STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315008	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Manor Healthcare and Rehabilitation Center	18 W Laurel Road Stratford, NJ 08084

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)
F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint 2639643Based on medical record review and staff interviews, the facility failed to ensure that a physician order for oxygen was obtained upon a resident's admission. Specifically, the facility implemented and maintained oxygen therapy as part of a resident's Care Plan (CP) without a corresponding physician order to support its use. This deficient practice was identified for 1 of 6 residents reviewed (Resident #5).According to the admission Record (AR), Resident #5 was admitted to the facility with diagnoses which included but were not limited to: unspecified fracture of upper end of right humerus, subsequent encounter for fracture with routine healing, unspecified fall, emphysema (chronic, progressive lung disease characterized by damage to the air sacs), and Chronic Obstructive Pulmonary Disease (COPD) (a progressive, chronic inflammatory lung disease that causes obstructed airflow, making it difficult to breathe).According to the discharge Minimum Data Set (MDS), an assessment tool dated 10/1/25, Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was cognitively intact.During the survey, the surveyor reviewed Resident #5's Order Summary Report (OSR) which did not include an order for oxygen although the resident CP and vitals indicated that Resident #5 was utilizing oxygen at the facility.Resident #5's CP included the following:Under Focus date initiated 9/25/25: [Resident #5] has Oxygen Therapy r/t COPD 3LPM (3 Liters Per Minute) via nasal cannula continuously. Under Interventions: Monitor for s/sx (Signs/Symptoms) of respiratory distress and report to MD (Medical Director) PRN (as needed): Respirations, Pulse oximetry, Increased heart rate (Tachycardia), Restlessness, Diaphoresis (excessive, generalized sweating unrelated to heat or exercise), Headaches, Lethargy, Confusion, Atelectasis (the partial or complete collapse of lung tissue (alveoli) resulting in reduced, inefficient gas exchange), Hemoptysis (the coughing up of blood or blood-stained mucus from the lower respiratory tract, often caused by infections or cancer), Cough, Pleuritic pain (a sudden, sharp, or stabbing pain that worsens when breathing, coughing, or sneezing, caused by inflammation of the pleura (lung lining)), Accessory muscle usage, Skin color.On 4/10/26 at 9:09 AM, the surveyor interviewed the LPN who stated that when a resident is admitted from the hospital to the facility the LPNs will take vitals and the Unit Manager (UM) or the Registered Nurse (RN) will do the resident's assessment. He stated that the facility will transcribe and review orders with the physician for the facility. The LPN stated that if a resident is on oxygen, they should have a physician order for the oxygen. The LPN further stated that the supervisor or UM, whoever the RN is, usually transcribes the orders.On 4/10/26 at 9:23 AM, the surveyor interviewed a UM who stated that if a resident is on oxygen they should have an order and be care planned for the oxygen. The UM further stated that the night shift does chart checks, and they make sure the orders are carried out.On 4/10/26 at 9:30 AM, the surveyor showed the UM Resident #5's CP and OSR and requested the UM to locate an order for oxygen. UM confirmed there was no order for oxygen but that there was a CP for it. She stated there should have been a physician order for oxygen for Resident #5.On 4/10/26 at 9:51 AM, the surveyor interviewed the RN for the Upper [NAME] unit of the facility. The RN stated that there is a 3-step chart check where the admission nurse, the UM and the Director of Nursing (DON) check the chart. The RN further stated that the night shift also checks and that someone should have (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	caught that there was not an oxygen order.The surveyor showed the RN Resident #5's CP and OSR and requested the RN to locate an order for oxygen. The RN was unable to find a physician order for oxygen. The RN stated Resident #5 should have had a physician order for their oxygen.On 4/10/26 at 10:06 AM, the surveyor interviewed the DON. The surveyor showed the DON Resident #5's CP and OSR and requested the DON to locate an order for oxygen. The DON confirmed there was not an order for Resident #5's oxygen and stated there should be. She further stated the order for oxygen should match a resident's CP.A review of the facility's policy titled, Physician Orders with a reviewed date of 10/2025, included the following information under Policy: To define a process for transcribing Orders directly from physicians, and nurse practitioners. Under, Procedures: 4. Process for accepting verbally communicated orders: a. The listener will transcribe the complete order to PCC under the patient's chart. b. Read the transcribed order back to the provider to ensure the listener has properly heard and understood the communication. 5. All verbal or written orders must be signed by the prescriber monthly.NJAC 8:39-11.2(a)