

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Merry Heart Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Rt 10 West Succasunna, NJ 07876	

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>36419</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain the dignity of two unsampled residents. This deficient practice was found with 2 of 5 staff (Certified Nursing Assistant) (CNA) and Hospice Aide (HA) observed during dining observations on the 1st-floor.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 1/10/25 at 12:10 PM, during a lunch meal dining observation in the 1st-floor dining room, the surveyor observed the lunch trays being distributed to the residents by five staff members.</p> <p>At 12:15 PM, the surveyor observed the HA standing while feeding an unsampled resident.</p> <p>On 1/10/25 at 12:20 PM, the surveyor observed the CNA standing while feeding an unsampled resident.</p> <p>On 1/14/25 at 12:10 PM, during a lunch meal dining observation in the 1st-floor dining room, the surveyor observed the HA standing while feeding an unsampled resident.</p> <p>On 1/14/25 at 12:35 PM, the surveyor interviewed the HA who acknowledged that she should sit while feeding the residents as it was a dignity concern.</p> <p>On 1/14/25 at 12:39 PM, the CNA was unavailable to be interviewed.</p> <p>On 1/14/25 at 12:49 PM, the above concerns were discussed with the Director of Nursing (DON), Administrator, Assistant Administrator, and Administrator in training. The DON confirmed that the staff should be seated when feeding the residents.</p> <p>No further information was provided.</p> <p>NJAC 8:39-4.1(a)12</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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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36419</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to deliver unopened mail in a timely manner for 2 of 5 residents (Resident # 5 and #2) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/13/25 at 10:57 AM, during the resident council meeting, Residents #5 and #2 stated that they often received their mail opened and then scotch-taped closed. The residents could not recall who had delivered the opened letters that had been addressed to them. The residents were upset and said no one should have opened their mail. Resident #5 stated that she gave her daughter the last 2 opened envelopes yesterday, who was also very upset that someone had opened the resident's mail without permission.</p> <p>The surveyor reviewed the medical record for Resident #5.</p> <p>A review of Resident #5's Admission Record indicated that the Resident was admitted to the facility with diagnoses that included bilateral shoulder pain related to osteoarthritis.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated 11/17/24, revealed that Resident #5 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated that the Resident's cognition was fully intact.</p> <p>The surveyor reviewed the medical record for Resident #2.</p> <p>A review of Resident #2's Admission Record indicated that the Resident was admitted to the facility with diagnoses that included basal cell carcinoma and mild cognitive impairment.</p> <p>A review of the quarterly MDS dated [DATE] revealed that Resident #2 had a BIMS score of 13, which indicated the Resident's cognition was fully intact.</p> <p>On 1/14/25 at 9:34 AM, the surveyor interviewed the Director of Activities (DOA), who stated that the mail was received and sorted by the concierge, and the activities staff delivered it to the residents. The DOA further stated that her activity staff is not allowed to open the mail without the resident's permission.</p> <p>On 1/14/25 at 9:53 AM, the surveyor interviewed the Concierge, who explained that all business mail went to the business office and personal mail was given to the DOA for distribution.</p> <p>On 1/14/25 at 10:32 AM, the surveyor interviewed the Accounts Payable Manager (APM) and confirmed that she sometimes mistakenly opened Residents' mail. The APM further stated that when she opened the mail by mistake, she would tape it closed and give it back to the concierge for distribution. She never personally apologized to the residents for opening their mail.</p> <p>(continued on next page)</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/14/25 at 11:15 AM, the surveyor interviewed Resident #5's daughter, who is also their POA, via telephone. The daughter confirmed that the resident's mail had been opened and stated that the letter was delivered to the resident more than a month after the postmarked date. The facility did not deliver the opened mail to Resident #5 for four weeks after it had been received.</p> <p>On 1/14/25 at 11:21 AM, the surveyor interviewed the APM, who acknowledged that she had accidentally opened Resident #5's two pieces of personal mail. She confirmed that she had kept the mail for more than 4 weeks without delivering it to the resident because she was very busy. She also confirmed that she had not apologized to the resident for opening her mail but should have.</p> <p>On 1/15/25 at 1:30 PM, the survey team discussed the above observations and concerns with the Administration, who confirmed that the APM should not open residents' mail.</p> <p>N.J.A.C. 8:39-4.1 (19)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>36419</p> <p>Complaint # NJ 00178498</p> <p>Based on observation, interviews, review of medical records, and facility documents, it was determined that the facility failed to follow fall prevention interventions as written on the resident's individual comprehensive care plan (ICCP). This deficient practice was identified for 1 of 3 residents (Resident # 14) reviewed for accidents and was evidenced by the following:</p> <p>On 1/10/25 at 11:09 AM, during the initial tour of the 1st-floor unit, the surveyor observed Resident #14 in a reclining chair in the day room with other residents and staff members.</p> <p>The surveyor reviewed the medical record for Resident # 14.