STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 25232 Based on observations, interviews, record review, and policy review, the facility failed to ensure that one resident (Resident (R) 35) of one resident observed with medications at the bedside was assessed for self-administration of medications, a care plan developed and a physician's order for self-administering medication was obtained. Findings include: Review of the facility's policy, titled Self-Administering Medications, revised 02/23, revealed Policy: A. Each customer is given the opportunity to self-administer his/her medications if the interdisciplinary team (IDT), upon evaluation of a customer's ability to safely self-administer medications, has determined that this practice is safe . Procedure: A. IDT assesses and determines if self-administration of drugs would be a safe practice for each customer. Customers desiring to self-medicate and who are deemed appropriate candidates by the IDT must receive medication education from the nursing staff . B. If the customer is a candidate for self-administration, the IDT asks the customer during his/her care conference whether he/she wishes to self-administer medications. This should be documented in the resident's record: 1. The decision for self-administration is made after the completion of a comprehensive assessment. The decision for self-administration is recommended to be completed and care planned within seven days. 2. The customer is informed that it is his/her right to self-administer medications. C. The physician writes an order for self-administration with a progress note: E. The IDT documents in the customer's care plan who (i.e., the customer or nursing staff) is responsible for storage. Nursing staff documents the self-administration of drug (i.e., which ones, how much, how often), as well as the location (e.g., customer's room in a separate locked compartment or nurses' station) of administered drugs: (continued on next page)

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
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Facility must provide a secured compartment for storage of medications. 2. Nursing staff and the customer will be the only individuals with access to the locked compartment. During observation on 04/02/24 at 09:50 AM, there was a box that contained 25 medication bottles on R35's overbed table. The box included the following medications or supplements: 1. One liquid bottle of olive leaf extract 2. One bottle of [name of company] yeast and vaginal pelvic health (PH) support probiotic 3. One bottle of [name of company] elm 4. One liquid bottle of felvice recharge 5. One bottle of calcium citrate 6. One bottle of oil of oregano 7. One bottle of clinical gastrointestinal (GI) probiotic 8. Two bottle of vitamin D-3 (One bottle was full and one bottle was half full) 9. One bottle of [name of company] 600 milligrams (mg) mushrooms relish 10. One bottle of black seed oil 11. Two bottles of cranberry (One bottle was full and one bottle was less than half full) 12. One bottle of glutathione 13. One bottle of tapirine 500 mg 14. One bottle of acidophilus probiotic 15. One liquid bottle of molecular progesterone complex 16. One bottle of French grape seed 150 mg 17. One bottle of optimized quercetin 250 mg 18. One black bottle of evening primrose 1300 mg 19. One bottle of papaya 500 mg 20. One bottle of [name of company] purple rice flour (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	21. One small bottle of Colace 50 mg 22. One bottle of bio active silver hydrosol liquid 23. One [name of company] saline nasal mist Observation on 04/02/24 at 10:08 AM, Licensed Practical Nurse (LPN)1 brought R35's morning medication of nifedipine (calcium channel blocker and antihypertensive medication) 30 mg one tablet in a cup into R35's room and sat the cup on R35's overbed table. During an interview on 04/02/24 at 10:08AM, LPN1 stated when questioned about the box of medications or supplements on R35's overbed table, LPN1 said that she did not think R35 had an order for these medications or supplements. LPN1 left the room without watching R35 take her nifedipine medication. LPN1 stated that R35 will take the medication after she finished the smoothie she was drinking. Interview on 04/02/24 at 10:15 AM, LPN1 stated that she normally does not leave medication with a resident; however, R35 will not take medication with someone watches her. Review of R35's Face Sheet under tab Profile in the electronic medical record (EMR) revealed that R35 