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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315138 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Troy Hills Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 Reynolds Ave Parsippany, NJ 07054 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38327</p> <p>Complaint #: NJ#171636</p> <p>Based on observation, interview, and review of other facility documentation, the facility failed to ensure the facility was maintained in a safe, clean, and homelike environment. This deficient practice was identified for 2 of 4 units, (Unit 1 and Unit 3), and 2 of the common areas, (lobby and Unit 3 tub room).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. During the initial tour of Unit 1 on 11/18/2024 at 11:18 AM, the surveyor observed Resident #80's room with a posted sign of EBP (Enhanced Barrier Precautions; an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes). There was a strong smell of urine in front of the resident's door. Inside the room, the surveyor observed the resident lying on a specialized air mattress, with an indwelling catheter covered with a privacy bag, and the resident was dry and clean. The resident informed the surveyor that they were not wet and were changed by an aide today.</p> <p>On that same date and time, the surveyor observed the resident's nightstand table with dried whitish substances on top next to the nebulizer machine, the side of the table with dried whitish substances, and the floor with an accumulation of dust and dried brownish substances. Inside the toilet room, the air vent with accumulation of dust and was grayish to blackish. The windows with accumulation of dust inside and outside and with cobwebs.</p> <p>On 11/19/24 at 8:48 AM, the surveyor asked the Assistant Director of Nursing (ADON) and the Regulatory Compliance Advisor (RCA) to go with the surveyor inside the resident's room. Inside the resident's room, there was a strong smell of urine. The surveyor observed the nightstand table, ceiling tiles, and floor the same as it was observed on 11/18/24. The RCA with gloves brushed off the light on top of the resident's bed and there were reddish stains on RCA's gloves and some dust. The toilet room vent was the same with an accumulation of dust.</p> <p>Later, the Director of Maintenance (DM) came and was notified by the ADON and RCA of the concerns with ceiling tiles. The DM stated that the brownish stains on the ceiling tiles were water drip and should have been changed.</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.

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Outside the resident's room, the surveyor interviewed the RCA and the ADON. The surveyor asked what the strong smell in the resident's room was, the RCA responded that it was an old urine smell. The ADON stated it was urine. The surveyor also asked why the resident's room had multiple brownish stains on the ceiling tiles, there was an accumulation of dust in the night lights, and floors, stains on the nightstand table and toilet room, and the resident's room stains, and both RCA and ADON had no answer.</p> <p>On 11/20/24 at 12:08 PM, the surveyor interviewed Housekeeper #1 (HK#1), who informed the surveyor that he was aware of the concerns about room [ROOM NUMBER] environment and cleanliness. HK#1 further stated that room [ROOM NUMBER] was cleaned yesterday (11/19/24) after the surveyor's inquiry.</p> <p>On that same date and time, both the surveyor and HK#1 went to room [ROOM NUMBER]. The surveyor and HK#1 observed the floor was clean and with no odor. Inside the toilet room, the air vent was the same when it was observed from day 1 and day 2. The surveyor asked HK#1 how often the vent was being cleaned, and HK#1 responded that usually it was being cleaned by the housekeeper once a week. The windows were not cleaned, it was the same as it was observed from day 1 and day 2. HK#1 stated he would ask the housekeeper to clean it and he acknowledged that if the room was cleaned yesterday, the windows should have also been cleaned.</p> <p>At that same time, the surveyor observed the resident on 113 bed B (near the window) with gauze used as a light string. Outside the room, the surveyor asked HK#1 if it was appropriate for the gauze to be used as a string for the light, and HK#1 did not respond.</p> <p>On 11/21/24 at 12:44 PM, the surveyors met with the Licensed Nursing Home Administrator (LNHA), ADON, RCA, and Market President Special Project (MPSP). The surveyor notified the facility management of the above concerns about the environment tour from day 1 to 3rd day for room [ROOM NUMBER] where Resident#80 resided.</p> <p>2. On 11/19/24 at 8:43 AM, the surveyor observed Resident #57 in the atrium during breakfast seated in a wheelchair (w/c). Resident # 57's bilateral w/c armrests with cracks and some areas were covered with white tape.