

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39399</p> <p>Based on interview and record review, it was determined that the facility failed to issue the required Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN) for 3 of 3 residents (Resident #30, Resident #83, and Resident #13) reviewed.</p> <p>This deficient practice was evidenced by:</p> <p>The SNF ABN provides information to beneficiaries so that they can decide if they wish to continue receiving the skilled services that may not be paid for by Medicare and assume financial responsibility. If the SNF provides the beneficiary with the SNF ABN, the facility has met its obligation to inform the beneficiary of his or her potential financial liability and related standard claim appeal rights.</p> <p>On 12/9/24 at 9:45 AM, the facility provided the surveyor with a list of residents who were discharged from the facility within the last 6 months and should have received the SNF ABN form. The surveyor reviewed Resident #30, Resident #83 and Resident #27 who were listed discharged from Medicare Part A coverage stay and were documented that they remained in the facility.</p> <ol style="list-style-type: none"> 1. Resident #30 was admitted to the facility on [DATE]. The last documented covered day from Medicare Part A service was 5/28/24. A review of the form titled, SNF Beneficiary Notification Review that was filled out by the facility's Director of Social Services (DSS) indicated the SNF ABN was not provided to the resident. There was no additional documentation about the communication of these forms to the resident or the resident's representative. 2. Resident #83 was admitted to the facility on [DATE]. The last documented covered day from Medicare Part A service was 1/23/2023. A review of the form titled, SNF Beneficiary Notification Review that was filled out by the facility's DSS indicated the SNF ABN was not provided to the resident. There was no additional documentation about the communication of these forms to the resident or the resident's representative. 3. Resident #27 was admitted to the facility on [DATE]. The last documented covered day from Medicare Part A service was 4/30/2024. A review of the form titled, SNF Beneficiary Notification Review that was filled out by the facility's DSS indicated the SNF ABN was not provided to the resident. There was no additional documentation about the communication of these forms to the resident or the resident's representative. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/12/24 at 11:50 AM, the surveyor interviewed the DSS who stated to the surveyor he was not aware that a SNF ABN form were supposed to be issued to the resident when they remain in the facility after Medicare A's last covered day service. The DSS acknowledged that he did not issue the form SNF ABN to the residents nor the resident's representatives.</p> <p>On 12/12/24 at 1:31 PM, the surveyor discussed the above concerns with the facility's Licensed Nursing Home Administrator and the Director of Nursing and Assistant Director of Nursing. There was no additional information provided.</p> <p>NJAC 8:39-4.1(a)(8)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>37791</p> <p>REPEAT DEFICIENCY</p> <p>Complaints # NJ175457, NJ175482</p> <p>Based on observations, interviews, and record review, it was determined that the facility failed to revise the comprehensive care plans (CP) for 2 of 28 residents reviewed (Resident #51 and #110). This deficient practice was identified by the following:</p> <p>1. On 12/4/24 at 11:10 AM, during initial tour, the surveyor observed the Resident #51 in bed with their eyes closed.</p> <p>The surveyor reviewed Resident #51's hybrid (paper and electronic) medical records.</p> <p>A review of the Admission Record (an admission summary) (AR) for Resident #51 reflected that the resident was admitted to the facility with diagnoses which included but not limited to Anemia (a condition in which blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), nontraumatic subdural hemorrhage (a rare condition that occurs without a head trauma) and gastrostomy (presence of a surgical opening into the stomach, also known as a gastrostomy which can be temporary or permanent).</p> <p>A review of the Significant Change in Status Assessment Minimum Data Set (SCSA/MDS), an assessment tool used to facilitate the management of care, dated 09/26/24, reflected that the resident had a Brief Interview for Mental Status score of 3 out of 15 indicating that the resident had severely impaired cognition.</p> <p>A review of the December 2024 Order Summary Report (OSR) revealed a physician order (PO), dated 9/16/24 for Peg Bolus feeding Jevity 1.2 (237 ml (milliliter carton) give 2 cartons, 474 ml. Total volume for each feeding, QID (four times daily) total volume of formula = 1896 ml daily total volume of formula + flushes = 2466 four times a day for supplement.</p> <p>The surveyor reviewed Resident #51's comprehensive CP which reflected a CP titled, [Resident's name] is a NPO (Not by Mouth), requires tube feeding for nutrition and hydration R/T NPO status. Resident #51 had the following intervention which was undated, Four times a day Via PEG (percutaneous endoscopic gastrostomy). Jevity 1.5 as follows: 2, 8-ounce cartons (474 ml) at 6 AM; 2, 8-ounce carton (474 ml) at noon/12 PM; 2, 8-ounce carton (474 ml) at 6 PM, and 1, 8-ounce carton at 12 AM.</p> <p>On 12/12/24 at 11:45 AM, the surveyor interviewed the facility's Registered Dietician (RD) who stated it was her responsibility to update the CP of the residents nutritional CP. The RD acknowledged that the PO for Jevity formula should have been updated on the resident's CP to reflect the current PO dated 9/16/24.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 1:30 PM, the surveyor presented the above concerns to the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and the Infection Preventionist/Assistant DON (IP/ADON). No further information was provided to the surveyor.</p> <p>A review of the facility's policy dated 3/2024 titled Medical Nutrition Therapy (MNT) Documentation that was provided by the Regional Dietician revealed the following: Under Person Centered Plan of Care Each time an MNT assessment or re-assessment is completed, a care plan or care plan revision should be completed as appropriate. Care plans are to be completed, and update according to the facility policy, state and federal guidelines, and as needed due to any significant changes (i.e. weight status, food intake, diet order, etc.)</p> <p>46889</p> <p>2. On 12/5/24 at 10:30 AM, the surveyor reviewed the hybrid medical records of Resident #110, which revealed the following:</p> <p>A review of the AR reflected that Resident #110 was admitted with diagnoses that included but were not limited to Peripheral Vascular Disease (PVD-blocked blood vessels) and type 2 Diabetes Mellitus (high blood sugar level) with Diabetic neuropathy (nerve damage).</p> <p>A review of the quarterly MDS, an assessment tool used to facilitate the management of care, dated 6/9/24, reflected that the resident had a BIMS score of 3 out of 15 indicating that the resident had severely impaired cognition.</p> <p>A review of the December 2024 OSR revealed a PO dated 2/15/23 for Zinc Oxide cream 40 % (percent) to be applied to right buttocks and left buttocks every shift for excoriation related to moisture. Further review of the December 2024 OSR revealed a PO dated 6/30/24 for Lidocaine/Nystatin/Zinc cream two times a day for excoriation to buttocks after cleaning with normal saline.</p> <p>A review of the Skin/Wound progress note documented by the wound doctor (WD) reflected that on 7/5/24, the WD identified an unstageable pressure ulcer (PU) to the right and left buttocks.</p> <p>A review of Resident #110's comprehensive CP did not reflect a CP for the newly identified PU to the right buttocks and left buttocks.</p> <p>On 12/12/24 at 10:22 AM, the survey team met with LNHA, DON, and IP/ADON. The DON stated the nurses were responsible for updating and initiating the residents CP.</p> <p>A review of the facility policy with a revised date of 9/2024, titled, Reviewing and Revising Care Plan, reflected under 3. d. The care plan will be updated with the new and modified interventions, e. Staff involved in the care of the resident will report the resident's response to new or modified interventions, and g. The unit manager or other designated staff members will conduct an audit on all residents experiencing a change in status at the time the change in status is identified to ensure care plans have been updated to reflect current resident needs.