

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>27193</p> <p>Complaint #NJ 165805</p> <p>Based on observation, interview, record review, and review of facility documents, it was determined that the facility failed to ensure the call bell was accessible and within reach for all residents. This deficient practice was identified for 2 of 2 residents (Resident #22 and #29) reviewed for falls and was evidenced by the following:</p> <p>a) On 1/30/25 at 10:00 AM, the surveyor observed Resident #29 lying in bed, and the call bell on top of the the bedside table out of Resident #29.</p> <p>On 1/31/28 9:10 AM, the surveyor observed Resident #29 in bed, and the call bell was again observed on top of the bedside table.</p> <p>On 2/5/25 at 9:00 AM, the surveyor observed Resident #29 lying in bed and the call bell was hanging over the side rail, tucked underneath the mattress, and out of the resident's reach. The resident stated they knew how to use the call bell, but that they could not find it to demonstrate the process for the surveyor.</p> <p>On 2/5/25 at 9:20 AM, the surveyor escorted the Unit Manager (UM) to the resident's room and the UM confirmed that the call bell was not accessible.</p> <p>On 2/5/25 at 10:30 AM, the surveyor reviewed Resident #29's medical record. The Admission Face Sheet reflected that Resident #29 was admitted to the facility with diagnoses which included but were not limited to; other lack of coordination, unspecified dementia, with other behavioral disturbances, muscle wasting and atrophy.</p> <p>The Annual Minimum Data Set (MDS), an assessment tool, dated 02/25/24, revealed a Brief Interview of Mental Status (BIMS) of 03 out of 15, which indicated the Resident's cognition was severely impaired.</p> <p>A review of the Care Plan (CP), Initiated 5/4/23, included a Focus for falls related to deconditioning, weakness, other lack of coordination. Interventions included but were not limited to, be sure call light is within reach, and provide reminders to use call bell for assistance as needed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the surveyor on 02/05/25 at 9:00 AM, the Certified Nurse Aide (CNA) stated that the resident used the call bell sometimes when they needed assistance. The CNA further stated that she placed the call bell on the side of the resident's bed prior to leaving the room.</p> <p>During an interview with the surveyor on 2/5/25 at 9:20 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) confirmed that the resident was able to use the call bell to ask for assistance. The surveyor then escorted the LPN/UM to the room where we both observed the call bell was tucked underneath the mattress and not accessible to the resident. The UM stated that she expected staff to secure the call bell to prevent the call bell from falling out of reach of the resident.</p> <p>During an interview with the surveyor on 2/5/25 at 12:55 PM, the Director of Nursing (DON) stated that staff should have ensured Resident's call bell was secured and placed within reach of the resident.</p> <p>48423</p> <p>b) On 1/29/25 at 9:57 AM, during an initial tour the surveyor observed Resident #22 reading a book in the bed. The resident stated, I need to be changed, when the surveyor approached the resident. The surveyor observed the resident's call bell hanging from the left corner of the bed frame. Resident #22 was not able to reach the call bell.</p> <p>On 1/30/25 at 8:19 AM, the surveyor observed Resident #22 sitting in bed with their head of bead elevated. Resident #22's call light was hanging down from left corner of the bed frame. Resident #22 was not able to reach the call bell.</p> <p>On 2/4/25 at 12:45 PM, the surveyor reviewed the electronic medical record for Resident #22 which revealed:</p> <p>According to the Admission Record (AR; admission summary), Resident #22 was admitted to the facility with diagnoses which included but were not limited to; Hypertension (high blood pressure), anxiety disorder, and difficulty in walking.</p> <p>A review of the Quarterly Minimum Data Set Assessment, (an assessment tool), dated 12/28/24, revealed that the Resident #22 scored 06 out of 15 on the Brief Interview for Mental Status (BIMS) which indicated that the resident had a severely impaired cognition. Further review of the MDS revealed that Resident #22 required maximal assistance with toileting hygiene. Section H of the MDS revealed that Resident #22 was frequently incontinent of bowel and bladder.</p> <p>A review of Resident #22's Care Plan (CP) Initiated on 10/6/23, reflected that Resident #22 had an ADL (Activities of Daily Living) self-care performance deficit. Interventions included: Encourage me to use call bell for assistance.</p> <p>On 2/5/25 at 1:53 PM, the survey team met with Director of Nursing (DON) and the Regional Director of Clinical Services (RDCS). The surveyor informed them of the above-mentioned concerns for all the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility provided document titled: Certified Nursing Assistant (CNA) /Geriatric Nursing Assistant (GNA) under section Personal Nursing Care Functions included: Ensure that residents who are unable to call for help are checked frequently. Under Safety and Sanitation: Keep the nurses' call system within easy reach of the resident.</p> <p>On 2/7/25 at 12:34 PM, the survey team met with DON, RDCS and the Regional Director of Operations for an Exit Conference.</p> <p>NJAC 8:39-31.8 (c)(9)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>27193</p> <p>Complaint # NJ 165805</p> <p>Based on interview, record review, and other facility documentation, it was determined that the facility failed to ensure that Resident #29 was free from neglect and received adequate supervision when a Certified Nurse Aide (CNA #1) neglected to supervise the resident. Resident #29 was found lying on the floor complaining of severe pain and CNA #1 who refused to supervise Resident #29 was found sleeping at the nurses' desk on 5/17/23 at 3:35 AM. The resident required emergent transfer to the hospital and was diagnosed with a closed fracture of the left hip that required surgical repair (open reduction external fixation). This deficient practice was identified for 1 of 1 resident (Resident #29) reviewed for neglect.</p> <p>The evidence was as follows:</p> <p>On 2/5/25 at 10:30 AM, the surveyor reviewed Resident #29's electronic medical record. The Admission Face Sheet reflected that Resident #29 was admitted to the facility with diagnoses which included but was not limited to; other lack of coordination, unspecified dementia with other behavioral disturbances, muscle wasting and atrophy.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 2/25/24, revealed a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated Resident #29 was severely cognitively impaired. The MDS further revealed that the resident needed extensive assistance with all activities of daily living (ADL; toileting, bathing, washing, etc.).</p> <p>A review of the Care Plan (CP), initiated on 5/4/23, included a focus area for falls related to deconditioning, weakness, and other lack of coordination. The interventions included but were not limited to; call light within reach and to provide reminders to use call bell for assistance as needed. There was also a focus area for ADL self-care performance deficit related to deconditioning and status post hospitalization, initiated on 5/4/23. One of the interventions documented was Resident #29 required a one-person physical assist with toileting. A focus area for incontinence initiated on 5/4/23, indicated I have urinary incontinence; I will not have skin breakdown due to incontinence through the review date. Interventions included to: provide incontinence care and apply moisture barrier as needed; offer/encourage toileting prior to bedtime; check resident approximately every two hours and provide incontinence care as needed.</p> <p>A review of a Progress Note (PN) documented by the Licensed Practical Nurse (LPN #1), dated 5/17/23 at 4:18 AM, revealed that around 3:35 AM, a thud was heard. Staff went to check where the noise came from and found Resident #29 lying on their left side by their room door. [Resident #29] stated they had to go to the bathroom. Upon assessment, the resident could be seen with their hand over their left leg complaining of pain. [Resident #29] would not let staff turn them to assess the site where they reported the pain. The on-call Medical Doctor (MD) assessed the resident via video chat and ordered to send the resident to ER [emergency room]. The supervisor and Director of Nursing (DON) and unit manager were notified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the nurse's note from the Registered Nurse/Supervisor of Nursing (RN/SON) dated 5/17/23 at 4:44 AM, included the writer was called to assess the resident who had an unwitnessed fall. Upon arrival, the resident was lying on the floor on their left side complaining of severe pain to left thigh. A complete body assessment was not completed as the resident complained of severe pain when we tried to move them. The resident denied hitting their head; no bleeding noted at this time. The MD was made aware, and paramedics were called per MD order. The resident was transferred to the ER at 4:20 AM. The Resident Representative, Licensed Nursing Home Administrator (LNHA), and DON were notified.</p> <p>A review of Resident #29's hospital medical record (HMR) dated 5/17/23 at 4:22 AM, included the reason for visit: fall; comments: . coming from [facility name redacted]- staff found [resident] on floor- unwitnessed fall. Hip pain: resident complaining of left hip pain . Primary diagnoses: closed fracture of left hip .</p> <p>On 2/5/25 at 9:40 AM, the surveyor requested the facility's investigation for review, and the DON submitted the Facility's Reportable Event record (FRE) that was forwarded to the New Jersey Department of Health (NJDOH) on 5/17/23. The FRE included no statements, and the summary provided dated 5/2023, included under investigation revealed the following:</p> <p>Per the Certified Nurse Aide [CNA #1], resident was last seen at 2:37 AM, and was in bed. At 3:30 AM, CNA (#2) heard a loud bang, and [Resident #29] was observed on the floor. The resident was noted in pain; new order received to be sent to hospital .</p> <p>Conclusion: Per hospital records, [Resident #29] sustained a fracture of the left hip. [Resident #29] will be evaluated by therapy upon return and will follow their recommendations. No abuse or neglect could be substantiated. The document was not signed. The incident occurred on 5/17/23. The surveyor reviewed the document with the DON and requested any statements from staff who were involved with Resident #29's care during the 11:00 PM-7:00 AM shift (during the time the unwitnessed fall occurred).</p> <p>A review of the Fall Witness Statement signed by CNA #1 revealed that the last time they saw the resident was at 2:37 AM. The resident was last toileted at 1:00 AM. CNA #1 heard a loud bang and rushed to resident room.</p> <p>A review of LPN #1's statement included that around 3:35 AM, she heard a thud, and staff went to check where the noise came from. Staff found [Resident #29] on the floor lying on their left side by their door, and [Resident #29] stated that they had to go to the bathroom. Upon assessment, the resident was seen with their hands over the left leg, complaining of pain. [Resident #29] would not allow staff to turn and assess the site where they were complaining of pain. The on-call MD assessed the resident via video chat and said to send resident to the ER.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of LPN #2's statement dated 5/24/23, indicated that [Resident #29] was sleeping in bed when [CNA #1] was assigned to sit by the room side. (CNA was assigned to sit outside the resident's door and supervise them.) LPN #2 documented that both her and LPN #1 informed CNA #1 of their assignment to sit by Resident #29's door and supervise. LPN #2 documented that CNA #1 refused the assignment. LPN #1 and LPN #2 were making rounds on the unit when they heard a loud sound coming towards Resident #29's room, and they observed Resident #29 on the floor. They asked [Resident #29] if they had pain and the resident stated, yes. LPN #2 documented that CNA #1, who was assigned to supervise Resident #29, was sleeping at the nurse's desk until the nurse screamed. CNA #1 then got up and came to the scene. The paramedics were called, and the resident was taken to the hospital.</p> <p>On 2/5/25 at 11:15 AM, the surveyor reviewed LPN #2's statement with the DON. The DON stated that she did not review the statements, and she had not been aware that the CNA assigned to provide supervision for Resident #29 was found sleeping instead of watching the resident she was assigned to supervise. The surveyor then asked the DON what the facility protocol was if a CNA refused an assignment, and the DON stated that the nurse covered the assignment with someone else and notified the nursing supervisor immediately. The surveyor reviewed the facility provided Quality Assessment Report (incident type report) provided by the DON.</p> <p>The Quality Assessment Report revealed the following:</p> <p>Problem Statement: The resident had to go to the bathroom and fell .</p> <p>Why 1: The resident had been toileted four hours prior.</p> <p>Why 2: The resident did not have to go and was asleep during next round.</p> <p>Root Cause: The resident was dry and asleep during last round. Awoken, self-transferred from bed and fell attempting to go to the bathroom.</p> <p>The surveyor requested CNA #1, CNA #2, LPN #1, and LPN #2's phone numbers for interviews. The DON informed the surveyor that all four staff involved in the incident were no longer employed by the facility, and no contact information was provided.</p> <p>The surveyor reviewed all four staff's files (CNA #1, CNA #2, LPN #1, and LPN #2) and the incident was not documented in their employee files.