</p> <p>3. On 11/19/24 at 11:07 AM, the surveyor toured the lobby area (reception area) and the Receptionist was at the desk, there were scattered 20 ceiling tiles with dried brownish discoloration and some with fading brownish colors. The Receptionist stated that the facility was an old facility and Bear with us, we are in the process of painting the walls. The surveyor then asked the DM to meet the surveyors in the lobby area for some inquiries.</p> <p>Later on, the DM came, and the surveyor asked the DM what were those dried brownish and fading brownish discoloration on the ceiling tiles. The DM informed the surveyors that those were from the water leak and that some fading colors were from the spray paint that he used to cover the leak. The surveyor then asked the DM why it was being painted instead of correcting the main problem which was the leak considering the 20 ceiling tiles in the lobby area. The surveyor also notified the concern about room [ROOM NUMBER]'s ceiling tiles. The DM stated that the leak was serviced.</p> <p>4. On 11/19/24 at 01:39 PM, the surveyor reviewed the last three months' resident council meeting minutes that were provided by the LNHA and revealed:</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-8/15/24: Housekeeping: fruit flies in room [ROOM NUMBER]</p> <p>-9/16/24: residents would like to know who was responsible for cleaning the outside of the windows and when will it be started.</p> <p>-10/21/24: residents voiced concerns with cleaning outside of residents' windows.</p> <p>On 11/20/24 at 10:32 AM, the surveyor met with five residents for the resident council meeting. Five out of five residents stated that the windows were not cleaned and acknowledged that it was reported in previous meetings.</p> <p>5. On 11/20/24 at 11:50 AM, the surveyor and Licensed Practical Nurse (LPN) from unit 3 observed room [ROOM NUMBER] for an environment tour. The residents were not inside the room. Both the surveyor and the LPN observed the windows. The LPN informed the surveyor that the windows with accumulation of dust and some cobwebs. Both the surveyor and the LPN observed the blinds in the windows were blackish due to accumulation of dust and the LPN stated that they should have been cleaned. The surveyor then asked the LPN to check the overhead light and the LPN asked why she had to check it if the windows were dirty and acknowledged that the light fixture would also be dirty.</p> <p>Inside toilet room [ROOM NUMBER], both the surveyor and the LPN observed one missing tile and one broken tile, and the LPN stated that she would report it to the DM. The surveyor asked why there was no toilet paper inside the room, and the LPN responded that she would ask the housekeeper.</p> <p>On 11/20/24 at 11:56 AM, the surveyor and the LPN went to room [ROOM NUMBER]. The residents were not inside the room. The LPN confirmed the five ceiling tiles with dried brownish discoloration and the LPN stated that she was unsure what the discoloration on the ceiling tiles was. The LPN observed grayish and blackish substances in the windows and the LPN stated and acknowledged those were dust and cobwebs. The LPN further stated that should have been cleaned. The surveyor also asked the LPN why there was no privacy curtain in bed A and the LPN had no answer. The surveyor and the LPN exited the room, and both observed brownish stains on the floor and the carpet near the door of room [ROOM NUMBER]. The LPN stated that she was unsure what was the stain between the door and the carpet.</p> <p>6. On 11/20/24 at 12:14 PM, the surveyor asked HK#1 if the facility had a common shower room. HK#1 immediately accompanied the surveyor to Unit 3 tub room. The surveyor observed the tub room (also known as the shower room) dark and not well-lit, and the air vent above the sink had an accumulation of blackish-grayish substances. The surveyor asked HK#1 to please open the light and he responded that the lights were on already and the reason it was a little dark was because the light on top of the sink was broken. The surveyor asked HK#1 what those blackish-grayish substances on the vent and he were would not respond.</p> <p>On 11/20/24 at 12:27 PM, the surveyor interviewed the LNHA about the room cleaning and environment of the residents in the facility. The LNHA informed the surveyor that the protocol and practice was to clean daily and schedule for deep cleaning and the schedule was posted in the nursing station. The LNHA further stated that my expectation was that the contracted housekeeping company would provide services and maintain the clean environment of the facility. She stated the ceiling tiles should have been replaced.