</p> <p>NJAC 8:39-11.2(e)2(i)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>37791</p> <p>REPEAT DEFICIENCY</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to: a.) follow a physician's order (PO) for a bolus feeding (method of giving tube feeding where large doses of formula are administered several times a day) in one (1) of two (2) residents (Resident #51) reviewed for tube feeding (TF) and b.) failed to document for accountability of medications and treatments administered for 4 of 5 residents (Resident #28, #83, #88 and #110) reviewed for unnecessary medication.</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 wellbeing, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>1. The surveyor reviewed Resident #51's hybrid (paper and electronic) medical records.</p> <p>On 12/4/24 at 11:10 AM, during initial tour, the surveyor observed Resident #51 in bed with their eyes closed.</p> <p>A review of the Admission Record (an admission summary) (AR) for Resident #51 reflected that the resident was admitted to the facility with diagnoses which included but not limited to Anemia (a condition in which blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), nontraumatic subdural hemorrhage (a rare condition that occurs without a head trauma) and gastrostomy (presence of a surgical opening into the stomach, also known as a gastrostomy which can be temporary or permanent).</p> <p>A review of the Significant Change in Status Assessment Minimum Data Set (SCSA/MDS), an assessment tool used to facilitate the management of care, dated 09/26/24, reflected that the resident had a Brief Interview for Mental Status score of 3 out of 15 indicating that the resident had severely impaired cognition.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the December 2024 Order Summary Report (OSR) revealed a physician order (PO), dated 9/16/24 for Peg Bolus feeding Jevity 1.2 (237 ml (milliliter carton) give 2 cartons, 474 ml. Total volume for each feeding, QID (four times daily) total volume of formula = 1896 ml daily total volume of formula + flushes = 2466 four times a day for supplement.</p> <p>A review of the November 2024 and December 2024 electronic Medication Administration Record (eMAR) revealed a PO dated 9/16/24 for a Peg Bolus Jevity 1.2 (237 ml carton) give 2 cartons, 474 ml. Total volume for each feeding QID total volume of formula = 1896 ml daily total volume of formula + flushes=2466 ml four times a day or supplement scheduled 0600 (6:00AM), 1200 (12:00 PM), 1800 (6:00 PM) and 0000 (12:00 AM).</p> <p>A further review of the November 2024 eMAR revealed that a nurse documented every 0000 (12:00AM) indicating that a 237 ml of Jevity 1.2 (one carton) was administered 27 out of 30 times (11/1/24, 11/2/24, 11/4/24, 11/5/24, 11/6/24, 11/7/24, 11/8/24, 11/9/24, 11/10/24, 11/11/24, 11/12/24,11/13/24, 11/14/24, 11/15/24, 11/16/24, 11/17/24, 11/19/24, 11/20/24, 11/21/24, 11/22/24, 11/23/24, 11/24/24,11/26/24, 11/27/24, 11/28/24, 11/29/24, and 11/30/24.)</p> <p>A further review of the December 2024 eMAR revealed that a nurse documented every 0000 (12:00AM) indicating that a 237 ml of Jevity 1.2 (one carton) was administered 10 of 11 times (12/1, 12/3, 12/4, 12/5, 12/6, 12/7, 12/8, 12/9, 12/10, and 12/11/24.)</p> <p>On 12/11/24 at 11:00 AM, the surveyor interviewed the facility's Registered Dietician (RD) who stated that Resident #51 was tolerating the TF well. The RD further stated that the nurses should administering the bolus feeding according to the PO.</p> <p>On 12/11/24 at 12:50 PM, the surveyor interviewed Licensed Practical Nurse (LPN #1) who stated that the resident was receiving one-carton (237 ml) of Jevity every 12:00AM daily. In the presence of the surveyor, LPN #1 reviewed the resident's PO for the TF who acknowledged that Resident #51 was supposed to receive 2 cartons (474 ml) of Jevity 1.2 at 12:00 AM.</p> <p>The surveyor attempted to contact the nurse who administered the incorrect quantity but was unable to reach her.</p> <p>On 12/11/24 at 1:30 PM, the surveyor discussed the above concern to the Licensed Nursing Home Administrator, Director of Nursing (DON), and Infection Preventionist/Assistant DON (IP/ADON).</p> <p>On 12/12/24 at 10:20 AM, the DON stated to the surveyor that the resident's weight has been stable.</p> <p>On 12/12/24 at 12:30 PM, the facility's IP/ADON and the Regional Dietician met with the survey team. The IP/ADON further stated that she spoke with the nurse who acknowledged that she did not document the correct amount on the eMAR. The IP/ADON acknowledged that the nurse should have followed the PO which indicated 474 ml of Jevity 1.2 was supposed to be administered.</p> <p>A review of the facility's policy with a revision date of 9/2024, titled, Medication Administration provided by the DON, revealed the following: Compare medication (bubble pack, vial, etc) with MAR to verify resident name, medication name, form, dose, route and time.</p> <p>46889</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. On 12/04/24 at 9:57 AM, the surveyor observed Resident #28 in bed with eyes closed.</p> <p>On 12/4/24 at 11:16 AM, the surveyor reviewed the hybrid medical records of Resident #28, which revealed the following:</p> <p>A review of the AR reflected that Resident #28 was admitted in the facility with diagnoses that included but were not limited to unspecified Dementia (loss of memory).</p> <p>A review of the quarterly MDS (Q/MDS), an assessment tool used to facilitate the management of care, dated 10/13/24, reflected that the resident had a BIMS score of 2 out of 15, indicating that the resident had severely impaired cognition.</p> <p>A review of Resident #28's November 2024 eMAR revealed a PO dated 11/22/23 for Levothyroxine Sodium 100 microgram (mcg) give one tablet orally daily on the evening shift (3:00 PM - 11:00 PM). Further review of the November 2024 eMAR revealed that the nurse failed to sign on 11/20/24 at 4:00 PM when the medication was scheduled to be administered.</p> <p>A review of the November 2024 electronic Treatment Administration Record (eTAR) revealed the following PO: Passive ROM (Range of Motion) (PROM)/Active ROM (AROM) daily dated 6/16/20; apply heel booties to both heels while in bed & check every shift for placement dated 4/21/22; bilateral upper side rails up while in bed as an enabler every shift dated 1/31/17 and half-side rail padding while in bed every shift dated 6/16/20. Further review of the November 2024 eTAR revealed that the day shift (7:00 AM - 3:00 PM) nurse failed to sign to indicate the PO was rendered to Resident #28 on 11/18/24 and 11/27/24.</p> <p>3. On 12/4/24 at 9:40 AM, the surveyor observed Resident #83 awake in bed and was unable to answer the surveyor's inquiry.</p> <p>On 12/12/24 at 12:49 PM, the surveyor reviewed the hybrid medical record of Resident #83, which revealed the following:</p> <p>A review of the AR reflected that Resident #83 was admitted in the facility with diagnoses that included but were not limited to unspecified Dementia.</p> <p>A review of the SCSA/MDS, an assessment tool used to facilitate the management of care, dated 11/16/24, reflected that Resident #83 had a BIMS score of 3 out of 15, indicating that the resident had severely impaired cognition.</p> <p>A review of Resident #83's November 2024 eMAR revealed the following PO:</p> <p>a. Active Liquid Protein 30 ml (milliliters) PO (by mouth) two times a day for wound healing daily dated 11/1/24. Further review of the November 2024 eMAR revealed that the nurse failed to sign on 11/1/24 at 5:00 PM when the medication was scheduled to be administered.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>b. Betadine external solution, apply to left heel topically every day and night shift dated 10/25/24; Zinc Oxide external, apply to right buttock topically every day and night shift dated 10/25/24 and Zinc Oxide external, apply to sacrum topically every day and night shift dated 10/25/24. Further review of the November 2024 eTAR also revealed that the nurse (11:00 PM - 7:00 AM) failed to sign on 11/2/24 when the treatment was scheduled to be administered.</p> <p>c. Evaluate for COVID-19 signs and symptoms every shift dated 3/22/24. Further review of the November 2024 eMAR revealed the nurse failed to sign to verify that the monitoring was done on 11/18/24.</p> <p>d. Tylenol 325 milligram (mg) give two tablets by mouth every 8 hours for pain dated 9/25/24. Further review of the November 2024 eMAR revealed the nurse failed to sign that the medication was scheduled to be administered on 11/20/24 at 6:00 AM.</p> <p>A review of the November 2024 eTAR revealed the following PO:</p> <p>a. Medihoney wound/burn dressing, apply to right buttock every day shift dated 11/2/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 when the treatment was scheduled to be administered.