was admitted to the facility 07/06/22 with a diagnosis of hypertension. Review of R35's quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) date of 01/14/24 indicated that R35 had a Brief Interview for Mental Status (BIMS) score 15 out of 15, which indicate that R35 was cognitively intact. Review of R35's Order Summary in the EMR under the Orders tab dated 04/02/24 revealed Nifedipine extended release (ER) Oral Tablet Extended Release 24 Hour 30 MG, give one tablet by mouth one time a day for hypertension. Further review of the Order Summary did not indicate an order to self-administer her own medications. Review of Assessment under the Assessments tab in the EMR indicated no evidence that R35 was assessed for self-administering medication and/or supplements. Review of R35's Care Plan dated 07/07/22 in the EMR under the Care Plan tab revealed no evidence that R35 could self-administer medications and/or supplements. Interview on 04/04/24 at 08:50 AM, the Director of Nursing (DON) indicated that she expected no medications be left at bedside. The DON confirmed that R35 did not have an assessment, physician order, nor a care plan for self-administering medications. NJAC 8:39-29.2(c)6(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on observations, interviews, record review, and review of facility policy, the facility failed to ensure that one resident (Resident (R) 6) from four residents observed during medication administration were given their medication. Specifically, R6 did not have his amlodipine medication and was given another resident's (R17) amlodipine medication. Findings include: Review of the facility's policy, titled Abuse, Neglect and Mistreatment of Resident's Policy, revised 02/24, revealed, Each resident has the right to be free from .misappropriation of property.misappropriation of property: deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent .Documentation and investigative action .8. The Administrator and Director of Nursing (DON) will be made aware of all such incidents occurring in the facility and will review completed reports. If any accident is of a serious nature, misappropriation, or exploitation, it shall be reported by telephone within two hours regardless of time of day. During medication administration observation on 04/03/24 at 08:43 AM, Licensed Practical Nurse (LPN)1 was preparing R6's medications, including amlodipine (blood pressure medication) 5 milligrams (mg) by mouth (PO). When LPN1 looked in the medication cart, LPN1 said that R6's amlodipine had not been received from the pharmacy. LPN1 pulled R17's blister card of amlodipine 5 mg , and place one pill in a medication cup. LPN1 gave R6, R17's amlodipine medication. 1. Review of R6's Face Sheet under the electronic medical record (EMR) tab Profile indicated that R6 was readmitted to the facility on [DATE] with a diagnosis including hypertension. Review of R6's Order Summary under the EMR tab Orders dated 04/03/24 indicated amlodipine 5 mg, give one tablet orally one time a day for hypertension. Review of R6's Medication Administration Record (MAR) under the EMR tab Order dated 04/24 revealed R6 was given amlodipine 5 mg between 04/01/24-04/03/24 and signed by LPN1. 2. Review of R17's Face Sheet under the EMR tab Profile indicated that R17 was admitted to the facility on [DATE] with a diagnosis including hypertension. Review of R17's Order Summary under the EMR tab Orders dated 04/03/24 indicated, amlodipine 5 mg, one tablet PO one time a day for hypertension. Review of R17's MAR under the EMR tab Order dated 04/24 revealed that R6 was given amlodipine 5 mg by LPN1 on 04/01/24, 04/02/24 and 04/03/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 04/03/24 at 11:44 AM, LPN1 indicated that the EMR system for re-ordering medication indicated that R6's amlodipine was filled and received on 03/30/24; however, LPN1 said that the medication was not on the medication cart and indicated that this would be the only place the medication would be stored. LPN1 said that she borrowed from R17's amlodipine yesterday and today. During the interview, LPN1 and surveyor looked through the medication cart and was unable to locate R6's amlodipine that arrived on 03/30/24. Also, during this observation, review of R17's blister card for amlodipine revealed 11 pills left; however, the pills were not punched out in order. The blister card had pills left in the following slots: 1, 2, 3, 9, 10, 11, 12, 13, 14, 20 and 21. The blister card for R17 had a date of 03/17/24 on the front of the