

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Clover Meadows Healthcare and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 112 Franklin Corner Road Lawrenceville, NJ 08648	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>34033</p> <p>COMPLAINT# NJ00179885</p> <p>Based on observation, interview and record review, it was determined that the facility failed to submit a report to the New Jersey Department of Health (NJDOH) within the two-hour timeframe for an allegation of abuse made by a resident, (Resident #82). The deficient practice was identified for one (1) of four (4) residents reviewed for abuse investigations and was evidenced by the following:</p> <p>On 1/12/25 at 11:00 AM, the surveyor observed Resident #82 in bed. The surveyor interviewed the resident, and the resident had no concerns.</p> <p>On 1/14/24 at 11:15 AM, the surveyor observed the resident in their room in bed. The surveyor interviewed the resident regarding an incident in November but the resident had not wanted to speak about any incident regarding staff.</p> <p>The surveyor reviewed the medical record for Resident #82.</p> <p>A review of the Admission Record revealed diagnoses which included but not limited to; heart failure, generalized muscle weakness and difficulty in walking.</p> <p>A review of the most recent comprehensive significant change Minimum Data Set (MDS) (an assessment tool used to facilitate the management of care) dated 12/26/24, reflected that the resident had a brief interview of mental status (BIMS) score of 13 out of 15, indicating the resident had an intact cognition.</p> <p>A review of a Reportable Event Record/Report provided by the Licensed Nursing Home Administrator (LNHA) that was completed by the Director of Nursing (DON) indicated an allegation Resident stated to the 7-3 pm Nurse that [they] was slapped across the right side of [their] face by the night nurse and that she came in [their] room and shut [their] O2 (oxygen). In addition, the report indicated that the date of the significant event occurred on 11/18/24 and the time of that event was 8:30 AM. The report also indicated that the significant event was called in to the NJDOH on 11/18/24 at 2:59 PM, more than six (6) hours after the time of the event.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/14/24 at 10:54 AM, the surveyor interviewed the DON who verified the time of the known allegation from Resident #82 was 8:30 AM and the NJDOH was notified at 2:59 PM. The DON stated that she was unsure why it took until 2:59 PM to call in the event. The DON added that she was trying to figure out what had happened because when she reached the facility that morning the resident was already taken to the hospital for a different reason. She stated it was confusing and took a while to get the information. The DON added that the night nurse (11 PM-7AM) in question had already left the facility. The DON then stated that an investigation was completed, and the allegation was not substantiated, and that the resident had stated they made a false accusation after returning from the hospital. The DON also stated that the Licensed Nursing Home Administrator (LNHA#1) that was previously here was aware of the statement made by Resident #82 prior to the resident going to the hospital.</p> <p>On 1/14/25 at 12:06 PM, the surveyor interviewed the Unit Manager/Licensed Practical Nurse (UM/LPN), who stated that she had been the UM for five years and had written the nursing progress note dated 11/18/23 at 9:03 AM regarding Resident #82 that indicated Resident is awake alert oriented with periods of forgetfulness, called in resident's room by Nurse, Resident stating [they] was slapped across right side of [their] face by the night nurse and she later came in to [their] room again and shut off [their] oxygen and slammed the door but the door was too heavy that it couldn't be slammed shut. The UM/LPN explained that she was called to the resident's room by the 7 AM to 3 PM nurse and that the night nurse (11 PM to 7 AM) had already left the building. The UM/LPN added that she had immediately notified her DON.</p> <p>On 1/14/24 at 1:13 PM, the surveyor interviewed LNHA#2, who stated that he had been employed as the LNHA for the facility for six (6) weeks and that there was no employee designated with the title of Abuse Coordinator but that he was responsible. LNHA#2 reviewed the Resident Rights: Abuse/Neglect Policy dated as reviewed 11/2023 and acknowledged that the policy had not indicated any requirements for a timeframe as to when to report an allegation of abuse to the NJDOH. The LNHA then stated that any allegation of abuse was considered a reportable to the NJDOH and should be done within two (2) hours of the incident. LNHA#2 acknowledged that a statement from a resident that a nurse slapped them would be an allegation of abuse and should be reported within two (2) hours to the NJDOH. LNHA#2 added that he was aware of an incident with Resident #82 that occurred before he started to work at the facility but thought the statement that the resident was slapped had occurred in the hospital. LNHA#2 stated that he would have to further review as to why the allegation was not reported within the two (2) hours.