STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 46889 Based on observation, interview, and record review, it was determined that the facility failed to ensure the resident's call light was readily accessible. The deficient practice was identified for 1 resident (Resident #5) of 24 reviewed for the reasonable accommodations of needs/preferences as evidenced by the following. On 4/15/24 at 10:35 AM and 4/16/24 at 9:10 AM, the surveyor observed the resident in bed awake, able to answer the surveyor's inquiry. The surveyor asked the resident if she could reach her call light cord. The resident tried to reach for it three times and said they still could not get it. The call light cord was under the resident's right chest on both days. A review of the medical record revealed the following information. The admission record documented that Resident #5 was admitted to the facility with diagnoses that included but were not limited to cerebrovascular (conditions that affect the blood flow in the brain) disease and left-side hemiparesis (weakness or paralysis on one side of the body). The recent Quarterly Minimum Data Set, an assessment tool dated 3/12/24, reflected that Resident #5 had a Brief Interview for Mental Status (BIMS) score of 10 out of 15, indicating moderate cognition. On 4/16/24 at 9:10 AM, the surveyor called the Registered Nurse (RN) to check the resident's call light cord. The RN stated that it should be on top of the blanket so she could reach for it; the nurse repositioned the call bell. On 4/17/24 at 1:45 PM, the surveyor team discussed the inaccessibility of the call light cord for Resident #5 with the Administrator and the Director of Nursing (DON). On 4/18/24 at 9:40 AM, the DON provided a policy titled Call Bell Audit. However, it was noted that the policy does not specifically address the call light cord being within the resident's reach. NJAC 8:39-27.1(a); 4.1

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
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 46889 Based on the interview and record review, it was determined that the facility failed to complete and submit electronically the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment and in accordance with the Center's for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual. This deficient practice was identified for 4 of 24 residents (Resident #2, 5, 35, and #225). This deficient practice was evidenced by the following: 1. Resident #2 was observed to have a Quarterly MDS (QMDS) with an Assessment Reference Date (ARD) on 1/15/24, which was due to be transmitted to CMS no later than 1/29/24. However, the QMDS was not submitted to CMS until 2/9/24. 2. Resident #5 was observed to have a QMDS with an ARD on 12/12/23, which was due to be transmitted to CMS no later than 12/26/23. However, the QMDS was not submitted to CMS until 1/10/24. 3. Resident #35 was observed to have an Entry MDS (EMDS) with an ARD on 10/2/23. The EMDS was due to be transmitted to CMS no later than 10/16/23. However, the EMDS was not submitted to CMS until 10/17/23. 4. Resident #225 was observed to have an Annual MDS (AMDS) with an ARD on 9/22/22, which was due to be transmitted to CMS no later than 10/6/22. However, the AMDS was not submitted to CMS until 10/20/22. A review of discharged Return Not Anticipated (DRNA), with an ARD on 10/10/22, was due to be transmitted to CMS by 10/24/22. The DRNA was not submitted to CMS until 11/7/22. A review of the undated Final Validation Report for Residents #2, 5, 35, and 225 by the MDS Coordinator/Registered Nurse (MDSC/RN) revealed that The submission date is more than 14 days after Z0500B on this new assessment. On 4/18/24 at 12:59 PM, the surveyor interviewed the MDSC/RN, who stated that she started working in February 2023 and added that she is not responsible for all those MDS submitted late. The only thing that she is responsible for is Res. #5. She is aware that the submissions were all late. The MDSC/RN stated that she follows the RAI manual. On 4/18/24 at 1:39 PM, the survey team met with the Licensed Nursing Home Administrator and Director of Nursing. The surveyor notified the facility management of the above findings and concerns. NJAC 8:39 - 11.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 34421 Based on interview and record review, it was determined that the facility failed to develop and implement a person-centered comprehensive care plan to meet the resident's medical needs. This deficient practice was observed for 2 of 24 residents reviewed, Residents #13 and #25 as evidenced by the following: 1. The surveyor reviewed Resident #13's electronic medical records (EMR). Resident #13 was admitted to the facility with diagnoses which included Myocardial Infarction (heart attack). A review of the Physician's Orders (PO) for Resident #13 revealed that the resident had an order for Eliquis 5 mg 1 tablet by mouth twice daily for blood clot prevention. The surveyor reviewed the resident's current care plans. There was no care plan developed regarding the resident's PO for the anticoagulant medication. On 4/22/24 at 11:44 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who was assigned to the resident. The LPN stated that a care plan for the anticoagulant medication should have been created 34033 2. On 04/18/24 at 12:00 PM, the surveyor observed Resident #25 in bed. The resident stated that he/she took medications early in the morning and thought they were for his/her anemia, stomach and bones. The surveyor reviewed the medical record for Resident #25. A review of the quarterly Minimum Data Sheet (MDS) (an assessment tool used to facilitate the management of care) dated 3/7/24, reflected the resident had a brief interview for mental status (BIMS) score of 15 out of 15, indicating the resident had an intact cognition. In addition, the section for active diagnoses included age-related osteoporosis without current pathological fracture. A review of the resident's Order Summary Report reflected a physician's order dated 4/24/23 for Alendronate Sodium (Fosamax) oral tablet 70 milligrams (MG), Give one tablet by mouth one time a day every Monday for osteoporosis. Give with water 30 minutes before first food/drink/med, avoid lying down x (for) 30 minutes. A review of the resident's current Interdisciplinary Plan of Care (IDCP) had not included a plan of care that had been initiated for osteoporosis. On 4/23/24 at 9:19 AM, the survey team met with the Director of Nursing (DON) who stated that the Unit Managers were responsible for creating and updating the resident's care plans. In addition, the DON stated that she also was responsible for inputting resident care plans. The DON acknowledged that Resident #25 was actively being treated for osteoporosis and should have had a care plan completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility policy for Care Plans Comprehensive with a revised date of 6/2023 provided by the DON reflected that An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. In addition, the facility policy reflected that The comprehensive care plan is based on a thorough assessment that includes not limited to the MDS. Each resident's comprehensive care plan is designed