

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2026
NAME OF PROVIDER OR SUPPLIER Arnold Walter Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 622 S Laurel Avenue Hazlet, NJ 07730	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Complaint #: NJ2676162, NJ2786980Based on observation and interview, it was determined that the facility failed to maintain the facility in a clean and sanitary environment. This deficient practice was identified for 1 of 4 units, (D Wing) and was evidenced by the following: On 6/09/2026 at 10:19 AM, during initial tour of D wing, the surveyor observed dark brown areas on the floors throughout the hallways. On 6/10/2026 at 8:58 AM, the surveyor observed the D wing hallways to have multiple dark brown areas on the floors. On 6/11/2026 at 10:01 AM, the surveyor observed the D wing hallways with wet floor signs in front of the nurse's station. The floor around the wet floor sign was observed with multiple dark brown areas. On 6/11/2026 at 10:15 AM, the surveyor interviewed a porter who stated that the floors were mopped daily as were the hallways. He further indicated that he had worked the prior two days and that the hallways on D wing were mopped daily. He further explained that D wing needed to be stripped and waxed, that this stuff (indicating to the floor) wouldn't come up with mopping. He was unsure how often the floors were stripped and waxed. When specifically asked about the area in front of D wing nurse's station, he stated the dirt was ground in and wouldn't come up. He indicated to the surveyor the area by the television and stated that area was stripped and waxed recently but the main hallway was not. The surveyor observed the area by the television observed to be without stains and was shinier. On 6/11/2026 at 10:27 AM, the surveyor interviewed the Administrator in Training (AIT) who indicated that the housekeeping director had resigned about two to three months ago. He explained that stripping and waxing the floors were a big job and they started with C wing, which was worse than D wing. He further stated that the floors were probably stripped and waxed once a year. He also stated that D wing was next and that it definitely needed it. When asked about the area in front of D wing nurse's station he agreed that it needed to be done but repeated that they started on C wing. On 6/11/2026 at 10:40 AM, the Licensed Nursing Home Administrator (LNHA) provided the resignation date for the housekeeping director, which was 1/8/26. On 6/12/2026 at 9:17 AM, the surveyor observed the porter buffing the hallways on the D wing. The surveyor observed the hallways to appear as they had on the prior days of the survey, with dark brownish areas evident. On 6/12/2026 at 9:42 AM, the surveyor interviewed the porter who was observed buffing the floor on D wing. He stated he was bringing the shine up. He also stated the floor had been previously mopped. When the surveyor asked about the marks and brown areas that were still present on the floor, he stated those were deep and would have to be stripped and scrubbed to take them up, then more wax applied. On 6/12/26 at 1:15 PM, the survey team met with the facility leadership and notified them of above concerns. The LNHA stated the schedule for stripping and waxing was twice yearly and that it was due in May; however, it was too humid due to the rain to do the floors at that time. On 6/15/26 at 8:55 AM, the surveyor reviewed the facility provided schedule for strip and wax of hallways which indicated:1st week November C wing hallways signed and dated for 11/12/25.4th week November A wing hallways signed and dated 11/15/25. 2nd week November C & D wing dayrooms with no date or signature.3rd week of November D wing hallways with no date or signature. On 6/15/2026 at 9:24 AM, the surveyor observed the hallway in front of D wing nurse's station had been stripped and waxed over the weekend. The floor in front of the nurse's station was (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	noted to be shiny without any dark brown areas. No further information was provided by the facility. The surveyor reviewed the facility provided policy, Housekeeping Services, reviewed January 2026, which included: Purpose:To ensure a clean, sanitary, safe, and comfortable environment for residents, staff, visitors, and volunteers through the provision of comprehensive housekeeping services that comply with federal, state, and local regulations. Policy:The facility shall maintain an effective housekeeping program that promotes infection prevention and control, resident comfort, safety, and a homelike environment. Housekeeping services shall be provided on a routine and as-needed basis throughout the facility.Procedure: 1. General ResponsibilitiesHousekeeping staff shall maintain all resident care areas, common areas, administrative offices, and ancillary departments in a clean and sanitary condition.Cleaning schedules shall be maintained and documented.3. Common AreasCommon areas shall be cleaned according to established schedules and include:Lobbies and reception areas.Dining rooms.Activity rooms.Corridors and elevators.Nursing stations.Public restrooms.6. Floor CareFloors shall be maintained in a clean and safe condition.Wet floor signs shall be utilized during cleaning services.Stripping, waxing, buffing, and carpet cleaning shall be performed according to established schedules.9. Quality AssuranceRoutine environmental rounds shall be conducted by housekeeping supervisors.Deficiencies identified during inspections shall be corrected promptly.Housekeeping services shall be monitored through the facility's Quality Assurance and Performance Improvement (QAPI) program. N.J.A.C. 8:39-31.4 (a) (b) (f)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Complaint # NJ00187199 (406115), 2676162Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to