STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315111	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Preferred Care at Hamilton	1501 State Hwy 33 Hamilton Square, NJ 08690

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. Based on observation, interview, record review, and pertinent facility documentation, it was determined that the facility failed to maintain complete and accurate medical records. Specifically, the facility did not have physician's orders and a care plan in place for the use of bilateral hearing aids. This deficient practice was identified for 1 of 1 resident (Resident #117) reviewed for communication and sensory needs. This deficient practice was evidenced by the following:On 5/6/2026 at 11:06 AM, the surveyor observed Resident #117 on the North Wing hallway self-propelling in his/her wheelchair and not wearing bilateral hearing aids. The bilateral hearing aids were observed on the resident's bedside dresser drawer. The surveyor said hello to the resident, and the resident did not respond to the surveyor. On 5/7/2026 at 11:34 AM, the surveyor observed the resident in his/her bedroom sitting in their wheelchair watching television and not wearing bilateral hearing aids. The bilateral hearing aids were observed on the resident's bedside dresser drawer. The surveyor said hello to the resident, and the resident did not respond to the surveyor. A review of the admission Record (an admission summary) revealed diagnoses including, but not limited to, hearing deficits (decreased hearing ability). A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 4/7/2026, included a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. A review of the Individual Comprehensive Care Plan (ICCP), dated 4/1/2026, did not include a focus area or interventions to address the resident's hearing deficits or the use of bilateral hearing aids. A review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR), dated May 2026, did not include a physician order for bilateral hearing aids. During an interview with the surveyor on 5/7/2026 at 11:38 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM), who has worked at the facility for two years as the North Wing UM, stated that the resident should have a physician's order and care plan addressing bilateral hearing aids to ensure staff were aware the resident used hearing aids and to guide the plan of care. During an interview with the surveyor on 5/12/2026 at 9:30 AM, the Director of Nursing (DON) stated that other residents have physician orders for hearing aids because they required staff assistance with application and removal for accountability purposes. The DON further stated that Resident #117 does not require assistance with applying or removing hearing aids, therefore, a physician's order was not necessary. The DON also noted that bilateral hearing aids should be included on the care plan because it helped guide the resident's care. A review of the facility's Hearing Aide policy, dated January 2026, included This facility supports residents in the use and routine care of their hearing aids, including keeping devices clean, properly stored, and protected from damage or loss when not in use. Residents will be encouraged to independently apply, remove, and care for their hearing aids whenever able, with staff providing assistance as needed to promote safety, dignity, and maintenance of functional independence. NJAC 8:39-27.1 (a)

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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to ensure a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to properly label and date the oxygen nasal cannula (NC) (a device used to deliver oxygen through tubing) for 1 of 1 resident (Resident #129) reviewed for respiratory care. This deficient practice was evidenced by the following: On 5/6/2026 at 11:12 AM, the surveyor observed Resident #129 in his/her bedroom lying in bed watching television, with the head of the bed elevated to approximately 90 degrees, receiving oxygen through a NC at two (2) liters per minute (LPM). The NC was not labeled or dated. On 5/7/2026 at 11:33 AM, the surveyor observed the resident in his/her bedroom sitting in their wheelchair watching television and receiving oxygen through a NC at 2 LPM. The NC was not labeled or dated. A review of the admission Record (an admission summary) revealed the resident had diagnoses including, but not limited to, Chronic Obstructive Pulmonary Disease (COPD) (a lung disease that blocks airflow and makes breathing difficult), Congestive Heart Failure (CHF - a condition in which the heart cannot pump blood effectively, leading to fluid buildup in the lungs), and respiratory conditions due to smoke inhalation (a condition in which the lungs are damaged or irritated from breathing in smoke). A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 4/26/2026, included a Brief Interview for Mental Status (BIMS) score of 9 out of 15, indicating moderately impaired cognition. A review of the Individual Comprehensive Care Plan (ICCP), dated 4/17/2026, included a focus area indicating that Resident #129 received oxygen therapy. Interventions included: administering oxygen as ordered. A review of the Treatment Administration Record (TAR), dated May 2026, included the following physician orders (PO):PO dated 5/6/2026: Oxygen 2 LPM via nasal cannula every shift. During an interview with another surveyor on 5/7/2026 at 10:08 AM, the Infection Preventionist (IP) stated that oxygen tubing should be labeled, dated, and changed weekly for infection control purposes. During an interview with the surveyor on 5/11/2026 at 11:53 AM, the Director of Nursing (DON) stated that Resident #129's oxygen tubing should have been labeled and dated for infection control purposes. A review of the facility's Oxygen Administration policy, dated February 2026, included Date and initial tubing and humidifier bottles when started and weekly. Store tubing when not in use in a clean plastic bag. N.J.A.C. S 8:39-19.4(a)