</p> <p>A review of the Admission Record revealed the resident was admitted to the facility with diagnoses that included but were not limited to osteoporosis, Alzheimer's Disease, hypertension, and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool dated 12/29/24, revealed Resident #14 had a Brief Interview for Mental Status of 1 out of 15, indicating the resident was severely cognitively impaired. Further review of the MDS revealed the resident was dependent on staff for Activities of Daily Living (ADL) care and bed-to-chair transfers.</p> <p>A review of Resident # 14's Individual Comprehensive Care Plan (ICCP) revealed a Focus: FALLS . The resident is at risk for falls due to deconditioning, gait, and balance problems On 6/10/24 had a witnessed fall . interventions included Ensuring two-person assistance during transfers. Bed kept in lowest position.</p> <p>A review of Resident #14's Plan of Care (POC), which was completed by their assigned Certified Nursing Assistant (CNA), indicated that Resident #14 required 2 staff and a Hoyer lift for the bed-to-chair transfers.</p> <p>A review of the facility-provided Fall Investigation revealed:</p> <p>On 6/10/24 at 10:35 AM, the CNA did not follow Hoyer Lift transfers policy and procedure and transferred Resident #14 independently, without an assistant. The resident sustained three linear lacerations, one distal to the left eyebrow measuring .8x.1cm, below the left side of the eye measuring .2x.1cm, and below the second laceration measuring .2x.2cm with minimal bleeding. The MD was notified and ordered x-rays of the lumbar spine, left hip, and facial bones. All x-rays were negative for fractures.</p> <p>On 1/15/25 at 1:30 PM, the surveyor interviewed the DON and Assistant Licensed Nursing Home Administrator, who confirmed the facility's policy included that all Hoyer lift transfers required 2 staff members. The DON further stated that the CNA was terminated because the CNA did not follow the facility policy.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor attempted a phone interview with the CNA who had transferred Resident #14 independently without the assistance of a second staff member. The CNA did not return the surveyor's call.</p> <p>On 1/16/25 at 8:55 AM, the surveyor interviewed Resident #14's assigned Licensed Practical Nurse (LPN), who stated that all Hoyer lift transfers required 2 staff assistants. The LPN further stated that the Director of Rehab educated all staff on safe transfers, which included the proper use of the Hoyer lift and two staff during those transfers.</p> <p>On 1/16/25 at 9:00 AM, the surveyor interviewed Resident #14's assigned CNA, who stated that she knew the resident well. She stated that she used a Hoyer lift when transferring the resident from the bed to the chair and always obtained the assistance of another CNA. The CNA further stated that she had received in-services on safe transfers, which included ensuring there were always 2 CNAs when using the Hoyer lift.</p> <p>On 1/16/25 at 9:10 AM, the surveyor interviewed the Director of Rehab (DOR), who stated that he was responsible for in-services for all staff on safe transfers. The DOR provided copies of the in-services completed prior to and after the fall.</p> <p>A review of the facility's Mechanical Lift policy and procedure, reviewed 6/2024, indicated . a mechanical lift allows a resident to be lifted and transferred with a minimum of physical effort. The Hoyer lift needs two caregivers to operate.</p> <p>A review of the facility's Fall Investigation policy and procedure implemented 7/2018, reviewed 7/2024 indicated .the objective of the Fall investigation was to analyze the cause of a fall and implement new initiatives to prevent future falls . The rehab director will screen and give recommendations .</p> <p>No further information was provided by the facility.</p> <p>NJAC 8:39-27.1 (a)</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45449</b></p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) identify and dispose of expired biologicals in 2 of 3 medication carts, and b.) properly store an unopened biological in 1 of 3 medication carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.) On [DATE] at 11:45 AM, in the presence of the Registered Nurse (RN), the surveyor began the medication cart (med cart) inspection of cart A located on the third floor. During the inspection, the surveyor observed an opened bottle of Latanoprost Solution 0.005% (an eye drop medication used to treat glaucoma) for Resident #56 that was stored in the manufacturer's packaging (box). The box for the Latanoprost was labeled by the facility with an opened date of [DATE], and an expired date of [DATE]. At that time, during an interview with the surveyor, the RN confirmed that the Latanoprost for Resident #56 was expired and that was the only supply of Latanoprost in the med cart for administration to Resident #56. The RN stated that he did not administer the medication to the resident that day.</p> <p>At that time, the surveyor and the RN reviewed the electronic Medication Administration Record (eMAR) of Resident #56 together. The eMAR reflected that Latanoprost was administered every night in [DATE], and was last administered on [DATE] at 8:00 PM.</p> <p>At that time, the RN stated that the night shift nurse was responsible to ensure all the medications in the cart were not expired and that the nurses who administered the doses on [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE], should have checked the date before the administration of Latanoprost to Resident #56.</p> <p>On [DATE] at 12:53 PM, in the presence of the Licensed Practical Nurse (LPN), the surveyor began the med cart inspection on the first floor. During the inspection, the surveyor observed an opened bottle of Lantus 10 milliliter (ml) (insulin glargine; used to control high blood sugar levels in the blood) for Resident #35 that was stored in a box.</p> <p>The box for the Lantus was labeled by the facility with an opened date of [DATE] and was not labeled with an expiration date. The surveyor and the LPN reviewed the box of Lantus together. The Lantus box reflected the manufacturer's specifications for storage that included the following:</p> <p>Refrigerate until first use. After first use, store at room temperature and discard after 28 days. At that time, the LPN confirmed that the Lantus for Resident #35 expired on [DATE], and that was the only opened Lantus bottle in the cart for administration to Resident #35. The LPN stated that she did not administer the medication to the resident that day.