</p> <p>b. Medihoney wound/burn dressing, apply to sacrum every day shift dated 11/22/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 when the treatment was scheduled to be administered.</p> <p>c. Medihoney wound/burn dressing .apply to left heel every day shift dated 11/27/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 when the treatment was scheduled to be administered.</p> <p>d. Medihoney wound/burn dressing .apply to right heel every day shift dated 11/2/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 when the treatment was scheduled to be administered.</p> <p>e. Low Air Loss (LAL) mattress every shift dated 9/26/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 to verify the use of LAL mattress.</p> <p>f. Place mattress on floor to bed for safety while in bed dated 11/10/24. Further review of the November 2024 eTAR revealed the nurse failed to sign on 11/18/24 and 11/27/24 to verify the placement of the mattress on the floor.</p> <p>4. On 12/4/24 at 9:40 AM, the surveyor observed Resident #88 in bed with eyes closed.</p> <p>On 12/13/24 at 11:21 AM, the surveyor reviewed the hybrid medical records of Resident #88, which revealed the following:</p> <p>A review of the AR reflected that Resident #88 was admitted in the facility with diagnoses that included but were not limited to unspecified Dementia.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the Q/MDS, an assessment tool used to facilitate the management of care, dated 11/17/24, reflected that Resident #88 had a BIMS score of 0 (zero) out of 15, indicating that the resident had severely impaired cognition.</p> <p>A review of Resident #88's November 2024 eMAR revealed the following PO:</p> <p>a. Protonix tablets 40 mg by mouth once daily at 6:00 AM dated 10/11/23. Further review of the November 2024 eMAR revealed the nurse failed to sign that the medication was administered to the resident on 11/20/24 at 6:00 AM.</p> <p>b. Lorazepam 0.5 mg one tablet by mouth every 8 hours dated 6/19/24. Further review of the November 2024 eMAR revealed the nurse failed to sign that the medication was administered to the resident on 11/20/24 at 6:00 AM and 2:00 PM.</p> <p>A review of Resident #88's November 2024 eTAR revealed the following PO:</p> <p>a. Bilateral bolster in place every shift dated 8/13/24. Further review of the November 2024 eTAR revealed the nurse failed to sign to verify that the bilateral bolster was in place on 11/18/24 and 11/27/24.</p> <p>b. Bilateral floor mats check every shift dated 8/13/24. Further review of the November 2024 eTAR revealed the nurse failed to sign to verify that the bilateral floor mats were in place on 11/18/24 and 11/27/24.</p> <p>c. Bilateral side rail pad check every shift dated 8/13/24. Further review of the November 2024 eTAR revealed the nurse failed to sign to verify that the bilateral side rail pad was in place on 11/18/24 and 11/27/24.</p> <p>d. Low Air Loss (LAL) mattress every shift dated 9/26/24. Further review of the November 2024 eTAR revealed the nurse failed to sign to verify that the LAL mattress was in place on 11/18/24 and 11/27/24.</p> <p>e. Zinc oxide ointment to bilateral buttocks every shift dated 10/5/24. Further review of the November 2024 eTAR revealed the nurse failed to sign to indicate that the zinc oxide was administered on 11/18/24 and 11/27/24.</p> <p>5. On 12/5/24 at 10:30 AM, the surveyor reviewed the hybrid medical record of Resident #110, which revealed the following:</p> <p>A review of the AR reflected that Resident #110 was admitted with diagnoses that included but were not limited to peripheral vascular disease (PVD-blocked blood vessels) and type 2 diabetes mellitus (high blood sugar level) with diabetic neuropathy (nerve damage).</p> <p>A review of the Q/MDS date of 6/9/24 indicated that the facility assessed the residents' cognitive status using a BIMS score of 3 out of 15, which indicated that the resident had a severe impairment in cognition.</p> <p>A review of Resident #110's June 2024 eMAR revealed the following PO:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. Evaluate for Covid-19 signs and symptoms every day shift dated 3/23/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the COVID-19 signs and symptoms were evaluated on 6/12/24 during the day shift.</p> <p>b. Simvastatin 40 mg. 1 tablet by mouth at bedtime dated 4/24/24. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/12/24, 6/19/24, and 6/25/24 at 9:00 PM.</p> <p>c. Apixaban 5 mg. 1 tablet by mouth every 12 hours dated 11/12/22. Further review of the June 2024 eMAR revealed that the nurse failed to sign the medication given on 6/12/24, 6/19/24, and 6/25/24 at 9:00 PM.</p> <p>d. Midodrine HCl (hydrochloride) 5 mg. 1 tablet by mouth three times a day, dated 1/13/22. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/12/24 at 9:00 AM, 6/12/24, and 6/25/24 at 1:00 PM.</p> <p>e. Active liquid protein sugar-free one time a day dated 4/9/24. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>f. Metformin HCl 850 mg. 1 tablet by mouth two times a day dated 6/13/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 4:00 PM.</p> <p>g. Potassium Chloride 10 meq. Give 2 capsules by mouth one time a day dated 4/27/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>h. Acidophilus capsule. Give 1 capsule by mouth two times a day, dated 11/8/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>i. Furosemide 20 mg. Give 1 tablet by mouth two times a day, dated 1/29/24. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>j. Gabapentin Capsule 300 mg. Give 1 capsule by mouth two times a day dated 7/10/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>k. Magnesium Oxide Tablet 400 MG Give 1 tablet by mouth one time a day dated 3/14/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>l. Seroquel 25 mg. Give 1 tablet by mouth two times a day dated 12/7/23. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication was given on 6/25/24 at 5:00 PM.</p> <p>m. Resident is on apixaban. Monitor anticoagulant complications every shift dated 11/7/22. Further review of the June 2024 eMAR revealed the nurse failed to sign the medication monitoring on 6/25/24 in the evening shift and 6/26/24 in the evening and night shift.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>n. Resident is on Seroquel every shift. Monitor for side effects dated 3/21/24. Further review of the June 2024 eMAR revealed the nurse failed to sign that the medication monitoring on 6/25/24 in the evening shift and 6/26/24 in the evening and night shift.</p> <p>o. Resident is on Seroquel every shift. Observed for target behavior dated 3/21/24. Further review of the June 2024 eMAR revealed that the nurse failed to sign the medication monitoring on 6/25/24 and 6/26/24 in the evening and night shifts.</p> <p>p. Resident is on Lexapro every shift. Monitor for side effects dated 11/29/22. Further review of the June 2024 eMAR revealed that the nurse failed to sign the medication monitoring on 6/25/24 in the evening and 6/26/24 in the evening and night shifts.</p> <p>q. May crush medications and administer them every shift dated 3/23/23. Further review of the June 2024 eMAR revealed that the nurse failed to sign that the medication was crushed on 6/25/24 in the evening and 6/26/24 in the evening and night shifts.</p> <p>r. 24-hour chart check every night shift dated 10/4/23. Further review of the June 2024 eMAR revealed the nurse failed to sign the chart check on 6/26/24 in the night shift.</p> <p>On 12/11/24 at 9:40 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that the MAR/TAR should be signed after giving medication and treatment. She added that she could not speak for other nurses about not signing the orders.</p> <p>On 12/13/24 at 1:37 PM, the surveyor team met with the LNHA, DON, and the IP/ADON regarding the above concern. No information was provided.</p> <p>A review of the facility's policy titled Medication Administration with a revised date of September 2024 is indicated under Policy Explanation and Compliance Guidelines 17. Sign MAR after administered</p> <p>A review of the facility's policy titled Treatment Competency with a revised date of November 2024 is indicated under Procedure: Sign Treatment Administration Record.</p> <p>NJAC 8:39-11.2(b), 29.4(a)(b)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889</p> <p>Complaint #'s: NJ175457, NJ175482</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to report a newly developed pressure ulcer (PU) and implement a physician's order (PO) for wound care to treat a facility acquired PU for 1 of 3 residents reviewed for PU's, (Resident #110). The PU worsened from an excoriation (wearing off the skin) that was identified on 6/20/24 to an unstageable PU (covered with slough (a soft, yellow or white, often stringy material that accumulates on the surface of a wound) or eschar (a layer of dry, dead tissue that forms over a deep wound) and cannot be staged which are caused by prolonged pressure, shear and friction and can lead to infection and complications).