STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315133	A. Building B. Wing	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodcliff Lake Health & Rehabilitation Center	555 Chestnut Ridge Road Woodcliff Lake, NJ 07677

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Complaint number: NJ00169346 Based on observation, interview, and record review, it was determined that the facility failed to follow professional standards of practice by not clarifying a Physician's Order (PO) for 1 of 5 residents reviewed (Resident #175). This deficient practice was evidenced by the following: On 5/1/25 at 9:52 AM, the surveyor reviewed the closed electronic medical record (E-mar) for Resident #175 which revealed the following: A review of the Resident #175's admission Record (an admission summary) documented that the resident was admitted to the facility with diagnoses that included but were not limited to: pneumonia, dysphagia (difficulty swallowing), gastrostomy (the creation of an artificial external opening into the stomach for nutritional support, tube feeding (TF), or enteral feeding (EF)), and malignant neoplasm of major salivary gland. A review of the Discharge Minimum Data Set (MDS) an assessment tool used for the management of care) date 11/18/23, revealed under Section C, a Brief Interview for Mental Status (BIMS) score of 7 out of 15 which indicated that the resident had severe cognitive impairment. The MDS further revealed under Section K, that Resident #175 was receiving TF. A review of the November 2023 Physician orders (PO), revealed a PO dated 11/2/2023, Enteral Feed Order four times a day Bolus Feeding. Recommend 8 (237 milliliter (ml)) can of Jevity 1.2 (1422 total volume (TV)). Administer 1 can and half at 8am, 12pm, 4pm, and 8pm. On 5/1/25 at 12:12 PM, the surveyor interviewed the Registered Dietitian (RD#1), who stated the EF PO for Resident #175, should have been clarified because the PO states to give eight and six cans of Jevity 1.2 in the same order. RD#1 further stated they do not know why the error was not corrected by the nurse providing the EF. On 5/2/25 at 12:46 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Chief Operating Officer (COO) to review concerns regarding the PO for Resident #175. The DON stated the Regional Registered Dietitian (RRD#1) was looking into the concern and inform the surveyor of their findings. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/2/25 at 12:56 PM, the surveyor interviewed RRD #1 with the DON present. RRD #1 stated they were unable to explain the conflicting EF PO, but that Resident #175 was receiving eight cans of Jevity 1.2 per day and that had been the correct Enteral Feeding PO for the resident. Neither RRD #1 or the DON could explain PO error nor why the nurse did not correct the error. On 5/6/25 at 9:15 AM, the LNHA provided the surveyor with a facility policy titled, Administering Medication Using Electronic System (PCC) with an updated date of 11/2024. Under the policy interpretation and implementation, it states, 3. Document tube feeding administration as per order in EMAR .6. The individual administering the medication must check the label THREE (3) times to verify the right medication, right dosage, right tie and right method (route) of administration before giving the medication. On 5/6/25 at 11:01 AM, the surveyor met with LHNA, DON, COO and Regional RN (RRN #1) for the exit conference. No further pertinent information provided. NJAC 8:39-19.4(a)(1)