

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent documents, it was determined that the facility failed to maintain a clean, safe, and sanitary environment for a.) 3 of 7 linen carts in 2 of 3 nursing units (North and [NAME] units), b.) 4 of 7 resident rooms (Rooms 10, 17, 18, and 20), and c.) 1 of 2 central baths (South unit) observed during environmental tour. This deficient practice was evidenced by the following:</p> <p>1. On 3/24/26 at 11:20 AM, Surveyor #1 (S #1) observed during [NAME] unit tour two linen carts parked in between room [ROOM NUMBER] with posted sign for respiratory isolation and room [ROOM NUMBER] with posted sign for contact precaution. S #1 observed 1 of 2 linen carts cover was ripped and there were clean linen supplies inside the ripped linen cart.</p> <p>On 3/25/26 at 8:20 AM, S #1 observed the North unit linen cart that was parked in between room [ROOM NUMBER] with posted sign for EBP (enhanced barrier precaution) and room [ROOM NUMBER]. Both S #1 and the Certified Nursing Aide (CNA) observed the four shelves linen cart top shelf was missing and the second top shelf was broken or damage with folded clean linen on it. The CNA confirmed that the gowns and linens were considered clean inside the damaged shelf linen cart, and the linen cart cover was ripped. There were total of three linen carts that was parked in between Rooms 46 to 53, and 1 of 3 linen cart cover was ripped.</p> <p>On 3/25/26 at 8:30 AM, S #1 in the presence of the Director of Nursing (DON) observed the [NAME] unit linen cart, which was parked between rooms [ROOM NUMBERS], which was observed also by the surveyor on 3/24/26, in the same location, the linen cart cover on top was ripped and left open to air in the hallway. The DON confirmed that they were considered clean linens and gowns inside the linen cart with ripped cover.</p> <p>At that same time, S #1 notified the DON of the above concerns that the ripped linen cart cover in the [NAME] unit was observed for two days, and the DON responded that the linen carts were brand new. S #1 then asked if they were brand new as to why they were ripped, and should it be left open if there were clean linen supplies, and she did not respond.</p> <p>On 3/25/26 at 8:40 AM, S #1 went back to the North unit, and observed on the other side, from Rooms 31 to 39, in the presence of the Life Enrichment Director (LED), observed the ripped linen cart cover with clean linens (inside a bag) and clean gowns (not bagged) parked in the hallway. The LED had no response when asked as to why the linen cart cover was ripped. S #1 observed 1 of 2 linen carts with ripped cover.</p> <p>2. On 3/25/26 at 8:55 AM, S #1 observed room [ROOM NUMBER]'s ceiling vent in the toilet room with (continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>accumulation of grayish and whitish substances. There were two residents inside room [ROOM NUMBER] who were in their respective beds.</p> <p>On that same date and time, outside room [ROOM NUMBER], S #1 showed the picture that was taken inside the toilet room and asked the DON what those grayish and whitish substances in the ceiling vent were, and the DON did not respond.</p> <p>3. On 3/26/26 at 8:25 AM, S #1 asked the Licensed Nursing Home Administrator (LNHA) to accompany S #1 to the South unit central bath and the LNHA stated that the shower room was being used by the dementia residents. Both S #1 and the LNHA observed the 1st big cubicle where there were equipment stocked, the ceiling air vent with grayish substances; the middle cubicle shower cubicle ceiling vent blackish to grayish substances, and the last cubicle also a shower cubicle on the right side, the ceiling vent with brownish grayish substances. S #1 asked what those in the air vents were, and he did not respond.</p> <p>On 3/26/26 at 8:44 AM, the LNHA informed S #1 in the presence of the survey team that those found in the South central bath were not dust. The LNHA further stated, just needed to be painted those ceiling vents.</p> <p>At that same time, S #1 and Surveyor #2 (S #2) with the LNHA and Regional Director of Operations (RDoO) went back to the South central bath. S #1 asked LNHA and the RDoO if they were not dust, should it be like that, and the LNHA responded that it was aesthetic.</p> <p>On 3/26/26 at 10:57 AM, the survey team met with the LNHA, DON, Regional Director of Clinical Services (RDoCS) and RDoO, and S #1 notified them of the above findings and concerns with environmental tour of West, North, and South units.</p> <p>On 3/26/26 at 12:38 PM, the survey team met with the DON, RDoCS, RDoO, and the LNHA provided a copy of the purchase order #SGR326154 for three linen carts that was created on 3/25/26, and pictures of painted air vents for room [ROOM NUMBER] and South central bath, both were after surveyor's inquiry.</p> <p>A review of the facility's Homelike Environment Policy that was provided by the RDoCS, with a revised date of February 2021, revealed, residents are provided with a safe, clean, and homelike environment. Under policy interpretation and implementation. 2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect homelike setting. These characteristics include: a. clean, sanitary and orderly environment.</p> <p>A review of the facility's Departmental (Environmental Services)-Laundry and Linen Policy that was provided by the RDoCS, with a revision date of January 2014, revealed, the purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen. Washing Line and other soiled items. 7. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination, such as covering clean linen carts.</p> <p>4. On 3/26/26 at 12:30 PM, during environmental rounds, Surveyor #2 (S #2) observed the following concerns on the South nursing unit:</p> <p>room [ROOM NUMBER]: The wall behind the bed near the window had chipped paint and exposed (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>wallboard. The windowsill also had chipped paint.</p> <p>room [ROOM NUMBER]: The wall behind the bed near the window had chipped paint and exposed wallboard.</p> <p>room [ROOM NUMBER]: The wall behind the bed near the window had chipped paint and exposed wall board. The windowsill also had chipped paint.</p> <p>On 3/27/26 at 2:10 PM, S #2 reviewed the above findings with the Maintenance Director in the presence of the LNHA and RDoO. The Maintenance Director acknowledged the identified concerns and confirmed that the conditions did not promote a homelike environment. The Maintenance Director further stated that he conducted weekly or biweekly rounds on the nursing units; however, these rounds do not routinely include resident rooms. He indicated that staff submit repair requests through an electronic TELS (maintenance) system, and repairs were addressed based on those submissions.</p> <p>A review of the facility's Homelike Environment Policy, dated as revised February 2021 reflected .The Residents are provided with a safe, clean, comfortable and homelike environment .</p> <p>On 3/30/26 at 12:30 PM, no further information was provided by the LNHA.</p> <p>NJAC 8:39-31.4(a)(f)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to treat a resident with respect and dignity during the medication (med) administration observation. This deficient practice was identified in 1 of 4 residents (Resident #43) observed during the med pass observation. This deficient practice was evidenced by the following: On 3/26/26 at 8:42 AM, the surveyor observed the Registered Nurse (med RN) assigned to Resident #43 prepare medications (meds) for administration to the resident. The surveyor observed the medRN enter the resident's room with the meds. The medRN stated that the resident was not in bed but was receiving care and being assisted in the lavatory. The surveyor observed the medRN enter the lavatory and administer meds to Resident #43 while they were seated on the toilet. The medRN then returned to the med cart. The surveyor asked the medRN if it was common practice to administer meds to a resident while they were in the lavatory and seated on a toilet. The medRN stated that they had known the resident for a long time and that they like to get their meds right away. The surveyor concluded the observation. The surveyor reviewed the electronic medical record (EMR) for Resident #43 which revealed the following: A review of the admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; acute embolism and thrombosis (a clot inside a blood vessel that breaks off and travels elsewhere in the body and blocks a smaller vessel), dementia (a decline in mental or cognitive ability), and difficulty walking. A review of the comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 2/6/26, under Section C-Cognitive Pattern, reflected a brief interview for mental status (BIMS) score of 0 out of 15, which indicated that the resident's cognitive status was severely impaired. A review of the resident's comprehensive care plan (CCP) did not reveal any focus, goal, or intervention for administering meds while the resident was in the lavatory or seated on a toilet. On 3/27/26 at 12:37 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations (RDoO), and Regional Director of Clinical Services (RDoCS) for the above concerns. The surveyor asked the DON if it was appropriate to administer meds to a resident while they were seated on a toilet. The DON stated, no, it was not. On 3/30/26 at 10:37 AM, the facility met with the LNHA, RDoO, RDoCS, and the DON stated that education was provided to the staff and the medRN regarding proper med administration and resident dignity. The DON provided education attendance sheets. The LNHA did not provide any further pertinent information. A review of the facility's Administering Medications Policy, dated April 2019, reflected, under 21, residents otherwise unavailable to receive med. the nurse will return to the missed resident. The policy did not reflect any mention of administration of meds while seated on a toilet. A review of the facility's undated Dignity Policy, reflected, under 12. Demeaning practices and standards of care that compromise dignity are prohibited. Under 13. Staff are expected to treat cognitively impaired residents with dignity and sensitivity. N.J.A.C. 8:39-4.1(a)12,16</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on observation, interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to adequately monitor target behavior for the use of psychotropic medications (meds) specifically an antianxiety and antidepressant meds and ensure an antianxiety medication was ordered for an appropriate diagnosis or indication for 1 of 5 residents (Resident #1), reviewed for unnecessary meds. This deficient practice was evidenced by the following: On 3/24/26 at 11:33 AM, the surveyor observed Resident #1 seated in their bed while on nebulizer treatment. A review of Resident #1's admission Record or face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to: chronic obstructive pulmonary disease (COPD), muscle weakness, difficulty walking, and need for assistance with personal care. A review of Resident #1's March 2026 electronic Medication Administration Record (eMAR) included the following physician's orders (PO): -Duloxetine HCl (hydrochloride) capsule (cap) delayed release particles 30 mg (milligram), give 1 cap by mouth one time a day for depression-Start Date 2/27/26. - Trazodone HCl oral tablet (tab) 50 mg, give 50 mg by mouth at bedtime (HS) for insomnia-Start Date 2/27/26. -Clonazepam oral tab 0.5 mg, give 1 tab by mouth every 14 hours as needed (PRN) for insomnia/anxiety no stop date by MD-Start Date 3/20/26. There was no behavior monitoring