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/5/24 at 10:30 AM, the surveyor reviewed the hybrid medical records (paper and electronic) of Resident #110, which revealed the following:</p> <p>A review of the Admission Record (an admission summary) reflected that Resident #110 was admitted to the facility with diagnoses that included but were not limited to; Peripheral Vascular Disease (PVD-blocked blood vessels) and type 2 Diabetes Mellitus (high blood sugar level) with diabetic neuropathy (nerve damage).</p> <p>A review of the quarterly Minimum Data Set, an assessment tool used to facilitate the management of care dated 6/9/24, reflected that the resident had a Brief Interview for Mental Status score of 3 out of 15, indicating that the resident had severely impaired cognition.</p> <p>A review of Resident #110's December 2024 Order Summary Report, revealed a PO for 40% Zinc Oxide cream to be applied to the right and left buttocks every shift for excoriation related to moisture, dated 2/15/2023.</p> <p>A review of the document that was provided by the facility's Director of Nursing (DON) on 12/9/24, which included the timeline of Resident #110's PU, revealed that on 6/20/24, the resident was observed with an excoriation at the sacral area and was treated with 40% Zinc Oxide cream according to the PO dated 2/15/23.</p> <p>A review of the form titled, Skin/Wound Note documented by wound doctor (WD) reflected that on 6/21/24 and 6/28/24, there was no documented evidence that Resident #110's had a facility acquired PU observed to the right and left buttocks, which were initially identified as excoriation to the sacral area on 6/20/24.</p> <p>A review of the Progress Notes (PN) dated 6/26/24 at 12:34 PM did not reflect that the resident was observed with a PU to the sacral area.</p> <p>A review of the paper form titled Skin Only Evaluation dated 6/26/24 and 7/3/24 revealed under 1. Skin No skin issues were checked.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the PN dated 6/30/24 at 11:14 AM reflected that Resident #110 had a new PO for Triple cream ointment indicated for worsening excoriation in the buttocks.</p> <p>A review of the PN dated 7/1/24 at 12:36 PM documented an increased excoriation to the buttocks and sacral area.</p> <p>A review of the PN dated 7/3/24 at 3:21 PM documented the resident was observed with excoriation to bilateral buttocks and was awaiting to be seen by a WD.</p> <p>A review of the December 2024 Order Summary Report revealed a PO dated 6/30/24 to apply Lidocaine/Nystatin/Zinc cream two times a day after cleaning with normal saline for excoriation to buttocks.</p> <p>A review of the PN dated 7/6/24 at 16:41 (4:41 PM) indicated that Resident #110 was transferred to the hospital as ordered by the resident's physician.</p> <p>A review of the PN dated 7/7/24 at 7:20 AM documented by the facility nurse who called the hospital and had spoken to the emergency room Nurse who stated to her that Resident #110 was admitted to the hospital with diagnosis of Partial Injury of Sacral Region Unstageable.</p> <p>A review of the form titled Pressure Ulcer Flow Sheet (PUFS) dated 7/3/24 reflected that the right buttock was now classified as an unstageable wound and the left buttock was now classified as a Deep Tissue Injury PU (a pressure ulcer related injury to subcutaneous tissues under intact skin). Both PU sites were confirmed by the wound doctor on 7/5/24. Further review of all the PUFS for Resident #110 did not reflect any documentation for the excoriation that was identified on 6/20/24.</p> <p>A review of the form provided by the DON on 12/12/24 at 1:00 PM, documented the list of residents with a facility-acquired wounds ([NAME]), which did not include Resident #110 to reflect the [NAME] of the sacral area which was identified on 7/5/24.</p> <p>Further review of the medical records which included any documentation from the nurses, Certified Nursing Assistants, including the notification of Resident #110's physician, were not found in the hybrid medical records to reflect that the [NAME] to the right and left buttocks was observed by the WD on 7/5/24.</p> <p>On 12/9/24 at 10:53 AM, the survey team met with the Licensed Nursing Home Administration (LNHA), DON, and the Infection Prevention/Assistant DON (IP/ADON) to discuss the above concern.</p> <p>On 12/11/24 at 09:40 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who was assigned to Resident #110. The LPN stated the resident had been treated with Zinc Oxide to both buttocks according to the PO. The LPN acknowledged the excoriation to both buttocks were not reported immediately to the WD to prevent worsening of the excoriation.</p> <p>A review of the facility policy, with a revised date of 2024, titled Subject: Pressure Ulcer Prevention & Management Policy, under Policy: It is the policy of this facility to assess all resident upon admission; re-admission and quarterly thereafter for risk factors associated with Pressure Ulcer development and the necessary precautions to prevent formation. Appropriate interventions will be utilized to prevent pressure ulcer development and to promote healing when pressure ulcer present.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy title, Subject: Skin Check Policy, with no revised date stated under Procedure: 1. Nursing will conduct skin checks to assure all residents with skin breakdowns are identified and treated promptly. 5. Skin checks include inspection of all areas including removal of dressings (unless non removal is ordered by the MD) to assess the progress of any open areas present and to look for new areas. 7. Weekly Pressure/Other Wound Tracking Report will be updated to include the residents with new open areas found.</p> <p>NJAC 8:39-27.1(a,e)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44605</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain respiratory equipment in a sanitary manner for a resident who was receiving continuous oxygen (O2). The deficient practice was identified for 1 of 1 resident (Resident #95) reviewed for respiratory care.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 12/4/24 at 11:46 AM, the surveyor observed Resident # 95 in bed with eyes closed with O2 in use via nasal cannula (a medical device used for delivering O2) at 4 Liters Per Minute (LPM.). The surveyor further observed the O2 tubing was dated 11/5/24.</p> <p>A review of the Face Sheet (an admission record) revealed that the resident was admitted to the facility with diagnosis that included but not were not limited to Pneumonia, Chronic Respiratory Failure, and Pulmonary Fibrosis.</p> <p>A review of the quarterly Minimum Data Set Assessment (Q/MDS), an assessment tool, used to facilitate the management of care, dated 9/2/24, reflected that the resident had a Brief Interview for Mental Status score of 14 out of 15 indicating that the resident was cognitively intact.</p> <p>A review of Resident #95's December 2024 Order Summary Report revealed a physician's order (PO) dated 10/28/2024 to Change oxygen and/or nebulizer administration set up (tubing, nasal cannula/mask, etc.) weekly, every night shift every Monday.</p> <p>On 12/5/24 at 09:51 AM, the surveyor interviewed the LPN/Unit Manager (LPN/UM) who acknowledged Resident #95's O2 tubing was not changed according to the PO.</p> <p>On 12/9/24 at 10:54 AM, the surveyor interviewed the Infection Preventionist/Assistant Director of Nursing (IP/ADON) who stated Resident #95's O2 tubing must be changed weekly according to the PO. IP/ADON unable to provide further information why the O2 tubing has not been changed.</p> <p>On 12/11/24 at 12:15 PM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a facility policy titled, Oxygen Administration, with a revised date of 9/2024. Under the policy explanation and compliance guidelines it states, 5 .b. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated.</p> <p>On 12/11/24 at 1:34 PM, the survey team met with the LHNA, Director of Nursing (DON) and IP/ADON to discuss the above concern. There was no further information provided.</p> <p>NJAC 8:39- 27.1 (a)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>44605</p> <p>REPEAT DEFICIENCY</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure the resident's primary physician (MD #1, MD #4) 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 8 of 16 residents, (Resident #41, # 51, #110, #45, #66, #84, and #71).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 12/4/24 at 11:07 AM, the surveyor interviewed Resident #41 in their room. The resident further stated to the surveyor they could not recall the last time they were assessed by their physician.