</p> <p>A review of the facility's Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating policy dated last revised 9/2022, included: Policy Statement: All reports of resident abuse (including injuries of unknown origin) neglect, exploitation, or theft/ misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings off all investigations are documented and reported. Upon conclusion of the investigation, the investigator records the findings of the investigation on approved documentation forms and provides the completed documentation to the administrator .</p> <p>NJAC 8:39-4.1(a)5</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31654</p> <p>Complaint # NJ 170726, NJ 166401</p> <p>Based on interview and document review, it was determined that facility failed to ensure an initial baseline care plan (CP) was developed for pain management for a resident who was admitted for rehabilitation after hip surgery. This deficient practice occurred for 1 of 1 closed record (Resident #318) reviewed for pain management and was evidenced by the following:</p> <p>On 2/4/25 at 9:31 AM, the surveyor reviewed the electronic medical record for Resident #318 which revealed the following:</p> <p>The Admission Record revealed diagnoses which included, but were not limited to; unspecified fall, non-displaced intertrochanteric fracture of right femur (fracture of large leg bone) with routine healing, and Type 2 Diabetes Mellitus.</p> <p>The Hospital Discharge Summary dated 1/22/24 revealed the Primary Discharge Diagnosis was Right intertrochanteric fracture proximal femur. The Details of Hospital [NAME] revealed Resident #318 presented to the emergency room after a fall and hurting right hip. The resident required surgery for an open reduction and internal fixation of the right hip. The Assessment and Plan revealed . Pain control as needed. The Discharge Medication List for discharge to the facility for Sub-Acute Rehabilitation included the following pain medications:</p> <ul style="list-style-type: none"> <li>- oxycodone-acetaminophen, 5-325 mg [milligrams] per tablet, commonly known as: Percocet, take 1 tablet by mouth every 4 (four) hours as needed (Pain 1-4) for up to 10 days.</li> <li>- oxycodone-acetaminophen, 5-325 mg per tablet, commonly known as: Percocet, take 2 tablets by mouth every 4 (four)hours as needed (Pain 5-7) for up to 10 days.</li> </ul> <p>The Admission Screener Document revealed the resident arrived at 01/22/24 at 21:00 [9:00 PM] and J. Is the resident cognitively able to report pain, yes. Most recent pain level:6, Date: 1/22/24 at 18:30 [6:30 PM]. What is the resident's acceptable pain level, 3.</p> <p>The seven page CP revealed the following five CP Focus areas:</p> <ul style="list-style-type: none"> <li>- Activity of Daily Living Deficit, Initiated 1/23/24;</li> <li>- Risk for Falls, Initiated 1/23/24;</li> <li>- Skin breakdown, Initiated 1/23/24;</li> <li>- Leisure Activities, Initiated 1/23/24;</li> <li>- Nutrition, Initiated 1/24/24;</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/04/25 at 10:23 AM, the surveyor, in the presence of two other surveyors interviewed the Director of Nursing (DON) regarding the CP not identifying pain management. The DON stated Resident #318 should have been care planned for pain.</p> <p>The Pain- Clinical Protocol Policy, Revision Date: October 2022 revealed:</p> <p>Treatment/Management: 1. With input from the resident to the extent possible, the physician and staff will establish goals of pain treatment; for example, freedom from pain with minimal medication side effects, less frequent headaches, or improved functioning, mood and sleep.</p> <p>8:39-27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27193</p> <p>Complaint #s NJ 165805, 166524, 166709, 169246, 178803</p> <p>Based on observation, interview, review of records, and review of pertinent documents, it was determined that the facility failed to consistently provide appropriate incontinence care, and personal hygiene care for all residents. The deficient practice was identified for Resident #89, #100, #132, #152, #370, #123, #71, #122, #82, #35, and #77, for 2 of 3 resident units (Maple and Ridge Units) and evidenced by the following:</p> <p>1. On 2/04/25 AM at 7:20 AM, the surveyor observed Resident #100 in bed, the head of the bed was elevated, and the resident was able to answer questions. Upon inquiry, the resident informed the surveyor that they were wet and needed to be changed. The surveyor asked the resident to activate the call light. The surveyor left the room and informed staff that Resident needed assistance.</p> <p>On 2/4/25 at 10:00 AM, the surveyor observed Resident # 100 in bed. The call device was on the floor. The resident informed the surveyor that they had not been changed. The surveyor left the room and asked a random Certified Nurse Aide (CNA) to assist with a care tour and the resident's brief was observed soaked with urine. The resident stated that they were last assisted with incontinence care the previous night.</p> <p>Resident #100 had a care plan for incontinence care initiated 12/08/23. The intervention was to provide incontinence care and apply moisture barrier as needed. Resident #100 had a Brief Interview for Mental Status (BIMS) Score of 14 out of 15 indicative of intact cognition.</p> <p>2. On 1/29/25 at 9:27 AM, the surveyor observed Resident #89 in bed with long facial hair, and all nails were long and jagged.</p> <p>On 1/30/25 at 10:45 AM, the surveyor observed Resident #89 in bed, after morning care had been provided with nails long and jagged, black substance underneath the finger nails, and Resident #89 was unshaven.</p> <p>On 1/31/25 at 8:00 AM, the surveyor returned to the room and observed that Resident #89 had just completed breakfast. The resident's nails were still long, jagged and not trimmed and Resident # 89 had not been shaved.</p> <p>On 2/04/25 at 9:19 AM, the surveyor interviewed the resident who stated that they would like their nails to be trimmed and cleaned.</p> <p>On 2/05/25 at 8:35 AM, the surveyor observed the resident in bed, the resident stated again they would like to be shaved.</p> <p>On 2/05/25 at 12:15 AM, the surveyor reviewed Resident #89's medical record which revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident # 89 was admitted to the facility with diagnoses which included but were to limited to: Parkinsonism, cerebral infraction, adult failure to thrive.</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #89 had a BIMS score of 14 out of 15 indicative of intact cognition. The MDS also indicated that Resident # 89 required extensive assistance for Activities of Daily Living (ADL). Resident # 89 had an ADL Self Care Performance Deficit related to weakness and deconditioning due to recent hospital stay.</p> <p>Review of the Care Plan (CP) for Resident #89 initiated on 5/10/24 revealed a Focus for ADL self care performance deficit related to weakness, deconditioning. The goal was for Resident #89 to reduce risks for complications of self care deficit and impaired mobility daily. The interventions included, provide assistance with all activities of daily living including hygiene.</p> <p>On 2/5/25 at 10:30 AM, the surveyor interviewed the Assistant Director of Nursing regarding the care. She stated that the manager and the nurses were to make rounds and ensure the residents were being cared for.</p> <p>On 2/4/24 at 11:30 AM, the surveyor interviewed the CNA regarding nails care. The CNA who cared for Resident #89 stated that nail care could be offered daily with the morning care or shower days. Resident # 89 had a shower scheduled on Tuesday, had not been shaved, and the nails were not being trimmed.</p> <p>On 2/5/25 at 8:30 AM, the surveyor interviewed the CNA assigned to Resident #89. The CNA revealed that Resident #89 could feed themselves after set-up, was able to assist with turning and able to make their needs known. The CNA stated that she would ask the resident if they wanted to be shaved today. When asked regarding the resident nail care, the CNA did not have any comments.</p> <p>3. Resident #132 was admitted to the facility with diagnoses which included but were not limited to muscle wasting and atrophy, anemia and low back pain.</p> <p>On 1/30/25 at 10:00 AM, the surveyor observed Resident #132 in bed, and reported being cold. Resident #132 was observed with thick facial hair.</p> <p>On 1/31/25 at 6:45 AM, the surveyor observed Resident #132 in bed. Resident #132 had not received care yet. A random CNA completed incontinence care for Resident #132 who was observed soaked with urine. The resident had not been shaved and the surveyor asked the resident if they would like to be shaved and they stated, Oh yes I would like to.</p> <p>On 1/31/25 at 11:15 AM, the surveyor observed Resident #132 in bed. The surveyor observed that the resident had not been shaved The surveyor esorted the Assistant Director of Nursing to the room where we both observed that the resident had not been shaved.</p> <p>On 2/5/25 at 10:30 AM, the surveyor reviewed Resident #132's electronic medical record. Resident #132 had a CP in place for ADL's Self Care Performance Deficit related to adult failure to thrive. The interventions was to provide Resident #132 with assistance with care.</p> <p>4. On 1/30/25 at 9:50 AM, the surveyor observed Resident #150 in bed, their nails were long, discolored with dark substances underneath the finger nails, and Resident #150 was unshaven.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/31/25 at 11:30 AM, the surveyor observed Resident #150 was sitting in a wheelchair at the bedside and the nails were long, discolored and jagged. The Surveyor asked the resident if they would like their nails to be trimmed and cleaned, the Resident stated, yes.</p> <p>On 1/31/25 at 11:45 AM, the surveyor escorted the Unit Manager (UM) to the room where we both observed Resident #150's nails and facial hair. The UM confirmed that Resident #150's nails needed to be trimmed and cleaned and the resident shaved.</p> <p>On 1/31/25 at 10:00 AM, the surveyor reviewed Resident #150's electronic medical record which revealed: The Resident was admitted to the facility with diagnoses which included but were not limited to; hemiplegia, cerebral infarction and dysphagia. The Quarterly Minimum Data Set (MDS) dated [DATE], revealed that Resident #150 had intact cognition with a score of 15 out of 15 on the BIMS (Brief Interview for Mental Status). Resident #150 had a care plan initiated on 12/04/24 for ADL Self Care Performance Deficit related to left sided weakness. The goal was the resident will be clean, well groomed and appropriately dressed daily with staff assistance. The interventions was to provide Resident #150 assistance with grooming and personal hygiene, and treatments.</p> <p>48423</p> <p>5. On 1/29/25 at 9:20 AM, during initial tour, the surveyor observed Resident #370 in bed and observed a urine odor in the room. The resident was not able to tell the surveyor when the last time they had incontinence care. The surveyor observed Resident #370's both hands with square shape long fingernails with jagged edges. The nail on the right index finger was half broken. Both thumb nails had dried brown colored substance around the cuticles.</p> <p>On 1/29/25 at 9:34 AM, the surveyor returned with the assigned CNA #1 for Resident #370 to observe the resident for incontinence rounds. The CNA #1 checked Resident # 370's brief and the resident brief was soaked with urine. The CNA #1 stated that she reported to work at 7:00 AM that morning, she delivered the breakfast tray, and she had not yet provided any care to Resident #370 (2.5 hours after she started working). CNA #1 then closed the brief without changing the resident, and informed the resident that she would come back to clean the resident after she provided a shower to resident's roommate.</p> <p>On 1/30/25 at 9:03 AM, the surveyor observed Resident #370 in bed. The surveyor observed Resident #370's both arms were shaking, and resident's hands were noted with square shaped long nails with jagged edges. The right index fingernail was half broken. The resident stated they would like their nails to be trimmed.</p> <p>On 1/31/25 at 8:18 AM, the surveyor observed Resident #370 eating breakfast in their bed. Resident #370's both arms were shaking. The surveyor observed resident #370's long nails with jagged edges in the same condition as observed on 1/29/25 and 1/30/25.</p> <p>On 1/30/25 at 11:34 AM, the surveyor reviewed the electronic medical record for Resident #370 which revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>According to the Admission Record (admission summary), Resident #370 was admitted to the facility with diagnoses which included but were not limited to; Urinary tract infection, Osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time), and urge incontinence (a type of urinary incontinence that causes an urgent, uncontrollable need to urinate several times during the day and night).</p> <p>A review of the Annual Minimum Data Set (MDS) Assessment, an assessment tool, dated 11/13/24, revealed that the Resident #370 scored 05 out of 15 on the BIMS which indicated that the resident had a severely impaired cognition. Further review of the MDS revealed that Resident #370 required partial/moderate assistance with personal hygiene. Section H of the MDS revealed that Resident #370 was occasionally incontinent of urine.</p> <p>A review of Resident #370's Care Plan (CP) initiated on 11/10/24, reflected that Resident #370 had an ADL (Activities of Daily Living) self-care performance deficit related to dementia. Interventions included: Personal Hygiene: I am dependent on staff for grooming/personal hygiene; and Toileting: I am dependent on staff for toileting.</p> <p>On 1/31/25 at 9:07 AM, during an interview with the surveyor, the CNA #1 stated that she had not made incontinence rounds on Resident #370 and was unsure about nail care, and stated, I am assuming we can provide nail care and cut resident's nails? CNA #1 further stated it was important to provide nail care and clean nails with wash rags every day during morning care because the residents got stuff like feces and germs under their nails, and they (the residents) put their nails in their mouth and for infection control. The CNA #1 stated that Resident #370 might be able to trim their own nails if you provided assistance or sat by the resident and told them what to do. At 9:45 AM, the surveyor returned and accompanied the CNA #1 to Resident #370's room and both observed the resident with shaky arms. CNA #1 acknowledged that the resident was not able to cut their own nails. The CNA #1 looked at resident's nails and stated the nails got a lot of food under them and they needed to be cleaned and cut down.