documented for the use of duloxetine, trazodone, and clonazepam in the month of March. A review of Resident #1's most recent comprehensive Minimum Data Set (cMDS), with an Assessment Reference Date (ARD) of 3/5/26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated that Resident #1's cognition was intact. Further review of the MDS reflected that the resident received an antianxiety and antidepressant meds. The cMDS did not indicate any active diagnosis that the antianxiety and antidepressant meds were ordered for. A review of Resident #1's comprehensive care plan (CP) reflected the following focus area:- I use antianxiety medication (med) that was initiated on 2/26/26, with interventions that included but were not limited to administer antianxiety med as ordered. Observe effectiveness and side effects (s/e). - I have depression and anxiety r/t (related to) admission to nursing facility that was initiated on 2/26/26, with interventions that included but were not limited to administer meds as ordered. Monitor and document s/e and effectiveness. Further review of the CP revealed that there was no documented evidence that the target behavior were identified for use of the psychotropic meds (are drugs that affect the mind, emotions, and behavior) that included antianxiety and antidepressant. A review of the late entry physician's History and Physical (H&P) on 2/27/26 and Physician Progress Note (PPN) from 3/4/26 to 3/23/26, revealed that Resident #1's assessment included diagnosis but were not limited to COPD and anxiety/depression. There was no documented evidence that the PPN included diagnosis or indication for insomnia. A review of the psychiatric DNP (Doctor of Nursing Practice) visit included the following:2/27/26 visit-initial evaluation of resident with history of depression and anxiety.No acute distress noted. Periods of anxiety. Denies persistent depression.No severe agitation or overt aggression. Reports did not sleep well last night, resident reported took PRN clonazepam at home.Clinical signs and target symptoms: anxiety, depression.Psychotropic meds being monitored include:Clonazepam 0.5 mg by mouth q (every) 14 hour PRN anxietyDuloxetine 30 mg by mouth daily (depression)Melatonin 3 mg by mouth HS PRN sleepTrazodone 50 mg by mouth HS PRN On 3/25/26 at 9:03 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated that the diagnosis and indication of meds should be based on the physician(s) documentations in their visit notes and H&P. The LPN/UM confirmed that the behavior monitoring should be in the eMAR. At that same time, the surveyor notified the LPN/UM of the concern that there was no adequate monitoring or target behavior for the use of the psychoactive meds and the concern that the indication for the use of PRN clonazepam was not clarified for insomnia/anxiety. The surveyor further asked the LPN/UM how the (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>nurse would know and identify for what reason the PRN clonazepam was being administered for if the indication was for both insomnia and anxiety and if the indication should had been clarified, and the LPN/UM had no response. On 3/26/26 at 10:57 AM, the surveyor notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations (RDoO), Regional Director of Clinical Services (RDoCS) of the above findings and concerns with regard to Resident #1's psychoactive meds and there was no adequate behavior monitoring and the indication of use for clonazepam was not clarified. On 3/26/26 at 12:38 PM, the survey team met with the LNHA, RDoO, RDoCS, and the DON stated that the order for clonazepam was clarified after surveyor's inquiry. The RDoCS stated that the behavior monitoring was entered as an order after surveyor's inquiry. The DON added that the behavior monitoring was now in the eMAR after surveyor's inquiry. A review of the facility's Psychotropic Medication Use Policy with a revised date of February 2025, included the following Policy Statement, Residents do not receive psychotropic meds that are not clinically indicated and necessary to treat a specific condition documented in the medical record. Policy Interpretation and Implementation .2. Meds in the following categories are considered psychotropic meds and are subject to prescribing, monitoring, and review requirements specific to psychotropic meds: a. Anti-psychotics; b. Anti-depressants; c. Anti-anxiety meds.5. Psychotropic meds are never used to sedate or alter a resident's behavior for discipline or for the convenience of the staff .Monitoring and Adverse Consequences. 2. Residents receiving psychotropic med are monitored and the response to treatment is documented. The LNHA did not provide any additional information. NJAC 8:39-4.1(a)6</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on interview and record review, it was determined that the facility failed to accurately complete portions of the Minimum Data Set (MDS), an assessment tool to facilitate the plan of care, to accurately reflect the residents' status as of the Assessment Reference Date (ARD) for 2 of 23 residents reviewed (Residents #1 and #4). The deficient practice was evidenced by the following:</p> <p>1. On 3/24/26 at 11:33 AM, Surveyor #1 (S #1) observed Resident #1 seated in their bed while on nebulizer treatment.</p> <p>A review of Resident #1's admission Record (AR) or face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; chronic obstructive pulmonary disease (COPD), muscle weakness, difficulty walking, and need for assistance with personal care.</p> <p>A review of Resident #1's March 2026 electronic Medication Administration Record (eMAR) included the following physician's orders (PO):</p> <p>-Nifedipine oral capsule (cap) 20 mg (milligram), give 1 cap by mouth every 8 hours for hypertension (HTN)-Start date 2/26/26.</p> <p>-Duloxetine HCl (hydrochloride) cap delayed release particles 30 mg, give 1 cap by mouth one time a day for depression-Start Date 2/27/26.</p> <p>-Trazodone HCl oral tablet (tab) 50 mg, give 50 mg by mouth at bedtime (HS) for insomnia-Start Date 2/27/26.</p> <p>-Clonazepam oral tab 0.5 mg, give 1 tab by mouth every 24 hours as needed (PRN) for insomnia.-Start Date 2/27/26 and was discontinued (dc'd) on 3/3/26. The medication (med) was administered on 3/1, 3/2, and 3/3/26.</p> <p>-Clonazepam oral tab 0.5 mg, give 1 tab by mouth every 24 hours as PRN for insomnia for 14 days.-Start Date 3/3/26 and was dc'd on 3/17/26. The med was administered on 3/4, 3/5, 3/6, 3/7, 3/9, 3/11, 3/12, 3/13, 3/15, 3/16, and 3/17/26.</p> <p>-Tramadol HCL oral tab 50 mg, give 50 mg by mouth every 6 hours PRN for pain-Start date 2/27/26 and was dc'd on 3/3/26. The med was administered on 3/2 and 3/5/26.</p> <p>-Tramadol HCL oral tab 50 mg, give 50 mg by mouth every 6 hours PRN for sever pain-level 5-10-Start date 3/3/26. The med was administered on 3/4, 3/5, 3/6, 3/7, 3/9, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16, 3/17, 3/18, 3/20, 3/21, 3/22, and 3/23/26.</p> <p>A review of Resident #1's comprehensive care plan (CP) reflected the following focus area for anxiety, depression, and pain.</p> <p>A review of the late entry physician's History and Physical (H&P) on 2/27/26 and Physician Progress Note (PPN) from 3/4/26 to 3/23/26, revealed that Resident #1's assessment included diagnosis but were not limited to; HTN, DJD (degenerative joint disease) and anxiety/depression. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #1's most recent comprehensive Minimum Data Set (cMDS), with an ARD of 3/5/26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated that Resident #1's cognition was intact. The cMDS reflected that the resident received antianxiety and antidepressant medications (meds), and pain meds. The cMDS did not indicate any active diagnosis that included anxiety, depression, and DJD even though the resident received antianxiety, antidepressant, hypertensive, and pain meds.</p> <p>On 3/25/26 at 9:03 AM, S #1 interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated that the diagnosis and indication of meds should be based on the physician(s) documentations in their visit notes and H&P, and the list of meds. The LPN/UM further stated that she was unsure about the MDS listing for diagnoses and she was not responsible for MDS.</p> <p>On 3/25/26 at 10:15 AM, S #1 interviewed the Registered Nurse/MDS Coordinator (RN/MDSC) who informed S #1 that she followed the RAI (Resident Assessment Instrument) Manual for MDS. She stated that she gathered information to answer Section I -active diagnosis of the MDS from the physician's H&P, physicians' notes, hospital records, and the nurses' notes.</p> <p>At that same time, S #1 notified the RN/MDSC of the above concerns with regard to the diagnosis that was not coded in Section I for HTN, anxiety, depression, and DJD when the resident was being medicated and meds were adjusted. The RN/MDSC stated that she would have to get back to S #1.</p> <p>On 3/25/26 at 11:48 AM, the RN/MDSC informed S #1 that after surveyor's inquiry, she modified the cMDS with an ARD of 3/5/26, to include the diagnosis that were not coded. She further stated that the reason that the MDS was inaccurate because she had to do all MDSs by herself and her focus was to submit the MDSs for billing purposes. She acknowledged that the MDS was inaccurate and should have included the active diagnosis.</p> <p>On 3/26/26 at 10:57 AM, S #1 notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations (RDoO), Regional Director of Clinical Services (RDoCS) of the above findings and concerns with regard to Resident #1's MDS accuracy.</p> <p>On 3/26/26 at 12:38 PM, the survey team met with the LNHA, RDoO, RDoCS, and the DON stated that the MDS was modified.</p> <p>The LNHA did not provide any additional information.</p> <p>2. On 3/27/26 10:10 AM, Surveyor #2 (S #2) reviewed the medical record for Resident #4.</p> <p>A review of the AR revealed the resident had diagnoses which included, but were not limited to; unspecified dementia without behavioral disturbance, major depressive disorder, unspecified psychosis not due to a substance or known physiological condition, Parkinson's disease without dyskinesia, metabolic encephalopathy, hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, aphasia, type 2 diabetes mellitus, atrial fibrillation, essential hypertension, chronic kidney disease, and iron deficiency anemia.</p> <p>A review of the resident's quarterly MDS with an ARD of 3/5/26, included the resident had a BIMS score of 5, indicating cognitive impairment consistent with documented diagnoses of dementia and metabolic encephalopathy. Further review of the MDS revealed that Section N-Medications were not coded accurately to reflect the refusal of meds. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the resident's CP revealed that the resident had a focus CP for psychosis, depression, dementia-related behaviors, and use of psychotropic medications. Interventions included administering medications as ordered, monitoring and documenting side effects and effectiveness each shift, and addressing medication refusal through redirection, education, and physician notification as clinically indicated.</p> <p>A review of the Order Summary Report included the following PO:</p> <p>Mirtazapine 30 mg tab, give 1 tab by mouth at HS, related to major depressive disorder, single episode, unspecified.</p> <p>Quetiapine fumarate 25 mg tab, give 1 tab by mouth two times a day for adjunct treatment for major depressive disorder and psychotic episodes related to dementia.