

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2024
NAME OF PROVIDER OR SUPPLIER  Tower Lodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1506 Gully Road Wall, NJ 07719	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41858</b></p> <p>Based on observation, interview, record review and facility documentation it was determined that the facility failed to maintain professional standards of clinical practice by not notifying the physician of a weight discrepancy for 1 of 2 residents (Resident #38) reviewed for nutrition.</p> <p>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.</p> <p>On 09/15/24 at 11:38 AM, during initial tour, the surveyor observed Resident #34 in bed. The resident did not have any complaints at that time.</p> <p>The surveyor reviewed Resident #34's electronic medical record (eMR).</p> <p>A review of the Admission Record revealed the resident was admitted to the facility with diagnoses which included but were not limited to; HTN (hypertension-high blood pressure), Congestive heart failure (CHF-a serious condition that occurs when the heart can't pump enough blood to meet the body's needs) and a presence of a cardiac pacemaker (a small device that helps regulate a person's heart rate by sending electrical pulses to the heart.)</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool, dated 7/23/24, revealed the resident had a Brief Interview for Mental Status of 15 out of 15, indicating the resident was cognitively intact. Further review of the MDS, revealed the resident was receiving a diuretic. (a water pill)</p> <p>(continued on next page)</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Care Plan (CP) revealed: Focus: Potential for complications r/t (related to) impaired cardiac status, HTN, Pacemaker status, Date initiated 06/25/24 .Interventions: Administer diuretic medication as ordered. Monitor for adverse effects r/t diuretic med (medication) use (dizziness, muscle cramps, etc.), keep MD (Doctor of Medicine) informed of abnormalities, Date initiated: 06/25/24. Further review of the CP revealed: Focus: Resident is at risk for weight changes, fluid volume changes due to hx (history) CHF/edema (swelling caused by fluid trapped in your body's tissues), Date Initiated: 06/27/2024; Goal: Resident will maintain weight +/- (plus or minus) 1 to 5 lbs. Weight will increase no more than 5 lbs Date Initiated: 06/27/2024. Interventions: Monitor weighs per protocol Date Initiated 6/27/24.</p> <p>A review of the Resident's weights revealed the following:</p> <p>7/29/2024 14:37 (2:37 PM) 159 Lbs (pounds) Mechanical Lift (a device designed to help caregivers move a person from a bed to a chair)</p> <p>7/30/2024 13:57 (1:57 PM) 158.2 Lbs Mechanical Lift</p> <p>7/31/2024 15:05 (3:05 PM) 134.6 Lbs Mechanical Lift</p> <p>8/5/2024 16:26 (4:26 PM) 133.6 Lbs Mechanical Lift</p> <p>8/15/2024 10:13 (10:13 AM) 136.0 Lbs Mechanical Lift</p> <p>A reviewed of the nutritional assessment dated [DATE] revealed: Weight is significant unplanned gain in 1 month PTA (prior to admission) .r/t fluids/ BLE (bilateral lower extremity) edema, planned loss is desirable, on Lasix (a diuretic medication) daily.</p> <p>A review of the electronic Medication Administration Record (MAR) revealed a check for the day shift weight on 7/31/24. Further review of the MAR Chart Codes/Follow up Codes revealed the check=administered. No other documentation was noted for that order.</p> <p>A review of the progress notes revealed: 7/29/2024 12:20 Nurses Note Note Text: Call received from Cardio office. Device interrogation show Heart Failure . Possible fluid accumulation. NP (Nurse Practitioner) notified. New order to increase Furosemide (diuretic) from 20 mg to 40 mg daily.</p> <p>Further review of the progress notes did not reveal a progress note that the physician was made aware of the weight difference from 7/30/24 and 7/31/24 of 23.6 Lbs.</p> <p>Further review of the progress notes revealed: 8/6/2024 16:25 (4:25 PM), Dietitian Note Note Text: Weight note- significant loss in 1 mo (month), mostly in 1 week, suspect mostly planned r/t diuresis of edema, on daily weights per CHF protocol.