

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Chatham Hills Subacute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Southern Blvd Chatham, NJ 07928	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48964</p> <p>Based on observations, interview and record review, it was determined that the facility failed to ensure that residents were served their meals in a dignified manner during meal service. This deficient practice was observed for 3 of 3 meals in 1 of 2 dining rooms.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 05/22/2024 at 12:24 PM, the surveyor observed in the South unit dining area during mealtime that at one table, a staff member sat and fed a resident while the other resident at the same table was not eating or being fed. A second table was observed with three residents that were served their trays and eating, while one resident at the same table did not have their meal. A third table was observed with two residents that were served their trays and eating while two other residents at the same table did not have their meals. A fourth table was observed with one resident who was served their tray and was eating while two other residents at the same table were not served their trays. It was observed by the surveyor that the trays of residents eating at the same table did not arrive to the dining area on the same cart. The first cart with lunch trays arrived to the unit at 11:57 AM and the fourth cart arrived at 12:25 PM.</p> <p>On 05/23/2024 at 12:28 PM, the surveyor observed in the South unit dining area during mealtime that at one table three residents were served their meals and eating at approximately three minutes before another resident seated at the same table had been served.</p> <p>On 05/24/2024 at 08:05 AM, the surveyor observed in the South unit dining area during mealtime that at one table a resident was served their meal and eating approximately seven minutes before the tablemate was served their meal. Another table was observed with a resident who was being fed by a staff member for approximately five minutes before a family member arrived and began feeding the tablemate.</p> <p>On 05/24/2024 at 11:40 AM, the surveyor interviewed the licensed practical nurse (LPN), who stated that all residents sitting at one table should be eating at the same time.</p> <p>On 05/29/2024 at 01:18 PM, the surveyor interviewed the Administrator and Regional nurse who stated that residents at the same table should be served together for dignity issues. The Administrator stated that the new Food Service Director was sending the trays to the units by room number, not according to table seating.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided policy Resident Dining Policy dated 04/14/24 indicated that rounds and audits will be conducted to assess:</p> <p>d. Whether residents at each table are served together.</p> <p>N.J.A.C. 8:39-4.1(a)12</p>

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>37791</p> <p>Based on interviews it was determined that the facility failed to provide daily delivery of mail, to include Saturdays. This deficient practice was identified for 1 of 5 residents interviewed during the resident council group meeting (Resident #61), and was evidenced by the following:</p> <p>On 05/24/24 at 10:03 AM, the surveyor attended a resident council group meeting with Residents #38, #45, #48, #61 and #64. The surveyor interviewed the residents regarding mail delivery and Resident #61 stated that they did not received mail from November 2023 until mid-March of 2024. The resident stated that he/she was expecting a letter from Social Security and when they brought the concern to the social worker, she returned with a pile of mail including a letter that informed the resident was disqualified because the date had passed. The resident stated that the facility had to write a letter in order to get their (the resident) services.</p> <p>On 5/30/24 at 10:11 AM, the surveyor interviewed the Director of Social Services (DSS) regarding the process of delivering mail at the facility. The DSS stated that when mail was delivered to the facility, mail was dropped off with the receptionist. The business department would sort the mail and that mail would be placed in the social services mailbox and that the social worker would deliver the mail to the resident and contact family from Monday through Friday. The DSS stated that she was on maternity leave from November 2023 through April 2024 and that she was aware that the covering Social Worker (SW) was unaware about the mail delivery process and that this SW was no longer working at the facility. When a new SW started in Mid-March, she found the mail and immediately delivered the mail to the residents. She further stated that she was aware of the situation regarding Resident #61's letter from Social Security. She stated that the facility was able to get the resident Social Security services approved.