to: i. incorporate identified problem areas; . The policy also reflected that Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. And that The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans: .iv. at least quarterly. NJAC 8:39-11.2(e)(1)(2)(f)(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889 Based on observation, interview, and record review, it was determined that the facility failed to maintain professional standards of nursing practice by not following physician orders for 2 of the 24 residents reviewed (Residents #5 and #35). The deficient practice was evidenced by the following: 1. On 4/15/24 at 10:35 AM and 4/16/24 at 9:10 AM, the surveyor observed the resident in bed, awake, and able to respond to the surveyor's questions. The resident was not wearing a left-hand elbow resting splint on both days. A review of electronic medical record revealed the following information. The Admission Record (AR or face sheet, an admission summary) documented that Resident #5 was admitted to the facility with diagnoses that included but were not limited to cerebrovascular (conditions that affect the blood flow in the brain) disease and left-side hemiparesis (weakness or paralysis on one side of the body). The recent Quarterly Minimum Data Set (QMDS), an assessment tool dated 3/12/24, reflected that Resident #5 had a Brief Interview for Metal Status (BIMS) score of 10 out of 15, indicating moderate cognition impairment. A review of the resident's Order Summary Report (OSR) reflected a Physician's Order (PO) dated 3/13/24 for left hand elbow resting splint and on 4/1/22 for Don left hand and left elbow splints after AM care, doff before PM care. A review of the April 2024 electronic Medication Administration Record (eMAR) and electronic Treatment Administration Record (eTAR) under Unscheduled 'Other' Orders revealed that the above-corresponding PO for left hand and left elbow resting splints were not specified in either the eMAR or eTAR. On 04/17/24 at 12:11 PM, the surveyor interviewed the Certified Nurse Assistant (CNA#1), who had worked in the facility for [AGE] years, and stated that she was assigned to Resident #5. CNA#1 opened the resident's drawer; the surveyor observed the splints inside. CNA#1 said the residents should wear the splints aftercare in the morning. On 04/17/24 at 12:17 PM, the surveyor interviewed the Licensed Practical Nurse (LPN#1), who had worked in the facility for [AGE] years. The LPN#1 said the physical therapist should put the elbow and hand splint on the resident. On 04/17/24 at 12:20 PM, the surveyor interviewed the LPN/Unit Manager (LPN/UM) and stated that the CNA should put the splint on the resident's after providing care. The LPN stated the nurse should sign in the eTAR after checking that the resident was wearing the splints. The LPN/UM added that the order for the elbow and hand splints was not in the eTAR and there was no specific order for how long they should be placed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/24 at 12:30 PM, the surveyor interviewed the Rehab Director (RD) who stated that Resident #5 is in the therapy program and needs the elbow and hand splints. The rehab will order the splints, and then they train nurses, including the aide, on how to apply it to the resident. They screen quarterly and revise. Resident #5 was revised on March 18, 2024. The next review is scheduled in May 2024. She added that Nursing is responsible for applying the splint. On 4/17/24 at 1:25 PM, the surveyor team discussed the above findings and concerns with LNHA and DON. 2. On 4/15/24 at 10:00 AM, the surveyor observed Resident #35 lying in bed awake, watching television, alert and oriented, able to answer the surveyor's inquiry. Resident #35 stated that they have been in the facility for over five years. The resident stated they do not wear anything on their feet while in bed. A review of electronic medical record revealed the following information. The AR documented that Resident #35 was admitted to the facility with diagnoses that included but were not limited to primary osteoarthritis (conditions that affect the tissues in the joint) and cellulitis (skin infection) of the left toe. The recent QMDS, dated [DATE], reflected that Resident #35 had a BIMS score of 14 out of 15, indicating intact cognition. A review of the resident's OSR reflected a PO dated 3/13/24 for bunny booties while in bed and a PO dated 10/2/23 for heel pads to both heels while in bed every shift for protection. Further review of the April 2024 OSR shows no PO for surgical shoes. A review of the April 2024 eMAR and eTAR under Unscheduled 'Other' Orders revealed that the above-corresponding PO for bunny booties and heel pads was not specified in either the eMAR or eTAR. On 4/22/24 at 11:40 AM, the surveyor observed the resident out of bed in a wheelchair. The resident stated that they wore surgical shoes on both feet when attending therapy. On 4/22/24 at 11:47 AM, CNA#2 was observed caring for the resident. She stated that she did not see any booties or heel pads in the resident's room. On 4/22/24 at 12:07 PM, the surveyor interviewed LPN #1 who stated that she was unaware that the resident had bunny booties or heel pads while in bed. LPN #1 stated that when the resident was attending therapy they wore surgical shoes. On 4/22/24 at 12:10 PM, the LPN/UM stated that bunny booties and heel pads are ordered in bed and should be taken off during care. The surveyor asked if surgical shoes were ordered and the nurse manager said there was no order. On 4/22/24 at 12:17 PM, the surveyor interviewed the RD, who stated that the she didn't order bunny booties and added that the resident wore surgical shoes for protection when out of bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/22/24 at 12:20 PM, the Registered Nurse (RN) was observed entering the resident's room with green bunny booties wrapped in plastic. The surveyor asked the RN where the booties came from. The RN stated that they came from the laundry. On 4/22/24 at 1:05 PM, the surveyor team met with the Administrator and Director of Nursing (DON). The DON stated that she thought it was understood that if the resident has a full bath while in bed, the heel booties should be removed during care and a skin check for for skin integrity should be performed. She added that bunny booties and heel pads shouldn't have been ordered simultaneously. A review of the facility policy titled Specialty Devices stated under Policy: It is the policy and procedures of this facility that residents who require preventative measures and positioning devices (i.e., foam finger spreader, etc.) will be provided with these devices in order to prevent contractures or problems associated with contractures. These measures or devices will be provided in accordance with an order from a physician, nursing, occupational therapy, and/or physical therapy. NJAC 8:39 27.2(m)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 38327 REPEAT DEFICIENCY Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to: a.) administer oxygen therapy according to the physician's order, b.) ensure that all nurses signed the electronic Medication Administration Record (eMAR) when oxygen was administered, and c.) ensure respiratory tubing and cannula was stored properly. This deficient practice was identified for one (1) of one (1) resident (Resident #425) reviewed for respiratory care according to the standard of clinical practice, and the facility's policy and procedure. 