</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On that same date and time, the surveyor notified the LNHA of the concern regarding the continuation of the environment tour from day 1 (11/18/24), day 2 (11/19/24) surveyor with the RCA and ADON in room [ROOM NUMBER], and today (11/20/24) with the LPN from unit 3. The surveyor asked the LNHA if it was appropriate to use the gauze in replacement of the light string for Resident #49 in room [ROOM NUMBER], and the LNHA responded that it should be replaced with the better one. The surveyor asked who was responsible for windows inside and outside the room about cleaning, the LNHA responded that it was the responsibility of the contracted housekeeping department as part of their contracts with the facility and that they should be aware of it. The surveyor notified the LNHA of the concern that during the environment tour, HK#1 and HK#2 both stated that it was the housekeeper's responsibility to clean the windows from the inside and that it was the outside vendor's responsibility to clean the outside windows. The surveyor notified the LNHA of the above findings, observations, and concerns in rooms 113, 304, 314, Unit 3 hallway, lobby, and Unit 3 tub room. The LNHA stated that it should not be like that, it should be replaced and repaired. The surveyor showed the picture of the unit 3 tub room, the LNHA confirmed that the tub room vent was not clean and acknowledged that there was an accumulation of dust a grayish substance.</p> <p>On 11/22/24 at 02:24 PM, the survey team met with the LNHA, ADON, RCA, and MPSP. The LNHA stated that the concerns of the surveyor with room [ROOM NUMBER] were corrected and were resolved after the surveyor's inquiry. The MPSP stated that we had scheduled duct cleaning, and we would give you copies of all the documents we explained today including work orders for duct cleaning. The MPSP stated that it should be the contracted housekeeping company's responsibility to clean the windows of residents in the facility both inside and outside. She further stated that as far as the facility knew it was done in August 2024 the window cleaning, but the facility should have checked when it was cleaned.</p> <p>A review of the facility's Resident Rights Under Federal Law Policy with a revision date of 02/01/23 that was provided by the LNHA revealed:</p> <p>Purpose:</p> <p>To treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of their self-esteem and self-worth</p> <p>A review of Resident Rights Under Federal Law dated 11/28/16 that was provided by the LNHA included that on #9 Safe Environment: The resident has the right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safety. The facility must provide:</p> <p>9.1. A safe, clean, comfortable, and homelike environment, allowing the resident to use their personal belongings to the extent possible .</p> <p>9.2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>9.3. Clean bed and bath linens that are in good condition .</p> <p>9.5. Adequate and comfortable lighting levels in all areas .</p> <p>(continued on next page)</p> | | |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of the facility's Detail Cleaning Policy with a revision date of 3/01/24 that was provided by the LNHA revealed:</p> <p>Purpose: To ensure an optimal level of cleanliness of patient rooms and to enhance the overall appearance of their environment .</p> <p>A review of the Patient/Resident Transport Wheelchair Cleaning Policy with an effective date of 3/01/24 that was provided by the LNHA included Process: #4. Perform an inspection of the transport wheelchair for any loose, broken, or damaged areas. Remove damaged wheelchairs from service until repairs are completed. Inspect the following:</p> <p>4.3. side supports and armrests .</p> <p>On 11/25/24 at 02:46 PM, the survey team met with the LNHA, Director of Nursing, ADON, Market Clinical Advisor and the RCA for an exit conference. The facility management did not provide additional information and did not refute the findings.</p> <p>NJAC 8:39-31.4(a)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48423</p> <p>Complaint #NJ171636</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices by failing to a.) provide meal, meal set up, and notify the physician and Resident Representative of significant weight loss for 1 of 24 residents (Resident #21), and b.) for care of 1 of 24 residents, Resident #57, with regard to medication and diagnosis for seizure for a total of three months.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual 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 well-being, 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>1. On 11/18/24 at 10:57 AM, Surveyor #1 (S#1) observed Resident #21 in their bed. Resident was awake and was talking to themselves. The surveyor observed an untouched breakfast tray on the tray table, at a distance. S#1 asked the resident if they had eaten the breakfast. Resident #21 stated all they do is drop off a tray and leave. The resident further stated, I want somebody to help me to set up tray and I was able to feed myself. The resident stated that they had weight loss.