blister card but did not indicate whether this was the fill date. LPN1 said this was the re-order date. LPN1 confirmed that the blister card was filled on 02/19/24 and re-ordered on 03/17/24. Interview on 04/03/24 at 11:50 AM, the DON stated that her expectation was for staff not to share medications between residents. During another interview on 04/03/24 at 12:25 PM, the DON stated what occurred with LPN1 taking R17's amlodipine medication and giving to R6 would be called borrowing and that it was not a reportable concern. Interview on 04/03/24 at 11:59 AM, the Administrator was asked if this would be something that should be reported to the State Agency (SA). He indicated that he would have to refer to corporate. He said that he reports injury of unknown origin and abuse; however, no mention of using another resident's medication for another resident. During another interview on 04/03/24 at 12:45 PM, he indicated that this would be called borrowing and not a reportable concern. Review of the facility provided Packing Slip, dated 03/30/24, revealed no evidence that R6's amlodipine 5 mg was packaged and sent to the facility. Interview with the Administrator and Director of Nursing (DON) on 04/04/24 at 08:40 AM, the pharmacy said that R6's medication was filled on 03/06/24 and sent on 03/06/24 to the facility. The surveyor explained that if R6 started the bingo card on 3/7/24, by 03/31/24 there would have been 25 pills used. The DON was asked what happened to the other five pills. The DON was unaware of R6's five amlodipine 5 mg pills missing but indicated that she would investigate. By the end of the survey, DON had not reported any investigation for the missing pills to the survey team. Interview with the DON on 04/04/24 at 4:55 PM, she indicated that she was unaware of any issues with the nurses until it was brought up during medication pass. The DON indicated that there are 2.5 mg of amlodipine in the Cubex, which LPN1 could have obtained to give to R6; however, LPN1 was unaware of the Cubex. NJAC 8:39-4.1(a)5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on observations, record review, interviews, and policy review, the facility failed to ensure an incident of misappropriation of resident property for one of one resident (Resident (R) 17) was reported to the State Agency (SA) within two hours of receiving report that a nurse gave R17's medication to another resident (R6) during medication administration. Findings include: Review of the facility's policy titled, Abuse, Neglect and Mistreatment of Resident's Policy, revised 02/24 revealed, Each resident has the right to be free from .misappropriation of property .misappropriation of property: deliberate misplacement, exploitation or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent . If any accident is of a serious nature, misappropriation, or exploitation, it shall be reported by telephone within two hours regardless of time of day .Reporting of abuse and Investigation Process: this facility will ensure that all alleged violations involving and misappropriation of resident property will be reported immediately to the Administrator/designee of the facility and to other officials in accordance with state law through established procedures (include the state survey and certification agency). Procedure .3. The Administrator/designee will notify the Department of Health within one business day. During medication administration observation on 04/03/24 at 08:43 AM, Licensed Practical Nurse (LPN)1 was preparing R6's medications, which included amlodipine (blood pressure medication) 5 milligrams (mg) by mouth (PO). When LPN1 looked in the medication cart, LPN1 said that R6's amlodipine had not been received from the pharmacy. LPN1 pulled R17's amlodipine 5 mg that belonged to R17, popped one pill in a medication cup. LPN1 agreed that R6 receives a R17's amlodipine. 1. Review of Face Sheet under the electronic medical record (EMR) tab Profile indicated that R6 was readmitted to the facility on [DATE] with a diagnosis including hypertension. Review of R6's Order Summary under the EMR tab Orders dated 04/03/24 indicated, amlodipine 5 mg, give one tablet orally one time a day for hypertension. Review of R6's Medication Administration Record (MAR) under the EMR tab Order dated 04/24 revealed, LPN1 documented that R6 was given R17's amlodipine 5 mg on 04/01/24, 04/02/24 and 04/03/24. 