</p> <p>On 1/16/25 at 11:24 AM, the survey team met with LNHA#2 and DON. LNHA#2 stated that he could not speak for the previous administrator (LNHA #1) that was here when Resident #82 had made the allegation but thought that it was possible that because the resident had a care plan that indicated prior accusatory statements had been made that that was the reason for not calling the NJDOH right away. The DON stated that she had taken the statement seriously and after the first hour she knew she needed to call the NJDOH but got caught up and wanted to hear what had happened from the resident and agency nurse who were both not in the facility. LNHA#2 stated that they have to err on the side of caution and report. LNHA#2 and the DON acknowledged that reporting was required within two hours and that an investigation would occur after.</p> <p>A review of the facility policy for Incident/Accident Investigating and Reporting updated 6/2024, provided by LNHA#2 included In the event that the incident is found to be reportable based on the DOH reportable guidelines, the necessary information will be reported to the DOH in a timely manner.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy for Resident Rights: Abuse/Neglect Policy dated as reviewed 11/2023, provided by LNHA#2 included the section Reporting Results of the Investigation: A. Results of all investigations of suspected abuse or neglect will be reported to the Administrator or designee at the immediate conclusion of the investigation. B. Decisions to report alleged incidents of resident to resident abuse will be made on a case by case basis by the administrator. The policy had not indicated when to report to the NJDOH.</p> <p>NJAC 8:39-4.1(a)(5), 9.4(f)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>40042</p> <p>Based on observations, interviews, record review, and review of pertinent facility documents, it was determined the facility failed to ensure a.) a physician's order (PO) was in place for a resident who used a machine that helps you breathe for sleep apnea (a sleep disorder in which breathing repeatedly stops and starts), which the resident brought from home, b.) a PO was in place for the proper settings, c.) a PO was in place to maintain the cleanliness of the machine and it's parts in accordance to the manufacturer's instructions. This deficient practice was identified for 1 of 3 residents (Resident #9) reviewed for respiratory care; and d.) respiratory masks were stored properly after use to prevent contamination. This was identified for 2 of 3 residents (Resident #9 and #238) that were reviewed for respiratory care.</p> <p>This deficient practice was evidenced by the follows:</p> <p>1. On 1/12/25 at 11:07 AM, the surveyor observed Resident #9 in bed covered with a sheet. The surveyor observed a nasal pillow mask (a type of mask that delivers air pressure directly into the nostrils through small, flexible pillows) lying directly on the bed. The mask was connected to a breathing machine which the resident identified as a CPAP (Continuous Positive Airway Pressure machine, which is one of the most common treatments for sleep apnea.) The resident stated the machine was brought from home and they have used it since admission. The resident stated they self applied and removed the nasal pillow mask. The resident acknowledged the mask was not bagged. The resident stated the staff do not bag the nasal pillow mask. In addition, the resident stated their granddaughter cleaned the mask the night before. The resident further stated that nursing staff stated that a PO was required for them to clean the machine and its parts.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #9.</p> <p>A review of Resident #9's Admission Record (an admission summary) reflected the resident had diagnoses which included but were not limited to; Chronic Obstructive Pulmonary Disease (COPD) [lung disease that blocks airflow and make it difficult to breathe], morbid (severe) obesity, chronic respiratory failure with hypoxia (low levels of oxygen in the body tissues), and obstructive sleep apnea.</p> <p>A review of a quarterly Minimum Data Set, a tool to facilitate the management of care dated 10/8/24, reflected the resident had a Brief Interview for Mental Status score of 15 out of 15, which reflected the resident had an intact cognition. It also reflected the resident had the diagnoses indicated above.</p> <p>A review of the individualized comprehensive care plan (ICCP) reflected a focus area for altered respiratory status and difficulty breathing related to sleep apnea with an initiation date of 1/9/23. Further review, reflected the resident used a BIPAP (Bilevel Positive Airway Pressure machine, which helps you breathe.) It did not reflect the proper settings, nor care instructions until 1/14/25, which was after surveyor inquiry.