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 4/17/24 at 10:23 AM, the surveyor observed the Rehab Aide (RA) propell Resident #425's wheelchair into the resident's room. Inside the resident's room, the oxygen (O2) concentrator (which can be used as an alternative to compressed gas cylinders) was on at 3 LPM (liters per minute), and the nasal cannula (n/c, a device that delivers extra O2 through a tube and into the nose) was wrapped around the half side rail of the bed. The half-side rail of the bed had a pool noodle (an extra layer of padding on a metal frame) on which the n/c was wrapped around. The n/c was not being used at that time and was not properly stored. At that same time, the surveyor interviewed the resident after the RA left the room. The resident informed the surveyor that he/she was a subacute resident at the facility and came from the hospital due to a breathing problem. Resident #425 stated that O2 use was something new to the resident and was being used in the facility as needed (PRN). During an interview, the resident stated that he/she did not need the O2 at that time. The resident appeared to be in no distress. On 4/18/24 at 10:07 AM, the surveyor asked the assigned Licensed Practical Nurse #1 (LPN#1) to go with the surveyor inside the resident's room. In the room, both the surveyor and the LPN observed Resident #425 seated in a regular chair, the O2 was ongoing with the n/c attached to the O2 concentrator while the other end of the n/c was wrapped around the padded half-side rail of the bed directly touching the pool noodle padding. The resident appeared to be in no distress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On that same date and time, the surveyor asked LPN#1 to check the O2 flow rate at which the concentrator was running. The LPN checked the concentrator and informed the surveyor that the resident order for O2 was at 2 LPM. The LPN confirmed that the concentrator was at 2 liters (L). The LPN stated that the n/c should have been placed inside a plastic bag when not in use for infection control. She further stated that she would remove the n/c and change it with a new one. The surveyor observed that LPN detached the n/c and turned off the O2 concentrator. At that same time, the LPN assessed the resident and the resident was stable. The surveyor reviewed the medical record for Resident #425. The Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included acute on chronic diastolic (congestive) heart failure, other seizures, essential hypertension (abnormal blood pressure), presence of prosthetic heart valve (an artificial heart valve is a one-way valve implanted into a person's heart to replace a heart valve that is not functioning properly), and unspecified atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow). A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, showed the admission MDS was in progress (not completed) for an ARD (assessment reference date) of 4/15/24. A review of the individualized person-centered Care Plan (CP) initiated on 4/09/24 for a focus on shortness of breath (SOB) related to decreased energy and fatigue, decreased lung expansion, acute hypoxic respiratory failure, and CHF (congestive heart failure) had an intervention that included but was not limited to patient is on O2 at 1 L PRN. Further review of the CP did not include respiratory care on how to store the O2 cannula and supplies when not in use. The Social Service Admission/Readmission Evaluation with an effective date of 4/09/24 revealed that the resident's Brief Interview for Mental Status (BIMS) score was 8 which indicated that the resident's cognitive status was moderately impaired. A review of the Order Summary Report included a physician's order (PO) dated 4/09/24 for O2 at 1 LPM via n/c for SOB PRN. The above order for PRN O2 was transcribed into the eMAR for April 2024. Upon review of the April 2024 eMAR showed that there was no documentation that the nurses signed that the PRN O2 as administered. A review of the Weights & Vitals in the electronic medical record (eMR) revealed the following dates that the resident had O2 via n/c with O2 saturation (Sats): O2 Sats (noninvasive method of measuring the saturation of O2 in a person's blood) Summary: Date Time Sats Nurse (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4/16/2024 00:03 95.0% Oxygen via Nasal Cannula LPN#2 4/13/2024 23:25 95.0% Oxygen via Nasal Cannula LPN#2 4/12/2024 14:38 97.0% Oxygen via Nasal Cannula LPN#3 4/11/2024 23:10 95.0% Oxygen via Nasal Cannula LPN#2 4/10/2024 22:36 95.0% Oxygen via Nasal Cannula LPN#2 4/10/2024 11:38 95.0% Oxygen via Nasal Cannula LPN#3 4/09/2024 22:42 94.0% Oxygen via Nasal Cannula LPN#2 Further review of the eMR revealed that on dates 4/09/24, 4/10/24 (twice), 4/11/24, 4/12/24, 4/13/24, and 4/16/24 the eMAR should have been signed by nurses indicated the PRN O2 was administered. On 4/18/24 at 10:17 AM, LPN#1 informed the surveyor that the order for O2 was 1 LPM and not 2 LPM. The LPN asked the surveyor to go again with LPN#1 to the resident's room and check that it was on 1 LPM now. In the resident's room both the surveyor and the LPN observed that the O2 was below 1 LPM and there was a yellow light on. LPN#1 stated that she had to replace the O2 concentrator because the yellow light meant that there was a problem with the concentrator. LPN#1 acknowledged that it was probably broken. At this time, the surveyor notified LPN#1 of the surveyor's observation on 4/17/24 that it was at 3 L and wrapped around the half-side rail. On 4/18/24 at 01:39 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The surveyor notified the facility management of the above findings and concerns regarding O2 observations, orders not followed, and nurses not signing the eMAR when O2 was administered as evident in the O2 Sats records in the Weights & Vitals (7 x the resident was on O2). On 4/19/24 at 10:10 AM, the surveyor interviewed the Registered Nurse (RN) who worked on 4/17/24 at the 7 AM to 3 PM shift. The RN informed the surveyor that Resident #425 was cognitively intact with some forgetfulness and was on 1 LPM O2 PRN. The RN stated that if the nurse administered the PRN O2, the nurse should document and sign the eMAR. At that same time, the surveyor notified the RN of the above findings and concerns. The surveyor asked the RN why the resident's O2 on 4/17/24 during the observation was at 3 L wrapped around the half-side rail, not properly stored when not in use, and the eMAR was not signed. The RN had no response. On 4/19/24 at 10:19 AM, the surveyor called and left a message to LPN#2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/19/24 at 12:01 PM, the surveyor interviewed the Infection Preventionist Nurse/RN (IPN/RN). The IPN/RN informed the surveyor that she was responsible for in-service/education regarding infection control including respiratory care and use of O2 and nebulizer (neb) supplies on how to