</p> <p>A review of the eMAR for the seven days prior to the 3/5/26 MDS assessment revealed the resident refused meds on multiple occasions, including 3/2/26, 3/3/26, 3/4/26, and 3/5/26. These refusals were consistently documented in the eMAR, including entries noting the resident refused, and entries in which staff recorded the resident stated he did not want his med. This documented pattern of refusal, the 3/5/26 MDS did not accurately reflect this information.</p> <p>On 3/27/26 at 10:52 AM, S #2 interviewed the RN/MDSC who stated she had been on vacation and that the Social Worker (SW) had completed that section of the MDS. The RN/MDSC further stated that she did open and close the quarterly assessment but did not complete the section reflecting med refusal. When asked whether the MDS was accurate, the RN/MDSC stated it was not accurate and that she would go in and modify it.</p> <p>On 3/30/26 at 11:12 AM, the LNHA, in the presence of the DON, acknowledged that the MDS had been modified for med refusal following surveyor inquiry.</p> <p>NJAC 8:39-33.2(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to correctly document administration of medications (meds) during the medication (med) administration observation. This deficient practice was identified for 2 of 4 residents observed during the med pass observation (Resident #43 and Resident #69). This deficient practice was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 3/26/26 at 8:34 AM, the surveyor observed the Registered Nurse (medRN) assigned to Resident #69 prepare meds for administration to the resident. The surveyor observed the medRN access the resident's electronic medication administration record (eMAR) and marked off each med on the eMAR as they prepared it in a dose cup, then checked a box that indicated the meds were administered before entering the resident's room. The medRN then administered the due meds to the resident. The medRN then continued to the next resident. On 3/26/26 at 8:34 AM, the surveyor observed the medRN to Resident #43 prepare meds for administration to the resident. The surveyor observed the medRN access the resident's eMAR, and observed the medRN marked off each med on the eMAR as they prepared it in a dose cup, then checked a box that indicated the meds were administered before entering the resident's room. The medRN then administered the due meds to the resident. The surveyor asked the medRN if it was common practice to sign for med administration before they were administered. The medRN stated not really, I just hit the button.The surveyor concluded the observation. The surveyor reviewed the electronic medical record (EMR) for Resident #43 which revealed the following:A review of the admission Record (AR) (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; acute embolism and thrombosis (a clot inside a blood vessel that breaks off and travels elsewhere in the body and blocks a smaller vessel), dementia (a decline in mental or cognitive ability), and difficulty walking. A review of the comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 2/6/26, under Section C-Cognitive Pattern, reflected a brief interview for mental status (BIMS) score of 0 out of 15, which indicated that the resident's cognitive status was severely impaired. A review of the resident's eMAR, revealed that Resident #43 had scheduled and received four meds during the observation. The surveyor reviewed the EMR for Resident #69 which revealed the following:A review of the AR reflected that the resident was admitted to the facility with diagnoses that included but were not limited to, type 2 diabetes (a condition where the body does not use insulin properly resulting in high blood sugar) and gastro-esophageal reflux disease (a digestive condition where stomach acid frequently flows back into the esophagus). A review of the quarterly Minimum Data Set (qMDS) with an ARD of 2/20/26, under Section C, reflected a BIMS score of 9 out of 15, which indicated that the resident's cognitive status was moderately impaired. A review of the resident's eMAR, revealed that Resident #69 had scheduled and received four meds during the observation. On 3/27/26 at 12:37 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Director of Operations (RDoO), and Regional Director of Clinical Services (RDoCS) for the above concerns. The surveyor asked the DON if it was appropriate to sign or indicate that meds were administered before they were administered to the resident. The DON stated, no, meds should be signed for after administration and before moving to the next resident. On 3/30/26 at 10:37 AM, the survey team met with the LNHA, RDoO, RDoCS, and the DON stated that education was provided to the staff and the medRN regarding proper med administration and signing for meds. The DON provided education attendance sheets. The LNHA did not provide any further pertinent information. A review of the facility's Administering Medications Policy, dated April 2019, reflected under 23, the individual administering the med initials the resident's MAR on the appropriate line after giving each med and before administering the next one. NJAC 8:39-29.2(a)(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that a resident with a Stage 3 pressure ulcer received care and services consistent with professional standards of practice, by failing to, a.) document the required daily wound care treatment on the electronic Treatment Administration Record (eTAR), and b.) to follow up on the wound care consultant's recommended change in treatment. This deficient practice was identified for 1 of 1 resident (Resident #7) reviewed for pressure ulcer treatment and wound care documentation, and was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 3/24/26 at 11:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that Resident #7 was seen by wound care weekly and that wound care was completed daily to the sacrum. On 3/25/26 at 10:48 AM, the surveyor observed Resident #7 seated in her wheelchair in the day area, participating in activities. The surveyor reviewed the medical record for Resident #7.A review of the admission Record or face sheet (an admission summary), revealed the resident had diagnoses which included, but were not limited to; quadriplegia (C5-C7 incomplete), type 2 diabetes mellitus without complications, muscle wasting and atrophy, essential hypertension, depression, neuromuscular dysfunction of bladder, hyperlipidemia, anemia, thyrotoxicosis with diffuse goiter, cervical disc disorder with myelopathy, and arthropathy. A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 2/3/26, included the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was intact. Further review of the MDS revealed the resident was assessed as having a pressure ulcer/injury, with the MDS triggering for pressure ulcer. A review of the resident's individual comprehensive care plan included a focus area that the resident had a Stage 3 pressure ulcer on the sacrum related to immobility and incontinence. Interventions included: administering treatments as ordered and monitoring for effectiveness, reporting abnormal findings to the practitioner, documenting findings and interventions, monitoring and documenting wound healing, maintaining a low air loss mattress, monitoring and treating pain as needed, and monitoring dressing placement every shift. A review of the Order Summary Report, dated as of 3/25/26, included the following physician orders (PO):A PO dated 1/31/26, for daily wound care to the sacrum: Clean with normal saline solution (NSS), apply triad paste and cover with border dressing, one time daily for pressure ulcer.A PO for weekly skin checks on Monday, Wednesday, and Friday, Evening shift, to be completed by two nurses with a signed completion form, for preventative measures. A review of the March eTAR revealed no nursing signature on 3/18/26 to indicate that the ordered daily wound care treatment was completed. There was no progress note (PN), weekly skin assessment, or alternative documentation confirming whether the treatment occurred on that date. A review of the evaluations list showed a Weekly Skin Check dated 3/18/26 documented as complete on 3/18/26; however, no documentation existed specific to confirmation that the wound care treatment order was performed on 3/18/26. A review of the PN showed a Health Status Note dated 3/25/26 at 12:39, entered only after surveyor's inquiry, (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>which stated: Late entry for 3/20/26 - Doctor opted not to change dressing for sacrum wound. No physician documentation providing a rationale was present prior to this late entry, and no evidence existed that the physician was notified of or reviewed the consultant's recommendation in real time. A review of the PN further showed that additional notes, including documentation of the physician's decision, were created on 3/25/26 after the surveyor raised concerns. No contemporaneous documentation existed prior to surveyor inquiry to indicate that the physician had reviewed or was aware of the consultant's recommendation. Further review of Resident #7's medical records revealed a wound care consultant's assessment, dated 3/20/26, revealed an evaluation of a Stage 3 pressure ulcer/injury at the coccyx. The wound measured 0.4 cm (centimeter) length by 0.7 cm width by 0.2 cm depth, with granulation tissue and no signs of infection. The consultant documented that the wound was stable and recommended changing the treatment to collagen powder. The recommended wound orders included: cleanse wound with NSS, apply collagen powder as the primary dressing, and cover with bordered gauze daily and as needed. There was no documentation indicating that nursing notified the physician of the consultant's recommendation, nor any documentation that the physician reviewed, accepted, or declined the recommended change in treatment. The resident's ordered treatment of Triad paste with border dressing per the 1/31/26 PO remained unchanged. On 3/25/26 at 11:42 AM, the surveyor interviewed the Director of Nursing (DON), who confirmed the missing eTAR documentation and stated that the nurse probably forgot to sign. The DON provided a typed and signed statement of the nurse after surveyor's inquiry, that the wound treatment on 3/18/2026 was provided prior to the nurse's medication pass but that the nurse forgot to sign. On that same date and time, the DON stated her expectation that when wound care consultants made a recommendation, nursing was expected to follow up with the primary physician, who would normally be notified by the Unit Manager, and that the physician was then expected to write an order. The DON further stated that she would expect the physician to document a rationale when a consultant's recommendation was not followed. A review of the PN showed a Health Status Note dated 3/25/26 at 11:57, which stated: Wound treatment on 3/18/26 provided prior to my med pass but I forget to sign. On 3/30/26 at 11:14 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the DON, acknowledged that the nurse had written a letter stating she completed the wound care treatment on 3/18/26 but failed to document it in the eTAR. The LNHA also acknowledged that a late entry for the physician's note regarding the wound care consultant recommendation had been documented following surveyor's inquiry. NJAC 8:39-27.1 (a)(e)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to, a) ensure that an active physician order was in place for the management, care, and monitoring of a nephrostomy tube upon a resident's return from the hospital for 1 of 2 residents (Resident #10), and b) ensure that the comprehensive care plan accurately reflected the current status of a resident's indwelling urinary catheter following discontinuation of the device for 1 of 2 residents (Resident #57), reviewed for urinary catheter or UTI (Urinary Tract Infection), and was evidenced by the following: This deficient practice was evidenced by the following:</p> <p>1. On 3/25/26 at 10:35 AM, Surveyor #1 (S #1) observed Resident #10 lying in bed. Enhanced Barrier Precautions (EBP) signage was posted at the door. The nephrostomy drainage bag was observed in place and functioning, and the resident appeared comfortable.