</p> <p>A review of the Order Summary Report (OSR) did not reflect a PO for the use of a BIPAP or CPAP machine, the proper settings, or the instructions to maintain the cleanliness for a CPAP or a BIPAP machine and its parts.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the electronic Medication Administration Record's (eMAR) and the electronic Treatment Administration Record's (eTAR) for Resident #9 from October 2024 through January 2025, did not reflect any treatments or care for a BIPAP or CPAP machine.</p> <p>A review of the Vitals Summary Oxygen Saturation report from 10/1/24 through 1/14/25, reflected the resident's oxygen saturation was checked on the following dates while the resident's machine for sleep apnea was in use:</p> <p>10/14/24 used BIPAP machine, oxygen saturation at 96%</p> <p>11/3/24 used BIPAP machine, oxygen saturation at 97%</p> <p>11/21/24 used CPAP machine, oxygen saturation at 98%</p> <p>12/5/24 used CPAP machine, oxygen saturation at 97%</p> <p>12/7/24 used BIPAP machine, oxygen saturation at 98%</p> <p>12/9/24 used CPAP machine, oxygen saturation at 100 %</p> <p>12/10/24 used CPAP machine, oxygen saturation at 97%</p> <p>12/12/24 used CPAP machine, oxygen saturation at 97%</p> <p>12/13/24 used CPAP machine, oxygen saturation at 98%</p> <p>12/16/24 used CPAP machine, oxygen saturation at 98%</p> <p>1/12/25 used BIPAP machine, oxygen saturation at 99%</p> <p>A review of progress notes from 10/1/24 through 1/15/25, did not include any documented evidence that the resident used a BIPAP or CPAP, breathing machine.</p> <p>On 1/13/25 at 12:25 PM, the surveyor interviewed the resident in their room. The resident stated the company that provided the breathing machine for sleep apnea sent replacement tubing, nasal pillow masks and filters to their family's home.</p> <p>On 1/14/25 at 11:05 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN) / Unit Manager (UM) [LPN/UM #1]. She acknowledged the resident's breathing machine was used for sleep apnea and was the resident's personal machine from home. She stated it was the responsibility of the facility to maintain the machine (cleanliness, apparatus changes, etc.) LPN/UM #1 could not speak to how often the machine or mask needed to be cleaned or the frequency of which parts needed to be changed. She reviewed the POs in the EMR in the presence of the surveyor and acknowledged there were no POs for the machine or for its maintenance.</p> <p>On 1/15/25 at 10:02 AM, LPN/UM #1, in the presence of the survey team, stated she was aware of the resident using their personal BIPAP machine but she remained unaware of what and how often the family brought in replacement equipment.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/15/25 at 11:07 AM, the surveyor interviewed the resident about the sleep apnea machine in the presence of a second surveyor. The resident stated it was a CPAP machine. The resident stated the machine was provided and monitored by [name redacted] sleep center. The resident stated a telehealth appointment was conducted every six months. The resident stated the company provided replacement equipment and that the nasal pillow mask needed to be cleaned daily and changed weekly and the filter needed to be changed weekly as well, which the resident's family took care of. The resident stated the staff stated they were unable to complete these tasks since there were no PO's to do so.</p> <p>On 1/15/25 at 11:47 AM, the surveyor interviewed the Infection Preventionist (IP) in the presence of the survey team. She was unsure if a PO was required to clean a CPAP or BIPAP machine, or if the staff needed to clean it periodically. She stated the machine settings required a PO. The IP stated the machine would not work properly if it was not cleaned properly. In addition, she stated the nasal pillow mask should be stored in a bag when it was not in use to avoid contamination which could cause infection. She stated the UM was responsible to ensure POs were in place for the breathing machine, and how to clean and store equipment.</p> <p>On 1/15/25 at 2:26 PM, the survey team met with administrative team: Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), the IP, the Operations staff, and the Regional Nurse. The Regional Nurse informed the survey team that LPN/UM #1 verified the breathing machine was a BIPAP machine and the setting should be 15/5. She and the DON acknowledged that there should have been POs for the BIPAP machine use, settings, and its care according to manufacturer's instructions. She also stated a PO was placed for a pulmonary (lung) consultation. The LNHA acknowledged that it was the facility's responsibility to clean the machine. The Regional Nurse stated it was nursing's responsibility to ensure these POs were in place. The administrative team acknowledged this information should have been included in the resident's ICCP.