STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315106	A. Building B. Wing	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elizabeth Nursing and Rehab	1048 Grove Street Elizabeth, NJ 07202

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. 37791 Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to provide a safe medical equipment (wheelchair with no armrest pad) which would provide additional support and comfort to protect the arm of a resident. This deficient practice was observed for one (1) of eighteen (18) residents (Resident #23) reviewed for assistant medical device. This deficient practice was evidenced by the following: On 9/15/24 at 11:38 AM, during initial tour, the surveyor observed Resident #23 who was seated in a high back wheelchair in the dayroom. The surveyor further observed the left-side armrest of the resident's high back wheelchair had no cushion. On 9/16/24 at 9:35 AM, the surveyor observed Resident #23 in the day room. The resident was groomed and dressed and was seated in their high back wheelchair which had no cushion on the left side armrest. A review of Resident #23's Admission Record revealed that the resident was admitted to the facility with diagnosis which included but were not limited to: Type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), Hypertension (a condition in which the force of blood against the artery walls is too high), Major Depressive Disorder (persistent feeling of sadness or loss of interest that characterizes major depression can lead to a range of behavioral and physical symptoms) and Anxiety Disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities. A review of Resident #23's Quarterly Minimum Data Set (MDS) an assessment tool revealed the resident had a Brief Interview for Mental Status score of 00 out of 15, which indicated that the resident had severe cognitive impairment. On 9/16/24 at 9:40 AM, the surveyor in the presence of a Registered Nurse (RN) observed Resident #23 in their high back wheelchair. The RN acknowledged that the resident was missing their armrest cushion on the left side of the wheelchair. The RN stated that there must be cushion on the armrest of the resident's wheelchair. The RN further stated that the armrest cushion needed to be fixed. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/16/24 at 9:45 AM, the surveyor interviewed the resident's Certified Nursing Assistant (CNA) who acknowledged that the resident had no armrest cushion on the left-side of their wheelchair. The CAN stated that the resident should have an armrest cushion on both armrests. The CNA further stated that the armrest cushion for the wheelchair was inside the resident's room. On 9/16/24 at 9:50 AM, the surveyor observed the RN retrieved the armrest cushion from the resident's room and was observed snapping the cushion on the resident's wheelchair left armrest. The RN stated that she will contact the maintenance department to fix the resident's wheelchair. On 9/17/24 at 1:00 PM, the surveyor presented the above concerns to the facility administrative team which included the Licensed Nursing Home Administrator (LNHA), Assistant LNHA, Regional LNHA and the Director of Nursing (DON). No further information was provided. A review of the facility policy, Medical Equipment Management Plan (Created 08/31/24) and was provided by the DON revealed the following: 3 Maintains equipment operational plans to help assure reliability. 4. Develops procedures that establish intervals for the testing and maintenance of the equipment. 7. When problems are identified, actions are taken to resolve them. NJAC 8:39-27.1(a), 31.4(a),4.1(a)(12)