</p> <p>On that same date and time, S #1 interviewed Resident #10, who reported having a nephrostomy tube in place for urine drainage and stated they had no issues with it.</p> <p>On 3/26/26 at 12:30 PM, S #1 reviewed the medical record for Resident #10.</p> <p>A review of the admission Record (AR) or face sheet (an admission summary) revealed the resident had diagnoses which included, but were not limited to; muscle wasting and atrophy, not elsewhere classified, multiple sites; gastrostomy infection; gastrostomy status; obstructive and reflux uropathy, unspecified; renal agenesis, unilateral; other artificial openings of urinary tract status; urinary calculus, unspecified; benign prostatic hyperplasia without lower urinary tract symptoms.</p> <p>A review of the resident's Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, the MDS triggered for an indwelling catheter, including nephrostomy tubing, with a response of yes documented for the presence of an indwelling catheter including suprapubic catheter and nephrostomy tube.</p> <p>A review of the resident's care plan (CP) included an active problem area stating the resident had a urostomy or nephrostomy, with a dated note from 9/16/25, indicating the resident had turned over and their nephrostomy tube had come out, requiring transfer to the hospital for re-insertion. Interventions included connecting to a drainage bag as ordered and keeping it below catheter level to ensure proper drainage, applying dressing to the insertion site as ordered, monitoring and documenting any symptoms of bacteremia or septicemia and reporting abnormal findings to the physician, monitoring and documenting urine color and amount, and monitoring the insertion site for signs and symptoms of infection including redness, drainage, and heat.</p> <p>A review of the admission summary dated [DATE] at 10:42 PM, revealed the resident was a re-admission from the hospital. The admission note documented that a body assessment was completed and that the resident had a nephrostomy tube attached to a urine drainage bag at the left lower back. The note further documented that all admission orders were verified with the physician. A 10:00 PM entry in the same note documented the nephrostomy tubing was draining clear urine.</p> <p>A review of the Physician Orders (PO) and electronic Treatment Administration Record (eTAR) on 3/26/26 revealed no active physician order (PO) for the nephrostomy tube or nephrostomy care at the (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>time of surveyor's review. Past nephrostomy orders had been in place prior to the resident's most recent hospitalization; however, no active order had been entered following resident's return from the hospital on 2/16/26.</p> <p>On 3/26/26 at 11:15 AM, S #1 interviewed the Director of Nursing (DON), who stated that the resident had been in and out of the hospital and that the order must not have been activated on their return.</p> <p>On 3/27/26 at 9:45 AM, S #1 conducted a follow-up interview with the DON, who provided an updated Order Summary Report (OSR) that included nephrostomy care orders entered by the physician following surveyor inquiry on 3/26/26.</p> <p>On 3/30/26 at 11:15 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the DON and the survey team, acknowledged that the PO for the nephrostomy tube had been entered on 3/26/26 after surveyor's inquiry. The LNHA further provided documentation of an in-service training record completed on 3/28/26 following surveyor inquiry, which addressed the requirement that nurses ensure all orders for drains, treatments, and similar devices were in place on the day of admission.</p> <p>2. On 3/24/26 at 11:13 AM, Surveyor #2 (S #2) interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who informed S #2 that Resident #57 was on contact precautions (infection control measures used in healthcare settings to prevent the spread of germs transmitted by direct or indirect contact with a patient or their environment) due to ESBL in urine ((Extended-Spectrum Beta-Lactamase) in urine indicates a UTI caused by bacteria (usually E. coli or Klebsiella) that produce enzymes resistant to many common antibiotics) which was an in house infection.</p> <p>On 3/24/26 at 11:20 AM, S #2 observed Resident #57's door was slightly open, and the resident was lying in bed with eyes closed. At that time, S #2 observed no urinary catheter drainage bag. There was a posted sign outside the door for contact precaution and a PPE (personal protective equipment) hung that included box of surgical masks, gowns, and gloves.</p> <p>S #2 reviewed the medical records of Resident #57, and revealed:</p> <p>A review of Resident #57's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; essential (primary) hypertension (elevated blood pressure), difficulty walking, need for assistance with personal care, and ESBL in urine.</p> <p>A review of the most recent comprehensive Minimum Data Set (cMDS), with an assessment reference date (ARD) of 3/16/26, revealed a BIMS score of 13 out of 15, which reflected that the resident's cognitive status was intact. The cMDS also reflected that the resident was frequently incontinent of both bowel and bladder, had no indwelling catheter, and received an antibiotic within the last seven days of lookback period.</p> <p>A review of the Physician Progress Note (PPN) that was electronically signed on 3/20/26 at 7:00 AM, by the DO ((Doctor of Osteopathic Medicine) is a fully licensed physician in the United States trained to provide comprehensive medical care, including prescribing medicine, performing surgery, and practicing in all specialties), under Plan,.remove foley today.Discussed:.nursing.</p> <p>A review of the Health Status Note in the Progress Notes (PN), that was electronically signed by Licensed Practical Nurse #1 (LPN #1) on 3/20/26 at 11:30 AM, reflected in the Note text: Resident foley catheter removed per order, 400 ml (milliliters) output. Resident had one wet change since (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>removal. Resident in stable condition.</p> <p>A review of the March 2026 eTAR revealed the following PO:</p> <p>-Urinary catheter care: clean area around catheter with soap and water every shift-Start date 3/12/26 at 7:00 AM. The order was discontinued (dc'd) on 3/23/26 at 10:09 PM.</p> <p>The above PO for urinary catheter care was plotted for Day, Evening, and Night shifts that were electronically signed by nurses from 3/12/26 to 3/23/26 Day shift.</p> <p>-Urinary catheter: maintain foley catheter with 14F (14 french) 10 ml balloon for urinary retention and change PRN (as needed) for obstruction every shift.-Start date 3/12/26 at 7:00 AM. The order was dc'd on 3/23/26 at 10:08 PM.</p> <p>The above PO for maintain foley was plotted for Day, Evening and Night shifts that were electronically signed by nurses from 3/12/26 to 3/23/26 Day shift.</p> <p>A review of the current CP reflected a focus, that the resident had an indwelling urinary catheter r/t (related to) neurogenic bladder that was initiated on 3/11/26. The focus was that the resident had a UTI with initiated date of 3/12/26.</p> <p>Further review of the CP revealed that the resident's CP was not revised to reflect the current condition of the resident that the indwelling urinary catheter was dc'd on 3/20/26.</p> <p>On 3/25/26 at 8:50 AM, S #2 interviewed LPN #2 regarding Resident #57's foley catheter, and she responded that the resident's catheter had been dc'd.</p> <p>On 3/25/26 at 9:08 AM, S #2 interviewed LPN/UM, who stated that the CP should reflect the current condition of the resident. The LPN/UM further stated, usually she update or revise the CP within 48 hours, that included the foley catheter, wounds that healed, and any changes in the medications.</p> <p>On that same date and time, S #2 notified the LPN/UM of the above concern that the physician had documented on 3/20/26 by the DO to discontinue (d/c) the foley and it was not until 3/23/26 in the eTAR that the foley was dc'd. S #2 also notified the LPN/UM about the CP being not revised up to this time, and she responded that she would get back to S #2.</p> <p>On 3/26/26 at 10:57 AM, The survey team met with the LNHA, DON, Regional Director of Operations (RDoO), and Regional Director of Clinical Services (RDoCS), and the surveyor notified them of the above findings and concerns with Resident #57's foley catheter.</p> <p>On 3/26/26 at 12:38 PM, the survey team met with the LNHA, RDoO, RDoCS, and the DON stated that Resident #57's CP was updated to reflect that the indwelling catheter was resolved, and the incontinent CP was added on 3/25/26, after surveyor's inquiry.</p> <p>A review of the facility's Catheter Care, Urinary Policy that was provided by the RDoCS, with a revision date of August 2022, revealed, the purpose of this procedure is to prevent urinary catheter-associated complications, including urinary tract infections. Preparation: 1. Review the resident's CP to assess for any special needs of the resident. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Care Plans, Comprehensive Person-Centered Policy that was provided by the RDoCS, with a revision date of March 2022, revealed under policy statement, a comprehensive, person-centered CP that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Under policy interpretation and implementation, 1. The interdisciplinary team (IDT), in conjunction with the resident and their representative or legal representative, develops and implements comprehensive, person-centered CP for each resident.11. Assessments of residents are ongoing and CP are revised as information about the residents and the resident's conditions change.</p> <p>A review of the facility's Medication and Treatment Orders Policy that was provided by the RDoCS, with a revision date of July 2016, reflected under policy statement, orders for meds and treatments will be consistent with principles of safe and effective order writing. Under policy interpretation and implementation.2. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record.7. Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and time of the order.</p> <p>The LNHA did not provide additional information.</p> <p>N.J.A.C. 8:39-27.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>REPEAT DEFICIENCYBased on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to a.) maintain the necessary respiratory care and services of residents in accordance with professional standards of practice and b.) follow physician orders, for 2 of 5 residents, (Resident #3 and Resident #139) reviewed for respiratory care.This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>1. On 3/24/26 at 10:23 AM, Surveyor #1 (S #1) observed Resident #3 in the common room with other residents, sitting on a wheelchair listening to music. S #1 observed the resident connected to an oxygen (O2) via nasal cannula (N/C) at 2 liters/minute (L/min). The O2 tubing (dated 3/19/26) was observed laying on the floor, connected to the resident, then to the bottle of humidification (undated) and then to the O2 concentrator machine.