</p> <p>On 5/30/24 at 10:40 AM, the surveyor interviewed the Business Office Manager, who stated that when she received mail from the receptionist, that she would sort out the mail. She further stated mail such as cards or magazines would be placed in the recreational department mailbox while important mail such as mail from insurance companies, bills, and checks, she would place it in the social services mailbox. She showed the surveyor the social services mailbox and stated that the mailbox had limited space, if it filled up she will bring it to the individual department. She further stated that it was the departments responsibility to deliver the mail to the residents.</p> <p>On 5/30/24 at 10:50 AM, the surveyor interviewed the assistant SW who told the surveyor that she was hired to replace the covering SW who was let go by the facility. She stated that when she started on 3/15/24, she found a bunch of mail that was left throughout the office and in the mailbox in the business office. She further stated that she gathered the mail and distributed the mail to all the residents. She was aware of Resident #61 and acknowledge that the resident had issues with their social security. She stated that the facility worked with the resident and social security to resolve all issues and the resident received his services.</p> <p>On 5/30/24 at 1:30 PM, the surveyor presented the above concerns to the administration team which included the License Nursing Home Administrator (LNHA), Director of Nursing (DON), and the Regional Nurse.</p> <p>(continued on next page)</p>		

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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no additional information provided.</p> <p>A review of the facility's policy for Mail Delivery for residents that was undated and was provided by the DON that revealed the following:</p> <p>Policy statement: It is the policy of {the facility} for residents to receive and send mail in unopened envelopes in a timely manner.</p> <p>Protocol:</p> <ol style="list-style-type: none"> 1. Mail is delivered to the reception desk daily. 2. The business office manager will separate from departmental mail and sort for each resident. 3. Once mail is sorted if any bills, notices for residents will be placed in social services mailbox. 4. If any cards, newsletters, magazines, letters they will be given to activity aid to distribute to resident. <p>NJAC 8:39-4.1 (a)(19)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41858</p> <p>COMPLAINT # 157599</p> <p>Based on observations, interview, record review and review of pertinent facility documentation, it was determined that the facility failed to ensure a resident who was dependent on staff for activities of daily living (ADL) was consistently provided meal assistance as needed. This deficient practice was identified for 2 of 5 residents (Resident #10 and #32) reviewed for ADLs and was evidence by the following:</p> <p>1. On 05/22/24 at 12:03 PM, during the initial tour of the South Unit, the surveyor observed Resident #32 lying in bed. The resident's eyes were closed.</p> <p>On 05/23/24 at 11:07 AM, the surveyor observed the resident dressed, lying in bed. There was staff in the room assisting the resident's roommate.</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #32.</p> <p>A review of the Resident's Admission Record (AR) (an admission summary) revealed that the resident was admitted to the facility with diagnoses which included but were not limited to: Cerebral Infarction due to Embolism of Right Middle Cerebral Artery (occurs when blood flow to the brain is blocked or reduced), Hemiplegia (a severe or complete loss of strength or paralysis on one side of the body) and Hemiparesis (a mild or partial weakness on one side of the body) following Cerebral Infarction affecting Left non-dominant side, and Dysphagia (difficulty swallowing food or liquid) following unspecified Cerebrovascular Disease.</p> <p>A review of the resident's Annual Minimum Data Set, (MDS), an assessment tool used to facilitate the management of care, dated 3/22/24, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which indicated the resident was severely cognitively impaired. A further review of the resident's MDS, Section GG for Functional Abilities and Goals, revealed that the resident was Dependent (Helper does ALL of the effort) on assistance for eating.</p> <p>A review of the Order Summary Report (OSR) revealed a physician order (PO) for Pleasure Feeds diet, Puree Solids texture, Honey Thickened Liquids consistency, Lunch tray only dated 3/6/23.</p> <p>A review of the resident's care plan (CP) revealed a Focus: [name redacted] is at increased dehydration risk r/t (related to) nutrition support via tube feeding, Dysphagia on honey Thickened Liquids and diuretic use, revised on 7/31/23, .Interventions: Monitor oral intake of food and fluid if applicable, Diet order: Pleasure Feeds diet, Puree Solids texture, Honey Thickened Liquids consistency, lunch tray only, created 10/4/22.</p> <p>On 05/23/24 at 12:40 pm, the surveyor observed Resident #32 in a reclining chair watching television. There was a lunch tray on the bed side table, which was located near the resident. There was no staff member in the room. The surveyor observed the tray with utensils in a clear plastic wrap, that did not appear to be opened, the meal cover was intact, and the containers on the tray were not opened.