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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37791 Based on observation, interview, and record review, it was determined that the facility failed (a). remove and dispose a discontinued medication (Namenda 5 mg) from the active inventory, this was identified for one (1) of four (4) residents, (Resident #85) observed during medication administration and (b). properly label, store, and dispose medications in two (2) of four (4) medication carts inspected. This deficient practice was evidenced by the following: a). On [DATE] at 9:05 AM, during morning medication pass observation, the surveyor observed a Licensed Practical Nurse (LPN# 1) preparing medications for Resident #85. LPN #1 opened the medication cart and pulled out a bingo card (a bubble pack which contained one dose of medication commonly used in long term care facilities) which contained Memantine (Namenda) 5mg tablets. The surveyor observed LPN #1 checked the resident's electronic medication administration record. LPN #1 stated that the resident was on Namenda 10 mg. She then investigated the medication cart and found another bingo card for Memantine (Namenda)10 mg tablets. LPN#1 stated that the Namenda 5 mg was for the evening dose. On [DATE] at 9:30 AM, during medication pass reconciliation the surveyor reviewed Resident #85's physician's orders (PO) which revealed that the resident's PO for Memantine 10 mg tablets were discontinued on [DATE]. The surveyor reviewed the medication record for Resident #85. A review of the resident's Admission record revealed the resident was admitted to the facility with diagnoses which included but were not limited to: Hypertension (a condition in which the force of the blood against the artery walls is too high), Hyperlipidemia (a condition in which there are high levels of fat particles (lipids) in the blood), Alzheimer's disease (a progressive disease that destroys memory and other important mental functions), and Diabetes Mellitus (is a disorder in which the amount of sugar in the blood is elevated). A review of the Admission MDS dated [DATE], reflected the resident had a Brief Interview for Mental Status score of 15 out of 15, indicating that the resident was cognitively intact. A review of the [DATE] Order Summary Report (OSR) revealed a PO dated [DATE] for Memantine oral tablet 10 mg, give 1 tablet by mouth two times a day for Dementia. The [DATE] OSR report also showed that the resident had the following discontinued PO's: Memantine oral tablet 5 mg give 1 tablet by mouth two times a day for dementia which had a discontinued date of [DATE]. On [DATE] at 10:40 AM, the surveyor in the presence of LPN#1 reviewed Resident #85's medical records. LPN#2 acknowledged that the resident's Namenda 5 mg was discontinued on [DATE] and the medication should have been removed from the medication cart as soon as the medication was discontinued. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b). On [DATE] at 10:50 AM, the surveyor inspected the first-floor medication cart in the presence of LPN#2. The surveyor observed an opened vial of Purified Protein Derivative (PPD) (a test that detects tuberculosis) that indicated an open date of [DATE] and was stored inside the medication cart. The surveyor also observed an unopened pen of Basaglar insulin that was undated and stored inside the medication cart. The surveyor interviewed LPN#2 who acknowledged that the PPD vial and the unopened pen of Basaglar should have been stored inside the medication refrigerator. On [DATE] at 11:00 AM, the surveyor inspected the 2nd floor medication cart in the presence of LPN#3. The surveyor observed an opened Timolol 0.5% (glaucoma) eye drops that had an opened date of [DATE] and was expired. At that time, the surveyor interviewed LPN#3 who stated that the Timolol eye drops, once it's opened had a 28-day expiration date. LPN#3 acknowledged that the Timolol eye drops was expired and should have been removed from the medication cart. A review of the Manufacturer's Specifications for the following medications revealed the following: 1. PPD vial should be stored in the refrigerator. 2. Unopened Basaglar insulin pen should be stored in the refrigerator 3. Timolol eye drops once opened has an expiration date of 28-days. On [DATE] at 1:00PM, the surveyor presented the above concerns to the facility administrative team which included the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), assistant LNHA, and the Regional LNHA. There was no additional information provided. A review of the facility's policy titled Medications Destruction dated [DATE] and provided by the DON included the following: When non controlled medications are expired or discontinued, all medications in their original packaging are returned to the pharmacy for proper disposal. A review of the facility's policy titled Medication Storage dated [DATE] and provided by the DON included the following: 5. Expired, discontinued and/or contaminated medications will be removed from the medication storage areas and disposed of in accordance with facility policy. 6. Medications will be stored at the appropriate temperature in accordance with pharmacy and /or manufacturer's labeling. NJAC: 8:,d+[DATE].4 (a) (h) (d)

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(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. 44605 Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness. This deficient practice was observed and evidenced by the following: On 9/15/24 at 9:35 AM, the surveyor in the presence of the Chef observed the following during the kitchen tour: 1. The inside of the ice machine was observed in two areas with a black colored substance. The Chef stated the maintenance department oversees cleaning the ice machine and they were not aware of the black colored substance in the ice machine. On 9/15/24 at 12:34 PM, the surveyor conducted an interview with the Maintenance Director (MD), who stated the ice machine was cleaned monthly, normally the middle of the month. The MD was unable to state what the substance was or how long it had been there. On 9/17/24 at 9:45 AM, the Executive Chef (EC) provided the surveyor with a facility policy title, Cleaning Kitchen Equipment with a revised date of December 2023. Under the policy interpretation and implementation portion of the policy it states, 2. All utensils, counters, shelves, and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning. Seals, hinges, and fasteners will be kept in good repair . 11. Ice machines and ice storage containers will be drained, cleaned, and sanitized per manufacturer's instruction and facility policy. On 9/17/24 at 1:38 PM, the surveyor team met with the Facility Operator, Assistant Licensed Nursing Home Administrator, Regional Administrator, Administrator in Training, and Director of Nursing and reviewed the above facility concerns. No additional information was provided. NJAC 8:39-17.2(g)