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/17/24 at 11:34 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1, who stated the aides do the weights, but the nurse enters the weights in the eMR. She stated that you should look at the previous weight and if there was a difference you should call the doctor for a certain weight gain. She stated that on the MAR it would be checked off that the doctor was called or there would be a progress note that the doctor was called. LPN#1 reviewed Resident # 34's eMR in the presence of the surveyor. She verified that she had entered Resident #34's weight on 7/31/24. She verified there was no progress note that the doctor was called. She further verified that there was no documentation on the MAR that the doctor was called. She then stated, Yes, a weight difference of that amount, the doctor should have been called and it should have been documented.</p> <p>On 09/17/24 at 12:01 PM, the surveyor interviewed with the Director of Nursing (DON), who stated if there was a weight discrepancy, she would expect a reweight to be done. The DON reviewed the eMR in the presence of the surveyor for Resident #34. She reviewed the resident's weights from admission and noted the weight on 7/30 of 158 Lbs and 7/31 of 134 Lbs. She stated, I would attempt a reweight to make sure it was right since there was such a significant change. I would call the doctor and alert the dietician. She reviewed the eMR and verified there was no documentation that the physician or the dietician was made aware of the significant weight difference. The DON stated, the doctor should have been made aware.</p> <p>On 09/17/24 at 1:27 PM, during a meeting with the survey team, the Licensed Nursing Home Administrator (LNHA), the DON, the Infection Preventionist, and the RNM, the above concerns were presented.</p> <p>On 09/18/24 at 9:20 AM, during a meeting with the survey team, the LNHA, the DON stated the weight loss was expected but it was not expected within 24 hours. She stated that the resident should have been reweighed, the doctor notified and there should have been documentation.</p> <p>A review of the facility, Weight Policy revised 10/2023, revealed: Procedure 2. Residents with weight loss or at risk for weight loss. a. Review medications and/or changes to medication regime (i.e., diuretics); b. notify physician of weight loss/gain. 4. Medical Records, a. Nursing will document in the nurse's notes the communication between Physician, Dietitian, and other disciplines.</p> <p>A review of the facility's Scale Accuracy for Weighing of Residents revised 10/2023, revealed Purpose: The purpose of this verification is to assure accurate weights. Procedure: 2. If there is a significant change in the resident's weight, the resident will be reweighed to assure accuracy. 3. If there continues to be a significant change in the resident's weight, the ADON (Assistant Director of Nursing) or designee will be notified.</p> <p>NJAC 8:39-13.1(d)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41858</p> <p>Based on review of the Payroll-Based Journal (PBJ) Staffing Data Report, Nurse Staffing Reports, interview, and facility documentation, it was determined that the facility failed to ensure a Registered Nurse (RN) worked 7 days a week for at least 8 consecutive hours a day for 15 of 15 weekends reviewed.</p> <p>The deficient practice was evidenced by the following:</p> <p>A review of the PBJ staffing Data submitted for the 3rd quarter (April, May and June) of 2024 revealed the facility triggered for RN coverage for 8 consecutive hours/day. Further review revealed Infractions Dates:</p> <p>04/06 (SA-Saturday); 04/07 (SU-Sunday); 04/13 (SA); 04/14 (SU); 04/20 (SA); 04/21 (SU); 04/27 (SA); 04/28 (SU)</p> <p>05/04 (SA); 05/05 (SU); 05/11 (SA); 05/12 (SU); 05/18 (SA); 05/19 (SU); 05/25 (SA); 05/26 (SU)</p> <p>06/01 (SA); 06/08 (SA); 06/09 (SU); 06/15 (SA); 06/16 (SU); 06/22 (SA); 06/23 (SU); 06/29 (SA); 06/30 (SU)</p> <p>A review of the facility provided staffing for the above-mentioned days did not reveal a registered nurse was scheduled for day, evening, or night shifts.