</p> <p>6. On 1/29/25 at 9:31 AM, during initial tour, the surveyor observed Resident #123 in bed and observed a strong urine odor in the room. Resident stated, I am wet, I am wet.</p> <p>On 1/29/25 at 9:34 AM, the surveyor returned with the assigned CNA #1 for Resident #123 to check on the resident for incontinence rounds. The CNA #1 checked Resident # 123's brief and the resident brief was soaked with urine. The CNA #1 looked at the brief and stated it is kind of wet and informed the resident that she would take the resident to shower since it was their shower day.</p> <p>On 1/30/25 at 12:16 PM, the surveyor reviewed the electronic medical record for Resident #123 which revealed:</p> <p>According to the Admission Record, Resident #123 was admitted to the facility with diagnoses which included but were not limited to; Pacemaker (a small electronic device that is implanted in the chest to help control abnormal heart rhythms), Atrial Fibrillation (irregular heart rhythm), and hemiplegia (total paralysis on one side of the body).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the quarterly MDS, dated [DATE], revealed that the Resident #123 scored 09 out of 15 on the BIMS which indicated that the resident had a moderately impaired cognition. Further review of the MDS revealed that Resident #123 was frequently incontinent of urine and was dependent on staff for toileting hygiene.</p> <p>A review of Resident #123's CP initiated on 8/8/24, reflected that Resident #123 had an ADL self-care performance deficit related to impaired mobility. Interventions included: Toileting: I am dependent on staff for toileting.</p> <p>A further review of the Resident #123's CP revealed a Focus area that the resident had urinary incontinence related to impaired mobility that was created on 8/8/24 and the interventions included check resident approximately every 2 hours and provide incontinence care as needed.</p> <p>7. On 1/29/25 at 9:43 AM, during an initial tour, the surveyor observed Resident #71 walking on the unit and was holding a cup in their right hand, and the surveyor observed resident's long half broken nails with jagged edges on their right hand.</p> <p>On 1/31/25 at 8:59 AM, the surveyor observed resident walking on the unit. Resident #71 and both hands were observed with long nails, same as observed on 1/29/25.</p> <p>On 1/30/25 at 10:12 AM, the surveyor reviewed the electronic medical record for Resident #71 which revealed:</p> <p>According to the Admission Record, Resident #71 was admitted to the facility with diagnoses which included but were not limited to; dementia, Alzheimer's disease, lack of coordination and muscle weakness.</p> <p>A review of the Annual MDS, dated [DATE], revealed that the Resident #71 scored 07 out of 15 on their BIMS which indicated that the resident had a severely impaired cognition. t Resident #71 also required setup or clean up assistance with Personal hygiene.</p> <p>A review of Resident #71's CP Initiated on 1/10/24, reflected that the resident had an ADL self-care performance deficit result to other lack of coordination. Interventions included: Personal Hhygiene: I require supervision/setup with grooming/personal hygiene.</p> <p>8. On 1/30/25 at 8:29 AM, the surveyor observed Resident #122 in their bed, eating breakfast. The surveyor observed Resident #122's both hands with long square shaped and pointy nails. Resident #122 had food type debris under their nails.</p> <p>On 1/30/25 at 10:15 AM, the surveyor reviewed the electronic medical record for Resident #122 which revealed:</p> <p>According to the Admission Record, Resident #122 was admitted to the facility with diagnoses which included but were not limited to; Type 2 Diabetes Mellitus and dementia.</p> <p>A review of the Annual MDS, dated [DATE], revealed that the Resident #122 scored 00 out of 15 on their BIMS which indicated that the resident had a severely impaired cognition also required substantial/maximal assistance with personal hygiene.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #122's CP Initiated on 5/14/24, reflected that the resident had an ADL self-care performance deficit result to dementia. Interventions included: Monitor/record/report PRN (as needed) changes in ADL ability, potential for improvement, and/or inability to perform ADLs.</p> <p>9. On 1/30/25 at 8:38 AM, the surveyor observed Resident #82 sitting up in their bed. The surveyor observed the resident's left hand placed on the left side rail and the nails were long and had brown colored discoloration and substance under their thumb nail. The surveyor was not able to observe resident's right hand.</p> <p>On 1/30/25 at 1:00 PM, the surveyor reviewed the electronic medical record for Resident #82 which revealed:</p> <p>According to the Admission Record, Resident #82 was admitted to the facility with diagnoses which included but were not limited to; hypertension (high blood pressure) and major depressive disorder.</p> <p>A review of the Quarterly MDS, dated [DATE], revealed that the Resident #82 BIMS interview was not conducted. Section C of the quarterly MDS reflected that Resident #82 had Short-term and Long-term memory problems, and required partial/moderate assistance with Personal hygiene.</p> <p>A review of Resident #82's CP Initiated on 6/5/22, reflected that Resident #82 had an ADL self-care performance deficit result to dementia.</p> <p>10. On 1/29/25 at 12:11 PM, the Surveyor #2 (S #2) observed Resident #77 eating lunch in the room. The surveyor observed Resident #77's long and jagged nails with dark substance underneath the fingernails.</p> <p>On 1/30/25 at 8:14 AM, Surveyor #1 and S #2 observed the resident eating breakfast in their bed. Both surveyors observed Resident #77's long and jagged nails with dark substance underneath the fingernails.</p> <p>On 1/31/25 at 12:58 AM, Surveyor #1 and S #2 observed Resident #77 sitting in bed. Both surveyors accompanied the Assistant Director of Nursing (ADON) to the resident's room and observed Resident #77's nails. The ADON acknowledged that the nails were long.</p> <p>On 2/4/25 at 10:15 AM, the surveyor reviewed the electronic medical record for Resident #77 which revealed:</p> <p>According to the Admission Record, Resident #77 was admitted to the facility with diagnoses which included but were not limited to; type 2 diabetes mellitus (a condition where there is too much glucose in the blood), hypertension (high blood pressure) and primary open-angle glaucoma (is an eye condition that damages the optic nerve, which can lead to vision loss or blindness).</p> <p>A review of the quarterly MDS, dated [DATE], revealed that the Resident #77 scored 02 out of 15 on their BIMS which indicated that the resident had a severely impaired cognition. Further review of the MDS revealed that Resident #77 had moderately impaired vision and was dependent on staff for personal hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #77's Care Plan initiated on 12/04/22, reflected that the resident had an ADL self-care performance deficit result to dementia.</p> <p>11. On 1/30/25 at 8:35 AM, the surveyor observed Resident #35 eating breakfast in their room. The surveyor observed resident had long dark colored nails and right thumb nail was half broken horizontally. The surveyor asked the resident about their nails and the resident stated, I want my nails cut. The resident was having difficulty opening butter. The resident asked for assistance with opening up butter. The surveyor notified the staff of resident's requests.</p> <p>On 1/31/25 at 8:44 AM, the surveyor observed the resident eating breakfast in their bed. Resident's nails were same as observation on 1/30/25.</p> <p>On 2/4/25 at 10:30 AM, the surveyor reviewed the electronic medical record for Resident #35 which revealed:</p> <p>According to the Admission Record, Resident #35 was admitted to the facility with diagnoses which included but were not limited to; hypertension, hemiplegia and hemiparesis (Weakness or partial paralysis on one side of the body), and lack of coordination.</p> <p>A review of the Comprehensive MDS, dated [DATE], revealed that the Resident #35 scored 05 out of 15 on their BIMS which indicated that the resident had a severely impaired cognition. Further review of the MDS revealed that Resident #35 required partial/moderate assistance with Personal hygiene.</p> <p>A review of Resident #35's Care Plan initiated on 1/23/25, reflected that the resident had an ADL self-care performance deficit result to debility (weakness caused by an illness). Interventions included: Personal Hygiene: I am dependent on staff for grooming/personal hygiene.</p> <p>On 2/5/25 at 10:15 AM, the surveyor interviewed the UM regarding her responsibilities. The UM stated that her role was to ensure the care was being delivered, communicate with staff, check assignment, and make rounds. The surveyor then asked the UM who supervise the care, the UM replied all the nurses and during medication.</p> <p>On 2/5/25 at 11:30 AM, the DON informed the surveyor that she was not aware of the above concerns with nails and incontinence care and would in-serviced the staff.</p> <p>On 2/5/24 at 11:45 AM, the surveyor escorted the UM to Resident #150's room we both observed the condition of the resident's hands and nails. The nails were jagged and a black coated substance was noted underneath the finger nails.</p> <p>On 2/5/25 at 1:53 PM, the survey team met with DON and the Regional Director of Clinical Services (RDCS). The surveyor informed them of the above-mentioned concerns for all the residents regarding their nail care and incontinence care. The DON stated if two residents were incontinent, and one resident was scheduled to have a shower then incontinence care should be provided to a resident who wouldn't be getting a shower first and the other resident would be next .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility provided LPN Nurse Job Description under section Peronnel Functions included: Make daily rounds of your unit/shifts to ensure that assigned CNAs/GNAs and other nursing personnel are performing their work assignments in accordance with acceptable nursing standards .Evaluate daily performance of assigned CNAs/GNAs . Under section Nursing Care Functions included: Ensure that personnel providing direct care to residents are providing such care in accordance with the resident's care plan and wishes. Under section Care Plan and Evaluation Functions included: Review care plans daily to ensure that appropriate care is being rendered. Ensure that assigned CNAs/GNAs (Geriatric Nursing Assistants) and other nursing personnel are aware of the resident care plans. Ensure that the CNAs/GNAs . refer to the resident's care plan prior to administering daily care to the resident.</p> <p>A review of the facility provided responsibilities Certified Nursing Assistant/Geriatric Nursing Assistant under section Purpose of your job position included: The primary purpose of your job position is to provide each of our assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors. Under Personal Care Functions: Assist residents with nail care (i.e., clipping, trimming, and cleaning the finger/toenails). Keep hair on female residents clean shaven (i.e., facial hair) as instructed. Keep residents dry (i.e., change, clothing, etc, when it becomes wet or soiled). Keep incontinent residents clean and dry. Ensure that residents who are unable to call for help are checked frequently.</p> <p>A review of the facility provided policy Fingernails/Toenails, Care Of revision date 2/2018, included under Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Under General guidelines:1. Nail care included daily cleaning and regular trimming. Under Documentation: The following information should be recorded in the resident's medical record: 1. The date and time that nail care was given. 2. The name and title of the individual(s) who administered the nail care.</p> <p>A review of the facility provided policy Activities of Daily Living (ADL), Supporting revision date 3/2018 included under Policy statement: Resident who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Under Policy Interpretation and Implementation: 2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene ( .grooming, and oral care); c.) elimination (toileting)</p> <p>On 2/7/25 at 12:34 PM, the survey team met with DON, RDCS and the Regional Director of Operations for an Exit Conference and no additional information was provided.</p> <p>NJAC 8:39-27.1 (a)(e)(f)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27193</p> <p>Complaint # NJ 165805, 166524</p> <p>Based on interview, record review and document review, it was determined the facility failed to ensure quality of care was provided in accordance with professional standards of practice for wound care by failing to monitor, identify and report changes in a wound on 2/17/23. The Resident Representative (RR) insisted the resident to be sent to the hospital and the resident was admitted to the hospital with cellulitis of the neck, chest, and infected sacral wound. This deficient practice occurred for 1 of 1 resident reviewed for wound care (Resident #10) and 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 or 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 regimes 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 2/5/25 at 10:30 AM, the surveyor reviewed Resident #10 electronic medical record. The Admission Face Sheet reflected that Resident #10 had diagnoses which included but were not limited to; adult failure to thrive ,cellulitis unspecified, muscle waisting and atrophy, unspecified calorie malnutrition, seizure disorder.</p> <p>.</p> <p>A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/12/24 reflected that Resident #10 was totally dependent on staff for care. Resident #10 was non verbal.