</p> <p>On 3/24/26 at 10:56 AM, (33 minutes later) License Practical Nurse #1 (LPN #1) came over to the resident, picked up the O2 tubing off the floor and placed it on top of the concentrator. LPN #1 did not dispose of O2 tubing or apply a new one.</p> <p>On 3/24/26 at 11:02 AM, S #1 observed the resident's O2 tubing again laying on the floor while in use. S#1, in the presence of LPN #1 observed the O2 tubing touching the floor, the bottle of undated humidification. S #1 interviewed LPN #1 who confirmed the tubing should be off the floor because of infection control, and confirmed the bottle of humidification should be dated. LPN #1 proceeded to remove the O2 tubing off the floor, placed it on the concentrator, did not dispose of the tubing or replaced it with a new one.</p> <p>A review of Resident #3's admission Record (AR) or face sheet (an admission summary) revealed diagnoses which included but not limited to, displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing, encounter for other orthopedic aftercare, unspecified dementia (decline in mental ability), unspecified severity, without behavioral disturbance, psychotic disturbance.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool to facilitate the plan of care, with an assessment reference date (ARD) of 1/16/26, revealed a Brief Interview Mental Status (BIMS) score of 3 out of 15 indicating severe impaired cognition. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the resident's Care Plans (CP) revealed: At risk for respiratory complications related to history of respiratory conditions, (heart failure), and disease, date initiated 2/17/26.</p> <p>A review of the Physician Order Summary (POS) revealed: an order on 3/5/26 for O2 at 2 L/min via N/C to maintain SPO2 > 90% (peripheral oxygen saturation-percentage of oxygenated hemoglobin in the blood) every shift for shortness of breath, SPO2 < 90% notify Medical Doctor (MD). Furthermore, an order on 2/17/26 for change O2 tubing, humidifier, and clean filter weekly on Wednesday night shift, and as needed (PRN) for soiling or damage, every night shift, every Wednesday, date and label tubing and humidifier bottle, and PRN date and label tubing and humidifier bottle.</p> <p>On 3/26/26 at 10:22 AM, S #1 observed Resident #3 in the common area, participating in music exercise activity with other residents. S #1 observed the resident with O2 at 2 L/min via N/C. The O2 tubing connected to the bottle of humidifier dated 3/24/26 and O2 concentrator. The surveyor observed the O2 tubing dated 3/24/26, laying on the floor. S #1 interviewed the Registered Nurse Supervisor (RNS), who confirmed that the tubing should not be touching the floor due to infection prevention. The RNS proceeded to remove the tubing off the floor and attached the O2 tubing to the wheelchair. The RNS did not dispose of the tubing or obtain a new one.</p> <p>On 3/27/26 at 12:37 PM, S #1 met with the License Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Clinical Services (RDoCS), and Regional Director of Operations (RDoO) to notify them of the above concerns regarding O2 tubing and not following orders to date humidification bottle.</p> <p>2. On 3/24/26 at 12:17 PM, Surveyor #2 (S #2) observed Resident #139 reclining in bed accompanied by a private duty aide. S #2 observed O2 tubing connected to a nebulizer (neb) machine (a device used to turn liquid medication into a vapor that can be inhaled from a mask or tube). S #2 observed the tubing hanging down to the floor and looped back up to a nightstand drawer. S #2 observed that the drawer contained a mask used for neb solutions or O2 use. The mask was not contained in a bag and neither the tubing nor mask were labeled with a date of use.</p> <p>On 3/26/26 at 1:25 PM, S #2 observed Resident #139 in bed, and the resident stated that they could not recall if they got a neb treatment today. S #2 again observed O2 tubing connected to the neb machine, hanging to the floor and looped into the drawer. S #2 observed that the drawer again contained a mask that was next to a bag but not inside it. Neither the mask nor tubing was labeled with a date.</p> <p>S #2 reviewed the medical record for Resident #139 which revealed the following:</p> <p>A review of the AR reflected that the resident was admitted to the facility with diagnoses that included but were not limited to essential hypertension (high blood pressure) and hypothyroidism (a condition where the thyroid gland does not produce enough hormones).</p> <p>A review of the resident's MDS revealed that it was not yet completed.</p> <p>A review of the Social Services Assessment, dated 3/35/26, revealed that the resident was cognitively intact.</p> <p>A review of the resident's Order Summary Report (OSR) revealed that the resident was receiving two medications that were given by neb. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the resident's CP revealed an intervention/task that reflected to administer respiratory treatments and inhalants as ordered and keep respiratory equipment clean and change disposable equipment per facility policy.</p> <p>On 3/27/26 at 12:37 PM, S #2 met with the LNHA, DON, RDoCS, and RDoO to notify them of the above concerns regarding the neb tubing and mask.</p> <p>On 3/30/26 at 10:50 AM, the survey team met with the facility administration for their responses and the DON stated they completed education on the oxygen tubing being in bags and not touching the floor. The DON provided in-services dated 3/27/26 and 3/28/26 for oxygen concerns (after surveyor inquiry). No additional information was provided.</p> <p>A review of the facility's Oxygen Administration Policy, dated October 2010 revealed under Purpose, the purpose of this procedure is to provide guidelines for safe O2 administration.</p> <p>A review of the facility's policy Departmental (Respiratory Therapy)-Prevention of Infection Policy revealed under General Guidelines #1 .water used in respiratory therapy must be dated and initialed when opened and discarded after 24 hours .Under Steps in Procedure #7, Change the O2 cannula and tubing every 7 days, or as needed .</p> <p>A review of the facility's Administering Medications through a small Volume (Handheld) Nebulizer, dated 10/2010, reflected, under 29. When equipment is completely dry, store in a plastic bag with the resident's name and the date on it. Under 30. Change equipment and tubing every seven days, or according to facility protocol.</p> <p>NJAC 8:39-25.2(c)3; 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on observation, interview and record review, it was determined that facility failed to provide pharmaceutical services in accordance with professional standards of nursing practice by failing to, a.) monitor and document pain levels and b.) administer the correct medication for pain according to the physician's orders. This deficient practice was identified for 1 of 23 residents (Residents #58) reviewed for medication administration. This deficiency was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated, Title 45, Chapter 11, Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.On 3/24/2026 at 11:33 AM, the surveyor observed Resident #58 lying in bed and conversant.On 3/24/26 at 1:37 PM, a review of the admission Record or face sheet (an admission summary) revealed diagnoses which included but not limited to; type 2 diabetes mellitus with diabetic chronic kidney disease, malignant neoplasm of endometrium, and bilateral primary osteoarthritis (OA) of knee.A review of the Quarterly Minimum Data Set (MDS), an assessment tool that facilitates the plan of care, with an assessment reference date of 2/6/26, revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating intact cognition; Section J (pain management) of the MDS indicated resident with occasional pain frequency, a pain scale of 2 (mild); Section N (medications) resident received scheduled and as needed (PRN) medications (meds).A review of the resident's Care Plan (CP) revealed: back pain. hand and wrist pain probably due to OA, date initiated, 11/7/17; chronic pain and/or potential for pain related to arthritis, date initiated 12/5/25 (interventions did not specify pain scale). A review of the Physician Order Summary (POS) revealed:-Monitor for pain every shift, document pain scale (0-10) every shift -Start Date 7/11/22. The order did not indicate pain scale of mild, moderate and severe.-Acetaminophen (Tylenol) tablet (tab) 325 mg (milligram), give 2 tablets (tabs) by mouth every 4 hours as PRN for mild pain (2 tabs = 650 mg.) not to exceed 3 g (grams) of all sources -Start Date 7/28/22. The order did not indicate pain scale for mild pain.-Ibuprofen oral tab 600 mg, give 1 tab by mouth every 6 hours PRN for pain, administer for moderate pain of a scale of 3 or more. Take with food or milk -Start Date 12/4/25. The order did not indicate the pain scale for or more.-Naproxen oral tab 375 mg, give 1 tab by mouth PRN for moderate to severe pain twice daily - Take with food or milk -Start Date12/4/25. The order did not indicate pain scale for moderate or severe pain.According to the electronic Medication Administration (eMAR): Ibuprofen (ordered for moderate pain scale of 3 or more) was administered on 3/7/26 with pain level of 1 (the pain scale was not above 3).On 3/25/26 at 10:21 AM, the surveyor interviewed the Registered Nurse Supervisor (RNS), on the process for PRN pain medication (med). The RNS stated that she would ask the resident what the pain was from scale of 1-10. The surveyor and the RNS reviewed the orders for Tylenol, Ibuprofen, and Naproxen, and she confirmed that the Tylenol and Naproxen orders did not indicate a pain scale for administration and will need to follow up with the Medical Doctor to clarify the orders. The surveyor asked the RNS how they determine which PRN pain med to administer the resident and she stated that the resident will tell you which med they want. The surveyor asked the RNS if that was indicated in the resident's care plan (CP) and she replied, I don't touch the CP. The surveyor and RNS reviewed the Ibuprofen that was administered on 3/7/26 (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>with a pain scale of 1 and she stated, I cannot answer why that was given with a pain scale of 1. I would not give that. Orders are confusing because there's no scale at all. I will ask the doctor. The surveyor reviewed the resident's CP and no intervention indicating that the resident will state which pain med they preferred when having episodes of pain. The surveyor reviewed the March 2026 nursing progress notes, and no notes indicating resident verbalized which pain med they preferred for 3/6/26 and 3/7/26. On 3/26/26 at 10:03 AM, the surveyor observed resident in room, sitting on side of the bed, using an electronic device. The surveyor interviewed the resident regarding pain. The resident stated, they had arthritis on their fingers and knees and had knee replacements. The resident stated they took Motrin (Ibuprofen) for pain on their fingers PRN, resident also stated they were not aware of any other pain meds ordered and did not take Naproxen because it was not prescribed. The resident further confirmed that they did not tell the nurses which pain med to give and that the nurses dispensed what was ordered by the doctor. On 3/27/26 at 12:37 PM, the surveyor met with the License Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Clinical Services (RDoCS), and Regional Director of Operations (RDoO) and notified them of the concerns regarding pain management, following physician orders and CP for pain. On 3/30/26 at 10:43 AM, the survey team met with the