2. Review of Face Sheet under the EMR tab Profile indicated that R17 was admitted to the facility on [DATE] with a diagnosis including hypertension. Review of R17's Order Summary under the EMR tab Orders dated 04/03/24 indicated amlodipine 5 mg, one tablet PO one time a day for hypertension. Review of R17's MAR under the EMR tab Order dated 04/24 revealed, R6 was given amlodipine 5 mg on 04/01/24, 04/02/24 and 04/03/24 by LPN1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with LPN1 on 04/03/24 at 11:44 AM, LPN1 said that she borrowed from R17's amlodipine yesterday and today. Interview with the Director of Nursing (DON) on 04/03/24 at 11:50 AM, she indicated that this was not a reportable concern. Interview with the Administrator on 04/03/24 at 12:45PM, the Administrator indicated this incident was not a reportable concern. Interview with the Administrator and DON on 04/04/24 at 08:40 AM, the Administrator indicated that he was waiting to hear back from the survey team before reporting the incident to the SA. Review of facility provided Fax Result Report, dated 04/04/24 at 10:38 AM, revealed four pages sent to the SA and the report indicated the incident dated 04/03/24 Interview with the Administrator on 04/05/24 at 11:30 AM, he said that all abuse is reported as soon as possible to the SA. NJAC 8:39-9.4(f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25232 Based on observations, record review, interviews, and policy review, the facility failed to ensure that one (Resident (R) 22) of seven residents reviewed for side rails had a comprehensive care plan developed that addressed the use of side rails. Findings include: Review of the facility's policy, titled Care-Plans Comprehensive, revised 06/23 revealed, An individualized comprehensive care plan that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental and psychological needs is developed for each resident . Review of R22's Face Sheet under the Profile tab in the electronic medical record (EMR) indicated that R22 was readmitted to the facility on [DATE] with Parkinson's disease, blindness left eye, and difficulty walking. Observation and interview on 04/02/24 at 11:00 AM, R22 was sitting up in his bed with bilateral half side rails in the up position. During this observation, R22 said that he think the side rails are up so that he does not fall off the bed. R22 indicated that he was not sure why the side rails were in the up position. During further observations of R22 in bed on 04/03/24 at 08:32 AM, and 04/05/24 at 09:30 AM, R22's bilateral side rails were in the up position. Review of R22's quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 01/19/24 indicated a Brief Interview for Mental Status (BIMS) was 13 out of 15, which indicated R22 cognitively intact. Review of R22's Care Plans under the EMR Care Plan tab dated 10/16/21 revealed no evidence of a side rail care plan or side rails as an intervention. Interview on 04/04/24 at 5:15 PM, the Director of Nursing (DON) confirmed that R22 did not have a side rail care plan. NJAC 8:39-11.2(e) thru (i) NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03115 Based on observation, record review, interview and policy review, the facility failed to ensure one of 12 residents (R)8) care plans were reviewed and revised to reflect the correct code status after it was changed and for one of 12 residents (R47) care plans reviewed, failed to ensure the physician's ordered helmet for safety and the resident's refusal to wear the helmet was included in the care plan. Findings include: 1. Review of R8's admission sheet located under the admission tab of the electronic medical record (EMR) revealed admission to the facility on [DATE] and diagnoses of dementia, chronic obstructive pulmonary disease, hypertension, and dysphagia. Review of the resident's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of [DATE] revealed a Brief Interview for Mental Status (BIMS) score of seven out of 15 which indicated resident had severe cognitive impairment. Review of the code status listed in the dashboard area of the EMR indicated do not resuscitate (DNR) do not intubate (DNI). The Physician's orders located under the orders tab of the EMR revealed an order to be a DNR DNI dated [DATE]. Review of a purple paper located on the hard chart titled New Jersey Practitioner Orders for Life-Sustaining treatment (POLST) signed by the resident's daughter/responsible party and physician on [DATE] stated the resident wanted to be kept comfortable with symptom treatments only and under part D Cardiopulmonary Resuscitation (CPR) Do not attempt resuscitation/DNAR, allow natural death and Do Not Intubate were marked