</p> <p>On 09/15/24 at 8:55 AM, the survey team entered the facility. Licensed Practical Nurse (LPN) #1 assisted the survey team to the conference room. She stated there was another LPN (LPN #2) in the building. The survey team asked if there was a RN in the building, she confirmed that there was not. LPN # 1 stated the Director of Nursing (DON) was always available by phone.</p> <p>A review of the facility provided Nurse Staffing Report for the weeks of 9/1/24-9/7/24 and 9/8/24-9/14/24, did not revealed an RN was schedule for 9/7/24, 9/8/24, or 9/14/24.</p> <p>A review of the facility provided schedule for 9/15/24 did not reveal a RN was scheduled for the day, evening, or night shift.</p> <p>On 09/17/24 at 12:01 PM, during an interview, the DON stated that there was 1 other RN at the facility, but she was prn (as needed.) She then stated if she goes on vacation or takes a day off, the Regional Nurse Manager (RNM) would have to be in the facility. The DON stated she submitted the PBJ Staffing Reports and was aware that they (the facility) did not have a RN consistently on the weekends. She further stated she was on call 24 hours a day/7 days a week and comes in if she was needed. The DON stated the staff would call 911, if they needed to.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At that time, in the presence of the surveyor, the DON reviewed the facility provided schedules for the above-mentioned weekends for the 3rd quarter. She confirmed that there was not an RN on the weekends. She then reviewed the Nurse Staffing Report for the weeks of 9/1/24-9/7/24 and 9/8/24-9/14/24 and confirmed that there was not a RN for 9/7 (SA), 9/8 (SU), or 9/14 (SA).</p> <p>On 09/17/24 at 1:27 PM, during a meeting with the Licensed Nursing Home Administrator (LNHA), the DON, the Infection Preventionist, and the RNM, the above concerns were presented.</p> <p>A review of the facility's Staffing Policy reviewed 4/2024, revealed: Goal: .goal is to provide adequate staffing to meet needed care and services for our resident population .Policy: .There will be at least one registered professional nurse on duty in the facility during all day shifts. (During a temporary absence, not to exceed 72 hours, the registered professional nurse may be on duty during the evening or night shift.</p> <p>NJAC 8:39-25.2(h)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34421</p> <p>Based on observation, interview, record review and policy review, it was determined that the facility 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.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/16/24 at 9:46 AM, in the presence of the Food Service Director (FSD), the surveyor observed the following:</p> <p>In the food preparation area, the surveyor observed the following:</p> <ul style="list-style-type: none"> <li>- tan colored debris smeared on the surface of the door and on the door handles of standing refrigerator # 1,</li> <li>- brown colored substance on the clear plastic packaging which contained styrofoam plates,</li> <li>-brown colored substance on the microwave oven door and door handle which was easily lifted with the FSD's pen tip,</li> <li>-thick brown colored grease-like substance on 7 of 8 stove knobs, and brown thick grease-like substance on 1 of 2 oven handles.</li> </ul> <p>In the dry storage area, the surveyor observed the following:</p> <ul style="list-style-type: none"> <li>-tan colored debris smeared on the surface of the door and on the door handles of the produce standing refrigerator.</li> </ul> <p>The FSD stated that this equipment should be clean and could not explain what might have happened.</p> <p>During an interview on 9/16/24 at 1:00 PM, the surveyor brought the above concerns to the attention of the Administrator and Director of Nursing.</p> <p>A review of the facility's policy, Cleaning and Sanitation of Food Service Areas, Revised 8/4/2024, revealed: Policy: The food service staff will maintain the sanitation of the dining and food service areas through compliance with a written and comprehensive cleaning schedule. Procedure: 1. The food service manager (or designee) will record all cleaning and sanitation tasks needed for the department.</p> <p>NJAC 8:39-17.2(g)</p>