LNHA, RDoCS, RDoO, and the DON stated the orders for pain meds were clarified with the physician (after surveyor inquiry) on 3/27/26. The DON provided a copy of the new orders for pain: Naproxen was discontinued, an order for Acetaminophen for mild pain 1-3 and Ibuprofen for moderate pain 4-6, there was no order for severe pain. The DON stated the resident did not have severe pain and would let you know. The LNHA stated that they would call doctor to clarify for a severe pain med. A review of the facility's Pain Assessment and Management Polic, dated April 2025, revealed under Assessing Pain #4. b. Characteristics of pain, including: (2) intensity (as measured on a standardized pain scale) .Under Defining Goals and Appropriate Interventions, #1. The pain management interventions: b. reflects the sources, type, and severity of pain .Under Implementing Pain Management Strategies #6. The med regimen is implemented as ordered .A review of the facility's Care Plans, Comprehensive Person-Centered Policy, dated March 2022, revealed under Policy and Interpretation and Implementation #4. Each resident's comprehensive person-centered care plan is consistent with the resident's rights to: f. participates in determining the type, amount, frequency and duration of care .NJAC 8:39-11.2, 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and review of pertinent facility documentation it was determined that the facility failed to ensure the accurate daily report of licensed nurses, certified nursing assistant staffing, and the resident census was posted prior to the start of the current shift for 2 of 5 days during the annual re-certification survey. This deficient practice was evidenced by the following: On 3/24/26 at 8:55 AM, upon entry to the facility, the survey team observed the Nursing Home Resident Care Staffing Report (NHRCSR) posted at the front desk by the main entrance. The NHRCSR posted was dated 3/23/26 (incorrect date) with a census of 100, for the (7:00 AM to 3:00 PM) day shift. There was no NHRCSR posted for 3/24/26. On 3/24/26 at 12:30 PM, the License Nursing Home Administrator (LNHA) provided NHRCSR dated 3/24/26, which revealed a census of 100; 2 Registered Nurses (RN); 3 License Practical Nurses (LPN); and 13 Certified Nursing Assistants (CNA); with a CNA to resident ratio of 1 to 7.7 for the day shift. On 3/27/26 at 8:07 AM, the surveyor entered the facility and observed the LNHA in the receptionist front desk area. The surveyor observed the NHRCSR posted on the desk dated 3/26/26 (incorrect date) with a census of 100. The surveyor asked the LNHA who was responsible for posting the staffing in the morning and he replied it was the Human Resources/Staffing Coordinator who was responsible for posting. According to the LNHA he stated that he was covering for the receptionist until she got there. On 3/27/26 at 8:11 AM, the Director of Nursing (DON) provided the staffing with a census of 98. On 3/27/26 at 8:16 AM, in the presence of the survey team, and the Regional Director of Clinical Services (RDoCS), the LNHA provided the NHRCSR forms dated 3/26/26 and 3/27/26 and stated, I had the NHRCSR for 3/27/26 staffing on the back of the 3/26/26 forms, we just did not put it in the front. The surveyor asked what time was visiting hours and he responded 8:00 AM-8:00 PM, and the RDoCS stated that visitation hours could also be extended. The LNHA submitted the NHRCSR dated 3/27/26 with a census of 100; 3 RNs; 4 LPNs; and 14 CNAs, with a CNA to resident ratio of 1 to 7.1. The census of 100 was inconsistent with what the DON provided earlier of census of 98. On 3/27/26 at 9:47 AM, the surveyor interviewed the LNHA who confirmed there were two discharges yesterday before midnight which did not reflect on the NHRCSR for 3/27/26. On 3/27/26 at 11:19 AM, in the presence of the DON, the surveyor interviewed the Regional Human Resources, who was covering for the Staffing Coordinator/Human Resource (SC/HR). The surveyor asked what the process was for posting. The DON stated the SC/HR would provide the NHRCSR sheets the day before and the receptionist would post it in the morning. In addition, for the weekend, the DON stated the SC/HR would include the sheets for Friday, Saturday, and Sunday and provide that to the receptionist every Friday. The surveyor asked if there were changes who would make the corrections and the Regional HR replied, He will make the changes and will change the posting in the morning before morning meeting. The surveyor asked if they were familiar with the regulation for posting and the DON confirmed, I am familiar that it has to be posted in the morning so that the public can see when they first come in. The posting has to be accurate. On 3/27/26 at 12:37 PM, the survey team met with the LNHA, DON, RDoCS, Regional Director of Operations (RDoO) and the surveyor notified them of the NHRCSR posting concerns. On 3/30/26 at 8:30 AM, the surveyor interviewed the Receptionist regarding the posting and she stated the HR will leave sheets on her desk, and she would post the NHRCSR on the receptionist area. On 3/30/26 at 10:50 AM, survey team met with the LNHA, RDoCS, RDoO, and the DON stated, We did education for posting the staffing, including those Manager on Duty (MOD). The DON provided copies of in-services completed on 3/27/26 and 3/28/26 for posting (after surveyor inquiry). No additional information was provided by the LNHA. A review of the facility's Staffing, Sufficient and Competent Nursing Policy, dated April 2025, revealed under Competent Staff #6. Direct care daily staffing numbers are posted in the facility for every shift. A review of the facility's Posting Direct Care Daily Staffing Numbers Policy, dated August 2022, revealed under Policy Interpretation and Implementation #1. Within 2 hours of the beginning of each shift the number of unlicensed nursing (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>personnel directly responsible for resident care is posted in a prominent location .The regulation did not indicate posting within 2 hours of the beginning of each shift but indicated posting at the beginning of each shift. The facility policy did not indicate posting prior to the start of each shift.NJAC 8:39-41.2(a)(b)(c)(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure the implementation and accurate documentation of behavioral health monitoring for 2 of 5 residents reviewed, (Residents #4 and #9), reviewed for unnecessary medications. This deficient practice was evidenced by the following:</p> <p>1. On 3/24/26 at 11:00 AM, Surveyor #1 (S #1) observed Resident #4 seated in his wheelchair (w/c) in the hallway outside their room. The resident responded to yes and no questions but did not engage in further conversation and was noted to be confused at baseline.</p> <p>On 3/25/26 at 10:39 AM, a second observation revealed the resident seated calmly in their w/c looking out the window in the hallway. No behavioral concerns were noted during this observation.</p> <p>S #1 reviewed the medical record for Resident #4.</p> <p>A review of the resident's comprehensive care plan (CP) revealed multiple behavioral health-related problems, including psychosis, depression, dementia-related behaviors, and use of psychotropic medications (meds) requiring monitoring of effectiveness and side effects. The CP included interventions directing staff to administer meds as ordered, monitor and document side effects and effectiveness each shift, and report findings to the physician or designee as clinically indicated.</p> <p>A review of the electronic Medication Administration Record (eMAR) and electronic Treatment Administration Record (eTAR) revealed that behavior monitoring documentation was incomplete and inconsistently performed. Specifically, nine required night shift entries and two required day shift entries were missing, indicating that staff failed to consistently document behavior monitoring as required by physician order (PO).</p> <p>Further review of the eMAR and eTAR revealed that staff were not following the facility's designated side effect coding system. The PO required documentation using the facility's chart codes, with code 15 indicating side effect (s/e) not seen and code 13 indicating s/e noted. Instead, nurses were documented writing NO or placing markings above their initials rather than entering the required codes, and in some instances were not entering codes in the appropriate column.</p> <p>On 3/25/26 at 10:39 AM, S #1 interviewed the Nurse who stated that monitoring for mood, behaviors, and medication (med) refusal was completed each shift and documented on the eTAR.</p> <p>2. On 3/26/26 at 12:10 PM, Surveyor #2 (S #2) observed Resident #9 on the south nursing unit self-propelling in their w/c. The resident smiled at S #2 but did not respond verbally.</p> <p>On 3/27/26 at 12:00 PM, S #2 observed Resident #9 seated in a w/c in the day room in the south nursing unit.</p> <p>A review of the admission Record or face sheet (an admission summary) revealed Resident #9 had diagnoses which included but were not limited to; major depressive disorder, dementia, psychosis, and anxiety disorder.</p> <p>A review of the Order Summary Report included an active order dated 6/28/24 for Seroquel 100 mg (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(milligram) give 100 mg by mouth two times a day for psychosis; an active order dated 10/13/25 for sertraline HCL (hydrochloride) 100 mg give 1 tablet (tab) by mouth one time a day for depression monitor behaviors.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, with an assessment reference date of 12/26/25, reflected that Resident #9 had a brief interview for mental status (BIMS) score of 3 out of 15 which indicated a severe cognitive impairment and that the resident is taking High-Risk Drug Classes, including antipsychotic meds, antianxiety meds, and antidepressant meds.</p> <p>A review of Resident #9's CP included the following:</p> <p>A focus area for the use of anti-depressant med, initiated 5/2/24, with interventions that included but were not limited to; observe for effectiveness and s/e, monitor/document/report to physician ongoing s/sx (sign/symptoms) of depression unaltered by antidepressant med, or worsening signs or symptoms of depression.</p> <p>A focus area for use of anti-psychotic med r/t (related to) dementia with behaviors/psychosis, initiated 5/2/24, with interventions to observe for effectiveness and s/e, and report to the nurse possible med s/e.</p> <p>A focus area for use of anti-anxiety med r/t anxiety disorder, initiated 5/2/24, with interventions to observe for effectiveness and s/e, provide a quiet space and reduced stimuli, and report to the nurse possible med s/e.</p> <p>A review of Resident #9's March 2026 Behavior Monitoring Record (BMR) revealed: Behaviors/Intervention monitor for yelling and crying during care; Intervention Codes . 1. Redirection 2. (1:1) 3. Activity 4. Toilet 5. Food/fluid offered 6. Position change 7. Other Intervention codes (specify in progress notes) 8. Med every shift for psychosis use of Seroquel . The BMRs documented the following:</p> <p>Four shifts were left blank where monitoring was not completed. Throughout the BMR, X and 0 were marked where monitoring was not completed. The BMR custom prompt legend and codes did not include X or O for the number (#) of behaviors exhibited. Nurses documented NO or placed markings above initials rather than using required codes, and in some instances, failed to enter codes in the appropriate column.</p> <p>Two shifts were left blank on the BMR for monitoring the s/e of Anti-Psychotic med; throughout, there were X marks, check marks, and markings above initials rather than the required codes.