</p> <p>A review of the individual comprehensive care plan included a focus area for pressure ulcers initiated on 8/24/24. The interventions included to monitor and document changes in skin status such as: appearance, color, wound healing, signs and symptoms of infection, changes in wound size or stage, report to physician or designee as clinically indicated. Administer treatments as ordered and monitor for effectiveness. The resident's pressure ulcer will show signs of healing and remain free from infection by/ through the review date.</p> <p>On 2/9/23 the Wound Care Specialist documented the following: Assessment Notes: Wound is deteriorating, noted</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>with 20% slough and 80% granulation tissue. No debridement performed due to pain. Low air-loss mattress noted in place.</p> <p>Wound #1 Sacral</p> <p>Other Orders</p> <p>Treatment Recommendations</p> <p>Discontinue prior treatments</p> <p>Cleanse the wound with Normal Saline. Do not scrub or use excessive force. Pat dry.</p> <p>Apply Honey (Medical Grade) Gel to the wound</p> <p>Apply Calcium Alginate cut to size to the wound base</p> <p>Cover with a bordered foam dressing.</p> <p>Change dressing daily and when soiled.</p> <p>Additional Orders</p> <p>Other Orders</p> <p>Off-Loading</p> <p>Continue turning and repositioning as per standard of care, avoiding position directing pressure to Wound site, limiting side lying to 30 degree tilt, and limiting the head of the bed elevation to 30 degrees in bed except for meals.</p> <p>Low Air-Loss (LAL) mattress in place with correct settings.</p> <p>Plan of Care</p> <p>Plan of Care discussed with Facility staff. signed 02/09/2023 at 8:24:33 PM.</p> <p>There was no documentation in the medical record that the wound was assessed daily or the wound was being monitored.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Nursing Progress Notes (NPN) from 2/09/23 to 2/15/23 did not include any documentation/data entry made by the nursing staff on regarding the resident's wound or possible infection.</p> <p>A nurse's notes dated 2/15/23 timed 2:12 PM, reflected that Resident #10 was transferred to the Hospital via 911 per family member request. There was no assessment to indicate why Resident #10 was transferred to the hospital.</p> <p>Resident #10 was transferred back to the facility on [DATE]. The hospital record revealed that Resident #10 was admitted with cellulitis of neck and chest. Infected sacral wound., Fever. The Initial history and physical dated 3/3/2023 revealed the following:</p> <p>Resident #10 with history of advanced multiple sclerosis, adult failure to thrive syndrome, has PEG tube, cognitive deficits, seizure disorder, nonverbal at baseline, history of sacral decubitus ulcer presented to the ( ED) Emergency Department with fever, concerning for worsening sacral ulcer. Patient was admitted for further evaluation and management. Resident #10 was seen by ID (Infectious Disease) for stage 4 ulcer that is infected and treated with IV (Intravenous) zosyn (Antibiotic) for 15 days.</p> <p>Assessment/Plan: 1.Decubitus ulcer of back, stage 4-</p> <p>Patient non-verbal at baseline</p> <ul style="list-style-type: none"> <li>- Wound cultures with proteus and many beta hemolytic step</li> <li>- Blood cultures are negative to date</li> </ul> <p>General surgery recommended local wound care, antibiotics and placement of wound VAC (medical device that uses negative pressure to promote wound healing). They did not recommend surgical debridement.</p> <ul style="list-style-type: none"> <li>- ID recommended IV antibiotics Zosyn -has received 15 days.</li> </ul> <p>Augmentin for additional 2 weeks along with a probiotic to complete antibiotic course. Patient will continue to follow-up with general surgery outpatient to reassess wound and have ongoing wound VAC changes at rehab Monday, Wednesday, Friday.</p> <p>2. Cellulitis-</p> <p>Left side of the buttock; also chest and neck on presentation</p> <p>Leukocytosis has resolved.</p> <p>Blood cultures remain negative</p> <p>Transition top.o. antibiotics as recommended by infectious disease. Patient will be discharged on oral (Antibiotic) Augmentin for additional 14 days</p> <p>3. Seizure disorder</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Continue on kepra, valium. Follow-up with outpatient neurologist</p> <p>4. Multiple sclerosis; adult failure to thrive syndrome</p> <p>- Supportive care</p> <p>-Tolerating tube feeds.</p> <p>The facility did not have any investigation regarding the change in condition.</p> <p>On 2/7/25 at 12:30 PM, the Director of Nursing indicated that she was on vacation and could not comment on the issue. However she stated the nurse should have assessed the resident, called the physician prior to transfer to the hospital.</p> <p>A review of the facility change in a Resident's Condition Status provided by the DON on 2/7/25 at 12:55 PM, revealed the following:</p> <p>Our facility promptly notifies the resident, Resident Representative the attending physician of changes in the resident's medical/mental condition or status ( e.g., changes in level of care, billing/payments, resident rights, etc.).</p> <p>Prior to notifying the physician, or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including (for example ) information prompted by the interact SBAR Communication Form.</p> <p>NJAC 8:39-11.2(b); 27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27193</p> <p>Complaint #s NJ 165805, 166524</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to: a.) ensure a treatment dressing was applied to a sacral pressure ulcer in accordance with a physician order, and b.) ensure a skin assessment was completed for a resident upon return from the hospital, and c) implement measures to prevent the development of pressure ulcers in a timely manner in accordance with professional standards of practice. This deficient practice was identified for 2 of 2 residents reviewed with pressure ulcers (Resident # 10 and #29), and was evidenced by the following:</p> <p>1. On 2/04/25 at 6:05 AM, during incontinence tour, the surveyor observed Resident #10 with a deep wound to the sacral area that was not covered with a dressing. The soiled dressing was dislodged and noted in the resident's brief along with the wound packing. The Certified Nursing Aide (CNA) stated that it must have come off the wound when the resident was being turned. The incontinent brief had brown and yellow drainage in the area of contact with the resident's pressure ulcer. The surveyor observed 2 other dressing on the left and right buttocks. The CNA then stated to the surveyor that Resident #10 had only one wound. The dressing on the right and left buttocks were to protect the areas from reopening. The CNA informed the surveyor that the dressing was being changed every 3 days and when the dressing was soiled.</p> <p>On 2/4/25 at 7:58 AM, the surveyor inquired about the wound care and the nurse confirmed that the order was for the sacral dressing to be changed every 3 days and as needed.</p> <p>On 2/5/24 at 11:30 AM, the surveyor observed the Licensed Practical Nurse (LPN) prepare the table for a wound treatment. The LPN observed the resident's wound and stated that the resident had a stage 4 pressure ulcer (full thickness tissue loss wound) to the sacrum for a long time. The wound was cleansed and measured.</p> <p>The surveyor observed the LPN wash her hands, and don (put on) a new pair of gloves. She then cleansed the resident's sacral wound with Normal Saline Solution, pat the wound dry, removed her gloves and cleansed her hands. The LPN don gloves picked up the scissors that were on top of the treatment cart, cut the medicated packing, and was about to insert the packing when the surveyor stopped the treatment. The surveyor informed the nurse that the scissors needed to be disinfected prior to be used. The Unit Manager who was in the room to assist with the wound care, removed her gloves and gown, sanitize her hands, cleansed the scissors and assist the LPN to complete the wound care. The LPN cut a piece of the Maxisorb dressing ( absorbent dressing for moderate to heavily draining wounds). She then applied a foam dressing for optimum coverage and protection. The dressing was dated and timed appropriately with a permanent marker.</p> <p>The LPN then cleaned and disposed the contents in the trash, removed her gloves, washed her hands, and cleaned the over bed table with germicidal wipes. The LPN then signed the resident's Treatment Administration Record (TAR) for completion of the appropriate wound treatment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The surveyor reviewed Resident #10 electronic medical record. The admission Face Sheet reflected that Resident #10 had diagnoses which included but were not limited to; Adult failure to thrive, cellulitis unspecified, muscle wasting and atrophy, unspecified calorie malnutrition.</p> <p>A review of the Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/12/24, reflected that the resident was at high risk for developing pressure ulcers and had a stage 4 pressure ulcer to the sacral area.</p> <p>A review of the electronic Progress Notes dated 1/28/25, reflected that the resident had a stage 4 pressure ulcer injury to the sacrum which measures 3.0 centimeters (cm) x 3.0 cm x 1.4 cm. with undermining from 9-3 o'clock measuring 2.4 cm. The note reflected that the resident was on a low air loss mattress and is offloading using repositioning wedges.</p> <p>A review of Physician's Orders sheet (POS) for January 2025, reflected an order dated 10/29/24 for the sacral wound to be cleansed with Normal Saline, apply Prisma moistened with saline, lightly pack with Maxisorb rope, then foam dressing every day shift every 3 days for pressure injury as needed when soiled</p> <p>The surveyor then reviewed the wound care consult and noted that the order for the wound care was changed on 12/3/24. At the last visit, the wound was debrided (removal of dead tissue). The recommendations was for wound care daily and as needed when soiled.</p> <p>A review of the TAR for January and February 2025, reflected that the order was not transcribed.</p> <p>On 12/07/25 at 10:49 AM, the surveyor reviewed the 12/3/24 consult with the Director of Nursing (DON). The DON confirmed that the resident only had one pressure ulcer to the sacrum. She further acknowledged the surveyor findings and stated that the nurses were to review the consult and transcribe the order. The wound care order was changed on 12/3/24 and the staff was not aware.</p> <p>2. Resident #2 was transferred to the Maple Unit on 5/5/23. The nurse's progress notes dated 5/5/23 at 12:59 AM indicated the following:</p> <p>Note Text: Resident received in room in bed at 11:00 PM. Resident is alert and able to make needs known with periods of confusion. Resident is a new admission. Had no signs and symptoms of pain, Resident has no skin issue. Resident is incontinent of bladder and bowel and clean and dry currently. Frequent rounds made through shift. will monitor.</p> <p>On 5/6/2023 at 06:23 AM, the nurse wrote: Upon assessment of resident's skin, noted redness to her sacrum with a 2 cm scratch going horizontal. The left upper back appears to have some scratches that are red. Bilateral upper and lower extremities appears intact. There was no documentation of any wound to the sacral area. No treatment in place.</p> <p>On 5/17/23 at 3:35 AM, Resident #29 sustained a fall with fracture at the facility and was transferred to the hospital where they underwent surgery to repair the fracture. Resident #29 returned to the facility on [DATE]. The assessment revealed that Resident #29's left thigh area noted with purplish dark red bruises. Left thigh area noted with purplish dark red bruises. Pubic/Groin area redness in skin folds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no mention of a wound or redness to the sacral area.</p> <p>On 5/22/23 at 11:31 AM, The nurse's notes indicated that Resident #29 had a deep tissue injury (DTI) surrounding an open skin pressure injury. Resident has had these skin issues present during readmission. There was no documented evidence that the area was measured or the physician was called for wound care. There was no wound treatment in place. A nurse's note entered as a late entry on 5/30/23 (11) days after being readmitted , indicated the following:</p> <p>Type: Skin/Wound Note</p> <p>Focus: Monitor and document wound healing. Measure length, width, and depth (where possible). Assess and document status of wound perimeter, wound bed, and healing progress. Report changes in wound to physician or designee as clinically indicated.</p> <p>A nurse's notes dated 5/23/2023 timed 5:17 PM, indicated that the Resident Representative was notify of the sacral wound on 5/23/23. Resident #29 returned from the hospital on 5/19/23.</p> <p>A Late entry progress notes created 5/30/2023 at 5:41 by the Unit Manager reflected the following:</p> <p>Note Text:</p> <p>Late entry- Resident #29, was seen by wound care team for initial exam of an acute sacral pressure ulcer measures 5.8 x 8 x 0.2 cm in size with moderate amount serous drainage. There is 20% granulation tissue and 80% black discoloration.</p> <p>Treatment includes cleansing wound with NSS. Pat dry. Apply medical grade honey to wound. Apply Calcium alginate, cut to size wound base. Cover with bordered foam dressing. Change daily and when soiled. Recommend alternating pressure mattress for offloading. Turn and reposition as per standard of care. Avoid direct pressure to wound site. Limit Head of bed (HOB) elevation to 30 degrees except in bed for meals. Plan of care discussed with family and staff.</p> <p>The facility could not provide documentation of wound care done prior to 5/25/23 prior to the wound care initial visit.</p> <p>On 2/7/25 at 11:30 AM, the surveyor reviewed the skin assessment dated [DATE]. The skin assessment indicated that the resident was at moderate risk for pressure ulcer. Resident #29 received a score of 16. There was no documentation that a sacral wound was identified, measured and communicated to the physician or the resident representative. There was no wound treatment in place. However, Resident #29 had a fracture and was totally dependent on staff for bed mobility and transfer.