timely provide incontinence care to residents who required assistance with the activities of daily living (ADL). This deficient practice was identified for 2 of 9 residents (Resident #7 and 141) reviewed for Incontinence care. This deficient practice was evidenced as follows: This deficient practice was evidenced as follows: 1.) On 6/12/26 at 9:13 AM, during incontinence rounds with the Licensed Practical Nurse Unit Manager (LPN UM), Resident #7 was agreeable to be checked, and it was noted that the resident's incontinence brief was saturated with urine, the draw sheet was soaked with urine, and the bed pad was soaked with urine. The LPN UM confirmed Resident #7's incontinence brief was saturated with urine through to the draw sheet, and bed pad. The LPN UM stated the process for a resident who was incontinent was the resident should be changed at least every two hours, and the resident should not have been this soaked to maintain skin integrity. The LPN UM further stated the expectation was for the CNA to check the residents at the start of the shift. On 06/12/26 9:36 AM, during a follow up observation of Resident #7, the assigned CNA (CNA #1) confirmed that he did not check the resident at the start of the shift and confirmed the resident's night gown, draw sheet, and bed pad was soaked with urine. CNA #1 stated the resident should not have been this soaked, because it could cause bed sore, and that he should have changed the resident after feeding the other residents. The surveyor reviewed the electronic medical record (EMR) for Resident #7. A review of the admission Record (an admission summary) reflected diagnoses that included but were not limited to; Other Alzheimer's Disease, hyperlipidemia (high fats in the blood), and dementia (loss of memory). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 4/16/26, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 4 out of 15, indicating severely impaired cognition. Further review of the MDS revealed the resident was dependent on staff for toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. A review of the individualized comprehensive care plan (ICCP) included a focus area for ADL self-care performance deficit related to (r/t) Alzheimer's, fatigue, impaired balance, musculoskeletal impairment, weakness initiated on 2/1/26, with interventions that included bathing/showering, personal hygiene/oral care requires maximum assistance of one person. 2.) On 6/12/26 at 9:46 AM, during incontinence rounds with the LPN/UM, Resident #141 was agreeable to be checked. The resident stated they were changed an hour ago. The resident's incontinence brief was very saturated with urine, the bed pad was wet, and the surveyor noted a very strong urine odor. The LPN/UM confirmed the resident's incontinence brief was saturated, confirmed the urine odor, and stated the resident should not have been left in this condition for wound prevention and skin integrity. On 06/12/26 10:15 AM, during a follow up observation of Resident #141 with the assigned Registered Nurse (RN), the resident was agreeable to be checked. The RN confirmed the resident's incontinence pad was soaked with urine and there was a very strong urine odor. The RN stated the resident should not have been left in this condition; the resident should have been changed earlier to protect the resident's skin and for dignity. The nurse also stated the resident often refused care. On 06/12/26 10:21 AM, during a follow up observation of Resident #141, the assigned CNA (CNA #1) stated when he did rounds, the resident stated they were changed an hour ago. CNA #1 stated he did not confirm if the resident was wet at the time, but stated the resident refused care. In the presence of the surveyor, the resident again stated that they were changed an hour ago. The resident was agreeable to be checked and was not resistive or refused care. The CNA then checked and confirmed that the resident's incontinence brief was soaked with urine through to the bed pad. CNA #1 told the resident that he was going to wash and do morning (AM) care. Again, Resident #141 was agreeable for the CNA to do AM care. The surveyor observed no refusal or resistance to care at this time. The surveyor (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reviewed the EMR for Resident #141.A review of the admission Record reflected diagnoses that included but were not limited to; cerebral vascular disease (conditions that affect blood flow and the blood vessels in the brain) and Dementia.A review of the most recent quarterly MDS, dated [DATE], indicated the resident had a BIMS score of 5 out of 12, indicating severely impaired cognition. Further review of MDS revealed the resident was dependent on staff for toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement.A review of the ICCP revealed the resident had an ADL self-care performance deficit r/t Dementia initiated on 2/4/26, with intervention that included toilet use with one assist. Further review of the ICCP revealed no focus area for refusals or resistive to care.On 06/12/26 at 12:34 PM, during an interview with the surveyor, the Director of Nursing (DON) stated the residents should not have been left wet through to the bed pad for skin protection, hygiene, and infection control. The DON stated the CNAs should have changed the residents when the residents were wet. The DON also confirmed there was no refusal of care in Resident #141's care plan in the current EMR system.On 6/12/26 at 1:15 PM, the surveyor presented the above-mentioned concerns to the Licensed Nursing Home Administrator, the DON, the Administrator in Training, and the Regional Nurse.On 6/15/26 at 9:00AM, the DON submitted an updated care plan reflecting Resident #141's non-compliance and resistance to care at times, after surveyor inquiry.A review of the facility provided Care Plans, Comprehensive Person-Centered policy dated 10/1/21, last reviewed 1/28/26, revealed Policy Interpretation and Implementation 8.b. Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; c. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment. A review of the facility provided Documentation policy dated 11/10, last reviewed 1/26, revealed Policy Statement, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Policy Interpretation and Implementation revealed 2. The following information is to be documented in the resident ('s) medical record: c. Treatments or services performed.A review of the facility provided Incontinence Care policy, dated 11/10, last reviewed 1/26, revealed Purpose, to ensure residents received individualized care that promotes comfort, dignity, skin integrity, and the highest possible level of incontinence. 4. Incontinence Products - change when soiled; 5. Skin Care and Infection Prevention - Provide perineal care after episodes of incontinence.A review of the facility provided undated CNA Job Description revealed, Duties and Responsibilities, under Personal Nursing Care Functions - keep residents dry (i.e. [that is] change gown, clothing, linen, etc. [and so on], when it becomes wet or soiled).A review of the facility provided undated RN Job Description revealed, Duties and Responsibilities - Supervises and coordinates nursing personnel in providing direct resident care in adherence to State and Federal regulations.A review of the facility provided undated UM Job Description revealed, Supervises that all nursing services personnel are following their respective job description; Make daily rounds of the Nursing Services Department to ensure that all nursing service personnel are performing their work assignments in accordance with the acceptable nursing standards. N.J.A.C.:8:39-27.1(a)		

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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. Based on observations, interviews, record review, and pertinent facility documentation, it was determined that the facility failed to ensure a.) a medication (Lactulose solution) was properly labelled for one (1) of four (4) medication carts inspected and b.) an expired refrigerated medication (Omeprazole solution) was removed from active inventory for one (1) of two (2) medication refrigerators inspected. The deficient practices were evidenced by the following: 1. On 6/10/26 at 8:16 AM, during the medication administration observation, the Licensed Practical Nurse (LPN #1) was preparing medications for unsampled Resident #64. LPN #1 stated there was a physician's order for Lactulose solution (a medication used to relieve constipation) and removed the bottle from the medication cart. The surveyor with LPN #1 reviewed the bottle for a label. LPN #1 stated the label came off but she knew the bottle of Lactulose was for unsampled Resident #64 and showed the surveyor a corner of a label remaining that was unreadable. LPN #1 asked the surveyor if that was allowed. A review of the Order Summary Report for unsampled Resident #64 revealed a physician's Order for Lactulose Oral Solution 10 GM (grams)/15 ML (milliliters) Give 30 ML by mouth every 12 hours for constipation. On 6/10/26 at 1:18 PM, the surveyor interviewed the Consultant Pharmacist (CP) via telephone who stated she performed unit inspections every month at the facility. The CP also stated all medications should be labelled and any medication from the provider pharmacy should have a label which included the resident's name. The CP added she points out to the nurses any time a label was missing. On 6/15/26 at 9:59 AM, the survey team met with the facility administrative team. The Director of Nursing (DON) stated the Lactulose solution was ordered from the provider pharmacy with a label for unsampled Resident #64. 2. On 6/12/26 at 8:33 AM, the surveyor in the presence of the Unit Manager/LPN (UM/LPN) reviewed the unit medication refrigerator for active inventory of medications. The surveyor observed a 140 ML Omeprazole solution bottle with approximately 38 ML remaining with a Use By date of 5/29/26 for unsampled Resident #67. The UM/LPN stated the Omeprazole solution for unsampled Resident #67 should have been removed because it was past the use by date. A review of the Order Summary Report for unsampled Resident #64 revealed a physician's order with a start date of 12/16/25 for Omeprazole 2 MG/ML soln (solution) (20) Give 10 ML via g-tube (gastrostomy tube) (a tube inserted into the stomach) one time a day related to Gastro-esophageal Reflux Disease without Esophagitis (a chronic digestive condition where stomach acids flows back to the esophagus without inflammation of the esophagus) 10 ML = 20 MG. On 6/10/26 at 1:18 PM, the surveyor interviewed the CP via telephone who stated she performed unit inspections every month at the facility. The CP added that any expired medications should be removed from active inventory. On 6/15/26 at 9:59 AM, the survey team met with the administrative team. The Regional Nurse stated she called the provider pharmacy and was told the Omeprazole solution had a do not use beyond date that was further than the use by date. The Regional Nurse acknowledged the use by date, indicated on the medication, was the date the nurses would have to rely on whether to remove any medication from active inventory. A review of the facility policy dated as last reviewed 12/15/26 for Medication Storage which revealed the purpose was to ensure the safe, secure, and compliant storage of medications in order to maintain drug integrity, prevent diversion, reduce medication errors, and comply with all applicable federal, state, and regulatory requirements for long-term facilities. In addition, the policy indicated medications shall be kept in their original labeled containers and expired medications shall be removed immediately per facility procedure. NJAC 8:39-29.4(a)(g)		