</p> <p>At 11:57 AM, S#1 observed resident's door closed, the surveyor knocked on the door and two staff members were providing care to the residents.</p> <p>At 12:34 PM, S#1 checked back on Resident #21. The resident informed the surveyor that they were waiting for their lunch tray. S#1 observed the breakfast tray on the dresser and the resident informed the surveyor that the staff fed them breakfast and it was a cold french toast. The surveyor asked if the food was warmed up before the staff fed them and the resident replied back by saying No, I did not say anything. I kept quiet and ate it.</p> <p>At 12:37 PM, following exit from the resident's room, S#1 observed the lunch tray truck in the middle of the hallway of 3rd wing.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>At 12:51 PM, S#1 asked Surveyor #2 (S#2) to check the name on the lunch slip for the tray that was on the food truck and S#2 stated it was for Resident #21.</p> <p>At 01:04 PM, S#2 accompanied S#1 to resident's room and the resident stated, I am waiting for lunch. Upon exiting the resident's room, the surveyors observed the Certified Nursing Aide (CNA) pushed the food truck out of wing 3 and towards the Atrium. S#2 asked the CNA if all the residents were done eating and the CNA stated Yes. The CNA further stated that she had collected all the lunch trays from resident's rooms.</p> <p>At 01:16 PM, S#1 observed Resident #21's used the call bell to call for staff.</p> <p>At 01:22 PM, S#1 observed the CNA went to answer the call light and was coming out of resident's room with their breakfast tray.</p> <p>At 01:23 PM, S#1 interviewed the CNA who stated, all the residents have received their lunch trays and no residents had refused their meals. She further explained when meal trays are passed she would help residents with set up as needed. She stated they had not provided Resident #21 with their lunch tray due to another employee assisting with tray passing, but Resident #21 always eats their lunch.</p> <p>At 01:40 PM, S#1 interviewed the Registered Nurse (RN). The RN stated, following the CNA's passing out the meal trays, the nurses check that all the residents had received trays, and will assist will putting finished trays on the tray cart.</p> <p>At 01:46 PM, S#1 and the RN checked the food truck and the tray that had been picked up. The RN took the tray from the food truck, uncovered the tray that belonged to Resident #21. The RN stated, it was untouched tray. The RN further stated she did not know what happened and went to speak with the RN/Unit Manager (RN/UM).</p> <p>At 01:55 PM, the RN acknowledged that the CNA and I should have made sure that the resident received their lunch tray.</p> <p>At 02:16 PM, S#1 met with the RN/UM and notified of the above-mentioned concerns for Resident #21. The RN/UM stated all the residents need to get their trays on time. The RN/UM further stated that no one wants to eat cold food and the trays should be given at the same time.</p> <p>S#1 reviewed the medical records of Resident #21 and revealed:</p> <p>The Admission Record (AR; an admission summary) included that the resident was admitted to the facility with the following medical diagnoses (dx) that were not limited to depression, hyperlipidemia (abnormally high levels of fats (lipids) in the blood), vascular dementia (problems with reasoning, planning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain) with anxiety, and Parkinson's disease (an age-related degenerative brain condition, meaning it causes parts of your brain to deteriorate [worsens]) with dyskinesia (uncontrollable and involuntary movements which means when your body moves in ways you cannot control), with fluctuations.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 8/15/24, reflected Resident #21's brief interview for mental status (BIMS) score of 12 out of 15, which reflected that the resident had moderately impaired cognition. Further review of MDS indicated the resident required setup or clean up assistance with eating and Section K resident's weight was 133 Lbs (pounds)</p> <p>A review of comprehensive MDS (cMDS) with an ARD of 5/15/23 reflected Resident #21's Section GG for Functional abilities and goals that resident required partial/moderate assistance with eating. Further review of MDS revealed resident's weight was 208 Lbs.</p> <p>A review of qMDS with an ARD of 11/15/23 reflected Resident #21's Section GG that resident required setup or clean-up assistance with eating. Further review of MDS revealed in Section K resident's weight was 168 Lbs and had a significant weight loss of 5% or more in the last month or loss of 10% or more in the last 6 months, and was not on a physician prescribed weight loss regimen.