</p> <p>At that time, the surveyor and the LPN reviewed the eMAR of Resident #35 together. The eMAR reflected that Lantus was administered every night in [DATE], and was last administered on [DATE] at 9:00 PM.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At that time, the LPN stated that the night shift nurse was responsible to ensure all the medications in the cart were not expired. The nurses who administered the doses on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE], should have checked the date before the administration of Lantus to Resident #35. The LPN added that checking for expiration was part of the standard of practice for medication administration and that an expired medication had reduced efficacy. The LPN added that she would remove the expired Lantus from the active inventory, inform the DON and call the pharmacy.</p> <p>2.) On [DATE] at 12:58 PM, the surveyor continued to inspect the medication cart located on the first floor and observed an unopened/sealed bottle of Lantus for Resident #35. At that time, the LPN confirmed that the unopened bottle of Lantus should have been refrigerated as recommended by the manufacturer. The LPN stated that the nurse who received the medication should have refrigerated the unopened bottle of Lantus to avoid deterioration of effectiveness.</p> <p>On [DATE] at 1:07 PM, in the presence of the survey team, the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), Assistant Administrator (ALNHA), and the Administrator in Training (AIT), the surveyor discussed the concerns with the expired Latanoprost and Lantus that Resident #56 and #35 received, was stored with the active inventory, unidentified, and the improper storage of the unopened/sealed Lantus, for Resident #35, that was not refrigerated.</p> <p>On [DATE] at 1:34 PM, in the presence of the survey team, the ALNHA, and the AIT, the DON stated that nursing staff were re-educated on medication storage, a process was implemented wherein the last person who used a medication that was about to expire, disposed of the medication before the expired date, label medications that required an opened date and the discard date. All nurses on all shifts were expected to ensure proper labeling and storage of medications.</p> <p>A review of the facility provided Medication Administration policy dated/reviewed on [DATE] included that medications are administered as prescribed in accordance with good nursing principles .The provided policy did not include a process to ensure medications administered were not expired.</p> <p>A review of the facility provided Medical Storage policy included that all medications must be clearly labeled with the resident's name, dosage instructions, and expiration dates. Medications should be stored at appropriate temperatures as specified by the manufacturer.</p> <p>No further information was provided.</p> <p>NJAC 8;.d+[DATE].4 (c) (g)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36419</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to use appropriate infection control practices specifically for 2 of 5 staff (Certified Nursing Assistant (CNA) and Hospice Aide (HA) not following appropriate hand hygiene during meal service.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: Hand hygiene should be performed immediately before touching a patient; before performing an aseptic task such as placing an indwelling device or handling invasive medical devices; before moving from work on a soiled body site to a clean body site on the same patient; after touching a patient or patient's surroundings; after contact with blood, body fluids, or contaminated surfaces.</p> <p>CDC recommendations for Hand Hygiene: Updated February 27, 2024: <a href="https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html#cdc_clinical_safety_best_practices_recomm-recommendations">https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html#cdc_clinical_safety_best_practices_recomm-recommendations</a></p> <p>On 1/10/25 at 12:10 PM, during a lunch meal dining observation in the 1st-floor dining room, the surveyor observed the lunch trays being distributed to the residents. The surveyor observed that there was no hand hygiene done by the CNA or HA while assisting the residents with meal set up.</p> <p>On 1/10/25 at 12:35 PM, the surveyor observed the HA apply soap to her hands, lather outside the stream of water for 2 seconds, and then put her hands under the stream of running water. The HA turned off the faucet with her bare hands.</p> <p>On 1/10/25 at 12:40 PM, the surveyor observed the HA apply soap to her hands and immediately place them under the stream of water without lathering outside the water.</p> <p>On 1/14/25 at 12:10 PM, during a lunch meal observation in the 1st-floor dining room, the surveyor observed the lunch trays being distributed to the residents. The surveyor observed that the HA did not practice hand hygiene while assisting the residents with meal setup.</p> <p>On 1/14/25 at 12:33 PM, the surveyor observed the HA applied soap to her hands and immediately placed them under the stream of water.</p> <p>On 1/14/25 at 12:35 PM, the surveyor interviewed the HA who stated that she was not sure how long she should have washed her hands. She was not aware that she should lather for 20 seconds before placing her hands under the stream of water.</p> <p>On 1/14/25 at 12:39 PM, the CNA was unavailable to be interviewed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/14/25 at 12:49 PM, the above concerns were discussed with the Director of Nursing (DON), Licensed Nursing Home Administrator (LNHA) Assistant LNHA(ALNHA), and Administrator in training (AIT). The DON confirmed that staff were expected to perform hand hygiene before assisting residents with their meals. The DON further stated that staff should wash their hands for a full 20 seconds outside the stream of running water.</p> <p>NJAC 8:39-19.4 (a)</p>		