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/23/24 at 1:22 PM, the Director of Nursing (DON), the Assistant Director of Nursing (ADON) and the surveyor observed Resident #32's lunch tray. The surveyor asked if the utensils looked as if it was opened, the DON stated, no. The DON removed the plate cover and both the DON and ADON confirmed that the food had not been touched. The DON asked Certified Nursing Assistant (CNA) #1, who was Resident #32's assigned CNA, in the presence of the surveyor, if she had asked the resident if they wanted to eat, the CNA was unable to answer the DON.</p> <p>2. On 05/23/24 at 12:40 pm, the surveyor observed Resident #10's bedside table without a lunch tray. The surveyor asked the resident if they had eaten, the resident stated, no. The surveyor asked Resident #10 if they were hungry, the resident stated, yes.</p> <p>At 1:04 PM, the surveyor made CNA #1 aware that Resident #10 stated that they did not get a lunch tray. The CNA entered the room and went into the resident's bathroom to wash her hands. The CNA exited the room and walked down the hallway.</p> <p>At 1:22 PM, Resident #10's assigned Licensed Practical Nurse (LPN) and CNA #1 returned to the room with a tray for the resident. The DON and the ADON came to the room at that time. The LPN began feeding Resident #10.</p> <p>At 1:24 PM, the surveyor interviewed the DON, who stated if they (the residents) need assistance they should be fed. She further stated, this (resident not being fed) should not occur. She stated the process was that the nurses and the aides should check to make sure the residents get their trays and that the assigned aides should make sure they assist residents that need to be assisted.</p> <p>The surveyor reviewed the EMR for Resident #10.</p> <p>A review of the Resident's AR revealed that the resident was admitted to the facility with diagnoses which included but were not limited to: Dysphagia, Oropharyngeal Phase, and Unspecified Protein-Calorie Malnutrition (happens when you are not consuming enough protein and calories).</p> <p>A review of the resident's most recent quarterly MDS, dated [DATE], revealed that the resident had a BIMS score of 3 out of 15, which indicated the resident was severely cognitively impaired. A further review of the resident's MDS, Section GG for Functional Abilities and Goals, revealed that the resident required Supervision or touching assistance for eating.</p> <p>A review of the OSR revealed a PO for Regular diet Puree Solids texture, Nectar Thickened Liquids consistency dated 3/23/23.</p> <p>A review of the CP revealed a Focus: [name redacted] is at risk for alteration in nutritional status r/t dx (diagnosis) of dementia, dysphagia, unspecified protein calorie malnutrition, htn (hypertension, high blood pressure) , Revision on 5/9/24 .Goal: [name redacted] Intake of >75% at all meals, .Interventions: Feeding ability: supervision and set-up help needed, Date Initiated: 05/16/2023.</p> <p>A review of the facility's undated policy Resident Dining Policy revealed: Our facility audits the food and nutrition services department regularly to ensure that resident's needs are met, and that dining is a safe and pleasant experience for residents.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/30/24 at 12:50 PM, during a meeting with Regional Nurse #1, Regional Nurse #2, the Licensed Nursing Home Administrator (LNHA), the DON and the survey team, the above observations for Resident's #10 and #32 were presented. At that time, the audits for the above-mentioned Resident Dining Policy were requested.</p> <p>On 05/31/24 at 9:41 AM, during a meeting with the survey team and the LNHA, the DON acknowledged that no patient should be missed for meal pass.</p> <p>No additional information was presented for the audits as per the above mentioned Resident Dining Policy.</p> <p>NJAC 8:39-27.2(e)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37791</p> <p>Complaint #: NJ00167644</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to a.) clarify duplicate physician's orders for an over-the-counter medication, Ferrous Sulfate and b). failed to obtain a medication for pain. This deficient practice occurred for 2 of 7 residents, (Resident #63 and #133) reviewed for medication review.</p> <p>The 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>1). The surveyor reviewed the medical record for Resident #63.</p> <p>On 5/22/24 at 10:33 AM, the surveyor observed the resident who was seated in the Long-Term Care unit dining/recreational room. The resident was seated in their wheelchair and was participating in activities.