</p> <p>The Comprehensive Care Plan initiated 5/4/23 had a focus for potential skin breakdown related to impaired mobility. The interventions were to document skin checks weekly and as needed. Notify the physician and resident representative of new areas if observed, dated 5/04/23.</p> <p>A review of the facility Prevention of Pressure Injuries provided by the facility on 2/7/25 at 12:55 PM last revised April 2020, reflected the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Purpose: Provide information regarding identification of pressure injury [NAME] factors and interventions for specific risk factors.</p> <p>Preparation</p> <p>Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable.</p> <p>Skin Assessment</p> <p>During the skin assessment, inspect:</p> <p>Presence of erythema</p> <p>Temperature of skin and soft tissue; and</p> <p>Edema.</p> <p>Inspect the skin on a daily basis when performing or assisting with personal care or ADLs,</p> <p>NJAC 8:39-27.1 (e)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>27193</p> <p>Complaint # NJ 173844</p> <p>Based on observation, interview, record review, and document review it was determined that the facility failed to provide adequate monitoring and supervision to prevent falls with injury for a resident who was assessed as a high risk for falls. On 12/23/24, Resident #92 who had a fall and the nurse documented that the resident was on one staff-to-one resident (1:1) monitoring, had a second fall within one hour that required emergency services to transfer the resident to the hospital. The resident sustained from the fall: an acute comminuted fracture (breaks in three or more pieces) of the left inferior orbital rim (eye socket); an acute comminuted and mildly displaced fracture of the left lateral orbital rim; an acute comminuted and mildly displaced and depressed fracture of the left anterior maxillary sinus wall; left periorbital and facial soft tissue contusion with soft tissue swelling; and a laceration to left cheek that required five sutures. This deficient practice occurred for 1 of 5 residents (Resident #92) reviewed for accidents.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 01/29/25 at 9:15 AM, the surveyor toured the Maple Unit of the facility and observed Resident #92 seated in a recliner chair in the dayroom with a Certified Nursing Aide (CNA) at their side. Resident #92 was observed with purplish bruises to the facial area, both eyes were closed, and the resident did not engage in a conversation with the surveyor.</p> <p>On 01/30/25 at 10:15 AM, the surveyor observed Resident #92 in the dayroom. The CNA was observed seated next to the resident and informed the surveyor that the resident was on 1:1 observation.</p> <p>On 02/04/25 at 10:30 AM, the surveyor reviewed Resident #92's electronic medical record.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that Resident #92 was admitted to the facility with diagnoses which included but were not limited to; unspecified dementia, major depressive disorder, restlessness and agitation, and other abnormalities of gait.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 12/30/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, indicating that the resident had severe cognitive impairment. Further review of the MDS indicated that Resident #92 required supervision or touching assistance for bed mobility, required moderate assistance for transfers from the bed to the chair and utilized a wheelchair. Resident #92 was coded as Yes as having falls since admission, and coded 2 for J 1900 B. Fall with injury (except major)- including skin tears, abrasions, lacerations, superficial bruises, hematoma's and sprains; or any fall related to injury that causes the resident to complain of pain, and coded 1 for J 1900 C. Fall with Major Injury- bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.</p> <p>On 02/05/24 at 9:46 AM, the Director of Nursing (DON) provided the following Fall Risk Evaluations which revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-On 01/01/24, Resident #92 received a score of 24, which indicated a high risk for falls.</p> <p>-On 02/04/24, Resident #92 scored 20, which indicated a high risk for falls.</p> <p>-On 04/20/24, Resident #92 received a score of 23, which indicated a high risk for falls.</p> <p>-On 11/01/24, Resident #92 received a score of 26, which indicated a high risk for falls.</p> <p>A review of the Progress Notes and Care Plan (CP) revealed the following fifteen falls and the interventions implemented:</p> <ol style="list-style-type: none"> <li>1. On 01/01/24 at 10:40 AM, the resident had a fall in the resident's bathroom. Upon assessment, the resident had moderate blood on the back of their head with a small gash. Resident #92 was sent to the hospital and the resident returned with four staples to their head from the fall. A review of the CP indicated that on 01/01/24, the intervention for staff to remain within easy reach of the resident while washing in the bathroom was added.</li> <li>2. On 01/14/24 at 9:06 PM, the resident was found lying on their back with the wheelchair on side. The resident stated I hit my head. Neurological checks (neuro checks; assessment to ensure neurological functions were working correctly) were started and the resident went to the hospital. The resident returned with no injuries. A review of the CP indicated that no new interventions were added post fall on 01/14/24.</li> <li>3. On 01/20/24 on 12:45 AM, the resident was found lying on top of the fall mat in their room, and the resident stated that their head was hurting. The resident reported that they fell while trying to go to the bathroom. The resident was sent to the hospital and returned to the facility with no new orders. A review of the CP indicated that no new interventions were added post fall on 01/20/24.</li> <li>4. On 02/08/24 at 11:30 PM, the resident was found in their room on their knees on top of the fall mat that was next to their bed. There were no injuries noted at that time. When asked what happened, the resident stated they did not know why they were getting up since they were already in the room. A review of the CP indicated that no new interventions were added post fall on 02/08/24.</li> <li>5. On 02/21/24 at 4:20 AM, the resident was found on the floor in their room, and the resident stated they were trying to get some water. The resident was noted with a skin tear to the top upper mid back and a dime sized abrasion that was reddened to their right elbow. A review of the CP indicated that no new interventions were added post fall on 02/21/24.</li> <li>6. On 03/01/24 at 4:58 AM, the resident was found lying on top of the fall mat noted with redness to the inside of their bottom lip along with some blood and an abrasion to the right side of their forehead. The resident stated they had fallen and did not remember where they were going. A review of the CP indicated that on 03/01/24, the interventions to keep mobility devices close at hand and check on the resident frequently to offer assistance were added.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>7. On 03/21/24 at 2:16 AM, Resident #92 was noted lying on the floor near the closet door and upon assessment, the resident was noted bleeding from their left temple and a large skin tear was seen on their lower left arm. The resident was sent to the hospital and returned with an order for Dermabond (sterile liquid, topical skin adhesive) on left eyebrow to close the laceration. A review of the CP indicated that no new interventions were added post fall on 03/21/24.</p> <p>8. On 04/21/24 at 6:25 AM, the CNA went into the resident's room and notified the writer that she had observed the resident fall and hit their head on the nightstand. The resident was noted with a bump to top of scalp 1 inch by 0.5 inch, and the resident was brought to the nurse's station for monitoring and safety. A review of the CP indicated that no new interventions were added post fall on 04/21/24.</p> <p>9. On 05/13/24 at 1:48 AM, the CNA and the writer (nurse) went into Resident #92's room and assisted the resident into the wheelchair to be assisted to the bathroom per the resident's request. When putting the resident back to bed, the CNA called and informed the nurse that Resident #92 complained of chest pain and upon assessment, an irregular in size bruise, red and purple in color, was observed on the resident's sternum (breastbone) area. An x-ray was ordered with no evidence of a fracture but soft tissue swelling presternal region (upper segment of breastbone). A review of the CP indicated that no new interventions were added post fall on 05/13/24.</p> <p>10. On 06/16/24 at 5:40 PM, the resident attempted to get out of the geriatric (geri) chair and slid to the floor. The resident denied hitting their head, and the resident stated they only hit bottom. The resident was assessed; vital signs were stable; and denied pain. A review of the CP indicated that no new interventions were added post fall on 06/16/24.</p> <p>11. On 08/15/24 at 1:05 PM, the resident was found sitting on floor in the dayroom in front of a chair and upon assessment, the resident had bleeding from a small laceration to the left side of head. Treatment services were rendered to control bleeding. A review of the CP indicated that no new interventions were added post fall on 08/15/24.</p> <p>12. On 08/16/24 at 9:00 PM, the resident had fallen in the dayroom and upon assessment, the resident had bleeding from small laceration to the left side of head. Treatment services were rendered to control the bleeding. The resident was transferred to the hospital and returned with an order for cefdinir (antibiotic used to treat bacterial infection) 300 mg; give one capsule by mouth every 12 hours for a urinary tract infection. A review of the CP indicated that on 08/16/24, the intervention to provide the resident a snack was added.</p> <p>13. On 08/22/24 at 7:34 PM, the resident and their primary aide were walking in the hallway when Resident #92 fell . The primary aide who witnessed the incident stated, [Resident] didn't hit [their] head. The primary aide was asked how the resident ended up falling, and the primary aide stated [Resident] turned around, I literally just saw [them] going down slowly. The resident complained of pain in the sacrum (lower back) and a noted abrasion to their right elbow area. When the nurse asked the aide how the resident fell , the CNA replied, I'm not going to be here trying to chase [resident]. A review of the CP indicated on 08/23/24, the intervention to sit and rest when noted to be fatigued was added.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>14. On 09/07/24 at 5:00 PM, the resident was noted to be on the floor in the dayroom sitting on their buttocks with the chair alarm still attached to the resident and the chair. The resident was assessed and no new injuries were noted. A review of the CP indicated on 09/09/24, the intervention of hospice ordered another [specialized chair] allowing resident's feet to touch the floor was added.</p> <p>15. On 12/11/24 at 6:33 PM, the resident was noted to be on the floor and upon assessment, Resident #92 was noted to have a laceration with bright red blood drainage noted to the right side of eye. The resident was sent to the hospital and returned to the facility with Dermabond to top of right eye to close the laceration. A review of the CP indicated that on 12/12/24, the intervention to keep close observation when sitting in the chair was added.</p> <p>The following progress notes detailed two falls that occurred within one hour on 12/23/24, and revealed the following:</p> <p>On 12/23/24 at 5:55 AM, this nurse was notified by staff that resident had fallen. When asked what happened staff stated, I was walking resident to the bathroom and above resident lost balance and fell . The resident was unable to give an account of what happened. The supervisor was notified; Primary Care Physician (PCP) made aware; and the Resident Representative was made aware. An assessment was conducted and the resident was at baseline, no injury noted. The resident was able to move all extremities and did not hit their head per staff. The resident had no discomfort noted on assessment and personal care needs were met. The resident was made comfortable and 1:1 was in place with safety maintained.</p> <p>- A subsequent note, documented by the same nurse revealed:</p> <p>On 12/23/24 at 7:30 AM; around 6:30 AM, this nurse was notified by staff that the resident was bleeding from their face. Upon entering the resident's room, the resident was noted with blood on their face, a cut to their left cheek area, and the resident was unable to tell what happened. The supervisor and PCP were notified. An order was obtained to send the resident to the hospital. The resident's face was cleaned, bleeding was controlled, and no further cut or open area noted. An assessment was conducted, neuro checks started, and emergency services were called. The resident was sent to the hospital at 7:05 AM, for evaluation, and the family was notified. The progress note did not include the 1:1 supervision that was documented as in place for safety being maintained in the previous note on 12/23/24 at 5:55 AM, after the resident fell .