</p> <p>On 3/27/26 at 12:37 PM, the DON confirmed that there should not be any X marked, as that indicated the monitoring was not done.</p> <p>On 3/30/26 at 11:12 AM, S #1 interviewed the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA). The DON confirmed that behavior monitoring was not fully completed for all required shifts and stated there should be no blanks in the documentation. The DON further acknowledged that staff were not following the facility's designated coding system for documenting s/e, confirming that the code chart required nurses to document code 15 in the s/e column for s/e not seen and code 13 for s/e noted, and that nurses were instead documenting 15 or NO above their initials and placing an X in the side effect column.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On that same date and time, the LNHA acknowledged that behavior monitoring was not completed for all required shifts and that the facility's designated coding system for s/e documentation was not being followed consistently by nursing staff.</p> <p>A review of the facility's Behavioral Assessment, Intervention, and Monitoring Policy, revised February 2025, reflected. Behavioral symptoms will be identified using facility-approved behavioral screening tools and the comprehensive assessment. If psychotropic medications are prescribed for behavior symptoms, documentation includes .specific target behaviors and expected outcomes.monitoring for efficacy and adverse consequences.Interventions are adjusted based on the impact on behavior and other symptoms.The IDT (Interdisciplinary Team) monitors for and documents any new, worsening or improved behavior, mood and function; If psychotropic meds are used to treat behavioral symptoms, the IDT monitors s/e and adverse consequences related to psychotropic meds.</p> <p>On 3/30/26 at 12:30 PM, no further information was provided by the LNHA.</p> <p>NJAC 8:39-27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure availability of a medication (med) for 1 of 4 residents (Resident #21) observed during the facility's med pass observation. The deficient practice was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On 3/26/25 at 8:51 AM, the surveyor, while observing the med pass, observed the Licensed Practical Nurse (medLPN) assigned to Resident #21 prepare and administer medications (meds) for Resident #21. As the medLPN prepared the meds, they stated that they could not locate the resident's enoxaparin (an injectable med used to treat and prevent blood clots). The surveyor observed the medLPN access Resident # 21s electronic medication administration record (eMAR). The medLPN stated that the eMAR showed that the med was on order from the pharmacy. The surveyor observed the eMAR which reflected that the med was on order. The surveyor then observed the medLPN documented in the eMAR that the med was on order from the pharmacy and was awaiting delivery. The surveyor asked the medLPN what the procedure was if a med was on order. The medLPN stated that if the med did not come within two days, they would call the pharmacy. The surveyor asked the medLPN if they would call anyone else such as the resident's doctor. The medLPN stated, yes, I guess I could call him too. The surveyor observed the medLPN administered the remaining due meds to the resident. The surveyor concluded the observation. The surveyor reviewed the electronic medical record (EMR) for Resident #21 which revealed the following: A review of the admission Record (AR) (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to; displaced bicondylar fracture (break in both sides of the upper shin bone), essential hypertension (high blood pressure), and difficulty in walking. A review of the comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 3/4/26, under Section C, reflected a brief interview for mental status (BIMS) score of 14 out of 15, which indicated that the resident's cognitive status was intact. A review of an Order Summary Report (OSR) revealed that the resident had an order dated 2/26/26 that reflected Enoxaparin Sodium Injection Solution Prefilled Syringe 30 MG/0.3ML (milligram/milliliters) inject 0.3 ML subcutaneously one time a day for DVT (deep vein thrombosis) prophylaxis. A review of the resident's eMAR revealed the same order for enoxaparin and reflected that on 3/25/26 and 3/26/26 there were 22 documented for administration. Further review of the eMAR revealed that the documentation of 22 reflected that the drug or treatment was not administered. On 3/27/26 at 12:37 PM the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations (RDoO), and Regional Director of Clinical Services (RDoCS) for concerns. The surveyor asked the DON if the medLPN should have notified the physician of the missing med and if it was appropriate to just document awaiting delivery and not give the med. The DON stated that the medLPN should have (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>notified the physician right away and obtained further instructions, see if the med was in the backup supply, or call the pharmacy for an immediate delivery. On 3/30/26 at 10:37 AM, the LNHA, RDoO, RDoCS, and the DON stated that education was provided to the staff and the medLPN regarding meds that were not delivered or not in the med cart. The LNHA did not provide any further pertinent information. A review of the facility's Administering Medications Policy, dated April 2019, reflected, under 4. Meds are administered in accordance with prescriber orders. The policy did not reflect anything about missing or meds that were not delivered. NJAC 8:39-29.6(a).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on observation, interview and record review, it was determined that the facility failed to act upon Consultant Pharmacist (CP) recommendations for 3 of 23 residents (Resident #1, Resident #6 and Resident #58), from 2 of 3 nursing units, whose medication regimen were reviewed. This deficient practice was evidenced by the following:</p> <p>1. On 3/24/26 at 11:33 AM, Surveyor #1 (S #1) observed Resident #1 seated in their bed while on nebulizer treatment.</p> <p>A review of Resident #1's admission Record or face sheet (AR; an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; chronic obstructive pulmonary disease (COPD), muscle weakness, difficulty walking, and need for assistance with personal care.</p> <p>A review of Resident #1's most recent comprehensive Minimum Data Set (cMDS), an assessment tool, with an Assessment Reference Date (ARD) of 3/5/26, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated that Resident #1's cognition was intact. The cMDS reflected that the resident received antianxiety and pain meds.</p> <p>A review of the Consultant Pharmacist aMRR (Medication Regimen Review) Recommendation to Prescriber, with an MRR Date: 2/28/26, under Recommendation .2. clonazepam 0.5 mg (milligram) po q (every) 24 PRN (as needed) insomnia: identify stop date. Document rationale if use is to exceed 14 days. *note: resident also ordered trazodone 50 mg by mouth HS (bedtime) and melatonin 3 mg PRN for insomnia. 3. tramadol PRN: clarify pain severity/pain scale .</p> <p>The above MRR had a check mark in each number and handwritten information complete- by Licensed Practical Nurse/Unit Manager (LPN/UM). The physician/prescriber response were blank and there was no rationale.</p> <p>A review of Resident #1's March 2026 electronic Medication Administration Record (eMAR) included the following physician's orders (PO):</p> <p>-Melatonin tablet (tab) 3 mg, give 1 tab by mouth q 20 hours PRN for insomnia.-Start date 2/26/26. The med was administered on 3/1/26 at 8:30 PM by Licensed Practical Nurse (LPN).</p> <p>- Trazodone HCl (hydrochloride) oral tab 50 mg, give 50 mg by mouth at HS for insomnia-Start Date 2/27/26. The med was administered at 9:00 PM from 3/1/26 to 3/23/26.</p> <p>-Clonazepam oral tab 0.5 mg, give 1 tab by mouth q 24 hours PRN for insomnia.-Start Date 2/27/26 and was discontinued (dc'd) on 3/3/26. The medication (med) was administered on 3/1, 3/2, and 3/3/26.</p> <p>-Clonazepam oral tab 0.5 mg, give 1 tab by mouth q 24 hours PRN for insomnia for 14 days.-Start Date 3/3/26 and was dc'd on 3/17/26. The med was administered on 3/4, 3/5, 3/6, 3/7, 3/9, 3/11, 3/12, 3/13, 3/15, 3/16, and 3/17/26.</p> <p>-Tramadol HCL oral tab 50 mg, give 50 mg by mouth q 6 hours PRN for pain-Start date 2/27/26 and (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>was dc'd on 3/3/26. The med was administered on 3/2 and 3/5/26.</p> <p>-Tramadol HCL oral tab 50 mg, give 50 mg by mouth q 6 hours PRN for sever pain-level 5-10-Start date 3/3/26. The med was administered on 3/4, 3/5, 3/6, 3/7, 3/9, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16, 3/17, 3/18, 3/20, 3/21, 3/22, and 3/23/26.</p> <p>The above order of tramadol with start date of 3/3/26, was administered on 3/14/26 and 3/15/26 for a pain level of 0 by the LPN. The recommendation of the CP was not followed to clarify the pain scale according to the order.</p> <p>Furthermore, the 2/28/26 recommendation of the CP to identify stop date and document rationale if the PRN med was to exceed 14 days. The recommendation was also not acted upon for ordered trazodone 50 mg by mouth HS and melatonin 3 mg PRN both for insomnia.</p> <p>On 3/25/26 at 9:03 AM, S #1 interviewed LPN/UM who stated that the diagnosis and indication of meds should be based on the physician(s) documentations in their visit notes and H&P (History and Physical), and the list of meds. The LPN/UM further stated PRN meds should have a stop date and acknowledged that there should be a documented rationale from the physician as to why there should be no stop date for PRN meds.</p> <p>At that same time, S #1 notified the LPN/UM of the concern that there was no sequencing for PRN meds for insomnia and the dx of PRN clonazepam were insomnia/anxiety was not clarified according to the recommendations of the CP. The surveyor also notified the concern that the CP's recommendations were not acted upon or followed with regard to pain med and psychoactive meds. The LPN/UM stated that she had to check the eMAR and order first and would get back to S #1.</p> <p>On 3/25/26 at 9:25 AM, S #1 interviewed the LPN via a phone interview in the presence of the survey team, and S #1 notified the LPN of the above concern that on 3/14/26 and 3/15/26, he signed the eMAR and administered the PRN Tramadol for pain level of 0. The LPN responded that it was probably an error because the resident was always in pain, usually level of 7 and never a 0. He added that he did not know why it was coded a pain level of 0, it was probably an error.</p> <p>On 3/26/26 at 10:57 AM, S #1 notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations (RDoO), Regional Director of Clinical Services (RDoCS) of the above findings and concerns with regard to Resident #1's MRR with regard to psychoactive meds and pain med.</p> <p>On 3/26/26 at 12:38 PM, the survey team met with the LNHA, DON, RDoO, and the RDoCS stated that the LPN S #1 spoke to yesterday did put a progress notes (PN), a late entry for the two days that he documented pain level of 0. S #1 reviewed the provided PN and showed to the facility management that it was documented by LPN for pain level of 8 of 10, which was different from what the LPN had told S #1 yesterday which was 7 of 10.</p> <p>The LNHA did not provide any additional information.