properly store when not in use. The IPN/RN stated that it was an expectation that the nursing staff store O2 and neb supplies like tubing and masks inside a plastic bag when not in use and change it once a week for infection control because bacteria can accumulate in the tubing and mask when exposed to resident's environment. On that same date and time, the surveyor notified the IPN/RN of the above findings and concerns regarding O2 n/c wrapped around the half-side rail on two observations. The IPN/RN stated that it was not appropriate that the O2 n/c was not stored when not in use and that was not the facility's practice. On 4/19/24 at 12:11 PM, the surveyor interviewed LPN#3 via phone conference. LPN#3 informed the surveyor that she remembered Resident #425 with an O2 and the LPN thought the order for O2 was continuous. The LPN stated that if the order was PRN for O2, then the PRN O2 should have been signed. The LPN further stated that she was unable to remember why the PRN O2 in the April 2024 eMAR was not signed but it should have been signed. A review of the facility's Respiratory Tubing Storage Policy with an updated date of 9/2023 that was provided by the IPN/RN included that it was the policy and procedure of the facility to ensure the sanitation of all O2 accessories for residents' care. The procedure included but was not limited to when the mask or n/c is not in use, it will be stored in the bag. A review of the facility's Oxygen Administration Policy with an updated date of 12/2023 that was provided by the RN Supervisor included that it was the policy and procedure of the facility to provide O2 to residents in compliance with their physician order. On 4/19/24 at 12:25 PM, the surveyor met with the LNHA and DON. The LNHA stated that the facility management acknowledged the concerns and that the facility would continue to monitor the O2. NJAC 8:39-11.2(b); 19.4(a); 27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. 48781 Based on interview and record review, it was determined that the facility failed to ensure that the residents' primary physician signed and dated monthly physician orders to ensure that the residents' current medical regimen was appropriate. This deficient practice was observed for 6 of 24 residents (Resident #12, #16, #22, #111, #13, and #62) reviewed and occurred over several months. This deficient practice was evidenced by the following: 1. A review of the hybrid medical record for Resident #12 revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for January 2024, February 2024, and March 2024. The monthly physician's orders were not in the chart and there was no electronic signature. 2. A review of the hybrid medical record for Resident #16 revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for January 2024, February 2024, and March 2024. The monthly physician's orders were not in the chart and there was no electronic signature. 3. A review of the hybrid medical record for Resident #22 revealed the resident's physician had not hand signed or electronically signed the monthly physician's orders for February 2024 and March 2024. The monthly physician's orders were not in the chart and there was no electronic signature. 19106 4. A review of the hybrid medical record for Resident #111 revealed there were no monthly orders signed by the Physician for the months of January 2024, February 2024 and March 2024. 34421 5. A review of the hybrid medical record for Resident # 13 revealed there were no monthly orders signed by the Physician for the months of January 2024, February 2024 and March 2024. 6. A review of the hybrid medical record for Resident # 62 revealed there were no monthly orders signed by the Physician for the months of January 2024 and February 2024. On 4/22/24 at 11:25 AM, the surveyor interviewed License Practical Nurse (LPN) #1, who was also the Unit Manager (UM) for North and [NAME] Wing Units and has been working in the facility for two years. The UM stated, The primary physicians come in every 1-2 weeks or monthly. The Director of Nursing (DON), who was also present stated, The doctors have started signing orders in the Electronic Health Records (EHR) since last year, they used to come in and sign on paper but now they come in to sign orders in EHR. On 4/22/24 at 11:44 AM , the surveyor interviewed LPN # 2, who stated that the Physicians should be signing the residents' orders monthly in the electronic health record. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/22/24 at 1:05 PM, the survey team met with the Administration: License Nursing Home Administrator (LNHA) and the DON, regarding missing physician monthly orders review and signature from January 2024 through March 2024. The administration acknowledged that the physicians should be coming in monthly to sign orders. On 4/23/24 at 9:00 AM, the DON provided the facility policy and procedure for Physician Orders dated 12/23. The Physician Orders policy reflected, All verbal or written orders must be signed by the prescriber monthly. NJAC 8:39-23.2(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 34033 REPEAT DEFICIENCY Based on observation, interview and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards by not ensuring that manufacturer's specifications were followed for the administration time and sequence of a medication Alendronate Sodium (Fosamax)(a medication used to treat and prevent osteoporosis/low bone mass) from October 2023 until surveyor inquiry. This occurred for one (1) of 11 residents, (Resident #25), reviewed for medication management. 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. The deficient practice was evidenced by the following: On 4/18/24 at 12:00 PM, the surveyor observed Resident #25 in bed. The resident stated that he/she took medications early in the morning and thought they were for his/her anemia, stomach and bones. The resident added that she received his/her early morning medications all together. The surveyor reviewed the medical record for Resident #25. A review of the quarterly Minimum Data Sheet (MDS) (an assessment tool used to facilitate the management of care) dated 3/7/24, reflected the resident had a brief interview for mental status (BIMS) score of 15 out of 15, indicating the resident had an intact cognition. In addition, the section for active diagnoses included age-related osteoporosis without current pathological fracture. A review of the resident's Order Summary Report reflected a physician's order (PO) dated 4/24/23 for Alendronate Sodium (Fosamax) (a medication to oral tablet 70 milligrams (MG), Give one tablet by mouth one time a day every Monday for osteoporosis. Give with water 30 minutes before first food/drink/med, avoid lying down x [for] 30 minutes. A review of the April electronic medication administration record (EMAR) revealed the above PO for Fosamax had a time of administration every Monday at 6:30 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of the EMAR revealed that there was a PO dated 3/6/24 for Pantoprazole (Protonix) (a medication used to reduce acid in the stomach) that had a time of administration of 6:30 AM and was administered every day at that time. In addition, there was a PO dated 10/12/2023 for Ferrous