</p> <p>On 12/24/24 at 3:31 AM, it was documented that Resident #92 returned from the hospital around 1:33 AM, with a fracture to their left orbit [eye socket] and left maxillary sinus. They had a laceration to their left cheek with five sutures and bruising and swelling was noted to their left orbit, left cheek, left side of the neck, above left eyebrow, and upper chest. Redness was also noted to their mid-back. Care was given to the resident when they returned from the hospital. New orders for Augmentin 875-125 mg (an antibiotic) for seven days to prevent infection, Mucinex 600 mg for congestion, nasal sprays for congestion, and bacitracin to sutures. As needed Morphine (narcotic pain medication) and Ativan (sedative) were given and noted to be effective. The supervisor was made aware of the resident's return and new orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the CP provided by the Director of Nursing (DON), in effect during the time of the fall, dated last revised 01/04/25, revealed the resident was at risk for falls related to confusion, reconditioning/weakness, history of falls, poor safety awareness. The goal, dated initiated 05/24/23, with a target date of 04/07/25, included risk for serious injury from falls will be mitigated with proper interventions through review date. A second goal, dated initiated 06/07/23, with a target date of 04/07/25, included the resident will be free of falls related to injury through the next review date. The interventions included: to monitor resident at nurses station when awake overnight initiated 10/17/23, to provide staff interaction during episodes of restlessness initiated 12/17/23; and the resident receives sedatives/hypnotics at night for sleep; monitor for safety throughout the night initiated 09/04/23.</p> <p>A review of the Emergency Department Encounter with a Date of Service of 12/23/24 at 9:58 AM, revealed: Assessment and Plan: resident on Eliquis, presented after fall. The resident was at increased fall risk and had a history of dementia and was not a reliable historian. There was a skin tear to the left cheek, ecchymosis peri-orbitally on the left, having active epistaxis from the left nare [bleeding from left nostril]. Radiology Final Results: CT scan to head or brain without Contrast: acute left facial fractures including involving the left inferior orbital rim and the left maxillary sinus walls, with adjacent fascial contusions and hemorrhage within the sinus and nasal cavity/nasopharynx; CT Facial Bones without Contrast Final Result: Acute comminuted fracture of the left inferior orbital rim . Acute comminuted and mildly displaced fracture of the left lateral orbital rim . Mild left orbital proptosis [protrusion of eye from socket]. Acute comminuted and mildly displaced and depressed fracture of the left anterior maxillary sinus wall. Acute comminuted mildly displaced fracture of the left lateral maxillary sinus wall. Left periorbital and facial soft tissue contusion with soft tissue swelling and gas related to sinus injury. Hemorrhage near completely filling the left maxillary sinus as well within the left nasal cavity and nasopharynx .</p> <p>On 02/05/25 at 11:01 AM, the surveyor interviewed the DON regarding Resident #92's multiple falls. The DON stated that Resident #92 needed constant redirection and was very impulsive. The DON added that all falls were discussed in the morning meeting. When inquired about the two falls that occurred on 12/23/24, which resulted in an injury requiring hospitalization , the DON was unable to explain why after the resident fell the first time, the resident sustained the second fall within one hour.</p> <p>A review of the facility provided Falls- Clinical Protocol dated revised 3/2018, and updated 1/2023, which indicated the following:</p> <p>Under Cause and Identification:</p> <p>For an individual who has fallen, the staff and the practitioner will begin to try to identify possible causes within 24 hours of the fall.</p> <p>After a fall, Clinical staff should review the resident's gait, balance, and current medications that may be associated with dizziness or falling.</p> <p>The staff will continue to collect and evaluate information until the cause of the falling is identified, or it is determined that the cause cannot be found or it is not correctable.</p> <p>Under Treatment /Management:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0689  Level of Harm - Actual harm  Residents Affected - Few	Based on the preceding assessment, the clinical staff will identify pertinent interventions to try to prevent subsequent falls and address the risks of clinical consequences of falling.  NJAC 8:39-27.1 (a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31654</p> <p>Complaint # NJ 170726</p> <p>Based on interview and document review, it was determined that facility failed to ensure a pain assessment was completed and documented to ensure a resident was provided with pain medication as needed. This deficient practice occurred for 1 of 1 closed record (Resident #318) reviewed for pain management and was evidenced by the following:</p> <p>On 2/4/25 at 9:31 AM, the surveyor reviewed the electronic medical record for Resident #318 which revealed the following:</p> <p>The Admission Record revealed diagnoses which included, but were not limited to; unspecified fall, non-displaced intertrochanteric fracture of right femur (fracture of large leg bone) with routine healing, and Type 2 Diabetes Mellitus.</p> <p>The Hospital Discharge Summary dated 1/22/24 revealed the Primary Discharge Diagnosis was Right intertrochanteric fracture proximal femur. The Details of Hospital [NAME] revealed Resident #318 presented to the emergency room after a fall and hurting right hip. The resident required surgery for an open reduction and internal fixation of the right hip. The Assessment and Plan revealed . Pain control as needed. The Discharge Medication List for discharge to the facility for Sub-Acute Rehabilitation included the following pain medications:</p> <ul style="list-style-type: none"> <li>- oxycodone-acetaminophen, 5-325 mg [milligrams] per tablet, commonly known as: Percocet, take 1 tablet by mouth every 4 (four) hours as needed (Pain 1-4) for up to 10 days.</li> <li>- oxycodone-acetaminophen, 5-325 mg per tablet, commonly known as: Percocet, take 2 tablets by mouth every 4 (four)hours as needed (Pain 5-7) for up to 10 days.</li> </ul> <p>The Admission Screener Document revealed the resident arrived at 1/22/24 at 9:00 PM, and documented under J. Is the resident cognitively able to report pain, yes. Most recent pain level:6, Date: 1/22/24 at 7:30 PM. What is the resident's acceptable pain level, 3.</p> <p>The Medication Administration Record Dated January 2024 revealed an order for Oxycodone-Acetaminophen Tablet 5-325 mg, give 1 tablet by mouth every 4 hours as needed for Pain 1-4. Start Date- 1/22/2024 at 9:57 PM. The Pain Level and PRN [as needed] section of the MAR was left blank. The order was discontinued on 1/23/24 at 1:36 PM.</p> <p>Another order, Start Date 1/23/24 at 13:45 [1:45 PM] for Oxycodone-Acetaminophen Tablet [pain medication] 5-325 mg, give 2 tablets by mouth every 4 hours as needed for severe Pain 7-10. Start Date- 1/23/2024 13:45 [1:45 PM] and the medication was administered at 17:33 [5:33 PM] for a documented pain level of 8. There was no pain assessment or medicine documented as provided in the MAR until almost 20 hours after the resident was admitted .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 02/05/25 at 9:39 AM, the surveyor interviewed the Director of Nursing (DON) in the presence of two surveyors. The surveyor asked the DON about the process to determine Resident #318 receiving pain medications. The DON stated that if the resident doesn't ask for pain medication they don't get it. The DON stated it is on the resident. The DON stated there should be a pain evaluation and she will look for it.</p> <p>On 02/07/25 at 8:38 AM, the survey team met with the DON, Regional Director of Operations for the facility pre-exit conference. The facility had no additional information to provide.</p> <p>The Pain- Clinical Protocol Policy, Revision Date: October 2022 revealed:</p> <p>Assessment and Recognition: 2. The nursing staff will assess each individual for pain upon admission to the facility . 3. The staff and physician will identify the characteristics of pain such as location, intensity, frequency, pattern and severity.</p> <p>Monitoring: 2. The staff will evaluate and report the resident/patient's use of standing and PRN analgesics. a. Review should include frequency, duration and intensity of pain, ability to perform activities of daily living (ADLs), sleep pattern, mood, behavior, and participation in activities.</p> <p>NJAC 8:39-27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31654</p> <p>Complaint #s NJ: 165805, 166524, 166709, 169246, 170726, 173844, 175487, 178803</p> <p>Based on observation, interview and document review it was determined that the facility failed to have sufficient and competent nursing staff to consistently provide all related nursing services to ensure residents received care to ensure resident safety, and maintain the highest practical physical and mental well-being by failing to ensure staff provided a) appropriate and timely incontinence and nail care for residents dependent on staff for Activities of Daily Living (ADLs) care, b) resident supervision for safety, c) appropriate wound care per physician orders, d) a communication tool for a resident who was known to speak a foreign language (Resident #122), and e) consistent access to the call bell (Resident #20 &amp; #29). The deficient affected, or had the potential to affect all residents who resided on 3 of 3 units, and was evidenced by the following:</p> <p>Refer to F558E, F600G, 676E, 677E, 684G, 686E, 689G</p> <p>a) 1. On 2/4/25 AM at 7:20 AM, the surveyor observed Resident #100 in bed, the head of the bed was elevated, and the resident was able to answer questions. Upon inquiry, the resident informed the surveyor that they were wet and needed incontinence care. The surveyor asked the resident to activate the call light. The resident's call device was observed lying on the floor. The surveyor informed staff that Resident needed assistance.</p> <p>On 2/4/25 at 10:00 AM (over 2.5 hours later), the surveyor observed Resident #100 in bed. The call device was observed on the floor. The resident informed the surveyor that they had not been changed. The surveyor left the room and asked a random Certified Nursing Aide (CNA) to assist with a care tour. The resident's incontinent brief was observed saturated with urine, and the resident stated that they were last assisted with incontinence care last night.</p> <p>2. 01/29/25 at 9:27 AM, the surveyor observed Resident #89 in bed, with long facial hair, and the nails were long and jagged.</p> <p>On 1/30/25 at 10:45 AM, the surveyor observed Resident #89 in bed, after morning care had been provided with nails long and jagged, black substance under [NAME] the finger nails, and Resident #89 was unshaven.</p> <p>On 1/31/25 at 8:00 AM, the surveyor returned to the room and observed that Resident #89 had just completed breakfast. The resident's nails were still long, jagged and not trimmed. Resident #89 had not been shaved.</p> <p>On 2/4/25 at 9:19 AM, the surveyor interviewed the resident who stated that they would like their nails to be trimmed and cleaned.</p> <p>On 2/5/25 at 8:35 AM, the surveyor observed the resident in bed, the resident stated again they would like to be shaved.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/5/25 at 10:30 AM, the surveyor interviewed the Assistant Director of Nursing regarding the expectations for resident care. She stated that the manager and the nurses were to make rounds and ensure the residents were being cared for properly.</p> <p>On 2/4/24 at 11:30 AM, the surveyor interviewed the CNA regarding Resident #89's nail care. The CNA stated that nail care could be offered daily with the morning care or on shower days. The CNA stated that Resident #89 had a shower scheduled on Tuesday and they had not been shaved, and the nails were not trimmed.</p> <p>On 2/5/25 at 8:30 AM, the surveyor interviewed the CNA assigned to Resident #89. The CNA revealed that Resident #89 was able to feed themselves after set-up, able to assist with turning and able to make their needs known. The CNA stated that she would ask the resident if they wanted to be shaved. When asked regarding the resident nail care, the CNA did not offer any comments.</p> <p>3. On 1/30/25 at 10:00 AM, the surveyor observed Resident #132 in bed, and was observed with thick facial hair.</p> <p>On 1/31/25 at 6:45 AM, the surveyor observed Resident #132 and had not received care yet. Resident #132 was observed saturated with urine upon during the care observation provided by a random CNA. The resident had not been shaved, and the surveyor asked the resident if they would like to be shaved, they stated, oh yes I would like to.</p> <p>On 1/31/25 at 11:15 AM, the surveyor observed Resident #132 in bed and observed that the resident had not been shaved. The surveyor then escorted the Assistant Director of Nursing to the room where we both observed that the resident had not been shaved.</p> <p>4. 1/30/25 at 9:50 AM, the surveyor observed Resident #150 in bed, their nails were long, discolored with dark substances underneath the finger nails. Resident #150 was unshaven.</p> <p>On 1/31/25 at 11:30 AM, the surveyor returned to the room, the resident was sitting in a wheelchair at the bedside, The nails were long, discolored and jagged. The Surveyor asked Resident if they would like their nails to be trimmed and cleaned, the Resident stated, yes.</p> <p>On 1/31/25 at 11:45 AM, the surveyor escorted the Unit Manager (UM) to the room where we both observed Resident #150's nails and facial hair. The UM confirmed that Resident #150's nails needed to be trimmed and cleaned.</p> <p>5. On 1/29/25 at 9:20 AM, during initial tour, the surveyor observed Resident #370 in bed and observed a strong urine odor in the room. The resident was not able to tell the surveyor when the last time was, when they were changed. The surveyor observed Resident #370's both hands with square shape long fingernails with jagged edges. The nails on the right index finger was half broken and both thumb nails had dried brown colored substance around the cuticles.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/29/25 at 9:34 AM, the surveyor returned with the assigned Certified Nurse Aide (CNA #1) for Resident #370 to observe the resident for incontinence rounds. The CNA #1 checked Resident # 370's brief and the resident brief was saturated with urine. The CNA #1 stated that she reported to work at 7:00 AM this morning, delivered the breakfast tray, and she stated she had not yet provided any care to Resident #370 (2.5 hours after beginning her assignment). CNA #1 then closed the brief without changing the resident, and informed the resident that she would come back to clean the resident after she provided a shower to resident's roommate. CNA #1 exited and left the resident soiled.