with an x indicating this was the resident's/responsible party's wishes. Review of the R8'scare plan for advanced directives located under the care plan tab of the EMR indicated, Code status is currently: Full Code POLST in place dated [DATE]. During an interview on [DATE] at 12:55 PM, Licensed Practical Nurse 3 (LPN3) stated that she would look at the dashboard in the EMR to check the code status in the event a resident would be found without a pulse or heartbeat. LPN3 verified the code status indicated on the care plan was incorrect. During an interview on [DATE] at 01:02 PM, Registered Nurse (RN)2 reviewed R8's care plan and verified the code status was not correct. Interview on [DATE] at 08:58 AM, the Administrator and Director of Nursing (DON) verified R8's care plan had not been updated to reflect the correct advanced directive. 2. Review of R47's admission MDS with an ARD of [DATE] revealed a BIMS score of nine out of 15 which indicated R47 cognition was moderately impaired. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R47's Fall Risk assessment dated [DATE] revealed R47 was identified as being at high risk for falls with a score of an 11. He was identified as at risk for falls related to having ,d+[DATE] falls in the past 2 months; being chair bound, having balance problems with walking, and standing and jerking or unstable when making turns; and use of medications. Review of R47 physician's order in the EMR under the Orders tab with a start date of [DATE] indicated to wear helmet at all times while out of bed as tolerated. Observation of R47 up in his wheelchair without a helmet on [DATE] at 9:53 AM, on 11:55 AM to 11:59 AM, on 12:39 PM, and 4:38 PM; on [DATE] at 8:39 AM, on 10:19 AM, and 10:39 AM; on [DATE] at 9:08 AM and at 11:15 AM. Observation on [DATE] at 10:22 AM and on [DATE] at 9:44 AM, R47 was walking with a walker in the corridor without wearing a helmet. Interview on [DATE] at 11:20 AM, RN2 verified R47 was not wearing a helmet. She stated he often refuses to wear the helmet. RN2 reviewed R47's care plan and confirmed that there was no documentation to reflect that R47 was supposed to wear a helmet and that R47 would refuse to wear the helmet. Interview on [DATE] at 2:04 PM, the Minimum Data Set Coordinator stated that each department updates their section of the care plan as changes occur and at the quarterly care plan meeting, they review the care plan to ensure it accurately reflects the resident's status. Review of the facility's policy titled, Care-Plans Comprehensive dated ,d+[DATE] revealed the comprehensive care plan is based on a thorough assessment that includes but is not limited to the MDS. The policy stated the care plan is reviewed and revised as information about the resident's condition changes; when the desired outcome is not met; and at least quarterly. NJAC 8:,d+[DATE].2(e), (f),(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03115 Based on observations, record reviews, interviews and policy review, the facility failed to residents' side rails were assessed quarterly according to the facility's policy, failure to ensure alternatives were tried prior to installing a side rail; and failed to ensure bed rails were ordered by the physician prior to use for three (Resident (R) 41, R4, and R22) of 10 residents reviewed for side rails. Findings include: 1. R41 was observed sitting in bed on 04/02/24 at 4:35 PM and on 04/03/24 at 8:36 AM with the half side rails attached to the bed in the up position. Review of R41's Face Sheet under the Profile tab in the Electronic Medical Record (EMR) revealed diagnoses Alzheimer's disease, down syndrome, muscle weakness, difficulty in walking, history of falling and anxiety disorder. Review of R41's Fall Risk assessment dated [DATE] found in the EMR under the Assessment tab indicated that R41 was at low risk for falls with a score of five due to being alert, no falls in the past 3 months, and legally blind and decreased muscular coordination. The only side rail assessment found in the resident's EMR was the Admission/Readmission Evaluation dated 03/09/23. The assessment indicated R41 was non-ambulatory; had an altered safety awareness due to cognitive decline; demonstrated poor bed mobility or difficulty moving to sitting position on the side of the bed; was on medications which require increased safety precautions; was currently using the siderails; and was visually challenged. According to the assessment's section C, the recommendation was for half side rails to serve as enablers and to promote independence. Review of R41's Physician Orders in the EMR Orders tab revealed no physician's order for the use of the side rails. The only quarterly assessments for the use of the side rails was found in the EMR dated 12/24/23. Interview on 04/04/24 at 2:40 PM, the Director of Nursing (DON) stated the side rails should be evaluated quarterly. The DON confirmed that the facility policy indicates the side rails should be evaluated on a quarterly basis. 