Sulfate (Iron) (a medication used to increase red blood cells) that had a time of administration of 6:00 AM. On 4/18/24 at 1:30 PM, the surveyor interviewed the CP via the telephone. The CP acknowledged that Fosamax had specific instructions for administration and should be administered as the first medication in the morning with no other medications for at least 30 minutes and that a recommendation should be made regarding these instructions. The CP acknowledged that the Fosamax instructions for administration were not being followed because the iron supplement had a time of administration of 6 AM. On 4/18/24 at 1:38 PM, the surveyor team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The DON acknowledged that Fosamax had specific administration instructions that it was the first medication to be administered in the morning with no other medications. The DON also stated that she thought there would have been a recommendation from the CP and then the nurses would have to change the medication times. The DON acknowledged that the nurses were to follow cautionary warnings. The DON added that she would have to check. On 4/22/24 at 7:18 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) via telephone. The LPN stated that she had worked the 7 PM to 7 AM shift and was responsible for administering the early morning medications to Resident #25. The LPN was unsure which medications she had administered and had to check the EMAR. The LPN then stated that she had checked the EMAR and had administered all three of the resident's medications at the same time that morning because they were timed together. The LPN could not speak to the cautionary warning. On 4/22/24 at 11:50 AM, the surveyor interviewed the owner of the CP company (OCP) who acknowledged the Fosamax manufacturer's administration instructions. The OCP also stated that the cautionary warning was on the Fosamax package. The OCP added that the iron supplement time of 6 AM would have to be changed and that the Protonix could be administered without regard to meals so the 6:30 AM time should also be changed. A review of the Fosamax packaging labeled for Resident #25 that was in the medication cart reflected a cautionary warning on a red colored sticker Take 8 ounces of water at least 30 minutes before first food/beverage/drug of the day. On 4/22/24 at 1:02 PM, the survey team met with the LNHA and DON. The DON acknowledged that the nurses should have been aware of the instructions for Fosamax as per the PO. The DON also acknowledged the administration times on the EMAR for the resident's early morning medications had administration times that were not able to follow the specific instructions for Fosamax administration and should have been changed. A review of the facility policy for Medication Administration revised 10/2023 provided by the DON reflected for accuracy Right Drug-Compare the pharmacy label/package to the EMAR . and Right Time-Medications are scheduled to avoid drug/food interactions and per manufacturer recommendations. In addition, for medication administration general instructions included Cautionary warnings followed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the manufacturer's specifications reflected Take Fosamax first thing in the morning, at least 30 minutes before you eat or drink anything or take any other medicine. The specifications also reflected, Take with a full glass (6 to 8 ounces) of plain water. Do not use coffee, tea, soda, juice or mineral water. Do not eat or drink anything other than plain water. In addition, For at least 30 minutes after taking Fosamax: Do not lie down or recline. Do not take any other medicine including vitamins, calcium or antacids. NJAC 8:39-11.2(b), 29.2 (a)(d), 29.4(b)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 38327 REPEAT DEFICIENCY Based on observation, interviews, record review and a review of pertinent facility documents, it was determined that the facility failed to ensure that the Consultant Pharmacist (CP) identified and reported irregularities to the physician and the facility regarding a.) a rationale for the length of therapy for a medication (Enoxaparin)(a medication used to reduce the risk of blood clots) from August 2023 until surveyor inquiry, b.) the appropriate documentation of vital sign parameters for a medication (Metoprolol)(a medication used to treat high blood pressure) as ordered by the physician according to standards of clinical practice and facility practice, c.) a rationale for the continued off-label use of a medication (Flomax) (a medication used to treat urinary retention usually in males) from January 2024 until surveyor inquiry and d.) following a cautionary warning for a medication (Alendronate)(Fosamax)(a medication used to treat and prevent osteoporosis/low bone mass) from October 2023 until surveyor inquiry. The deficient practices were identified for three (3) of 11 residents, (Resident #72, #103 and #25) reviewed for medication management. The deficient practice was evidenced by the following: 1. On 4/17/24 at 10:20 AM, the surveyor observed Resident #72 laying on the bed with eyes closed and there was one Certified Nursing Aide (CNA) inside the room. The surveyor reviewed the medical record of Resident #72. Resident #72's Admission Record (AR; or face sheet, an admission summary) reflected that the resident had diagnoses that included but were not limited to unspecified dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (dementia is a term used to describe a group of symptoms affecting memory, thinking and social abilities), anemia (refers to low levels of healthy red blood cells), and essential hypertension (high blood pressure that doesn't have a known cause). The quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, with an ARD (assessment reference date) of 01/04/24, included in Section C Cognitive Patterns a BIMS (brief interview for mental status) score of 4 which indicated that the resident's cognitive status was severely impaired. The qMDS showed that the resident was on an anticoagulant. The April 2024 Order Summary Report (OSR) included a physician's order (PO) with a start date of 4/04/24 for Metoprolol Tartrate tablet (tab) 25 MG (milligrams) to give one tab by mouth two times (2x) a day for HTN (hypertension), hold for SBP (systolic blood pressure) less than 110 and HR (heart rate) less than 60. A review of the resident's Pharmacy Review 2024 (or MRR) by CP#1, located in a binder which was provided by the Licensed Practical Nurse/Unit Manager (LPN/UM), revealed the last MRR date was on 4/11/24. The 4/11/24 report did not identify the irregularities regarding the absence of documentation of the resident's SBP and HR in the eMAR for April 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further review of the April 2024 OSR showed that there was PO with a start date of 8/19/23 for Enoxaparin sodium injection solution prefilled syringe 40 MG/0.4 ML (milliliters), inject 0.4 ML subcutaneously one time a day for dvt (deep vein thrombosis, a blood clot in a deep vein, usually in the legs) prophylaxis. The above order for Enoxaparin was transcribed into the eMAR from August 2023 through April 17, 2024. A review of the resident's