STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. Building B. Wing	12/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elmora Hills Health & Rehabilitation Center	225 W Jersey Street Elizabeth, NJ 07202

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, it was determined that the facility failed to maintain a medication error rate below 5%. During the morning medication (med) administration observation on 12/8/25, 2 surveyors observed 2 nurses administer 33 doses of medication to 4 residents and there were 2 errors which resulted in a medication error rate of 6.06%. The deficient practice was identified for 1 of 4 unsampled residents (Resident #130), that was administered meds by 1 of 2 nurses observed. The deficient practices were evidenced by the following: On 12/8/25 at 8:34 AM, during the morning medication administration pass, the surveyor observed the Licensed Practical Nurse (LPN) preparing to administer 10 medications to Resident #130 which included MiraLax Powder 17 gram to treat constipation and Potassium Chloride (KCl) solution 20 MEQ/15 ML- give 15 milliliter (ml) supplement. The LPN poured the MiraLax powder into a cup, added 8 oz of water and stirred it. The LPN poured the KCL 15 ml directly into a medicine cup. She did not dilute the KCL. She then went to the resident. The LPN then administered the undiluted KCl, in which the resident drank (error #1). The resident then drank approximately 3/4 cup of the MiraLax solution. The resident left approximately one-third of the MiraLax solution in the cup. The nurse disposed the remaining MiraLAX solution in the trash can on the med cart. The LPN signed for administration of the KCL and the total dose of the Miralax (error #2). The surveyor reviewed the medical record for Resident #130. A review of the admission Record (an admission summary) revealed diagnoses that included but not limited to; hypertension (high blood pressure), and presence of cardiac (heart) pacemaker (a small, battery-operated device that helps the heartbeat in a regular rhythm). A review of the comprehensive Minimum Data Set, an assessment tool used to facilitate the management of care, dated 9/25/25, reflected the resident had a brief interview for mental status score of 7 out of 15, indicating the resident had severe cognitive impairment. A review of the Order Summary Report revealed an active physician's orders (PO) for Potassium Chloride Solution 20 MEQ/15ML (10%) - Give 15 ml by mouth one time a day for supplement DILUTE EVERY 15ML WITH AT LEAST 120 ML (4 OZ) OF FLUID. ADMINISTER WITH OR AFTER MEALS. give 15 ml = 20 MEQ and MiraLax Powder Give 17 gram by mouth two times a day for constipation DISOLVE IN 4-8OZ. WATER OR JUICE. On 12/8/25 at 11:43 AM, during an interview with the surveyor, the LPN stated the process for med administration was to check the medication dose 3 times: first when she pulled the meds, second when she poured the meds and third time when she put the meds away. The LPN was not sure how she would dispose of liquid meds such as MiraLax. The LPN stated if the resident had refused their medication, she would document in the eMAR by selecting #2, click Progress Notes (PN) and then she would type a note that the resident refused. The LPN stated it was important to document so that the nurses, physicians and the Director of Nursing (DON) would know that the resident did not finish their medication. The surveyor inquired about Resident #130's MiraLax, the LPN confirmed that the resident had not finished the whole thing (the MiraLax solution). The LPN stated she should write that in her PN and she acknowledged she had not.At that time, the surveyor inquired about the KCl solution, the LPN stated she would check the dose and then pour it in the med cup. The LPN further stated she had not mixed [diluted] Resident #130's KCl in water. In the presence of the surveyor, the LPN reviewed the PO and stated the order read as dilute every 15 mls with 4 oz of fluid and further stated she did not (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

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	click on the order details during the med administration. The LPN acknowledged that she should have diluted it (the KCL) in 4 oz of water. On 12/8/25 at 12:01 PM, during an interview with the surveyor, the Charge Nurse (CN) stated the process for med administration was to make sure you have the right patient, right order, right route, right time and check the med for expiration date. The CN stated it was important to check the order prior to med administration so that you did not make a med error and that you administered meds as per physician orders. The CN stated KCl solution should be given with food because it can bother the stomach. The CN further stated that she had heard some of the residents complain that it (the KCl) irritates their throat and some residents did not like the aftertaste so it should be mixed with juice or water. In the presence of the surveyor, the CN reviewed Resident #130's PO and stated KCl should be diluted in 4 oz of water as per the PO. The CN was made aware of the above-mentioned concerns from the med administration observations with the LPN. The CN stated if the resident refused to take or finish their medications, the nurse should encourage the resident to finish taking their medications and if the resident still did not want to take their medications, then the nurse should write a PN and call the physician. The CN stated if the resident took half of their medication, the expectation from the nurse was to document that the resident took only partial dose of the medication and partial dose was