</p> <p>A review of Resident #41's Face Sheet (an admission summary) reflected that Resident #41 was admitted to the facility with diagnoses that included but not limited to Schizophrenia, Chronic Kidney disease, and End Stage Renal Disease.</p> <p>A review of the 5-Day Minimum Data Set (MDS), an assessment tool used to facilitate care management dated 11/23/2024, indicated a Brief Interview for Mental Status (BIMS) scored of 14 out of 15, which indicated that the resident was cognitively intact.</p> <p>A review of the PPN's in the electronic medical record reflected the following Effective Date, Date of Service, and/or LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a Late Entry.) designation which indicated the PPN were not documented on the effective date (Date of service):</p> <ol style="list-style-type: none"> 1. PPN with an effective date of 12/2/2024, and a date of service of 10/20/2024. 2. PPN with an effective date of 12/2/2024, and a date of service 10/17/2024. 3. PPN with an effective date of 12/2/2024, and a date of service of 10/25/2024. 4. PPN with an effective date of 12/2/2024, and a date of service of 10/23/2024. 5. PPN with an effective date of 12/2/2024, and a date of service of 10/30/2024. 6. PPN with an effective date of 12/2/2024, and a date of service of 11/2/2024. 7. PPN with an effective date of 12/2/2024, and a date of service of 10/18/2024. 8. PPN with an effective date of 12/2/2024, and a date of service of 11/9/2024. 9. PPN with an effective date of 10/9/2024, and a date of service of 8/25/2024. <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>10. PPN with an effective date of 10/2/2024, and a date of service of 10/9/2024.</p> <p>11. PPN with an effective date of 8/10/2024, and a created date of 9/6/2024.</p> <p>12. PPN with an effective date of 8/8/2024, and a created date of 9/6/2024.</p> <p>13. PPN with an effective date of 8/1/2024, and a created date of 9/6/2024.</p> <p>14. PPN with an effective date of 7/31/2024, and a created date of 9/6/2024.</p> <p>15. PPN with an effective date of 7/25/2024, and a created date of 9/6/2024.</p> <p>16. PPN with an effective date of 7/22/2024, and a created date of 9/6/2024.</p> <p>17. PPN with an effective date of 7/11/2024, and a created date of 9/6/2024.</p> <p>18. PPN with an effective date of 7/10/2024, and a created date of 9/6/2024.</p> <p>19. PPN with an effective date of 6/26/2024, and a created date of 7/15/2024.</p> <p>20. PPN with an effective date of 6/21/2024, and a created date of 9/10/2024.</p> <p>37791</p> <p>2. On 12/4/24 at 11:10 AM, during initial tour, the surveyor observed Resident #51 in bed with their eyes closed.</p> <p>The surveyor reviewed the HMR for the Resident #51 which revealed that the resident's primary physician had inaccurately dated 10 PPN's documented from 1/31/24 through 12/3/24.</p> <p>A review of the resident's FS reflected that Resident #51 was admitted to the facility with diagnoses that included but were not limited to epilepsy, nontraumatic subdural hemorrhage, and type II diabetes mellitus.</p> <p>A review of the Significant Change in Status Assessment MDS (SCSA/MDS), an assessment tool used to facilitate the management of care, dated 09/26/24, indicated a BIMS score of 3 out of 15 which indicated that the resident had severely impaired cognition.</p> <p>A review of the PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a Late Entry) designation which indicated that the PPN's were not written on the date of service (effective date):</p> <p>1. PPN effective date of 10/21/2024, and a created date on 12/3/2024.</p> <p>2. PPN effective date of 09/23/24, and a created date on 10/10/24.</p> <p>3. PPN effective date of 09/17/24, and a created date on 10/10/24.</p> <p>(continued on next page)</p>		

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. PPN effective date of 8/28/24, and a created date on 10/10/24.</p> <p>5. PPN effective date of 7/31/24, and a created date on 09/06/24.</p> <p>6. PPN effective date of 6/26/24, and a created date on 07/15/24</p> <p>7. PPN effective date of 5/22/24, and a created date on 07/09/24.</p> <p>8. PPN effective date of 4/29/24, and a created date on 07/09/24.</p> <p>9. PPN effective date of 4/24/24, and a created date on 07/09/24.</p> <p>10. PPN effective date of 2/29/24, and a created date on 04/17/24.</p> <p>11. PPM effective date of 1/31/24, and a created date on 1/31/24.</p> <p>46889</p> <p>3. On 12/5/24 at 10:30 AM, the surveyor reviewed the HMR of Resident #110, which revealed the following:</p> <p>A review of the FS reflected that Resident #110 was admitted to the facility with diagnoses that included but were not limited to peripheral vascular disease (PVD-blocked blood vessels) and type 2 diabetes mellitus (high blood sugar level) with diabetic neuropathy (nerve damage).</p> <p>A review of the Q/MDS, an assessment tool used to facilitate care management dated of 6/9/24, reflected a BIMS score of 3 out of 15, which indicated that the resident had severely impaired cognition.</p> <p>A review of Resident #110's PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated that the PPN's were not written on the date of service;</p> <p>1. PPN effective date of 5/27/24, 5/31/24, 6/24/24, 6/28/24 and a date of service on 7/15/24.</p> <p>2. PPN effective date of 2/27/24, 3/31/24, 4/30/24 and with a date of service on 7/9/24.</p> <p>3. PPN effective date of 1/31/24 and a date of service on 7/8/24.</p> <p>37175</p> <p>4. On 12/4/24 at 11:15 AM, the surveyor interviewed Resident #45 in their room. Resident #45 could not recall the last time they saw their physician.</p> <p>The surveyor reviewed the HMR for the Resident #45 which revealed that the resident's primary physician (MD #1) had inaccurately dated 14 PPN's written on 12/3/24, 10/10/24, 9/6/24 and 7/15/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the resident's FS reflected that Resident #45 was admitted to the facility with diagnoses that included but were not limited to Multiple Sclerosis (a central nervous system autoimmune disease), Major Depressive Disorder (a mental health disorder with persistent depressed mood), and chronic kidney disease (progress damage and loss of functions of the kidneys).</p> <p>A review of the Annual MDS (A/MDS), an assessment tool used to facilitate care management dated 7/23/2024, reflected a BIMS score of 9 out of 15, which indicated that the resident had moderate cognitive impairment.</p> <p>A review of Resident #45's PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated that the PPN's were not written on the date of service:</p> <ol style="list-style-type: none"> 1. PPN effective date of 11/15/2024, and a created date on 12/3/2024. 2. PPN effective date of 11/12/2024, and a created date on 12/3/2024. 3. PPN effective date of 11/14/2024, and a created date on 12/3/2024. 4. PPN effective date of 11/6/2024, and a created date on 12/3/2024. 5. PPN effective date of 11/4/2024, and a created date on 12/3/2024. 6. PPN effective date of 10/30/2024, and a created date on 12/3/2024. 7. PPN effective date of 10/28/2024, and a created date on 12/3/2024. 8. PPN effective date of 10/25/2024, and a created date on 12/3/2024. 9. PPN effective date of 10/23/2024, and a created date on 12/3/2024. 10. PPN effective date of 10/20/2024, and a created date on 12/3/2024. 11. PPN effective date of 9/23/2024, and a created date on 10/10/2024. 12. PPN effective date of 8/28/2024, and a created date on 10/10/2024. 13. PPN effective date of 7/31/2024, and a created date on 9/6/2024. 14. PPN effective date of 6/26/2024, and a created date on 7/15/2024. <p>5. On 12/4/24 at 12:02 PM, the surveyor observed Resident #66 in the dining room. The surveyor interviewed Resident #66 who stated they could not recall the last time they saw their physician.</p> <p>The surveyor reviewed the HMR for the Resident #66 which revealed that the resident's primary physician (MD#1) had inaccurately dated 40 PPN's written on 12/3/24, 10/10/24, 9/6/24, 7/15/24 and 7/8/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the resident's FS reflected that Resident #66 was admitted to the facility with diagnoses that included but were not limited to dementia (loss of memory, thinking, and social abilities), diabetes (too much sugar in the blood), and chronic kidney disease (progress damage and loss of functions of the kidneys).</p> <p>A review of the A/MDS, an assessment tool used to facilitate care management dated 11/19/2024, reflected a BIMS score of 12 out of 15, which indicated that the resident had moderate cognitive impairment.