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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to ensure that the resident's primary physician (MD) accurately dated their physician progress notes (PPN) during their visit to ensure the resident's current medical regimen was up to date. This deficient practice was observed for 3 (three) of 18 residents (Residents #12, #18, and #40). This deficient practice was evidenced by the following: 1. On 4/30/25 at 10:30 AM, the surveyor observed Resident #12 asleep in bed. On 4/30/25 at 11:54 AM, the surveyor reviewed the electronic Medical Record (eMR)/ hybrid medical record (paper and electronic) of Resident #12, which revealed the following: A review of the admission Record (AR - an admission summary) reflected that Resident #12 was admitted with diagnoses that included but were not limited to asthma (a lung disorder characterized by airway narrowing). A review of the recent quarterly Minimum Data Set (Q/MDS), (an assessment tool used to facilitate the management of care) with a date of 4/14/25 indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated that the resident had moderately impaired cognition. A review of the PPNs in the eMR reflected the following Effective Date, Created Date, and/or Late Entry (any documentation that is recorded in the eMR beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated the PPN of MD #1 was not documented on the effective date (Date of Service): 1. PPN with an effective date of 9/26/24 and a created date of 10/26/24. 2. On 4/30/25 at 10:34 AM, the surveyor observed Resident #18 in bed sleeping. On 5/2/25 at 11:50 AM, the surveyor reviewed the eMR of Resident #18, which revealed the following: A review of the AR reflected that Resident #18 was admitted with diagnoses that included but were not limited to Parkinson's (movement disorder of the nervous system that worsens over time) disease without dyskinesia (unintended or involuntary movement) without mention of fluctuations. (continued on next page)

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

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the recent Q/MDS, dated [DATE], indicated that the facility assessed the residents' cognitive status using a BIMS score of 5 out of 15, which indicated severely impaired cognition. A review of the PPN of MD #2 in the eMR reflected the following: 1. PPN with an effective date of 1/21/25 and a created date of 2/10/25. 2. PPN with an effective date of 3/21/25 and a created date of 4/4/25. 3. On 4/30/25 at 11:19 AM, the surveyor observed Resident #40 awake, who stated that they had not seen the doctor recently. On 5/2/25 at 12:51 PM, the surveyor reviewed the eMR of Resident #40, which revealed the following: A review of the AR reflected that Resident #40 was admitted with diagnoses that included but were not limited to chronic obstructive pulmonary disease (a disease that restricts breathing). A review of the annual MDS, dated [DATE], indicated that the facility assessed the residents' cognitive status using a BIMS score of 13 out of 15, which indicated intact cognition. A review of the PPN of MD #2 in the eMR reflected the following: 1. PPN with an effective date of 3/12/24 and a created date of 10/17/24. 2. PPN with an effective date of 3/26/24 and a created date of 10/17/24. 3. PPN with an effective date of 4/5/24 and a created date of 10/17/24. 4. PPN with an effective date of 5/24/24 and a created date of 10/17/24. 5. PPN with an effective date of 6/11/24 and a created date of 10/17/24. 6. PPN with an effective date of 7/26/24 and a created date of 10/17/24. 7. PPN with an effective date of 8/13/24 and a created date of 10/17/24. 8. PPN with an effective date of 9/10/24 and a created date of 4/4/25. 9. PPN with an effective date of 10/25/24 and a created date of 4/4/25. 10. PPN with an effective date of 11/11/24 and a created date of 4/4/25. 11. PPN with an effective date of 12/20/24 and a created date of 4/4/25. 12. PPN with an effective date of 2/7/25 and a created date of 4/4/25. 13. PPN with an effective date of 3/11/25 and a created date of 4/4/25. (continued on next page)

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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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/2/25 at 10:20 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that both MDs came regularly to the facility and would write their PPN to the eMR. On 5/5/25 at 09:20 AM, MD #2 met with the team of surveyors to discuss the above concern. The MD #2 stated that they had a complete record, but had moved them over that day. MD#2 stated that they had their own system, which is [Name redacted] electronic health record (EHR), where they had all their documentation, and that two staff members, the Director of Nursing (DON) and the Nursing supervisor could access the system due to Health Insurance Portability and Accountability Act (HIPAA - confidentiality of medical records). On 5/5/25 at 9:44 AM, the surveyor called MD #1's office to discuss the above concern, but the secretary stated that the MD was on vacation. On 5/5/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administration (LNHA) and DON. The DON acknowledged the concern about the MD's medical record availability. A review of the facility's policy titled Physician Services with a revised date of 10/2024 under Policy Interpretation and Implementation: 6.b) The physician progress noted shall be maintained in accordance with acceptable professional standards and practices as necessitated by the medical beneficiary's and medical condition. NJAC 8:39-23.2(a)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. Based on observation, interview, and record review, it was determined that the facility failed to ensure the resident's primary physician (MD) responsible for supervising the care of residents conducted face-to-face visits and wrote progress notes at least once every 60 days for Medicaid recipient residents. This deficient practice was identified for 1 (one) of 18 residents (Resident #12) reviewed for physician visits. This deficient practice was evidenced by the following: On 4/30/25 at 10:30 AM, the surveyor observed Resident #12 asleep in bed. On 4/30/25 at 11:54 AM, the surveyor reviewed the electronic Medical Record (eMR)/ hybrid medical record (paper and electronic) of Resident #12, which revealed that the resident's MD there is no Physician Progress Notes (PPN) after 10/29/24 and 2/25/25. A review of the admission Record (AR - an admission summary) reflected that Resident #12 was admitted with diagnoses that included but were not limited to asthma (a lung disorder characterized by airway narrowing). A review of the recent quarterly Minimum Data Set (Q/MDS), (an assessment tool used to facilitate the management of care) with a date of 4/14/25 indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated that the resident had moderately impaired cognition. On 5/2/25 at 10:20 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that the MD comes regularly to the facility and writes their PPN to the eMR. On 5/5/25 at 9:44 AM, the surveyor called MD's office to discuss the above concern, but the secretary stated that the MD was on vacation. On 5/5/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administration (LNHA) and the Director of Nursing (DON), who did not provide further information. A review of the facility's policy titled Physician Services with a revised date of 10/2024 under Policy Interpretation and Implementation: 9. After the initial 30-day visit, all visits must then occur at 30-day intervals up until 90 days after the admission date. After the first 90 days, visits must be conducted at least every 60 days thereafter. Additional visits after the initial visit can be conducted by the physician, physician's assistant, or Nurse Practitioner. NJAC 8:39-23.2(d)