</p> <p>A review of nursing Progress Note (PN) Type: Weight change dated 9/21/23 at 9:37 PM that the dietitian notified of weight loss and will notify MD (physician) in am (morning) due to continued weight loss. A further review of PN did not reflect any physician notes in correspondence to weight loss.</p> <p>On 11/22/24 at 01:01 PM, S#1 interviewed the Registered Dietitian (RD). The RD stated CNAs would monitor and document resident's weights in the weight sheets and then nursing or the RD would enter the weights in the Electronic medical records (EMR). If RD observed a significant weight loss, then she would confirm if the weight was accurate. If the weight loss was accurate then she would speak with the resident and their caregiver staff (CNA's) if resident was not able to communicate. RD stated she would verbally communicate weight loss during morning meetings. She further stated she did not document morning meeting meetings. The RD also stated, nurses were supposed to communicate with the physician. The RD further stated that she did not notify Resident Representative (RR) of significant weight loss in 2023 and met with the RR for the first time in February 2024.</p> <p>On that same date and time, S#1 notified the RD the concerns that there were no documented evidence of resident's weights in EMR for November 2023. The RD stated November was a rough month, and she had hard time getting weights. The RD acknowledged the best practice was to monitor weights weekly for resident with significant weight loss.</p> <p>Further review of the EMR revealed that there was no documented evidence that the RD communicated to the physician and the RR the resident's significant weight loss in 2023.</p> <p>On 11/22/24 at 02:24 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), the Assistant Director of Nursing (ADON), the Regional Compliance Advisor (RCA) and Market President of Special Project (MPSP). S#1 notified the facility management of the above findings and concerns.</p> <p>A review of the facility's Nutrition/hydration Care and Services Policy with a review date of 02/01/23 included under Policy statement: The implementation of a patient's nutrition/hydration care and services occurs within the care delivery process. Staff will provide nutritional and hydration care and services to each patient, consistent with the patient's comprehensive assessment and will provide a therapeutic diet that accounts for the patient's clinical condition and preferences. Under Section Practice Standards: 6.) Observe and document oral intake of meals, supplements, and snacks. 9.) Monitor patient's weight as ordered and outlines in Weights and Heights policy and procedure.</p> <p>(continued on next page)</p> | | |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>A review of the facility's Weights and Heights Policy with a review date 6/15/22 included under Policy statement: Patients are weighted upon admission and monthly thereafter. Additional weights maybe obtained at the discretion of the interdisciplinary care team.</p> <p>A review of the facility's Procedure: Weight and Heights Policy with a review date of 02/01/23 included under 2. Significant Weight Change Management: 2.2) The licensed nurse will: 2.2.1- Notify the physician/APP and Dietitian of significant weight changes; 2.2.2 -Document notification of physician/APP and Dietitian in the [Name Redacted] EMR Weight Change Progress Note. 2.3.2- Patient representative of the weight change and Dietitian recommendations. Notification will be documented.</p> <p>38327</p> <p>2. On 11/18/24 at 11:29 AM, the surveyor observed Resident # 57 seated in a wheelchair inside their room with right-hand limitation. The resident informed the surveyor that they had multiple hospitalizations during their stay in the facility due to a stroke.</p> <p>The surveyor reviewed the medical records of Resident #57 and revealed:</p> <p>The AR revealed that the resident was admitted to the facility with the following medical dx that were not limited to hemiplegia (paralysis that affects only one side of your body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) following nontraumatic intracerebral hemorrhage (bleeding into the brain tissue; is the second most common cause of stroke) affecting the right dominant side, type 2 diabetes mellitus without complications, and conversion disorder with seizures or convulsions.</p> <p>The most recent cMDS (modified) with an ARD of 11/07/24, under Section Cognitive Patterns revealed a BIMS score of 15 out of 15 which reflected that the resident had intact cognition.