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to: hypertension (elevated blood pressure), iron deficiency anemia secondary to blood loss (a condition in which blood lacks adequate healthy red blood cells), acute posthemorrhagic anemia (acute blood loss anemia, is a condition that occurs when a person quickly loses a large amount of blood) and anxiety disorder (a mental health disorder characterized by feeling worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>A review of the Admission Minimum Data Set (MDS), an assessment tool, used to facilitate the management of care, dated 04/23/24, reflected that the resident had a brief interview for mental status (BIMS) score of 99, which indicated that the resident was unable to complete an interview. Further review of the MDS section C1000, reflected the resident's cognitive skills for decision making were a 3 (three) which indicated that the resident's cognition is severely impaired.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the May 2024 Order Listing Report (OLR) revealed a physician order (PO):</p> <ol style="list-style-type: none"> 1. A PO dated 05/25/24 for Ferrous Sulfate oral solution 220 (44 Fe [Iron]) mg (milligrams)/5 ml (milliliters) give 5 ml by mouth one time a day for supplement. 2. A PO dated 05/28/24 for Ferrous Sulfate 325 (65 Fe) mg give 1 tablet by mouth one time a day for supplement. <p>A review of the May 2024, electronic medication administration record (eMAR) revealed an order for Ferrous Sulfate oral solution 220 mg/5ml, give 5 ml by mouth one time a day for supplement which was signed as being administered in the eMAR on 05/28/24 at 9:00 AM. Further review, revealed an order for Ferrous Sulfate 325 mg, give 1 tablet by mouth one time a day for supplement which was signed as being administered in the eMAR on 5/28/24 at 9:00 AM.</p> <p>On 5/28/24 at 1:10 PM, the surveyor interviewed the Long-Term care unit Licensed Practical Nurse (LPN) who acknowledged that she should have discontinued the Ferrous Sulfate 325 mg tablets. The LPN did not respond to the surveyor inquiry about both Ferrous sulfate tablets and liquid being signed as being administered at 9:00 AM on 05/28/24.</p> <p>2). The surveyor reviewed the closed medical record for Resident #133.</p> <p>A review of the Admission Record reflected that the resident was admitted to the facility with diagnoses which included but not limited to: hypertension, chronic kidney disease (long standing disease of the kidneys leading to renal disease), spinal stenosis (happens when space in the spinal cord is too small and could put pressure on the spinal cord and the nerves) and anxiety disorder (a mental health disorder characterized by feeling worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>A review of the Admission MDS, dated [DATE], reflected that the resident had a BIMS of 6 out of 15, indicating that the resident was severely cognitively impaired.</p> <p>A review of the September 2023 OLR revealed the following PO dated 06/13/23:</p> <ol style="list-style-type: none"> 1. Pregabalin oral capsule 100 mg, give 1 capsule by mouth one time a day for pain take with 25 mg capsule= 125 mg. 2. Pregabalin oral capsule 25 mg, give 1 capsule by mouth one time a day for pain take with 100 mg capsule=125 mg <p>A review of the September 2023 eMAR revealed an order for Pregabalin oral capsule 100 mg, give 1 capsule by mouth one time a day for pain take with 25 mg capsule = 125 mg with an order date of 6/13/23 and an administration time of 9:00AM. A further review of the eMAR, revealed that the resident's medication was not signed as being administered on 9/6/23, 9/7/23, 9/8/23, 9/9/23, 9/10/23, 9/12/23, and 9/13/23.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the September 2023 eMAR revealed an order for Pregabalin oral capsule 25mg, give 1 capsule by mouth one time a day for pain take with 100mg capsule= 125 mg with an order date of 6/13/23 and an administration time of 9:00AM. A further review of the eMAR revealed that the resident's medication was not signed as being administered on 9/6/23, 9/7/23, 9/8/23, 9/9/23, 9/10/23, 9/12/23 and 9/13/23.</p> <p>A review of the facility Progress Notes (PN) revealed that the facility was documenting that the resident's Pregabalin capsules were unavailable from the pharmacy in either a medication administration notes or a nurses note from 9/6/23 until 9/13/23. The notes revealed that the medications were unavailable and were awaiting a delivery from the pharmacy.</p> <p>On 5/30/24 at 1:30 PM, the surveyor discussed the above concerns with the administration team which included the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and a Regional Nurse.</p> <p>On 05/31/24 at 10:40 AM, the DON acknowledge that the resident did not receive their Pregabalin 100 mg and Pregabalin 25 mg capsules from 9/6/23 and 9/13/23. She stated that the pharmacy needed a prescription to send out the medication and that the facility notified the physician and was awaiting a prescription from the physician.</p> <p>There was no additional information provided.</p> <p>A review of the facility's policy for Medication Administration schedule/policy that was dated 12/31/23 and was provided by the DON that revealed the following:</p> <p>7. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for a resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication will contact the prescriber, the resident's attending physician or facility's medical director to discuss concerns.</p> <p>A review of the facility's policy for Physician orders that was dated 10/31/23 and was provided by the DON that revealed the following:</p> <p>The nurses will clarify with the physician any orders needing clarifications.