refused. On 12/11/25 at 12:46 PM, the survey team met with the Director of Nursing (DON), the Licensed Nursing Home Administration (LNHA) and the Assistant DON and made them aware of the above-mentioned concerns for Resident #130. A review of manufacturer specifications for Potassium Chloride solution indicated Dilute prior to administration. May cause gastrointestinal irritation. Increased dilution of the solution and taking with meals may reduce gastrointestinal irritation. A review of the facility policy Medication Administration revised date 10/2025, included Policy Statement: It is the policy of the facility to administer medications according to accepted standards of practice. Under Procedure: Medication and treatment errors and/or undesirable effects are to be immediately reported to the attending physician, and the resident will be monitored. A mediation/ treatment error report will be turned into the nursing office a s part of the quality assurance program. A review of the Job Description and Specifications for Staff Nurse (LPN) under duties and responsibilities revealed: 1. Performs nursing services, which include vital signs, and the administration of all medications and treatments as ordered, and in accordance with accepted standards of clinical practice. 10. Communicates with unit manager any unusual observations. or any changes that affect the quality of resident care. 12. Documents episodic events in the clinical record according to nursing practice standards. Under Job Specifications: Communication: Must be able to follow oral and written instructions and communicate Medication administration effectively. A review of the Job Description for Nurse under Duties and Responsibilities revealed: 8. Medication administration. b- All medications are charted correctly and in the proper manner on the MAR, with further documentation in the medical record as needed or required by policy or regulation. D- Medications that are not given have an explanation noted on the record. NJAC 8:39-11.2(b), 29.2(d)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to store potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness in 2 of the 3 pantries reviewed (the 2 North and 3rd floor pantries).This deficient practice was evidenced by the following:On 12/10/25 at 10:55 AM, in the presence of the Charge Nurse (CN #1), the surveyor inspected the 2 North pantry and observed the following: a transparent plastic container with a red colored lid in a plastic bag, with a white sticker that had a handwritten label with a resident's name and a room number. The surveyor and the CN were not able to read the current date and the use by date was 12/7/25. The surveyor observed the inside of the microwave that had a paper towel on the plate and the backwall had brown colored stains. The CN stated it looks like something had burnt in there. The CN stated they should not warm up resident's food because the microwave needed to be cleaned up. The CN attempted to wipe off the backwall of the microwave with her bare hand and the stain smeared. The CN stated the Certified Nursing Aides (CNAs) were supposed to clean the microwave after they use it. The surveyor observed a closed Styrofoam cup on top of the fridge, the CN opened the cup and observed a small amount of clear liquid in the cup. The CN stated, I do not know why this cup is here. Why did they not throw it away since it is empty. The CN confirmed in the presence of the surveyor; the Left corner 2 top cabinet shelves had a layer of dust on them. The surveyor observed 2 empty tall personal cups and 1 large wide personal cup with 2 pouches of brown colored sauce in the top cabinet. The CN stated the cups belonged to 11-7 shift CNAs and they should not be in the pantry. There was 1 unlabeled and undated yogurt cup noted on the bottom shelf in the cabinet. The CN stated she did not know who that belonged to.On 12/10/25 at 11:14 AM, in the presence of the CN #2, the surveyor inspected the 3rd floor pantry and observed the following: unlabeled and undated black colored container with a transparent lid with partially eaten food and a white plastic spoon inside, the lid was noted with condensation. CN #2 stated he was not sure who that food container belonged to and acknowledged that the food container should have been labeled. There was an open, undated and unlabeled 64-ounce Prune juice bottle in the refrigerator. CN #2 stated it was good until it was empty. CN #2 opened the lid of the ice machine in the pantry counter and observed a white colored residue noted on the inner and the outer lip (edge) of the machine. CN #2 stated the ice machine needed to be cleaned every day by housekeeping staff. CN #2 stated he was not sure how often and who was responsible to clean the inside of the ice machine. CN #2 stated the dietary staff was responsible to clean the inside of the refrigerator and throw away any undated foods. The surveyor observed 3 signs affixed to the outside of the fridge door as follows: 1st sign read as All food placed in fridge and freezer must be dated and labelled!! 2nd sign read as ATTENTION STAFF in red, underneath was RESIDENT FOOD POLICY 1.) Label EVERY Item with Resident's name. 2.) Write TODAY'S DATE (Date In). 3.) Write DISCARD DATE (Today + 3 days) Under safety & Storage Rules: STAFF FOOD must be stored in STAFF FRIDGE. 