2. Review of R4's Face Sheet under the EMR tab Profile indicated that R4 was readmitted to the facility on [DATE] with diagnoses including epilepsy, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. During interview and observation with R4 on 04/02/24 at 09:45 AM, bilateral upper half side rails were in the up position. R4 indicated that she does not know why these side rails were in the up position. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During another observation of R4 in bed on 04/03/24 at 09:00 AM, bilateral upper half side rails were observed in the up position. Review of R4's quarterly Minimum Data Set (MDS) assessment with Assessment Reference Date (ARD) of 02/04/24 indicated R4's Brief Interview for Mental Status (BIMS) was eight out of 15, which indicated R4's cognition was moderately impaired. Review of facility provided Side Rail Informed Consent and Release dated 02/05/20, revealed evidence that R4 was educated on the risks and benefits. Review of Order Summary dated 04/02/24 under the EMR tab Orders revealed Padded side rail while in bed every shift for seizures. Review of the Interdisciplinary Care Plan (IDCP) Summary Note, and the Interdisciplinary Team (IDT) Progress Notes, under the Assessments tab in the EMR dated 01/30/23, 04/30/23, 08/01/23, and 01/30/24 revealed no documentation that R4's side rails were reassessed. Interview with the DON on 04/04/24 at 2:40 PM, she indicated that R4's side rail assessments were not reassessed quarterly, as per the facility policy. She indicated that the side rail assessment should be completed quarterly. 3. Review of Face Sheet under the EMR tab Profile indicated that R22 was readmitted to the facility on [DATE] with a diagnosis including Parkinson's disease. Observation on 04/02/24 at 11:00 AM, R22 was sitting up in his bed with bilateral half side rails in the up position. During this observation, R22 indicated that he was unsure why the side rails were in the up position. Review of R22's quarterly MDS assessment with ARD of 01/19/24 indicated R22's BIMS was 13 out of 15, which indicated R22 was cognitively intact. During further observations of R22 in bed on 04/03/24 at 08:32 AM, and 04/05/24 at 09:30 AM, R22's bilateral side rails were in the up position. Review of R22's facility provided undated Side Rails Informed Consent and Release, which mentions the risks and benefits revealed R22 signed the document, but no facility staff signed the form. Review of Order Summary dated 04/02/24 under the EMR Orders tab revealed no evidence of a physician order for side rails. Review of Assessments under the EMR Assessment tab indicated no quarterly side rail assessment being completed. Review of the IDT Progress Notes dated July 2023 to present located under EMR tab Notes' indicated no evidence of quarterly side rail assessments being completed and no evidence of alternatives prior to side rails being 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
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with the DON on 04/04/24 at 2:40 PM, she indicated that R22's side rail assessment were not being reassessed quarterly. On 04/0/2 at 5:15 PM, the DON indicated that there were no alternatives listed, and no order for side rails. Review of the facility's policy titled, Side Rails, revised 12/23 revealed, It is the policy of this facility to provide resident with side rails as an enabler for bed mobility. Procedure: 1. Upon admission, the nurse will assess the need for side rails using the Side Rail Assessment form in [name of electronic medical record]. 2. Side rails will be monitored and re-evaluated on a quarterly basis .or as warranted by the resident's condition . 