</p> <p>NJAC 8:39-11.2 (b), 29.2 (d)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48964</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illnesses. This deficient practice was evidenced by the following:</p> <p>On [DATE] from 10:10 AM to 10:42 AM, the surveyor, accompanied by the Food Service Director (FSD), toured the kitchen, and observed the following:</p> <p>In the walk-in freezer, the surveyor observed a box of hamburger patties and a box of hot dogs with no labels or dates and both boxes with the inner plastic bags open to the air. The FSD stated that there should be a received date and opened dates. She also stated that the inner bags should be closed.</p> <p>The surveyor also observed the fry basket with an item that resembled a french fry. The FSD stated that nothing was fried for breakfast on this day.</p> <p>On [DATE] in the South unit pantry, the surveyor observed 2 boxes of cereal that were outdated as follows: A box of corn flakes with a date of May0123 and a box of rolled oat cereal with a date of Feb1423.</p> <p>A review of facility provided policy titled Food Receiving and Storage revised [DATE] revealed under Refrigerated/Frozen Storage:</p> <ol style="list-style-type: none"> 1.All food stored in the refrigerator or freezer are covered, labeled and dated (use by date) 8. Frozen foods are maintained at a temperature to keep frozen food solid. Wrappers of frozen food must stay intact until thawing. <p>A review of facility provided policy titled Refrigerators Freezers , undated revealed:</p> <ol style="list-style-type: none"> 7. All food shall be appropriately dated to ensure proper rotation by expiration dates. Received dates (dates of delivery) will be marked on cases and on individual items removed from cases for storage. use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened. 8. Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. Supervisors should contact vendors or manufacturers when expiration dates are in question or to decipher codes. <p>N.J.A.C. 18:d+[DATE].2(g)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Chatham Hills Subacute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 415 Southern Blvd Chatham, NJ 07928	

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48964</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to provide a sanitary environment for residents, staff, and the public by failing to keep the garbage container area free of garbage and debris. This deficient practice was evidenced by the following:</p> <p>On 05/22/2024 at 10:31 AM, during the initial kitchen tour with the Food Service Director (FSD), the surveyor observed debris and trash around the dumpster area, including cardboard and paper. The FSD stated that housekeeping was responsible for this area.</p> <p>On 05/29/2024 at 01:17 PM, the surveyor interviewed the Administrator, who stated the dumpster area was cleaned up immediately after the debris was identified by the surveyor.</p> <p>Review of facility provided policy Waste Management Policy, dated 01/03/24, included:</p> <p>#3. The area around the container shall be kept clean and clear at all times.</p> <p>N.J.A.C. 8:39-19.3(c)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41858</p> <p>NJ #167099</p> <p>Based on observations, interviews, and record review it was determined that the facility failed to ensure that staff wear the appropriate personal protective equipment (PPE) for residents on Enhanced Barrier Precautions (designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes) to address the risk for infection transmission, in accordance with the facility policy and acceptable standards of infection control practice. This was observed for 2 of 3 residents (Resident #41 and #18) reviewed for Enhanced Barrier Precautions on 2 of 2 units (North and South Unit) and was evidenced by the following:</p> <p>1. On 05/24/24 at 7:45 AM, during incontinence rounds with the Infection Preventionist on the South Unit, the surveyor observed an Enhanced Barrier Precautions sign outside of unsampled Resident #41's door. There was a PPE bin located under the sign. The IP entered the room with the surveyor and asked the resident for permission to conduct an incontinence check. The resident granted permission. The IP performed hand hygiene and removed gloves from a box. She then pulled the curtain and donned (put on) the gloves. At that time, the surveyor requested to speak with the IP in hallway and pointed out the signage at the door. The Enhanced Barrier Sign read Stop: Enhanced Barrier Precautions Everyone Must: . Wear gloves and a gown for the following High-Contact Resident Care Activities .Changing briefs or assisting with toileting. The IP acknowledged the signage and stated she needed to wear a gown and gloves for incontinence check. She then donned a gown and gloves and proceeded with the incontinence check.</p> <p>The surveyor reviewed the electronic medical record (eMR) for Resident #41.