3rd sign had different sections that included but not limited to LABEL IT, Refrigerate IT, Don't Cross Contaminate, DISCARD IT! CN #2 stated there were blank labels available for the staff to label food before placing in the fridge.On 12/10/25 at 1:00 PM, during an interview with the surveyor, the Food Service Director (FSD) stated the kitchen staff was responsible for cleaning the pantry refrigerators twice a day, checking for expired food and food with proper labeling in the fridge. The FSD further stated, if my staff found expired or unlabeled food then they should dispose of it. The surveyor made the FSD of the above-mentioned concerns from the pantries. The FSD stated the refrigerated food should have been labeled and my staff would report to me if they saw unlabeled and outdated food. The surveyor inquired about the open Prune juice and the FSD stated open prune juice should be used within 5 days once opened. The FSD stated the staff should label items with an open date and use by date. The FSD further stated that open juice does not maintain well after 5 -7 days and there was a (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	risk of getting someone sick if the juice was not labeled/dated and we do not know when it was opened. The FSD stated the ice machine was cleaned and sanitized from inside and outside once a month by the dietary staff and the housekeeping staff was supposed to be wiping it off daily. On 12/11/25 at 12:46 PM, the survey team met with the facility administration. The surveyor notified them of the above-mentioned concerns.On 12/12/25 at 9:46 AM, the survey team met with Director of Nursing (DON), Licensed Nursing Home Administration (LNHA) and Assistant DON for responses. The LNHA stated the housekeeping staff should wipe down the ice machine and do a brief cleaning daily. The LNHA further stated if the dietary staff observed any expired or unlabeled items, they should dispose of them.Review of the facility provided Personal Food Policy revised date 10/2025, included It is the policy of the facility to maintain the food in a safe and sanitary manner in the nourishment rooms. Under Procedure: 1. Nourishment room refrigerators on units shall be maintained in a safe and sanitary manner. 5. Food items stored in these refrigerators shall be dated and labeled. 6. Opened food containers shall be dated by nursing with an Open date. 7. Resident food brought by family/outside food shall be stored in the unit refrigerator with resident name, room number, open and discard date. Any leftover food brought by family shall be discarded in 72 hours by nursing staff. 10. Dietary staff will clean up any spills and discard food items .13. Environment Services shall be responsible for daily cleaning of the microwave, ice machine,. NJAC 8:38-17.2 (g)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and other facility documentation, it was determined that the facility failed to a.) provide a hands-free garbage container in the laundry room and b.) follow appropriate infection control protocol for hand washing after removing personal protective equipment (PPE). This deficient practice was identified during the tour of the laundry room and was evidenced by the following:On 12/09/2025 at 10:56 AM, during a tour of the laundry room with the Housekeeping Director (HSKD), the surveyor observed a blue garbage container with a white sheet covering the top. The HSKD acknowledged the missing lid. The surveyor asked how garbage was placed in the garbage can after handwashing was performed. The HSKD stated staff washed their hands at the sink and used a dry paper towel to move the sheet and place the garbage in the container. He stated the staff then would put on gloves and recover the garbage container with the sheet. He was unable to speak to what the staff did with the gloves after they were removed. At 11:05 AM, the HSKD excused himself. At that time, the surveyor observed laundry aid (LA) #1 wash her hands appropriately at the hand wash sink, use paper towels to dry her hands, and dispose of the paper towels by dropping them on top of the sheet covering the garbage container. At 11:07 AM, the surveyor observed LA #2 enter the laundry room wearing full PPE (gown, gloves, and a face shield) pushing a laundry bin. The surveyor observed LA#2 remove the PPE appropriately, walk over to the handwashing sink, apply soap (without turning on the sink), lathered her hands for 10 secs, turn on the water and rinse her hands. She turned off the water, without using a paper towel. She used paper towels to dry her hands. She walked over to the blue garbage container covered with a sheet, used the paper towels to move the sheet, dropped in the paper towel, and used her bare hands to put the sheet back in place. At that time, the HSKD returned, along with the Regional Environmental Service (REVS), the surveyor reviewed the above observation with the HSKD and the REVS. They both acknowledged the hand washing was not appropriate and the garbage container should have a hands-free working lid. On 12/09/2025 at 11:12 AM, the surveyor reviewed the above-mentioned observations with the Infection Preventionist, the Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA), and the [NAME] President of Clinical Services. The LNHA stated the employee needed education. The DON stated the laundry room needed a new trash can and it would be replaced today.A review of the facility's In-service Hand Sanitizing Techniques dated 11/19/25, revealed LA #2 had attended.A review of the facility's undated policy, Hand Hygiene revealed Procedure: A. Hand hygiene technique with soap and water:.2. Turn on water.3. Wet hands under running water; 4. Apply soap to the hands; 5. Rub hands.for a minimum of 20 seconds;.7. Thoroughly dry hands and wrists with paper towel; 8. Discard used paper towel; 9. Turn faucet off using a dry paper towel to touch the handle, protect your clean hands from the contaminated handle. NJAC 8:39-19.4(a)(1)(c)