</p> <p>A review of Resident #66's PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated that the PPN's were not written on the date of service:</p> <ol style="list-style-type: none"> 1. PPN effective date of 10/20/2024, and a created date on 12/3/2024. 2. PPN effective date of 10/17/2024, and a created date on 10/10/2024. 3. PPN effective date of 9/9/2024, and a created date on 10/10/2024. 4. PPN effective date of 9/6/2024, and a created date on 10/10/2024. 5. PPN effective date of 9/4/2024, and a created date on 10/10/2024. 6. PPN effective date of 9/2/2024, and a created date on 10/10/2024. 7. PPN effective date of 8/30/2024, and a created date on 10/10/2024. 8. PPN effective date of 8/28/2024, and a created date on 10/10/2024. 9. PPN effective date of 8/25/2024, and a created date on 10/10/2024. 10. PPN effective date of 8/21/2024, and a created date on 9/6/2024. 11. PPN effective date of 8/19/2024, and a created date on 9/6/2024. 12. PPN effective date of 8/16/2024, and a created date on 9/6/2024. 13. PPN effective date of 8/14/2024, and a created date on 9/6/2024. 14. PPN effective date of 8/12/2024, and a created date on 9/6/2024. 15. PPN effective date of 8/10/2024, and a created date on 9/6/2024. 16. PPN effective date of 8/8/2024, and a created date on 9/6/2024. 17. PPN effective date of 8/5/2024, and a created date on 9/6/2024. 18. PPN effective date of 8/1/2024, and a created date on 9/6/2024. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>19. PPN effective date of 7/31/2024, and a created date on 9/6/2024.</p> <p>20. PPN effective date of 7/29/2024, and a created date on 9/6/2024.</p> <p>21. PPN effective date of 7/25/2024, and a created date on /6/2024.</p> <p>22. PPN effective date of 7/24/2024, and a created date on 9/6/2024.</p> <p>23. PPN effective date of 7/22/2024, and a created date on 9/6/2024.</p> <p>24. PPN effective date of 7/18/2024, and a created date on 9/6/2024.</p> <p>25. PPN effective date of 7/17/2024, and a created date on 9/6/2024.</p> <p>26. PPN effective date of 7/15/2024, and a created date on 9/6/2024.</p> <p>27. PPN effective date of 7/14/2024, and a created date on 9/6/2024.</p> <p>28. PPN effective date of 7/11/2024, and a created date on 9/6/2024.</p> <p>29. PPN effective date of 7/10/2024, and a created date on 9/6/2024.</p> <p>30. PPN effective date of 6/26/2024, and a created date on 7/15/2024.</p> <p>31. PPN effective date of 6/24/2024, and a created date on 7/15/2024.</p> <p>32. PPN effective date of 6/20/2024, and a created date on 7/15/2024.</p> <p>33. PPN effective date of 6/19/2024, and a created date on 7/15/2024.</p> <p>34. PPN effective date of 6/17/2024, and a created date on 7/15/2024.</p> <p>35.PPN effective date of 6/14/2024, and a created date on 7/15/2024.</p> <p>36. PPN effective date of 6/13/2024, and a created date on 7/15/2024.</p> <p>37. PPN effective date of 6/10/2024, and a created date on 7/15/2024.</p> <p>38. PPN effective date of 6/6/2024, and a created date on 7/8/2024.</p> <p>39. PPN effective date of 6/5/2024, and a created date on 7/8/2024.</p> <p>40. PPN effective date of 6/3/2024, and a created date on 7/8/2024.</p> <p>6. On 12/5/24 at 12:55 PM, the surveyor observed Resident #71 in their room and was not able to be interviewed.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The surveyor reviewed the HMR for the Resident #71 which revealed that the resident's primary physician (MD #1) had inaccurately dated 31 PPN's written on 12/3/24,10/10/24, 9/6/24, and 7/15/24.</p> <p>A review of the resident's FS reflected that Resident #71 was admitted to the facility with diagnoses that included but were not limited to chronic obstructive pulmonary disease (a group of lung diseases that block airflow and makes it difficult to breath), heart failure (a chronic condition in which the heart does not pump blood as well as it should) and diabetes (too much sugar in the blood).</p> <p>A review of the A/MDS, an assessment tool used to facilitate care management dated 9/25/2024, reflected a BIMS score of 00 out of 15, which indicated that the resident had severe cognitive impairment.</p> <p>A review of Resident #71's PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated that the PPN's were not written on the date of service:</p> <ol style="list-style-type: none"> 1. PPN effective date of 10/28/2024, and a created date on 12/3/2024. 2. PPN effective date of 9/23/2024, and a created date on 10/10/2024. 3. PPN effective date of 9/2/2024, and a created date on 10/10/2024. 4. PPN effective date of 8/30/2024, and a created date on 10/10/2024. 5. PPN effective date of 8/21/2024, and a created date on 9/6/2024. 6. PPN effective date of 8/19/2024, and a created date on 9/6/2024. 7. PPN effective date of 8/16/2024, and a created date on 9/6/2024. 8. PPN effective date of 8/14/2024, and a created date on 9/6/2024. 9. PPN effective date of 8/12/2024, and a created date on 9/6/2024. 10. PPN effective date of 8/10/2024, and a created date on 9/6/2024. 11. PPN effective date of 8/5/2024, and a created date on 9/6/2024. 12. PPN effective date of 8/1/2024, and a created date on 9/6/2024. 13. PPN effective date of 7/31/2024, and a created date on 9/6/2024. 14. PPN effective date of 7/29/2024, and a created date on 9/6/2024. 15. PPN effective date of 7/25/2024, and a created date on 9/6/2024. 16. PPN effective date of 7/24/2024, and a created date on 9/6/2024. <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>17. PPN effective date of 7/22/2024, and a created date on 9/6/2024.</p> <p>18. PPN effective date of 7/18/2024, and a created date on 9/6/2024.</p> <p>19. PPN effective date of 7/17/2024, and a created date on 9/6/2024.</p> <p>20. PPN effective date of 7/15/2024, and a created date on 9/6/2024.</p> <p>21. PPN effective date of 7/14/2024, and a created date on 9/6/2024.</p> <p>22. PPN effective date of 7/11/2024, and a created date on 9/6/2024.</p> <p>23. PPN effective date of 7/10/2024, and a created date on 9/6/2024.</p> <p>24. PPN effective date of 6/26/2024, and a created date on 7/15/2024.</p> <p>25. PPN effective date of 6/24/2024, and a created date on 7/15/2024.</p> <p>26. PPN effective date of 6/20/2024, and a created date on 7/15/2024.</p> <p>27. PPN effective date of 6/19/2024, and a created date on 7/15/2024.</p> <p>28. PPN effective date of 6/17/2024, and a created date on 7/15/2024.</p> <p>29. PPN effective date of 6/14/2024, and a created date on 7/15/2024.</p> <p>30. PPN effective date of 6/13/2024, and a created date on 7/15/2024.</p> <p>31. PPN effective date of 6/10/2024, and a created date on 7/15/2024.</p> <p>7. On 12/4/24 at 12:02 PM, the surveyor observed Resident #84 in the dining room. Resident #66 could not recall the last time they saw their physician.</p> <p>The surveyor reviewed the HMR for the Resident #84 which revealed that the resident's primary physician (MD #1) had inaccurately dated 7 PPN's written on 12/3/24, 10/10/24, 9/6/24, and 7/15/24.</p> <p>Per the guidelines, (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17) S483.30(b) Physician Visits The physician must- S483.30(b)(2) Write, sign, and date progress notes at each visit.</p> <p>A review of the resident's FS reflected that Resident #84 was admitted to the facility with diagnoses that included but were not limited to vascular dementia (decreased blood flow to the brain causing memory problems), diabetes (too much sugar in the blood), and seizures (abnormal electrical activity in the brain).</p> <p>A review of the SCSA/MDS, an assessment tool used to facilitate care management dated 2/22/2024, reflected a BIMS score of 9 out of 15, which indicated that the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of Resident #84's PPN's in the EMR revealed the following had a LATE ENTRY (Any documentation that is recorded in the medical record beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated that the PPN's were not written on the date of service:</p> <ol style="list-style-type: none"> 1. PPN effective date of 10/20/2024, and a created date on 12/3/2024. 2. PPN effective date of 9/23/2024, and a created date on 10/10/2024. 3. PPN effective date of 9/9/2024, and a created date on 10/10/2024. 4. PPN effective date of 8/30/2024, and a created date on 10/10/2024. 5. PPN effective date of 7/31/2024, and a created date on 9/6/2024. 6. PPN effective date of 7/17/2024, and a created date on 9/6/2024. 7. PPN effective date of 6/26/2024, and a created date on 7/15/2024. <p>On 12/11/24 at 10:55 AM, the survey team conducted a telephone interview with MD #1, who stated they come to the facility a few times a week and enter multiple PPN's into the EMR at one time because they were busy. MD #1 also stated it was not the best practice on when to enter their PPN documentation in the EMR.</p> <p>On 12/11/24 at 12:15 PM, the Licensed Nurse Home Administrator (LNHA) provided the surveyor with a copy of the facility policy titled, Physician Visits and Delegation, with a revision date of September 2022. Under the policy, Explanation and compliance guidelines of the policy reflected 1. The Physician should: d. Date, write and sign a progress note for each visit.</p> <p>On 12/11/24 at 1:34 PM, the survey team met with the Licensed nurse Home Administrator (LNHA and Director of Nursing (DON) to discuss the above review concerns. The DON stated they were aware of the MD documentation error. and that it is not professional by the MD. No further comments made information was provided.</p> <p>NJAC 8:39-23.2(b)</p>		