</p> <p>A review of the Admission Record (AR, an admission summary) revealed the resident was admitted to the facility with diagnoses which include but not limited to: Secondary Malignant Neoplasm of Breast (breast cancer cells spread from the primary (first) cancer in the breast to other parts of the body) and Hemothorax (a collection of blood in the space between the chest wall and the lung).</p> <p>A review of the Order Summary Report (OSR) revealed a physician order (PO) for Enhanced Barrier Precautions dated 4/23/24.</p> <p>A review of the care plan (CP) revealed: Focus: [name redacted] is on Enhanced Barrier Precaution related to being at risk for MDRO (Multi-Drug Resistant Organism) dated 4/23/24. Interventions: ENHANCED BARRIER PRECAUTIONS: wear gown and gloves during assistance with dressing, bathing, transferring, hygiene, changing linens, changing briefs & toileting, and during therapy.</p> <p>48423</p> <p>2.) On 05/22/24 at 12:04 PM, during the initial tour of the facility, the surveyor observed Resident #18 in their room, sitting in wheelchair, by the window. The resident showed the surveyor their gall bladder drain tube which was placed in a privacy bag and secured to the right-side armrest of the wheelchair. The surveyor did not observe any Enhanced Barrier Precaution (EBP) signs or a PPE bin at the door.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/23/24 at 10:34 AM, the surveyor observed the resident #18 sitting up in their bed. No EBP sign and PPE bin noted at the door.</p> <p>On 05/24/24 at 07:48 AM, during incontinence rounds with the Registered Nurse/ Unit Manager (RN/UM), the surveyor did not observe an EBP sign or a PPE bin at Resident#18's door. The RN/UM and the surveyor went to the room and the RN/UM checked the resident for incontinence. The surveyor observed the RN/UM wearing only gloves, no gown. The RN/UM picked up the biliary drain tube (a thin, flexible tube that allows bile to flow out from a blocked bile duct into a collection bag outside the body) to show the surveyor that it was attached to the drainage bag. The RN/UM stated, it (the tube) was inserted about 2 months ago.</p> <p>The surveyor reviewed the eMR for Resident #18.</p> <p>A review of the Resident #18's AR revealed the resident was admitted to the facility with diagnoses which included, but were not limited to: acute cholecystitis (inflammation of the gallbladder that develops over hours), immunodeficiency (failure of the immune system to protect the body adequately from infection, due to the absence or insufficiency of some component process or substance) due to conditions classified elsewhere, obstruction of bile duct (a condition that occurs when the bile ducts, which are small tubes that carry bile from the liver to the small intestines become blocked or narrowed), and encounter for change or removal of drains.</p> <p>A review of the OSR revealed a PO for Enhanced Barrier Precaution r/t [related to] being at risk for MDRO (Multidrug resistant organism) dated 05/22/24.</p> <p>A review of the CP revealed a focus of [Name Redacted] is on Enhanced Barrier Precautions related to being at risk for MDRO dated 4/23/24 and interventions: EBP: wear gown, and gloves during assistance with dressing, bathing, transferring, hygiene, changing linens, changing briefs & toileting, and during therapy.</p> <p>On 05/24/24 at 12:05 PM, during an interview with the surveyor , the RN/UM stated that EBP were used for any resident that had wounds, urinary catheters, feeding tubes and residents with IV antibiotics. The RN/UM explained the process was first to obtain the PO, enter them in the computer, then we put the EBP signs on the doors and place a PPE bin at the door and inform the resident's family. The RN/UM acknowledged that there should be a EBP sign on the door and the required PPE the staff should use when providing direct care to the resident. The RN/UM further stated, PPE is important and is required for the protection of the staff and the other residents.</p> <p>On 05/24/24 at 12:17 PM, the surveyor and the UM/RN walked to Resident # 18's room and checked the door, the UM/RN confirmed that there was no EBP sign on the door. She stated, Yes, there should be a sign on the door.</p> <p>On 05/30/24 at 12:50 PM, during a meeting with Regional Nurse #1, Regional Nurse #2, the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON) and the survey team, the above-mentioned observations for Resident #41 and #18 was presented.</p> <p>On 05/31/24 at 9:41 AM, during a meeting with the survey team and the LNHA, the DON acknowledged that the staff did not use the proper PPE while checking resident's for incontinence.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy Enhanced Barrier Precautions Policy dated 4/18/24, revealed: Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents .3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: .f. changing briefs or assisting with toileting .5. EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. 6. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk .10. Signs are posted on the door or wall outside the resident room indicating the type of precautions and PPE required, 11. PPE is available outside of the resident rooms.</p> <p>NJAC 8:39-19.4(a)(2)(c)</p>