</p> <p>On 1/30/25 at 9:03 AM, the surveyor observed Resident #370 in bed. The surveyor observed Resident #370's both arms were shaking, and resident's hands were noted with square shaped long nails with jagged edges. The right index fingernail was half broken. The resident stated they would like their nails to be trimmed.</p> <p>On 1/31/25 at 8:18 AM, the surveyor observed Resident #370 eating breakfast in their bed. Resident #370's both arms were shaking. The surveyor observed resident #370's long nails with jagged edges in the same condition as observed on 1/29/25 and 1/30/25.</p> <p>On 1/31/25 at 9:07 AM, during a follow-up interview with the surveyor regarding the 1/29/25 observation, the CNA #1 stated that she had not made incontinence rounds on Resident #370 until the incontinence rounds that the surveyor observed on 1/29/25. The CNA #1 stated she was familiar with Resident #370. The CNA #1 stated, I am assuming we could provide nail care and cut resident's nails. The CNA #1 further stated it was important to provide nail care and clean nails with wash rags every day during morning care because the residents got stuff like feces and germs under their nails, and they [the residents] put their nails in their mouth, and for infection control. The CNA #1 stated that Resident #370 might be able to trim their own nails if you provided assistance or sat by the resident and told them what to do. At 9:45 AM, the surveyor accompanied the CNA #1 to Resident #370's room and both observed the resident with shaky arms. The CNA #1 acknowledged that the resident was not able to cut their own nails. The CNA #1 looked at resident's nails and stated the nails got a lot of food under them, and they needed to be cleaned and cut down.</p> <p>6. On 1/29/25 at 9:31 AM, during initial tour, the surveyor observed Resident #123 in bed and observed a urine odor in the room. Resident stated, I am wet, I am wet.</p> <p>On 1/29/25 at 9:34 AM, the surveyor returned with the assigned CNA #1 for Resident #123 to check on the resident for incontinence rounds. The CNA #1 checked Resident #123's brief and the resident brief was saturated with urine. The CNA #1 looked at the brief and stated it is kind of wet, and informed the resident that she would take the resident to shower since it was their shower day.</p> <p>On 1/30/25 at 12:16 PM, the surveyor reviewed the electronic medical record for Resident #123 which revealed:</p> <p>7. On 1/29/25 at 9:43 AM, during an initial tour, the surveyor observed Resident #71 walking on the unit and was holding a cup in their right hand. The surveyor observed resident's long half broken nails with jagged edges on their right hand.</p> <p>On 1/31/25 at 8:59 AM, the surveyor observed resident walking on the unit. Resident #71 was pleasant, and the surveyor observed resident's both hands with long jagged nails, same as observed on 1/29/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8. On 1/30/25 at 8:29 AM, the surveyor observed Resident #122 in their bed, eating breakfast. The surveyor observed Resident #122's both hands with long square shaped and pointy nails with food like debris under their nails.</p> <p>9. On 1/30/25 at 8:38 AM, the surveyor observed Resident #82 sitting up in their bed. The surveyor observed the resident's left hand placed on the left side rail with long brown colored discoloration with substance under their thumb nail. The surveyor was not able to observe resident's right hand.</p> <p>10. On 1/29/25 at 12:11 PM, the Surveyor #2 (S #2) observed Resident #77 eating lunch in the room. The surveyor observed Resident #77's long and jagged nails with dark substance underneath the fingernails.</p> <p>On 1/30/25 at 8:14 AM, Surveyor #1 and S #2 observed the resident eating breakfast in their bed. Both surveyors observed Resident #77's long and jagged nails with dark substance underneath the fingernails.</p> <p>On 1/31/25 at 12:58 AM, Surveyor #1 and S #2 observed Resident #77 sitting in bed. Both surveyors accompanied the Assistant Director of Nursing (ADON) to the resident's room and observed Resident #77's nails. The ADON acknowledged that the nails were long.</p> <p>11. On 1/30/25 at 8:35 AM, the surveyor observed Resident #35 eating breakfast in their room. The surveyor observed resident had long dark colored nails and right thumb nail was half broken horizontally. The surveyor asked the resident about their nails and the resident stated, I want my nails cut. The resident was having difficulty opening butter. The resident asked for assistance with opening up butter. The surveyor notified the staff of resident's requests.</p> <p>On 1/31/25 at 8:44 AM, the surveyor observed the resident eating breakfast in their bed. Resident's nails were same as observation on 1/30/25.</p> <p>On 2/5/25 at 10:15 AM, the surveyor interviewed the UM regarding her responsibilities. The UM stated that her role was to ensure the care was being delivered, communicate with staff, check assignment, and make rounds. The surveyor then asked the UM who supervise the care, the UM replied all the nurses and during medication.</p> <p>On 2/5/25 at 11:30 AM, the DON informed the surveyor that she was not aware of the above concerns with nails and incontinence care, and would in-serviced the staff.</p> <p>On 2/5/24 at 11:45 AM, the surveyor escorted the UM to Resident #150's room we both observed the condition of the resident's hands and nails. The nails were jagged and a black coated substance was noted underneath all the finger nails.</p> <p>On 2/5/25 at 1:53 PM, the survey team met with DON and the Regional Director of Clinical Services (RDCS). The surveyor informed them of the above-mentioned concerns for all the residents regarding their nail care and incontinence care. The DON stated if two residents were incontinent, and one resident was scheduled to have a shower then incontinence care should be provided to a resident who wouldn't be getting a shower first and the other resident would be next. The DON did not offer the survey team how long a resident should have to wait to receive incontinence care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b) On 2/5/25 at 10:30 AM, the surveyor reviewed Resident #29's electronic medical record. On 2/5/25 at 9:40 AM, the surveyor requested the facility investigation for review, and the DON submitted the Reportable Event Record (RER) that was forwarded to the Department of Health on 5/17/23. There were no statements attached to the RER and the summary provided, dated 5/2023, under Investigation the following was documented:</p> <p>Per the Certified Nurse Aide (CNA #1), patient was last seen at 2:37 AM and was in bed. At 3:30 AM, CNA heard a loud bang and Resident was noted on the floor. Resident was noted in pain, new order received to be sent to hospital .</p> <p>Conclusion: Per hospital records, Resident #29 sustained a fracture of the left hip. Resident #29 will be evaluated by therapy upon return. Will follow their recommendations. No abuse or neglect could be substantiated. The document was not signed. The incident occurred on 5/17/23. The surveyor reviewed the document with the DON and requested any statements from all staff involved with Resident #29's care during the 11:00 PM-7:00 AM shift (during the time the unwitnessed fall occurred).</p> <p>The Fall Witness Statement signed by CNA #1 revealed: Last seen resident at 2:37 AM. Resident was last toileted at 1:00 AM. Heard a loud bang and rushed to resident room.</p> <p>On 2/5/25 at 11:15 AM, the surveyor reviewed LPN #2's statement with the DON. The DON informed the surveyor that she had not reviewed the statements she had not been aware that the CNA assigned to provide supervision for Resident #29 was found sleeping instead of watching the resident as she was assigned. The surveyor then asked the DON what the facility protocol was if a CNA refused an assignment, and the DON stated that the nurse should cover the assignment with someone else then notify the nursing supervisor immediately. The surveyor reviewed the facility provided Quality Assessment Report (incident type report) provided by the DON.</p> <p>The following was documented:</p> <p>Problem Statement: Patient had to go the bathroom and fell .</p> <p>Why 1: Patient had been toileted four hours prior.</p> <p>Why 2: Patient did not have to go and was asleep during next round.</p> <p>Root Cause: Patient was dry and asleep during last round. Awoken, self-transferred from bed and fell attempting to go the bathroom.</p> <p>The surveyor requested the CNA and the nurses phone number for interviews. The DON informed the surveyor that the CNA and the nurses were no longer employed by the facility. No contact information was provided. The surveyor reviewed both the CNA and both nurses' files and the incident was not documented.</p> <p>On 2/07/25 at 9:00 AM, the surveyor interviewed the DON regarding the incident dated 5/17/23 when the CNA refused the assignment and the resident had fallen and sustained an injury, and the DON stated that the protocol was for the nurse to carry the assignment, then reported the incident immediately to the Nursing Supervisor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c) On 1/29/25 at 9:15 AM, the surveyor toured the Maple Unit of the facility and observed Resident #92 seated in a recliner chair in the dayroom with a Certified Nursing Aide (CNA) at their side. Resident #92 was observed with purplish bruises to the facial area, both eyes were closed, and the resident did not engage in a conversation with the surveyor.</p> <p>On 1/30/25 at 10:15 AM, the surveyor, again, observed Resident #92 in the dayroom. The CNA seated next to the resident informed the surveyor that the resident was on a 1:1 observation.</p> <p>On 2/04/25 at 10:30 AM, the surveyor completed an initial review of Resident #92's electronic medical record. The Admission Record (an admission summary) reflected that Resident #92 was admitted to the facility with diagnoses which included, but were not limited to; unspecified dementia, major depressive disorder, restlessness and agitation and other abnormalities of gait.</p> <p>The Significant Change Minimum Data Set (MDS) dated [DATE], (an assessment tool used by the facility to prioritize care) reflected that Resident #92 scored 03 out of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was severely cognitively impaired. Resident #92 also required supervision or touching assistance for bed mobility, required moderate assistance for transfers from the bed to the chair and utilized a wheelchair. Resident #92 was coded Yes as having falls since admission, and coded 2 for J1900B. Fall with injury (except major)- including skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall related to injury that causes the resident to complain of pain, and coded 1 for J1900C. Fall with Major Injury- bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma.</p> <p>The Progress Notes revealed the following:</p> <p>-Type: Health Status Note: Effective: 12/23/24 at 5:55 AM; This nurse was notified by staff that resident had fallen, when asked what happened staff stated, I was walking resident to the bathroom and above resident lost balance and fell . Resident unable to give account of what happened. Supervisor was notified, PCP [primary care physician] made aware, Resident Representative made aware. Assessment obtained, Resident at baseline, no injury noted, resident able to move all extremities, no head hitting noted per staff. No discomfort noted on assessment. Personal care needs met; resident was made comfortable. 1:1 in place safety maintained.</p> <p>- A subsequent note, documented by the same nurse revealed:</p> <p>Type: Health Status Note: Effective: 12/23/24 at 7:30 AM; Around 6:30 AM, this nurse was notified by staff that resident was bleeding on their face. Upon entering resident's room, noted resident with blood on their face, noted cut to left cheek area, resident unable to tell what happened. supervisor was notified. Primary Care Physician notified. Obtained an order to send resident to hospital. Face cleaned, bleeding was controlled, no further cut or open area noted. Assessment was obtained. Family made aware of the fall, Neuro check started, 911 was called and resident was sent to the hospital for evaluation at 7:05 AM.</p> <p>d)On 1/29/25 at 12:58 PM, the surveyor observed Resident #122 in bed. The surveyor was unable to communicate with the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/30/25 at 8:29 AM, the surveyor observed Resident #122 eating breakfast in the bed. Resident #122 spoke in Spanish when the surveyor was in the resident's room. The surveyor was not able to understand or communicate with the resident.</p> <p>A review of Resident #122's individual comprehensive care plan (ICCP) included a focus area dated 5/14/24, that the resident required the services of an interpreter because their primary language was not English. Primary language: Spanish. Interventions included: Provide resident with a communication board with common words in English and resident's preferred language to aide in communication for simple daily needs.</p> <p>On 2/5/25 at 9:06 AM, during an interview with the surveyor, the Certified Nursing Assistance (CNA #1) stated Resident #122 was Spanish speaking. The CNA #1 stated when she had taken care of the resident, she would not understand the resident because the resident did not speak English. CNA #1 stated when she did not understand the resident then she would use hand gestures during care. CNA #1 further stated she would tap on Resident #122's side to turn to the other side when she provided toileting hygiene. CNA #1 acknowledged that when the resident spoke in their language, CNA #1 did not understand the resident and the only way she would communicate with Resident #122 was with hand gestures.