

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/09/2025
NAME OF PROVIDER OR SUPPLIER Wynwood Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Wynwood Drive Cinnaminson, NJ 08077	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Complaint # 408484Based on observation, interview and record review, the facility failed to ensure resident records were accurate and complete for 1 of 3 residents (Resident # 9 reviewed for activities of daily living (ADL) care, specifically related to shower documentation. The deficient practice was evidenced by the following:A review of Resident #9's medication administration record (MAR) for the month of November 2025 revealed that nurses had documented that Resident #9 received showers on the following dates:11/04/202511/07/202511/11/202511/14/202511/18/202511/21/202511/25/202511/28/2025 A review of Resident # 9's documentation survey report for the month of November 2025 revealed that the Certified Nursing Assistants (CNA), had documented that Resident # 9 had refused a shower on 11/04/2025.The CNA's documented that Resident # 9 received showers on 11/18/2025 and 11/21/2025. The rest of the November dates were documented as not applicable (NA). During an interview on 12/04/2025 at 10:12 AM with the surveyor, the unit manager (UM) and assistant director of nursing (ADON) said that both nurses and CNAs are responsible for ensuring and documenting whether residents receive their showers. The ADON continued and said the CNA's give the showers document on the point of care (POC) system and communicate with the nurses who document on the MAR. When asked if the POC system and MAR should match the ADON replied, yes. During an interview on 12/04/2025 at 11:22 AM with the surveyor, CNA #1 said they document resident showers on the POC and let the nurses know if the resident received the shower or refused. During an interview on 12/04/2025 at 11:33 AM with the surveyor, Licensed Practical Nurse (LPN) # 2 said that when a resident refuses a shower the CNA, is supposed to let the nurse and document in the POC. LPN # 2 then said that the nurses will encourage the resident to take their shower and document on MAR and in a progress not if the resident still refuses. LPN # 2 also said that it is the nurse's responsibility at the end of each shift to check that the CNA's documented in the POC. During an interview on 12/05/2025 at 11:48 AM with the survey team, the Regional Director of Clinical Services said that the POC and MAR documentation for showers should match to ensure accuracy. A review of a facility provides policy titled Charting and Documentation revealed, 3. Documentation in the medical record will be objective, complete and accurate. N.J.A.C. 8:39-35.2 (c)</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
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