</p> <p>On 1/15/25 at 2:50 PM in the presence of the survey team, the Regional Nurse stated the nurse called [name redacted] the sleep study group to confirm which type of machine (BIPAP or CPAP) the resident had, the settings, and how to care for it (the machine) and to coordinate care going forward with the sleep study group.</p> <p>On 1/16/25 at 11:24 AM, the survey team met with the LNHA and DON. The DON stated that respiratory masks should be bagged and kept in the nightstand table drawer when not in use. In addition, she stated nursing obtained the manufacturer's instructions for Resident #9's BIPAP machine. The LNHA stated if there was an outside piece of equipment in a resident's room, staff should report this to the DON to ensure it was addressed properly.</p> <p>41858</p> <p>2. On 1/12/25 at 10:00 AM, during initial tour, the surveyor observed Resident # 238 in their bed. The surveyor observed a nebulizer machine with a nebulizer mask on the resident's nightstand. The mask was lying directly on the facility provided newsletter with a facility provided gown resting on top of the mask. The resident stated, the nurse gives me the mask with the medicine in it and then comes back and takes the mask and puts it on the nightstand. The surveyor observed the resident was unable to reach the nightstand.</p> <p>The surveyor reviewed the EMR for Resident #238.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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; Type 2 Diabetes Mellitus with Diabetic neuropathy, unspecified (nerve damage usually in hands and feet) and COPD, unspecified.</p> <p>A review of the ICCP revealed: a Focus of oxygen therapy Date Initiated: 01/09/2025. Interventions: monitor for s/sx (signs/symptoms) of respiratory distress.</p> <p>A review of Resident #238's OSR revealed a PO for Ipratropium-Albuterol Solution 0.5-2.5 (3) Mg/3 ML (milligram/milliliter) 3 ml inhale orally via nebulizer four times a day for asthma .order date: 1/9/2025.</p> <p>A review of the eMAR for January 2025 revealed the above medication was administered at 0600 AM on 1/12/25.</p> <p>On 1/15/25 at 10:36 AM the surveyor interviewed the LPN #1, who stated a nebulizer mask should be rinsed and dried after use and stored in a bag.</p> <p>On 1/15/25 at 10:50 AM, the surveyor interviewed the LPN/Unit Manager (UM) #1, who stated a nebulizer mask should be rinsed and dried after a treatment was given and stored in bag to be keep it free from germs.</p> <p>On 1/15/25 at 11:19 AM, the surveyor interviewed the DON, who stated a nebulizer mask should be stored in a bag when it was not being used.</p> <p>On 1/15/25 at 11:50 AM, the surveyor interviewed the IP, who stated a nebulizer mask should be stored in bag, you don't want to leave it all over the place because it is going on the face.</p> <p>On 1/15/25 at 2:25 PM, the surveyor made with the LHNA, the DON, the IP, the Operations staff, and the Regional Nurse aware of the above concerns.</p> <p>A review of the facility's policy Oxygen Tubing and Respiratory Products revised 6/2024, revealed Policy: It is the policy and procedure of this facility that all oxygen tubing is of single use for a single resident, clean and properly stored and dated to prevent the transmission of infection 7. All nebulizer tubing shall be dated and stored in a bag when not in use and replaced every 7 days.</p> <p>NJAC 8:39-29.2(d).</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>41858</p> <p>Based on observation, interviews, record review, and facility documents it was determined that the facility failed to provide care and services in accordance with professional standards by adjusting medication administration times to accommodate a resident's dialysis (a clinical purification of blood as a substitute for the normal function of the kidneys) schedule for 1 of 1 resident, Resident #62, reviewed for dialysis.</p> <p>This deficient practice was evidenced by the following:</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 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.</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 1/12/2025 at 10:36 AM, during the initial tour, the surveyor observed Resident #62 in their room with the lights off. The resident was in bed and their eyes were closed.</p> <p>On 1/12/2025 during entrance conference with the surveyor, the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) from 11:17 AM to 11:42 AM, the LNHA verified that the facility did not have an onsite dialysis unit.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #62.</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; Type 2 diabetes Mellitus without complications, Hypertensive heart (complications of high blood pressure that affect the heart), essential primary hypertension (htn-high blood pressure) and chronic kidney disease with heart failure and with stage 5 chronic kidney disease or end stage renal disease (ESRD) (a condition which the kidneys cannot filter waste from the blood).