</p> <p>A review of the personalized care plan (CP) revealed a focus that the resident exhibits and/or was at risk for seizure activity related to a new dx of seizure disorder that was created on 5/21/20. The CP goal was for the resident will be free of any seizure-related injury for x 90 days which was revised on 10/18/24. The CP Interventions that were included but were not limited to: medicate as ordered and monitor for effectiveness as well as side effects and report to the physician as needed that was created on 5/21/2020.</p> <p>According to the most recent hospitalization records in August 2024, the medication (med) list revealed that the resident will continue on Levetiracetam (also known as Keppra; med for seizure) 500 mg (milligram) tablet (tab) and take one tab by mouth twice a day.</p> <p>A review of the August, September, October, and November 2024 Order Summary Report (OSR) revealed that the hospital med list for Keppra was not followed.</p> <p>A review of the PN revealed that on 8/15/24, 8/28/24, 9/18/24, 9/29/24, 10/03/24, and 11/13/24, the physician documented and electronically signed in their Practitioner Note that Resident #57 with a dx of seizure disorder and on Keppra 500 mg BID (twice a day).</p> <p>(continued on next page)</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315138 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Troy Hills Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 Reynolds Ave Parsippany, NJ 07054 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Further review of the EMR revealed that the physician had not signed the resident's orders in the OSR and the printed orders in the chart. The physician listed the resident's medications (meds) in the resident's PN. There was no documented evidence in the PN that the resident had a seizure activity upon return from the most recent hospitalization .</p> <p>There was no documented evidence in the medical records as to why the med for Keppra was not followed when the hospital records and the physician had documented the resident's dx for seizure and med.</p> <p>On 11/20/24 at 02:06 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) in the Unit 1 nursing station. The LPN informed the surveyor that Resident # 57 was alert and oriented with some forgetfulness and with dx of seizure. The surveyor notified the LPN of the above concerns and findings about the Keppra. The LPN stated that the resident had been on Keppra for a long time, but she was surprised when she learned that the resident was not on Keppra anymore. She further stated that she did not know why it was not continued.</p> <p>On that same date and time, the surveyor asked the LPN to review the PN of the physician. After reading the physician's PN, the LPN acknowledged that from August through November 13, 2024, the physician had documented the resident's dx of seizure disorder and Keppra BID. The LPN stated that it meant that the resident should have been on Keppra from August through November 2024.</p> <p>On 11/21/24 at 12:44 PM, the survey team met with the LNHA, ADON, RCA, and the MPSP. The surveyor notified the facility management of the above concerns about Resident#57's Keppra.</p> <p>On 11/22/24 at 02:24 PM, the survey team met with the LNHA, ADON, RCA, and the MPSP. The MPSP stated that it was the facility team's responsibility to review the PN of the physician and as a standard of practice, the orders in the PN should be reviewed in the morning meeting or clinical meeting. The MPSP further stated that there was no negative outcome for the resident, the resident did not have a seizure, and the physician reordered the Keppra after the surveyor's inquiry.</p> <p>A review of the facility's Physician/Advanced Practice Provider (APP) Orders with a revision date of 3/01/22 that was provided by the LNHA revealed:</p> <p>Policy: Orders will be accepted only from authorized, credentialed physicians/APPs or from other authorized, credentialed practitioners in accordance with state regulations regarding prescriptive privileges</p> <p>Purpose: To ensure all physician orders are received from a credentialed practitioner before implementing.</p> <p>Process:</p> <p>1. Type Order:</p> <p>1.1 Admission, Interim, Re-admission, and Renewal Orders:</p> <p>1.1.2. All orders must be signed by an authorized, credentialed physician or other authorized practitioner in accordance with state regulations regarding prescriptive privileges .</p> <p>(continued on next page)</p> | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315138 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/25/2024 |
| NAME OF PROVIDER OR SUPPLIER Troy Hills Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 200 Reynolds Ave Parsippany, NJ 07054 | |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 11/25/24 at 02:46 PM, the survey team met with the LNHA, Director of Nursing, ADON, Market Clinical Advisor, and the RCA for an exit conference. The facility management did not provide additional information and did not refute the findings.</p> <p>NJAC 8:39-3.2(a,b); 11.2(b);27.1(a)</p> | | |