25232 NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 03115 Based on observation, record review and staff interview, the facility failed to ensure one of one Resident (R)47) use of a helmet was accurately documented in the treatment records and electronic medical record (EMR). In addition, nursing staff failed to document for one of one resident (R23) when a medication was disposed of to ensure that all dosages for the medication was accurately accounted for in the EMR. Findings include: Review of R47's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/01/24 revealed a Brief Interview for Memory (BIMS) score of 9 out of 15 which indicated R47's cognition was moderately impaired. Review of the MBHC-Fall Risk assessment dated [DATE] revealed he was identified as being at high risk for falls with a score of an 11. He was identified as at risk for falls related to having 1-2 falls in the past 2 months; being chair bound, having balance problems with walking, and standing and jerking or unstable when making turns; and use of medications. R47 had a Physician's order in the EMR under the Orders tab with a start date of 02/02/24 to wear helmet at all times while out of bed as tolerated. R47 was observed up in his wheelchair without a helmet on 04/02/23 at 9:53 AM, 11:55 AM to 11:59 AM, 12:39 PM, and 4:38 PM; on 04/03/23 at 8:39 AM, 10:19 AM, 10:39 AM; On 04/04/23 at 9:08 AM and at 11:15 AM. On 04/03/23 at 10:22 AM and on 04/04/23 at 9:44 AM he was observed being assisted by staff to walk with a walker in the corridor without a helmet on. On 04/04/23 at 11:20 AM. Registered Nurse (RN)2 verified R47 was not wearing a helmet. She stated he often refuses to wear the helmet. When asked if they document the refusals, she stated they document them in his EMR. RN2 verified that she worked on both 04/02/24 and on 04/03/24 and that the EMR had no documentation of R47's refusal to wear the helmet. In his Treatment Administration Record (TAR) he had a check mark with the nurse's initials in each space and no documentation of refusals. She stated according to that documentation he was wearing his helmet. She verified the documentation was not accurate. On 04/05/24 at 9:06 AM the Administrator and the Infection Preventionist verified the R47's EMR did not reflect his refusals to wear the helmet on 04/02/24 and 04/03/24. 2. Review of R23's Face Sheet under Profile tab in the EMR indicated that R23 was readmitted to the facility on [DATE] with a diagnosis including hypertension. Review of R23's Order Summary under Orders tab dated 04/04/24 indicated amlodipine (hypertensive medication) 5 milligrams (MG), give one tablet by mouth (PO) one time a day . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315096	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Doctors Subacute Healthcare, LLC	59 Birch Street Paterson, NJ 07522

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R23's Blister Card found in the medication cart dated 03/16/24 indicated 23 pills have been punched out, and seven pills were remaining. Review of R23's Medication Administration Record (MAR) dated 03/24 under Orders indicated that R23 received Fourteen days of amlodipine 5 mg from 03/17/24-03/31/24, while holding the medication on 03/26/24. Review of R23's MAR dated 04/04/24 under tab Orders' indicated that R23 received four days of amlodipine 5 mg. Observation of R23's Blister Card dated 03/16/24 on 04/04/24 at 4:30 PM, indicated 23 pills have been punched out, and seven pills were remaining. The seven pills were in the following numbers: 9, 10, 11, 12, 13, 17, and 18. According to the MARs dated 03/24 and 04/24, there should have been a total of 18 pills punched out, not 23, and there should have been 12 pills remaining, not seven. A total of five pills were unaccounted, due to the lack of documentation in the EMR. Interview with RN1 on 04/04/24 at 4:40 PM, she indicated that medication on the blister cards should be punched in order, starting at 30 and going down. RN1 stated she did not know where the other five pills have gone from R23's blister card. RN1 stated that sometimes pills get dropped into the medication cart and must be wasted. RN1 stated that there is no way of telling what happened because since this medication is not a narcotic, pills wasted do not have to be written down. Interview with the Director of Nursing (DON) on 04/04/24 at 4:55 PM, she indicated that she was unaware of any issues with the nurses until it was brought up during medication pass. The DON stated that the unit managers check the medication carts weekly for any loose pills that might have fallen from the blister cards and there is no system in place for documenting in the EMR routine medications being wasted. The DON confirmed that five pills were missing from R23's blister card, and stated she does not know what happened to these pills. NJAC 8:39-23.2(a) NJAC 8:39-35.2(a),(c),(d),(g),(h),(k) 25232