</p> <p>2. On 3/24/26 at 12:01 PM, Surveyor #2 (S #2) observed Resident #6, in bed. The resident had a tracheostomy (an opening in the neck into the windpipe to provide a direct airway) and was using a mechanical ventilator (a machine that helps air move in and out of the lungs). (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/2026, S #2 reviewed Resident #6's electronic medical record (EMR).</p> <p>A review of the AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; hemiplegia and hemiparesis (weakness and or partial paralysis in part or all the body caused by a brain injury), intracranial hemorrhage (a life-threatening type of stroke), and essential hypertension (high blood pressure).</p> <p>A review of Resident #6's most recent cMDS, with an ARD of 12/31/25, reflected that the resident had a BIMS score of 0 out of 15, which indicated that Resident #6's cognition was severely impaired.</p> <p>A review of the resident's care plan revealed a focus that reflected a potential for constipation due to decreased mobility, date initiated, 12/31/24.</p> <p>A review of the Order Summary Report (OSR) revealed the following PO:</p> <p>Acetaminophen (also known as Tylenol) Oral Suspension 650 mg/20.3 ml give 20.3 ml via PEG-Tube every 6 hours PRN for mild pain do not exceed 3 grams.</p> <p>Acetaminophen Oral Suspension 650 mg/20.3 ml give 20.3 ml via PEG-Tube every 6 hours PRN for Temp > 100.5.</p> <p>S #2 reviewed the CP's recommendation for Resident #6 dated 6/30/25. The recommendation reflected the following: .consider changing this patient's PRN Tylenol liquid doses from 650 mg, which is difficult to measure (20.3 ml) to 640 mg (20 ml) .</p> <p>The CP recommendation also reflected, under the response section, a signature and a date of 7/11/25.</p> <p>On 3/27/26 at 12:37 PM, S #2 met with the LNHA, DON, RDoO, and RDoCS, and S #2 notified them of the concern regarding the follow up on the June 2025 CP's Recommendations to Prescriber regarding the acetaminophen orders. S #2 asked the DON if it was possible to measure 20.3 ml in the commonly used dose cup. The DON stated no it could not be.</p> <p>On 3/30/26 at 10:51 AM, S #2 met with the facility administration for response to the MRR concern. The DON stated that the orders were clarified (after surveyor inquiry).</p> <p>A review of the facility's Medication Regimen Review Policy, with a revision date of July 2025, revealed, under Physician Response, 3. Irregularities.will be addressed within 30 days of receiving.</p> <p>3. On 3/24/26 at 11:33 AM, Surveyor #3 (S#3) observed Resident #58 lying in bed and was pleasant.</p> <p>On 3/24/26 at 1:37 PM, S #3 reviewed the EMR of Resident #58, and revealed diagnoses which included but not limited to; type 2 diabetes mellitus with diabetic chronic kidney disease, malignant neoplasm of endometrium, and bilateral primary osteoarthritis (OA) of knee.</p> <p>A review of the Quarterly MDS with an ARD of 2/6/26, revealed a BIMS score of 15 out of 15 indicating intact cognition; Section J (pain management) of the MDS indicated resident with occasional pain frequency, a pain scale of 2 (mild); Section N-medications (meds) resident received PRN meds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the resident's Care Plan revealed: back pain. hand and wrist pain probably due to OA, date initiated, 11/7/17; chronic pain and/or potential for pain related to arthritis, date initiated 12/5/25 (interventions did not specify pain scale).</p> <p>A review of the OSR revealed:</p> <p>-Monitor for pain q shift, document pain scale (0-10) q shift -Start Date 7/11/22. The order did not indicate pain scale of mild, moderate and severe.</p> <p>-Acetaminophen tablet (tab) 325 mg, give 2 tablets (tabs) by mouth q 4 hours PRN for mild pain (2 tabs = 650 mg.) not to exceed 3 grams of all sources -Start Date 7/28/22. The order did not indicate pain scale for mild pain.</p> <p>-Ibuprofen oral tab 600 mg, give 1 tab by mouth q 6 hours PRN for pain, administer for moderate pain of a scale of 3 or more. Take with food or milk -Start Date 12/4/25. The order did not indicate the pain scale for or more.</p> <p>-Naproxen oral tab 375 mg, give 1 tab by mouth PRN for moderate to severe pain twice daily - Take with food or milk -Start Date 12/4/25. The order did not indicate pain scale for moderate or severe pain.</p> <p>On 3/25/26 at 10:21 AM, S #3 interviewed the Registered Nurse Supervisor (RNS), regarding the pain med orders. The RNS stated that the orders were confusing because there was no pain scale for the Tylenol and the Naproxen orders.</p> <p>On 3/26/26 at 10:03 AM, S #3 observed Resident #58 in their room, sitting on side of the bed, using an electronic device. S #3 interviewed the resident regarding pain. The resident stated they had arthritis on their fingers and knees and had knee replacements. The resident stated they took Motrin (Ibuprofen) for pain on their fingers PRN, resident also stated they were not aware of any other pain meds ordered.</p> <p>On 3/26/26 at 12:12 PM, S #3 reviewed the CP's MRR Recommendation to Prescriber. The CP recommended on 2/27/26 that the Resident has the following order for PRN pain Ibuprofen .If more than one med is being utilized for pain, please include continuity of pain scales across each order and be sure to address all choices 1-10. The recommendation was signed by the RN/UM (RN/Unit Manager).</p> <p>On 3/27/26 at 11:00 AM, S #3 interviewed the RN/UM, regarding the process for CP's Monthly Review and Recommendations. The RN/UM stated that she would confirm the recommendations with the physicians and if they agreed, she would proceed and make changes in the orders. S #3 asked the RN/UM if the February MRR were already completed and she confirmed, The February recommendations should be all done already. S #3 asked if she recalled if Resident #58's MRR regarding pain meds were addressed and she replied, I don't recall. S #3 asked the RN/UM how nurses administered PRN pain meds, and she replied, I will ask them for numerical numbers if they are verbal. I do between mild, moderate, and severe if they have more than one pain med ordered. Mild 1-3, moderate 4-6, severe 7-10, whatever number they give me back, then that's how to determine which med to give.</p> <p>On 3/27/26 at 12:37 PM, S #3 met with the LNHA, DON, RDoCS, and RDoO, and S #3 notified them of (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the concern regarding no follow up on the February 2026 CP's MRR Recommendations to Prescriber.</p> <p>On 3/30/26 at 10:51 AM, S #3 met with the facility administration for response to the MRR concern, and the DON provided copies of in-services dated 3/27/26 and 3/28/26 to follow up on MRR Recommendations (after surveyor inquiry).</p> <p>A review of the facility's Medication Regimen Review Policy that was provided by the DON, with a revision date of July 2025, revealed a policy statement, a licensed pharmacist reviews the med regimen of each resident at least monthly. Under policy interpretation and implementation.2. The purpose of the MRR is to promote positive outcomes while minimizing adverse consequences and potential risks associated with med. 3. The MRR includes a review of the medical record to prevent, identify, report, and resolve med-related problems, med errors, or other irregularities, for example, the use of med: a. inconsistent with accepted pharmaceutical services standards of practice.d. ordered without clinical indication or in excessive dose.4. Irregularities may also include.f. incorrect meds, administration times, or dosage forms.</p> <p>NJAC 8:39-29.3(a)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to properly store and label medication (med) per manufacturer specifications and standards of practice. This deficient practice was identified in 1 of 3 med carts and 1 of 2 med storage rooms observed in the facility. This deficient practice was evidenced by the following:Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. On [DATE] at 10:30 AM, the surveyor began to inspect selected med storage areas in the facility. The surveyor observed the following: The surveyor in the presence of the Director of Nursing (DON) and Registered Nurse/Unit Manager (RN/UM) inspected the med storage room in the North Nursing Unit. The surveyor observed a container of Iodoform packing strips with an expiration date of 2/2026 and a container of acetaminophen ER (extended release) 650 mg (milligram) dated as opened [DATE] with no expiration date. The RN/UM confirmed that the expired med and packing strips should have been discarded. On [DATE] at 11:00 AM, the surveyor inspected the med cart on the North nursing unit (med cart north 2) in the presence of the Licensed Practical Nurse (LPN #1). During the narcotic count, the surveyor and LPN#1 reconciled controlled medications (meds) and observed that a blister pack of clonazepam 1 mg tablets (tabs) was missing a med label and did not include a resident name. LPN #1 stated that the blister pack belonged to Resident #72. During the narcotic count, the surveyor observed that the back of the bingo card identified the med as clonazepam 1 mg tabs with a use-by-date of [DATE]. The blister pack contained 27 tabs, which was consistent with the declining inventory sheet for Resident #72. The surveyor reviewed the shift-to-shift narcotic count sheet, which confirmed that LPN #1 had counted the controlled substances with the 11:00 PM-7:00 AM nurse at the beginning of the 7:00 AM-3:00 PM shift. LPN #1 confirmed that he should have discarded the med and notified the pharmacy. On [DATE] at 11:10 AM, the surveyor discussed the above concerns with the RN/UM. On [DATE] at 11:20 AM, the surveyor inspected the med cart (med cart North 1) in the presence of LPN #2 and observed that a bottle of acetaminophen 325 mg OTC (over the counter) (100 tabs) had no expiration date. LPN #2 confirmed that she should have discarded the bottle. On [DATE] at 11:40 AM, the surveyor discussed the above observations with the DON. The DON confirmed that all meds should be labeled with the resident's name, and that if the label was missing the nurse should discard the med and contact the pharmacy. The DON further stated that all expired meds should be discarded. On [DATE] at 12:37 PM, the survey team discussed the above observations and concerns with the Licensed Nursing Home Administrator, DON, Regional Director of Clinical Services and Regional Director of Clinical Operations. A review of the facility's Medication Labeling and Storage Policy, dated 2001 reflected .The nursing staff is responsible for maintaining med storage.Labeling of meds and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices.The med label includes, at a minimum:a. med name (generic and/or brand)b. prescribed dosec. strengthd. expiration date, when applicablee. resident's namef. route of administrationg. appropriate instructions and precautionsFor OTC meds in bulk containers (if permitted by state law) the label contains:a. the med nameb. strengthc. quantityd. accessory instructionse. lot numberf. expiration date (if applicable)Multi-dose vials that are not opened or accessed are discarded according to the manufacturer's expiration date. If med containers have missing, incomplete, improper (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER Spring Grove Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Gales Drive New Providence, NJ 07974	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>or incorrect labels, contact the dispensing pharmacy for instructions regarding returning or destroying these items. Only the dispensing pharmacy may label or alter the label on a med container or package. On [DATE] at 12:30 PM, no further information was provided by the LNHA. NJAC 8:39-29.4 (a)1-10, (g)(h)</p>