</p> <p>On 2/5/25 at 9:55 AM, during an interview with the surveyor, CNA #2 who was assigned to the resident, stated Resident #122 was mainly Spanish speaking. The surveyor inquired about how was the resident able to make their needs known and CNA #2 stated that the resident used hand gestures a lot. CNA #2 stated that the resident had a communication board in their room. The surveyor accompanied the CNA #2 to Resident #122's room. Both observed the resident sitting in bed and resident spoke only Spanish and tried to have conversation with CNA #2. The surveyor and the CNA both were not able to understand and/or communicate with the resident. The CNA #2 searched, and she did not find a communication board in resident's room.</p> <p>On 2/5/25 at 10:12 AM, during an interview with the surveyor, the Licensed Practical Nurse (LPN) stated Resident #122 was mainly Spanish speaking. The LPN stated she was able to understand the resident because some of her language vocabulary matched with resident's language, so she did not utilize any devices to communicate with the resident. The LPN further stated if she was not able to understand the resident, she would take the Spanish speaking CNA with her to resident's room. The LPN stated the communication board wouldn't be effective for Resident #122 because it was used for people who have hard time speaking or if they were hard of hearing.</p> <p>On 2/5/25 at 1:53 PM, the survey team met with Director of Nursing (DON) and the Regional Director of Clinical Services (RDCS). The surveyor informed them of the above-mentioned concerns for the Resident #122. The DON acknowledged that Resident #122 should have had a communication board in the room so that the resident would be able to express their needs.</p> <p>e) On 1/30/25 at 10:00 AM, the surveyor observed Resident #29 lying in bed, with the call bell on the bedside table. Resident #29 was unable to reach the call bell.</p> <p>On 1/31/25 at 9:10 AM, the surveyor observed Resident # 29 in bed. The call bell was in the same position as observed on 1/30/25 at 9:25 AM, when Resident #29 was in bed and the call bell on the bedside table.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 2/5/25 at 9:00 AM, the surveyor observed Resident #29 lying in bed with the call bell hanging over the side rail, and was tucked underneath the mattress, away from the resident. The resident stated they knew how to use the call bell, but that they could not locate it to demonstrate the process to the surveyor.</p> <p>On 2/5/25 at 9:20 AM, the surveyor escorted the Unit Manager (UM) to the resident's room and the UM confirmed that the call bell was not accessible.</p> <p>During an interview with the surveyor on 02/05/25 at 9:00 AM, the Certified Nursing Assistant (CNA) stated that the resident uses the call bell sometimes when they need assistance. The CNA further stated that she placed the call bell on the side of the resident's bed prior to leaving the room.</p> <p>During an interview with the surveyor on 2/5/25 at 9:20 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) confirmed that the resident could use the call bell to ask for assistance. The surveyor then escorted the LPN/UM to the room where we both observed the call bell was tucked underneath the mattress and not accessible to the resident. The UM stated that she expected staff to secure the call bell to prevent the call bell from falling out of reach.</p> <p>f) The facility failed to maintain the required minimum direct care staff-to-shift ratios as mandated by the State of New Jersey as follows:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 1/28/21, Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes, indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/21:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift.</p> <p>One direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. For the 2 weeks of staffing from 8/06/2023 to 8/19/2023, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts; deficient in total staff for residents on 1 of 14 evening shifts; and deficient in CNAs in total staff on 1 of 14 evening shifts as follows:</p> <p>-8/06/23 had 16 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-8/07/23 had 15 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>-8/12/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-8/13/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-8/14/23 had 15 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-8/15/23 had 15 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-8/18/23 had 16.5 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-8/19/23 had 14 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-8/19/23 had 12 total staff for 135 residents on the evening shift, required at least 13 total staff.</p> <p>-8/19/23 had 5 CNAs to 12 total staff on the evening shift, required at least 6 CNAs.</p> <p>2. For the 2 weeks of staffing from 8/27/2023 to 9/09/2023, the facility was deficient in CNA staffing for residents on 7 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-8/27/23 had 14 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-8/29/23 had 16 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-8/31/23 had 16.5 CNAs for 140 residents on the day shift, required at least 17 CNAs.</p> <p>-9/01/23 had 14 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-9/03/23 had 15.5 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-9/05/23 had 16 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-9/07/23 had 8.5 total staff for 135 residents on the overnight shift, required at least 10 total staff.</p> <p>-9/09/23 had 16.5 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>3. For the 2 weeks of staffing from 10/06/24 to 10/19/2024, the facility was deficient in CNA staffing for residents on 13 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>-10/06/24 had 12.5 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-10/07/24 had 18.5 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-10/08/24 had 14 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-10/09/24 had 18 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>-10/10/24 had 16 CNAs for 156 residents on the day shift, required at least 19 CNAs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-10/11/24 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/12/24 had 15 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/12/24 had 15 total staff for 163 residents on the evening shift, required at least 16 total staff.</p> <p>-10/14/24 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/15/24 had 16.5 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/16/24 had 16 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/17/24 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/18/24 had 18 CNAs for 163 residents on the day shift, required at least 20 CNAs.</p> <p>-10/19/24 had 12 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>4. For the 2 weeks of staffing prior to survey from 1/05/2025 to 1/18/2025, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts and deficient in total staff for residents on 1 of 14 evening shifts as follows:</p> <p>-1/05/25 had 16 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>-1/06/25 had 12 CNAs for 161 residents on the day shift, required at least 20 CNAs.</p> <p>-1/09/25 had 20 CNAs for 168 residents on the day shift, required at least 21 CNAs.</p> <p>-1/10/25 had 19 CNAs for 168 residents on the day shift, required at least 21 CNAs.</p> <p>-1/11/25 had 19 CNAs for 168 residents on the day shift, required at least 21 CNAs.</p> <p>-1/12/25 had 15 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-1/13/25 had 13.5 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-1/14/25 had 16.5 CNAs for 171 residents on the day shift, required at least 21 CNAs.</p> <p>-1/15/25 had 19 CNAs for 170 residents on the day shift, required at least 21 CNAs.</p> <p>-1/16/25 had 15.5 CNAs for 170 residents on the day shift, required at least 21 CNAs.</p> <p>-1/17/25 had 18.5 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>-1/17/25 had 16 total staff for 169 residents on the evening shift, required at least 17 total staff.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-1/18/25 had 15 CNAs for 169 residents on the day shift, required at least 21 CNAs.</p> <p>-For the 2 weeks of AAS-12 staffing from 1/05/2025 to 1/18/2025, the facility was deficient in RN staffing hours as follows:</p> <p>For the week of 1/12/25</p> <p>Required Staffing Hours: 462.50</p> <p>-1/18/25 had 460 actual staffing hours, for a difference of -2.50 hours.</p> <p>On 2/7/25 at 9:18 AM, the Staffing Coordinator stated she was aware of the mandated staffing ratios and that the facility met those standards most of the time unless there was a call out. She further stated that the staff would be determined by the resident census and would be reassessed daily.</p> <p>A review of the facility provided policy, Staffing Levels dated 8/2021, was for a assisted living facility and not long-term care.</p> <p>The Certified Nursing Assistant Job Position document provided by the facility on 2/5/25 at 1:05 PM revealed: The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care, and services in accordance with the resident's assessment and care plan and as may be directed by your supervisors. The Personal Nursing Care Functions: Assist residents with nail care (i.e. clipping, trimming, and cleaning the finger/toenails); Shave male residents; Keep hair on female residents clean shaven (i.e. facial hair, under arms, on legs, etc.) as instructed; Keep residents dry (i.e. change gown, clothing, linen etc. when it becomes wet or soiled).</p> <p>The Licensed Practical Nurse Job Description revealed: The primary purpose of your position is to provide direct nursing care to the residents, and to supervise the day to day nursing activities performed by the Certified Nurse Assistants or other nursing personnel. To monitor the performance of the Certified Nurse Assistants, nursing and non-licensed personnel, provide education and counseling . Nursing Care Functions: Ensure that personnel providing direct care to resident are providing such care in accordance with the resident's care plan and wishes.</p> <p>NJAC 8:39-27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>31654</p> <p>Complaint # NJ 178803</p> <p>Based on observation, interview and document review it was determined that the facility failed to consistently serve food to resident that were at an appetizing temperature and taste. The deficient practice occurred for 5 of 5 residents who attended a resident council meeting and for 1 of 1 closed record reviewed (Resident #319) for food and was evidenced by the following:</p> <p>On 1/30/25 at 1:30 PM, a surveyor conducted a resident council meeting with five residents. All five residents stated the food was always cold, even in the dining room, and everything tasted bad.</p> <p>On 1/31/25 at 7:55 AM, the surveyor observed a breakfast meal cart delivered to the Maple Unit. At that time, the surveyor requested the kitchen staff to alert the Food Service Director that a test meal would be completed. At that time, there were 4 nursing staff present and no meal trays were removed.</p> <p>On 01/31/25 at 8:00 AM, the first meal tray was removed and delivered to a resident.</p> <p>On 1/31/25 at 8:26 AM, the last meal tray was distributed by staff to a resident [26 minutes later].</p> <p>The surveyor and the Food Service Director (FSD), immediately conducted a test meal for a Regular Diet. The meal tray included the following items with the temperatures taken both by the surveyor and FSD.</p> <p>-2 slices of breakfast sausage- both thermometers = 127 degrees Farenheight (F)</p> <p>-3/4 Cup Juice = both thermometers 52 F</p> <p>-8 oz Milk = both thermometers 55 F</p> <p>At that time the surveyor interviewed the FSD regarding if the food temperatures were acceptable. The FSD stated the cold temperatures were not okay, but he thought the sausage was okay. The surveyor asked the FSD what the policy was for food temperatures when the food was delivered to the residents and he stated he thought 135 F for hot and cold should be less than 41 F and he would check to see if there was a policy.</p> <p>On 1/31/25 at 12:00 PM, during the lunch meal tray preparation in the kitchen, two surveyors tested a meal in the presence of the FSD.</p> <p>The Menu included:</p> <p>Baked Fish Almondine</p> <p>Rice Pilaf</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315128	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2025
NAME OF PROVIDER OR SUPPLIER  Mount Holly Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  62 Richmond Avenue Lumberton, NJ 08048	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Sauteed Zucchini</p> <p>The Alternate Item:</p> <p>Hamburger on a bun</p> <p>The surveyor requested the kitchen staff to provide the same items that were being distributed to the residents which included fish, rice, zucchini and a hamburger patty. The meal was prepared and the FSD along with two surveyors tested the meal at 12:05 PM. The FSD and a surveyor each utilized a thermometer and registered the following temperatures:</p> <p>Hamburger Patty - 112 F both</p> <p>Rice -116 F Both</p> <p>Fish -133.5 F Both</p> <p>Zucchini- 109 F Both</p> <p>Both surveyors tasted the fish, there were no almonds and the FSD stated the almonds did not come in. Both surveyors observed that the zucchini and rice were bland and mushy, and were not hot.</p> <p>The FSD requested that another tray and provided a Hamburger Patty, [NAME] and Zucchini.</p> <p>At 12:08 PM the temperatures revealed:</p> <p>Hambgrger patty- 113 F</p> <p>Rice- 116 F</p> <p>The surveyor reviewed the food temperatures that were documented in the Food Temperature Log for Lunch Time 11:35 PM on 1/31/25. The Log revealed that all hot foods must be above 135 degrees before service and cold food below 41 F.</p> <p>On 2/4/25 at 12:20 PM, The Liscensed Nursing Home Administrator provided a Food Prepararation and Servicde Policy which revealed: Proper hot and cold temperatures are maintained during food distribution and service. [No temperature for service or for palatability was documented in the policy].</p> <p>NJAC 8:39-17.4(e)</p>		