Progress Notes (PN) showed that there was no physician's documentation about indications of continued use of Enoxaparin. The Consultant Pharmacist's Reports for 2023 and 2024 revealed that the med Enoxaparin was not identified in the MRR for any irregularities. On 4/17/24 at 10:28 AM, the surveyor interviewed the Registered Nurse (RN) in the nursing station. The RN informed the surveyor that she was the assigned nurse of Resident #72. The RN stated that residents with blood pressure (bp) meds with parameters for SBP and HR should be obtained before administering meds and document the SBP and HR in the eMAR according to the facility's practice. She further stated that the SBP and HR can be seen also in the Weights & Vitals section of the electronic medical record (eMR). On that same date and time, the surveyor asked the RN if the nurse should follow the PO for Metoprolol for the resident about the SBP and HR and she responded Yes. The surveyor then asked the RN again, why the resident's April 2024 eMAR did not have documentation of the resident's SBP and HR 2x a day for the Metoprolol order. The RN stated she did not know why it was not documented. Later on, the RN acknowledged there should be documentation of 2x a day SBP and HR in the April 2024 eMAR. The RN stated that she would fix the eMAR in order for nurses to document the required SBP and HR. She indicated that when the order was entered, there was a dropdown that should have been checked to include supplemental documentation of SBP and HR. She further stated that was the reason why the SBP and HR were not documented 2x a day as supposed to be. On 4/17/24 at 10:39 AM, the surveyor interviewed the LPN/UM. The LPN/UM stated that per facility protocol, SBP, and HR parameters should have been documented in the eMAR. She further stated that the CP comes to the facility on ce a month to do MRR and it was her responsibility as a UM to act upon the CP's review and recommendations. On 4/17/24 at 01:36 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The surveyor notified the facility management of the above findings and concerns for Enoxaparin and Metoprolol. On 4/18/24 at 9:09 AM, the surveyor called CP#2 in the presence of the survey team. CP#2 informed the surveyor that she was the CP that went to the facility monthly until January 2024 and now it was CP#1. CP#2 stated that CP#1 was unavailable and that CP#2 would answer surveyors' inquiries on behalf of CP#1. CP#2 informed the surveyor that it was her responsibility as CP to identify irregularities with meds and notify the physician and the facility, and this included the meds with parameters and justification of continued use of meds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	At that same time, the surveyor notified CP#2 of the above findings and concerns. The surveyor asked CP#2 why the CPs did not identify the irregularities with Enoxaparin without indications for continued use of med from the physician and APN, and the Metoprolol parameters. CP#2 did not respond. On 4/18/24 at 11:01 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the DON. The DON and the LNHA did not provide additional information and responses for the above concerns and findings. A review of the facility's Medication Administration Policy that was provided by the DON with a reviewed date of 10/2023 included that it is the policy and procedure of the facility to provide the nursing staff with an understanding of proper med administration. On 4/19/24 at 12:25 PM, the surveyor met with the LNHA and DON. The DON and the LNHA stated that there was no additional information. 49078 2. On 4/15/24 at 10:40 AM the surveyor attempted to interview Resident #103. The resident was in a wheelchair watching television. The resident was not able to answer basic questions posed by the surveyor. The surveyor was unable to conduct an interview due to the resident's cognitive status. The surveyor reviewed the electronic medical record (EMR) for Resident #103. A review of the 4/10/24 quarterly Minimum Data Sheet (MDS) ,an assessment tool used to facilitate the management of care, reflected the resident was unable to complete a brief interview for mental status (BIMS) due to cognitive impairment. The MDS section H also reflected use of an indwelling urinary catheter and was not on any toileting or weaning program. A review of the resident's active diagnoses included, Alzheimer's disease, retention of urine and infection and inflammation reaction due to indwelling urethral catheter. The surveyor reviewed the resident's medications in the EMR. The EMR reflected an order for tamsulosin, also known as Flomax, (a medication used to treat urinary retention, usually in males) with an initial date of 1/2/2024 that coincides with a readmission from the hospital. On 4/17/24 at11:09 AM the surveyor interviewed the RN who was assigned to the resident. The RN stated that the resident is scheduled to be discharged home soon and will have the catheter removed. The surveyor reviewed the manufacturer package insert for tamsulosin. The section labeled Indications and Usage did not indications for off-label use. A further review of the EMR, including the physician's progress notes, had not revealed any documentation of urinary retention or the use of tamsulosin with or without a urinary catheter. On 4/17/24 at 12:15 PM, the surveyor reviewed the CP reports from 10/23/23 to present for Resident #103. Review of the CP notes had not revealed any recommendation directed to the facility or physician requesting clarification or additional documentation regarding the rationale for use of tamsulosin with or without a catheter or in an approved indication for use or off-label use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/18/24 at 9:09 AM, the surveyor interviewed CP#2 by telephone in the presence of the survey team. The CP #2 stated she comes to the facility on ce a month and was doing the medication reviews until January 2024. CP#1 now did the reviews. However, she could speak to the facility issues. The CP#2 stated she reviewed records for appropriate diagnosis and indications and was familiar with the medication tamsulosin. The CP#2 stated she would not necessarily comment on off label or unapproved use depending on what the physician was using it for. The CP#2 stated that there are studies where tamsulosin is used in an unapproved manor effectively. She also stated other studies reviewed use of the medication when weaning off a catheter to facilitate urine flow. She stated this was a common use. The CP#2 provided no further information regarding irregularities for use of tamsulosin for an off-label use with or without a catheter. On 4/18/24 at 11:06 AM, the surveyor interviewed the DON. The DON stated she had a discussion with the CP#2 and thought there were studies for an off-label indication. The DON stated that the medication was started at the hospital. The DON agreed that a continued off-label use of a medication without supportive documentation from the physician would be considered an irregularity. 