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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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure the physician responsible for supervising the care of residents conducted face to face visits and wrote progress notes at least once every 30 days for Medicaid recipient residents and once every 60 days for Medicare recipient residents. This deficient practice was identified for 2 of 22 residents (Resident #95 and Resident 103), reviewed for physician visits and was evidenced by the following:</p> <p>1. On 12/04/24 at 11:46 AM, the surveyor observed Resident # 95 with eyes closed.</p> <p>The surveyor reviewed the hybrid medical records (paper and electronic) (HMR) for the Resident #95 which revealed that the resident's primary physician (PP) (MD#2) no Physician Progress Notes (PPN) since Resident #95 was admitted to the facility on [DATE].</p> <p>The surveyor reviewed Resident 95's Face Sheet (an admission record) which revealed that the resident was admitted to the facility with diagnosis that included but not limited to pneumonia, chronic respiratory failure, and pulmonary fibrosis.</p> <p>A review of the Quarterly Minimum Data Set Assessment (MDS), an assessment tool, used to facilitate the management of care, dated 9/2/24,</p> <p>revealed that the resident had a score of 14 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident was cognitively intact.</p> <p>On 12/05/24 at 9:51 AM, the surveyor interviewed the Licensed Practical Nurse Unit Manger (UM) who stated, MD#2 would come into the facility on ce a month. The UM added that MD #2 was no longer the PP for Resident #95. The UM further stated the PP for the resident was changed to MD#1 on effective 11/15/24. In the presence of the surveyor, UM confirmed there were no PPN's found in the resident's paper or electronic chart.</p> <p>On 12/11/24 at 10:36 AM, the surveyor interviewed MD#2, who stated the last time he came into the facility was October 2024. MD#2 further stated they would write their PPN's in the paper chart. MD #2 was unable to provide information as to why Resident #95 did not have any PPN's in their HMR.</p> <p>On 12/11/23 at 12:15 PM, the Licensed Nurse Home Administrator (LNHA) provided a copy of the facility policy titled, Physician Visits and Delegation, with a revision date of September 2022. Under the policy revealed, 1. The Physician should: a. See resident within 30 days of initial admission to the facility. B. The resident must be seen at least once every 30 calendar days for the first 90 calendar days after admission and at least every 60 days thereafter by a physician or physician delegate as appropriate by state law.</p> <p>On 12/11/24 at 1:34 PM, the survey team met with the LNHA and Director of Nursing (DON) to discuss the above concerns. The DON stated, they were aware of the PPN's documentation concern. No further information was provided.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>37791</p> <p>2. The surveyor reviewed the hybrid medical records (paper and electronic) for the Resident #103 which revealed that the resident's primary physician (MD#2) had not written any Physician Progress Notes (PPN) since Resident #103 had been admitted into the facility.</p> <p>The surveyor reviewed the Face Sheet (an admission record) which revealed that the resident had been admitted to the facility on [DATE] with diagnosis that included chronic systolic (congestive) heart failure, type 2 diabetes mellitus and hypertension .</p> <p>A review of the Admission Minimum Data Set Assessment (MDS), an assessment tool, used to facilitate the management of care, dated 10/9/24, revealed that the resident had a score of 7 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident was cognitively impaired.</p> <p>A review of the resident's progress notes (PN) revealed a physician's admission note dated from 10/2/24. A further review of the resident's hybrid medical records revealed no further physician PN for Resident #103.</p> <p>NJAC 8:39-23.2(d)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to respond to the Consultant Pharmacist's (CP) monthly recommendations in a timely manner for 1 of 22 residents (Resident #51) reviewed.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 12/04/24 at 11:10 AM, during initial tour, the surveyor observed the Resident #51 in bed with their eyes closed.</p> <p>The surveyor reviewed Resident #51's hybrid medical records.</p> <p>A review of the Admission Record (an admission summary) (AR) for Resident #51 reflected that the resident was admitted to the facility with diagnoses which included but not limited to Anemia (a condition in which blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), nontraumatic subdural hemorrhage (a rare condition that occurs without a head trauma) and gastrostomy (presence of a surgical opening into the stomach, also known as a gastrostomy which can be temporary or permanent).</p> <p>A review of the Significant Change in Status Assessment Minimum Data Set, an assessment tool used to facilitate the management of care, dated 09/26/24, reflected a Brief Interview for Mental Status score of 3 out of 15, which indicated that resident had severely impaired cognition.</p> <p>A review of the December 2024 Order Summary Report (physician's order sheet) revealed a physician order (PO) dated 9/24/24 for Sucralfate oral tablet 1GM (Gram), give 1 tablet via G-Tube (Gastrostomy tube) three times a day for GERD (gastroesophageal reflux disease).</p> <p>A review of the CP - Medication Regimen Review revealed the following recommendations:</p> <p>On 9/04/24 the surveyor reviewed the facility's Nursing Summary Report (Consultant pharmacist monthly recommendation) which reflected the CP recommended not to crush Carafate (Sucralfate) tablets. It can be dissolved into a slurry (For patients with difficulty swallowing whole or halved sucralfate tablets, a slurry may be prepared just prior to administration by placing a 1-gram tablet in a 30 mL medicine cup without crushing and adding 15 mL to 30 mL of water, preferably warm water but room temperature is adequate.) or the order change to the suspension. formulation.</p> <p>A further review of the form revealed the facility's response to the CP's recommendation to discontinue the above PO on 9/12/24. The resident's PO for Sucralfate was again re-ordered on 9/24/24 which did not reflect any changes according to the CP's recommendations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2024
NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/4/24, the CP recommended Sucralfate (Carafate) is best administered on an empty stomach, preferably 1 hour before or 2 hours after meals. The CP further recommended to evaluate the use of Carafate with feedings. There is a risk of bezoar formation (solid mass in the gastrointestinal tract) when sucralfate is combined with enteral feeding.</p> <p>A review of Resident #51's HMR revealed no response from the facility regarding these two CP's recommendations.</p> <p>On 12/12/24 at 9:10 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding the preparation of the PO for Carafate (Sucralfate) via G-tube administration. The LPN stated that when she prepared Carafate to be administered via G-tube, she would crush the tablet and dilute it with water. She will then pour it down the G-tube. The LPN added that after the medication administration, she would flush the G-tube with 5 to 10 milliliters of water. The surveyor asked the LPN who was responsible for reviewing the CP recommendation who stated, either the Unit Manager, the Assistant Director of Nursing (ADON) or the Director of Nursing (DON).</p> <p>On 12/12/24 at 10:25 AM, the survey team met with the Licensed Nursing Home Administrator, DON, and the Infection Preventionist/Assistant Director of Nursing to discuss the above concerns. The DON stated that she did not understand the CP's recommendation which stated Carafate could be crushed. No further information was provided.</p> <p>A review of the facility's policy Consultant Pharmacy provided by the DON with a revision date 3/2024, did not include a time frame for the facility's response to the CP recommendations pertaining to medication irregularities.