee will monitor ratios weekly until the requirements is met. The results of the audits will be forwarded to the facility administrator and monthly QAPI committee for further recommendations , This plan can be amended when indicated. Adverse findings will be immediately addressed. Findings and trends will be reported to QAPI Committee at least quarterly.</p>	



New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>day shift, required 12 CNAs.</p> <ul style="list-style-type: none"> <li>- 05/23/2023 had 11 CNAs for 95 residents on the day shift, required 12 CNAs.</li> <li>- 05/28/2023 had 11 CNAs for 95 residents of the day shift, required 12 CNAs.</li> <li>- 06/01/2023 had 10 CNAs for 98 residents on the day shift, required 12 CNAs.</li> <li>- 06/02/2023 had 11 CNAs for 98 residents on the day shift, required 12 CNAs.</li> </ul> <p>On 06/04/2023 at 4:05 PM, the Licensed Nursing Home Administrator (LNHA) was interviewed and stated he was aware of the mandate regarding staffing ratios. The LNHA reported for their annual inspection on 11/03/2022, the facility had successfully signed on several agencies, and worked hard to improve morale in the facility. The LNHA reported callouts were a factor and the facility made every effort to fill all call outs; however, they were not always successful. The LNHA also reported that as part of their plan of correction from their annual inspection, the facility submitted a completed "Nursing Staffing Report" to the Department of Health Weekly.</p> <p>Review of the facility policy titled, "Nursing Services and Sufficient Staff," dated 09/2022, indicated, "It is the policy of the facility to provide sufficient staff with appropriate competencies and skill sets to ensure resident safety and attain the highest practicable physical, mental and psychosocial well-being of each resident."</p>	S 560			

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315142	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/12/2023
NAME OF FACILITY LLANFAIR HOUSE CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 BLACK OAK RIDGE ROAD WAYNE, NJ 07470	

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 F0580	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/30/2023	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 6/4/2023		<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			

# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 061611	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/12/2023
NAME OF FACILITY LLANFAIR HOUSE CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1140 BLACK OAK RIDGE ROAD WAYNE, NJ 07470	

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	06/30/2023	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	
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 6/4/2023		<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			