</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool, dated 11/2/24 revealed the resident had a Brief Interview for Mental Status (BIMS) of 00 out of 15, indicating the resident's cognition was not able to be assessed. Further review of the MDS, revealed the resident was receiving dialysis.</p> <p>(continued on next page)</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the individual comprehensive care plan (ICCP) revealed: Resident needs dialysis hemo (treatment that filters waste from the blood) r/t (related to) renal (kidney) failure goes to dialysis tues (Tuesday)-thurs (Thursday) and Saturday (Sat) Date Initiated: 10/28/2024. Intervention: May schedule time of medication to accommodate dialysis schedule.</p> <p>A review of physician orders (PO) revealed a PO: ESRD on dialysis Tues Thurs and Saturday pick up 5:15 am chair time 6:15 am return 9:15 am every shift every Tue, Thu, Sat; Start date 10/28/24.</p> <p>A review of the October 2024 Medication Administration Records (MAR) revealed on 10/29/24 (Tues) code 9 was entered for the administration times of 0900 and 1000; and on 10/31/24 (Thurs) a code 1 was entered for the administration times of 0900 and 1000 ;and the November 2024 MAR revealed 11/2/24 Sat and 11/12/24 Tues, a code 9 was entered for the administration times of 0900 and 1000; 11/5/24 Tues, 11/9/24 Sat, 11/14/24 Thurs, 11/23/24 Sat, 11/26/24 Tues, code 1 was entered for the administration times for 0900 and 1000 for following medications:</p> <p>-AmLODIPine Besylate Oral Tablet 10 MG (milligrams) (Amlodipine Besylate) Give 10 mg by mouth one time a day for HTN. HOLD if SBP is BELOW 100, start date 10/27/24.</p> <p>-Aspirin 81 Oral Tablet Chewable (Aspirin) Give 81 milligrams by mouth one time a day for CAD (coronary artery disease-disease in the heart's major blood vessels) start date 10/27/24</p> <p>-Calcitriol Oral Capsule 0.25 MCG (micrograms) (Calcitriol) Give 1 capsule by mouth one time a day every Tue, Thu, Sat (Saturday) for CKD (chronic kidney disease) Start date 10/29/2024</p> <p>-FLUoxetine HCl Oral Tablet 20 MG (Fluoxetine HCl) Give 1 capsule by mouth one time a day every Tue, Thu, Sat for depression, start date 10/29/2024.</p> <p>- Sitagliptin Oral Tablet 25 MG (Sitagliptin) Give 1 tablet by mouth one time a day for DM (diabetes mellitus), start date 10/27/2024.</p> <p>-Triphrocaps Oral Capsule 1 MG (B-Complex w/ (with) C & Folic Acid) Give 1 capsule by mouth one time a day for Supplement, start date 10/27/2024.</p> <p>-Calcium Acetate Oral Tablet 667 MG (Calcium Acetate (Phosphate Binder) Give 2 tablet by mouth three times a day for CKD 2 caps (capsules)=1334 mg, start date 10/29/2024.</p> <p>A review of the MARs chart code revealed a 1= out on med pass with meds and a 9=other/See nurses notes.</p> <p>A review of the nursing progress notes revealed the following progress notes:</p> <p>-10/29/2024 at 10:05 Note Text: out on pass-dialysis; author LPN#1.</p> <p>-10/31/2024 at 10:10 Note Text: out on pass-dialysis; author LPN#1.</p> <p>-11/2/2024 at 15:57 Narrative: Resident was out at dialysis the whole shift, did not return on 7/3 shift. Author RN/LPN (registered nurse/licensed practical nurse)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315113	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Clover Meadows Healthcare and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 112 Franklin Corner Road Lawrenceville, NJ 08648	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-11/5/2024 at 12:44 Narrative: Resident is back to facility this morning following their dialysis treatment earlier. Author LPN #1.</p> <p>-11/9/2024 at 10:58 Narrative: Resident returned to facility at 1050 following their dialysis treatment. Author LPN #1.</p> <p>-11/12/2024 at 13:09 Narrative: Came back to facility at 1050 after dialysis treatment. Author LPN #1.</p> <p>-11/14/2024 at 14:58 Narrative: Came back to facility at 1050 after dialysis treatment. Author: LPN #1.</p> <p>-11/23/2024 at 05:15 AM Narrative: Resident OOF to dialysis. Author: LPN#2</p> <p>-11/26/2024 at 06:52 Narrative: Left Facility to HD (hemodialysis) at 6:40am with ambulance. Author RN #1.</p> <p>Further review of the progress notes for the above mentioned dates and medications did not reveal documentation that the physician was notified or that the medications were given.</p> <p>On 1/15/25 at 10:36 AM, the surveyor interviewed License Practical Nurse (LPN) #1, who stated Resident #62 receives dialysis Tuesday, Thursday and Saturday; they get picked up at 5 AM and come back around 10 AM or 11 AM on those days. LPN #1 stated we (the nurses) change medication times according to the dialysis schedule. He then stated, if for some reason the resident came back after 10 AM, he would use the code for out on pass and let the doctor know. LPN #1 accessed the eMAR in the presence of the surveyor. He verified a 1= out on pass, and stated the medication was not given because the patient was not there. He stated if a 9 was entered it meant there would be a progress note explaining why the medication was not given. LPN #1 could not show the surveyor a note the physician was notified or that the medications were given for the above mentioned dates.