</p> <p>NJAC 8:39-29.3</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to properly label, dispose and secure medications in one (1) of five (5) medication carts and one (1) of five (5) treatment carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 12/9/24 at 9:15 AM, the surveyor during observation of medication administration observed the 1st floor long-side treatment cart that was unlocked and unattended. The treatment cart contained ointments and creams. The surveyor did observe any residents near the treatment cart. At that time, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who acknowledged that the treatment cart was unlocked and further stated that the treatment cart must always be locked when unattended.</p> <p>On 12/12/24 at 11:35 AM, the surveyor inspected the 1st floor short-side medication cart in the presence of LPN#2. The surveyor observed an opened bottle of blood glucose test strips that was not dated. The surveyor also observed an unopened and undated Humalog insulin pen.</p> <p>At that time, the surveyor interviewed LPN#2 who acknowledged that once a bottle of blood glucose test is opened, it should have been dated. LPN #2 also stated the surveyor that once a Humalog vial was removed from the refrigerator, it should have been dated. LPN #2 further stated the Humalog pen should have been removed because the resident was no longer on this medication.</p> <p>A review of the manufacturer's specifications for the following medications revealed that the bottle of blood glucose test strips had an expiration date of 90 days once opened and Humalog Insulin Pen had an expiration date of 28 days once opened.</p> <p>On 12/12/24 at 1:30PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON) and the Infection Preventionist/Assistant DON to discuss the above concerns. There was no additional information provided.</p> <p>A review of the facility's policy titled Medication Storage that and a revision date of 9/2024 and was provided by the DON revealed the following:</p> <p>Policy: Medications housed on our premises are stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations. All medications are stored in designated areas which are sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.</p> <p>4. All medications requiring refrigeration are stored in refrigerators located in the pharmacy and each medication room.</p> <p>NJAC: 8:39-29.4(a)(h)(d)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain complete, accurate, readily accessible medical records, and legible physician's progress notes (PPN). This deficient practice was identified for 2 of 22 residents reviewed, Resident #5 and #51, and was evidenced by the following:</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 12/4/24 at 11:10 AM, during initial tour, the surveyor observed the Resident #51 in bed with their eyes closed.</p> <p>The surveyor reviewed Resident #51's hybrid (paper and electronic) medical records (HMR).</p> <p>A review of the Admission Record (an admission summary) (AR) for Resident #51 reflected that the resident was admitted to the facility with diagnoses which included but not limited to Anemia (a condition in which blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), type 2 Diabetes Mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), nontraumatic subdural hemorrhage (a rare condition that occurs without a head trauma) and gastrostomy (presence of a surgical opening into the stomach, also known as a gastrostomy which can be temporary or permanent).</p> <p>A review of the Significant Change in Status Assessment Minimum Data Set (SCSA/MDS), an assessment tool used to facilitate the management of care, dated 09/26/24, reflected that the resident had a Brief Interview for Mental Status score of 3 out of 15 indicating that the resident had severely impaired cognition. The SCSA/MDS further indicated that the resident was on Hospice.</p> <p>A review of the December 2024 Order Summary Report revealed a physician's order dated 09/12/24 for Hospice to evaluate and treat.</p> <p>On 12/11/24 at 12:45 PM, in the presence of the 2nd floor Licensed Practical Nurse (LPN#1), the surveyor reviewed the resident's hospice care binder (HCB). The HCB revealed a form where the hospice staff signed in their daily log (which was filled out with signatures and dates) and a hospice care plan. The surveyor observed no progress notes (PN) from the hospice nurses or the hospice aides. At that time, the surveyor interviewed LPN #1 who acknowledged that the PN from hospice nurses and hospice aides must be placed in the HCB. LPN#1 acknowledged to the surveyor that they were no PN found in the HCB.</p> <p>On 12/12/24 at 12:10 PM, the surveyor conducted a telephone interview with the Hospice Registered Nurse/ Director of Operation (RN/DO) who explained the operation and the process of care for the hospice company. The RN/DOO acknowledged that hospice nurses and hospice aides would enter their PN using the hospice' electronic computerized system, and they would only print them and file them in the HCB if the hospice nurse needed something to be addressed by the facility. The RN/DO further stated that the facility can request copies from them at any time.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Llanfair House Care & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1140 Black Oak Ridge Road Wayne, NJ 07470	
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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/24 at 1:30 PM, the surveyor presented the above concerns to the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Infection Preventionist/Assistant DON (IP/ADON). No additional information provided.</p> <p>A review of the facility policy titled Coordination of Hospice Services which was provided by the DON with the revised date of 9/2024, revealed the following: The facility will communicate with hospice and identify, communicate, follow and document all interventions put into place by Hospice and the facility.</p> <p>44605</p> <p>2. On 12/4/24 at 11:12 AM, the surveyor interviewed Resident #5 in the dayroom. The resident stated they do not recall the last time they saw their primary physician (PP).</p> <p>A review of the resident's FS reflected that Resident #41 was initially admitted to the facility on [DATE] with diagnoses that included but were not limited to atrial fibrillation, schizoaffective disorder, and adjustment disorder.</p> <p>On 12/11/24 at 12:29 PM, the surveyor reviewed the HMR for Resident #5 which revealed that the resident's PP was MD#3. A further review of the HMR did not reflect any MD admission assessment (process that involved assessing a patient's current vital signs, laboratory values, changes in condition, medical history and recommending care. It is performed during the admission to a facility).</p> <p>A review of the recent quarterly MDS, an assessment tool used to facilitate care management dated 9/17/24, reflected a BIMS score of 12 out of 15, which indicated that the resident had moderate cognitive impairment.</p> <p>On 12/11/24 at 12:14 PM, the surveyor interviewed the Licensed Practical Nurse first-floor unit manager (UM) who stated, MD#3 would come in at least once a week, but she was not sure where they write or document their PPN. UM confirmed the MD admission assessment were not found in the HMR.</p> <p>On 12/12/24 at 11:17 AM, the surveyor conducted a telephone interview with MD#3 who stated, they come in at least once a week and would document their PPN's on paper in their office. MD #3 further stated they had Resident #5's admission assessment in their office. No additional information was provided.</p> <p>On 12/12/24 at 1:30 PM, the survey team met with the facility's Licensed Nursing Home Administrator (LNHA) and DON to discuss the above concern. The DON stated, they would expect their MDs to have all their physician's assessment for the residents in the HMR.</p> <p>On 12/13/24 at 9:31 AM, MD#3 provided a copy of Resident #5's admission assessment dated , 3/16/24. MD#3 stated resident assessment must be in the resident's HMR.</p> <p>On 12/13/24 at 10:58 AM, the LNHA provided the surveyor a copy of the facility policy titled, Maintenance of Medical Records with a revised date of 9/2022. Under the policy, explanation, and compliance guideline it stated, 2. In accordance with accepted professional standards of practice, the facility must maintain records on each resident that are .c. readily accessible. 3. The clinical records will contain at least, but not limited to . b. A record of the resident's assessments.</p> <p>(continued on next page)</p>		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-35.2 (d)(5)