34033 3. On 4/18/24 at 12:00 PM, the surveyor observed Resident #25 in bed. The resident stated that he/she took medications early in the morning and thought they were for his/her anemia, stomach and bones. The resident added that she received his/her early morning medications all together. The surveyor reviewed the medical record for Resident #25. A review of the quarterly Minimum Data Sheet (MDS) (an assessment tool used to facilitate the management of care) dated 3/7/24, reflected the resident had a brief interview for mental status (BIMS) score of 15 out of 15, indicating the resident had an intact cognition. In addition, the section for active diagnoses included age-related osteoporosis without current pathological fracture. A review of the resident's Order Summary Report reflected a physician's order (PO) dated 4/24/23 for Alendronate Sodium (Fosamax) oral tablet 70 milligrams, Give one tablet by mouth one time a day every Monday for osteoporosis. Give with water 30 minutes before first food/drink/med, avoid lying down x (for) 30 minutes. A review of the April electronic medication administration record (EMAR) revealed the above corresponding PO for Fosamax with a time of administration every Monday at 6:30 AM. Further review of the EMAR revealed that there was a PO dated 3/6/24 for Pantoprazole (Protonix) (a medication used to reduce acid in the stomach) that had a time of administration of 6:30 AM and was administered every day at that time. The same time of administration as Fosamax. In addition, the EMAR revealed that there was a PO dated 10/12/2023 for Ferrous Sulfate (Iron) (a medication used to increase red blood cells) that had a time of administration of 6:00 AM. The administration time was before the administration of Fosamax. A review of the Consultant Pharmacist's reports from 10/2023 to 4/2024 revealed that there was no recommendation made regarding Fosamax for Resident #25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/18/24 at 1:30 PM, the surveyor interviewed the CP#2 via the telephone. The CP#2 acknowledged that Fosamax had specific instructions for administration and should be administered as the first medication in the morning with no other medications for at least 30 minutes and that a recommendation should be made regarding these instructions. The CP#2 stated that she had been the CP who was completing the reports a while ago but recently another CP#1 had been doing the reports so she could not speak for anyone else. CP#2 stated that CP#1 was unavailable for interview. On 4/18/24 at 1:38 PM, the survey team met with the Licensed Nursing Home Administrator and the Director of Nursing (DON). The DON acknowledged that Fosamax had specific administration instructions that it was the first medication to be administered in the morning with no other medications. The DON also stated that she thought there would have been a recommendation from the CP and then the nurses would have to change the medication times on the EMAR. The DON added that she would have to check. On 4/22/24 at 11:50 AM, the surveyor interviewed the owner of the CP company (OCP) who stated that there was a recommendation made on 2/13/24 regarding the Fosamax instructions for administration. The OCP provided a copy of the CP's Nursing Summary Report dated 2/13/24. The report had not been initialed by a facility staff member or had a completed date by the facility. The recommendation reflected Fosamax must be given as the first med of the day and given alone. Schedule all other meds at least 30 minutes after the administration of Fosamax (alendronate). On 4/23/24 at 9:19 AM, the survey team met with the DON who stated that the OCP had shown her the CP report with the Fosamax recommendation dated 2/13/24 but that according to her portal the facility had not received that recommendation. On 4/23/24 at 10:06 AM, the surveyor, in the presence of another surveyor, interviewed the DON and OCP. The DON stated that when she received the computerized CP report, she would print it out and give the report to the corresponding Unit Manager (UM). The DON added that the UM would complete the CP report and give back the report initialed and dated. The OCP then explained that she had a new employee who ran the report in February and that the facility had not received the whole report. The OCP also stated that the next month when the CP had reviewed the EMAR and saw that the timing of the Fosamax was not acted upon then the CP should have repeated the comment regarding Fosamax. The OCP acknowledged that there was no other recommendation made by the CP regarding Fosamax for Resident #25. The surveyor requested a Policy and Procedure for the Consultant Pharmacist reports. There was no policy and procedure provided. NJAC 8:39-29.3(a)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 49078 Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that the resident did not receive an unnecessary medication by failing to document on the effectiveness, appropriate indication, or benefit vs risk statement for an unapproved use for one (1) of eleven (11) residents reviewed for medication management (Resident #103). The deficient practice was evidenced by the following: On 4/15/24 at 10:40 AM the surveyor attempted to interview Resident #103. The resident was in a wheelchair watching television. The resident was not able to answer basic questions posed by the surveyor. The surveyor was unable to conduct an interview due to the resident's cognitive status. The surveyor reviewed the electronic medical record (EMR) for Resident #103. A review of the quarterly Minimum Data Sheet (MDS) (an assessment tool used to facilitate the management of care) dated 4/10/24, reflected the resident was unable to complete a brief interview for mental status (BIMS) test due to cognitive impairment. The MDS section H also reflected use of a urethral catheter (a medical device inserted into the urinary tract to allow urine to flow freely) and was not on any toileting or weaning program. A review of the resident's active diagnoses included, Alzheimer's disease, retention of urine and infection and inflammation reaction due to indwelling urethral catheter. The surveyor reviewed the resident's medications in the EMR. The EMR reflected an order for tamsulosin, also known as Flomax, (a drug used to treat the signs and symptoms of benign prostatic hyperplasia which can include urinary retention, primarily in men) with an initial date of 1/2/2024 that coincides with a readmission from the hospital. On 4/17/24 at11:09 AM the surveyor interviewed the Licensed Practical Nurse (LPN) who was assigned to the resident. The LPN stated that the resident is scheduled to be discharged home soon and will have the catheter removed. The surveyor reviewed the manufacturer package insert for tamsulosin. The section labeled Indications and Usage reflected, Flomax is an alpha1 adrenoceptor antagonist indicated for treatment of the signs and symptoms of benign prostatic hyperplasia. A review of the EMR, specifically the physician's progress notes for the dates of 1/1/24 through 4/18/24 inclusive, did not reveal any notation of urinary retention, or use of tamsulosin with or without a catheter until 4/18/24 in a discharge note after it was brought to the facility's attention by the surveyor. A further review of the EMR, specifically the physician's progress notes entered and signed by the Advance Practice Nurse (APN) for the dates of 1/1/24 through 4/18/24 inclusive, did not reflect any use of tamsulosin. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The surveyor reviewed the resident's care plan (a summary of a resident's health conditions, specific care needs and current treatments). The care plan reflected that the resident had urinary retention, an indwelling urethral catheter and impaired cognitive function/dementia. On 4/18/24 at11:06 AM the surveyor interviewed the Director of Nursing (DON). The DON stated that she was aware of the resident receiving tamsulosin and that the medication was started at the hospital. The DON agreed that the physician should document about continued unapproved use of tamsulosin in the resident's chart and that she had contacted the physician and asked him to provide documentation. N.J.A.C. 8:39-11.2(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 49078 Based on observation, interview, and relevant document review, it was determined that the facility failed to ensure that medications were stored and labeled appropriately. This deficient practice was identified in one (1) of three (3) medication carts and one (1) one of two (2) medication storage rooms inspected on two (2) of two (2) units. This deficient practice was evidenced by the following: On 4/16/24 at 10:56 AM the surveyor in the presence of another surveyor and the Licensed Practical Nurse (LPN#1) assigned to the medication cart inspected the medication cart identified as the northwest cart. The surveyor observed one (1) brown package containing one (1) vial of latanoprost eye drops (a medication used to treat glaucoma). The brown packaging was labeled with a dispensing pharmacy label which reflected a dispensing date of 3/29/24. There was no date when the vial was opened observed on the packaging or on the vial. The surveyor observed one (1) package containing Fluticasone/salmeterol discus 500/50 (a medication used to treat asthma and chronic obstructive pulmonary disease). The packaging was labeled with a dispensing pharmacy label which reflected a dispensing date of 4/11/24. The medication device which is used to administer the medication was observed to have an automatic dosage counter that reflects the number of doses used/remaining. The counter reflected fifty-five (55) out of sixty (60) uses. There was no date when the medication was opened observed on the packaging or on the medication device. The surveyor observed one (1) package containing Fluticasone/salmeterol discus 250/50 that reflected a date when opened of 2/23/24. The surveyor observed that the medication cart contained a separate lockable box that contained controlled substances. The surveyor observed that the box was not locked by lifting the lid without the use of a key. The surveyor observed on closing the lid that it was blocked from fully closing by excess medication packages outside the box. The surveyor discussed the above areas of concern with LPN#1. LPN #1 agreed that the latanoprost and fluticasone/salmeterol should have a date when opened, the fluticasone/salmeterol dated 2/23/24 was opened more than 30 days, and that the lock box containing controlled substances should always be locked when not in use. The surveyor in the presence of another surveyor entered the northwest medication room with assistance from a nurse. The surveyor observed a locked refrigerator with a temperature log on the door that reflected documentation of refrigerator temperatures twice a day. The surveyor observed that the temperature log had blank spaces for the dates of 4/12/24 AM, 4/12/24 PM and 4/13/24 AM. The surveyor reviewed the manufacturer package insert for latanoprost. The section labeled storage reflects: Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The surveyor reviewed the manufacturer package insert for fluticasone/salmeterol. The section labeled 16 How Supplied/Storage reflects: The device should be discarded 1 month after removal from the moisture-protective foil overwrap pouch or after all blisters have been used (when the dose indicator reads 0), whichever comes first. On 4/16/24 at 1:33 PM, the surveyor in the presence of the survey team discussed the concerns with the Administrator and Director of Nursing (DON). The DON stated that she had removed the medications of concern the previous day and educated the staff. On 4/17/24 at 1:15 PM the DON provided to the surveyor a policy for medication storage. The policy reflects on line nine (9) All controlled drugs are stored under double-lock and key. NJAC 8:39-29.4(g)(h), 8:39-29.7(c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 34421 Based on observation, interview, record review and policy review, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness, and b.) failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness. This deficient practice was evidenced by the following: On 4/18/24 at 9:52 AM, in the presence of the Dietary Director (DD), the surveyor observed the following: 1. In the food preparation area, the surveyor observed seven of seven oven knobs and the oven handle soiled with a brown colored substance, which was able to be lifted with the tip of a pen. In the food preparation area, the surveyor also observed 1 of 2 handles of the convection oven soiled with a brown colored substance, which was also able to be lifted with the tip of a pen. The DD stated that these areas should be cleaned. 2. In the dry storage room, the surveyor observed the following cans with dents, which were in rotation for use: - A number 10 sized can of butterscotch pudding which had a 1/2 inch dent on the upper lip of the can, - A number 10 sized can of tapioca pudding which had a 1 inch dent to the upper lip of the can, The DD stated that the cans on this shelf are in rotation for use and that there should not be any dents in them. On 4/18/24 at 1:50 PM, the surveyor discussed the above concerns with the Administrator and Director of Nursing. NJAC 8:39-17.2(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315066	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stratford Manor Rehabilitation and Care Center	787 Northfield Ave West Orange, NJ 07052

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46889 Based on observation, interview, and record review, it was determined that the facility failed to establish appropriate infection control practices for environmental cleaning for 1 of 24 residents (Resident #5). This deficient practice was evidenced by the following: On 04/15/24 at 10:40 AM, the first day during rounds in Resident #5 room, the surveyor noticed a splash of a creamy substance on the right-side wall near the metal pole, extending from the resident's bedside table to the electrical outlet. The Registered Nurse (RN) stated that it looked like a tube feeding milk on that wall and added that she would ask housekeeping to clean it. On 4/17/24 at 1:25 PM, the surveyor team met with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) about the concern regarding the splash of creamy milk-like substance on the wall. The LNHA stated it was already clean and did not provide further information. NJAC 8:39-19.1(a)