</p> <p>On 1/15/25 at 10:53 AM, the surveyor interviewed the LPN/Unit Manager (LPN/UM) who stated the resident received dialysis Tuesday, Thursday, and Saturday, leaves at 5 am and comes back around 10 AM or 11 AM. She further stated if a resident was not in the building, medications should not be schedule at that time. They (the medications) should be scheduled for the time the resident was in the building. The LPN/UM stated the doctor should be called after one occurrence to make them aware and to change the time of the medications.</p> <p>At that time, the LPN/UM accessed the electronic MAR in the presence of the surveyor. She reviewed Resident #62's November MARS. She acknowledged the codes on the above mentioned dates and was unable to verify if the physician was notified or that the medications were given for the above mentioned dates. The LPN/UM could not speak to why the medications were scheduled for the times when the resident was not in the building on Tuesday, Thursday, or Saturday. She stated the doctor should have been called and the times changed. She stated it was important for residents to get their medications to keep them therapeutic.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Clover Meadows Healthcare and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 112 Franklin Corner Road Lawrenceville, NJ 08648	
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 11:08 AM, the surveyor interviewed the DON, who stated residents, who were receiving dialysis, medications should not be timed for when the resident was not in the building. She stated the doctor should definitely be called if the medications were unable to given. Medicines. The DON further stated after one time, the doctor should be called and medication times changed.</p> <p>At that time, the DON reviewed Resident #62's November MARs in the presence of the surveyor. She acknowledged the above mention codes for a above mentioned dates and medications. She reviewed the EMR and verified the medications were not given or that the doctor was not called. She was unable to speak to why the medications were not given. The DON stated it was important for residents to receive their medications because of imbalance, they need to be given on a regular basis.</p> <p>On 1/15/25 at 2:25 PM, the surveyor made with the LNHA, the DON, the Infection Preventionist, Operations staff member, and the Regional Nurse of the above concerns.</p> <p>No additional information was provided.</p> <p>A review of the facility policy, Dialysis Medication revised 10/2024, revealed: Policy: It is the policy and procedure of this facility to ensure that residents underdoing dialysis receive the appropriated medications to manage their condition. Procedure: 1. The facility may adjust all medications according to the dialysis schedule. 2. Any changes to dialysis schedule, the facility will notify the MD and adjust medication schedule accordingly.</p> <p>NJAC: 8:39-11.2(b), 27.1(a), 29.2(a)(d)</p>		

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>41858</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to post the nurse staffing report daily. This deficient practice was identified on 1/12/25, and was evidenced by the following:</p> <p>On Sunday, 1/12/25, at 09:00 AM, the surveyor observed the nursing staffing report posted at the front reception desk. The receptionist was present. The nursing staffing report was dated Friday 1/10/2025, which reflected all shifts for that day.</p> <p>On 1/13/25 at 8:04 AM, the surveyor observed the nursing staffing report posted at the front reception desk had not been updated from 1/10/2025. The receptionist was present.</p> <p>On 1/13/25 at 10:46 AM, the surveyor observed the nursing staffing report posted at the front reception desk had not been updated from 1/10/2025. The receptionist was present.</p> <p>On 1/14/25 at 8:00 AM, the surveyor observed the nursing staffing report posted at the front reception desk dated 1/13/25 for all shifts.</p> <p>On 1/14/25 at 11:53 AM, the surveyor interviewed the Staffing Coordinator/Central Supply (SC/CS) staff member, who stated she was the person who posts the staffing at the front desk. The surveyor asked who posts the staffing on the weekends, the SC/CS stated We don't do it. I post it on Monday. The surveyor made the SC/CS aware of the above observations and that staffing should be posted every day, she stated gotcha.</p> <p>On 1/14/25 at 12:01 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated staffing was posted every day and the receptionist changed it. The surveyor made the LNHA aware of the above findings and the interview with the SC/CS.</p> <p>A review of the facility's policy Staffing Ration Reports reviewed 10/2024, revealed: Policy: It is the policy and procedure of this facility to post the daily staffing ratios. Procedure: 1. The staffing coordinator or designee will post the Staffing Ration Report at the Front desk.</p> <p>NJAC 8:39-41.2 (a)</p>		