STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46889 Based on observation, interview, and record review, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan (CP) that included refusal of care. This deficient practice was identified for one (1) of 21 residents (Resident #93) reviewed for comprehensive person-centered CP. This deficient practice was evidenced by the following: On 2/4/25 at 10:35 AM, the surveyor observed Resident #93 lying in bed awake, screaming and yelling in their native language. A family member sat beside the resident, who could answer the surveyor's inquiry in simple English. On the same day, the surveyor interviewed the Licensed Practical Nurse (LPN#1), who stated that Resident #93 was refusing care, hitting and yelling at staff frequently. On 2/6/25 at 7:44 AM, the surveyor reviewed the hybrid medical record (paper and electronic) of Resident #93, which revealed the following: A review of the Admission Record (an admission summary) (AR) reflected that Resident #93 was admitted with diagnoses that included but were not limited to cerebral infarction (blood flow to the brain was disrupted), adjustment disorder with depressed mood (state of general unhappiness), and other specified persistent mood disorders. A review of the admission Minimum Data Set (A/MDS), (an assessment tool used to facilitate the management of care) dated 1/7/25 indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the resident had moderately impaired cognition. A further review of the A/MDS revealed that the resident received antipsychotic and antidepressant medications on a routine basis. A review of the most recent Order Summary Report (OSR), with a start date of 12/31/24, reflected a physician's order for olanzapine 2.5 mg (milligram) by mouth every 8 (eight) hours for agitation and trazodone HCl (hydrochloride) 50 mg by mouth at bedtime for insomnia. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the January 2025 Medication Administration Record (MAR) revealed that the nurses signed that Resident #93 was administered olanzapine 2.5 mg by mouth every 8 hours for agitation and trazodone HCl 50 mg by mouth at bedtime for insomnia. A review of the recent Psychiatric Progress Note (PPN) dated 1/2/25 revealed that under assessment/plan, it is to continue to monitor mood and behavior for changes. A review of the Progress Notes (PN) in January and February 2025 revealed that the nurses documented Resident #93 has a behavior of chronic refusal of care, medication, and therapy and being uncooperative with care, yelling, being combative, and hitting staff. A review of the resident's individualized person-centered care plan (CP) with an initiated date of 1/1/25 reflected the focus that the resident is at risk for complications related to psychotropic drugs. The interventions included AIMS testing and a complete behavior monitoring flow sheet. The CP did not reflect the resident's behavior of refusing care. On 2/7/25 at 9:35 AM, the surveyor interviewed a Certified Nursing Assistant (CNA) who had been taking care of the resident since they were admitted to the facility. The CNA stated that the resident is refusing care, fighting, and being combative with the staff during care almost daily, and she will report it to the nurse. The resident will only listen to the family member, and then the CNA can give care. On 2/7/25 at 12:02 PM, the surveyor interviewed the Unit Manager/Registered Nurse (UM/RN), who stated that the resident has a behavior of hitting/screaming staff, and she added that it should be in the CP and added that she did not see any CP for the refusal of care. On 2/10/25 at 12:05 PM, the team of surveyors met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Regional Clinical Lead (RCL) regarding the concern and no further information was provided. A review of the facility policy titled Person Centered Care Plan with the revision date of October 24, 2022, stated under Practice Standards 4. 4.2 Any services that would otherwise be required but are not provided due to the patient's exercise of rights, including the right to refuse treatment. NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 37791 Based on interviews, and review of pertinent facility documents, it was determined that the facility failed to (a). provide pharmaceutical services in accordance with professional standards to ensure accurate documentation of the receipt of a controlled substance for 6 of 6 Schedule II controlled substance medications ordered and received by the facility for use as an emergency backup supply, on three Drug Enforcement Agency (DEA) 222 Forms (a form used to order controlled substances from a provider) reviewed and (b) to follow a physician orders (PO) for the administration of blood pressure medications for 1 or 1 resident's (Resident#60) reviewed for blood pressure management. The deficient practice was evidenced by the following: Reference: 21 CFR 1305.13 Procedure for filling DEA Forms 222. 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 and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. 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. On 2/05/25 at 11:15 AM, the surveyor reviewed a binder provided by the Director of Nursing (DON), containing, but not limited to; facility DEA 222 Forms, copies of medical director state and federal controlled substance registration certificates, and packing slips associated with the DEA 222 Forms for controlled substance deliveries. A review of the facility DEA 222 Forms that were filled out and used to order controlled substances (CDS) revealed the following: DEA 222 Form with order form # 231868319 dated 01/09/24, for one box of five (5) Fentanyl 25 microgram (mcg) patches, one box of five (5) fentanyl 50 mcg patches, thirty (30) tablets of oxycodone 15 milligram (mg) tablets, fifty (50) tablets of oxycodone 5 mg tablets, and thirty (30) tablets of oxycodone/acetaminophen 5/325 mg tablets (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	DEA 222 Form with order form # 231868317 dated 02/26/24, for one box of five (5) Fentanyl 25 mcg patches, one box of five (5) fentanyl 50 mcg patches, one box of five (5) fentanyl 12 mcg patches, twenty (20) tablets of Morphine Sulfate SA (extended release) tablets, thirty(30) tablets of oxycodone 5 mg tablets, and twenty (20) tablets of oxycodone 15 mg tablets (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. DEA 222 Form with order form # 231868325 dated 04/02/24, for two boxes of five (5) Fentanyl 25 mcg patches, two boxes of five (5) fentanyl 50 mcg patches, one box of five (5) fentanyl 12 mcg patches, fifty (50) tablets of oxycodone 5 mg tablets, and 5 cups of five (5) ml of morphine sulfate 10 mg/5ml liquid (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. DEA 222 Form with order form # 231868321 dated 05/22/24, thirty (30) tablets of hydromorphone 2 mg tablets, and thirty (30) tablets of morphine sulfate immediate release 15 mg tablets (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. DEA 222 Form with order form # 240840168 dated 10/03/24, thirty (30) tablets of hydromorphone 2 mg tablets, and thirty (30) tablets of morphine sulfate immediate release 15 mg tablets (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. DEA 222 Form with order form # 240840167 dated 12/02/24, thirty (30) tablets of oxycodone 5 mg tablets (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present. On 02/05/25 at 11:10 AM, the surveyor in the presence of the Director of Nursing (DON) reviewed all the above DEA 222 forms. After reviewing all the above DEA 222 forms the DON acknowledge that none of the above DEA 222 forms were filled out under part 5 which was the section that was supposed to be filled out by the purchaser (the facility) which will include documenting the quantity received and the date received. b). On 02/05/25 at 10:19 AM, the surveyor observed Resident #60 in their room, the resident was observed seated in a chair and was watching television. The resident was alert and oriented and was wearing a knee brace on their left knee. The surveyor reviewed Resident #60's medical record. A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to hypertension (a condition in which the force of the blood against the artery walls is too high), congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), and hyperlipidemia (a condition in which there are high levels of fat particles (lipids) in the blood). A review of the annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 12/03/24, reflected that the resident's cognitive skills for daily decision-making score was 15 out of 15 which indicated that the resident was cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Order Summary Report (OSR) revealed a PO dated 09/19/24, Cozaar Tablet 25 MG (milligrams) (Losartan), give 1 tablet by mouth one time a day for hypertension. Hold for SBP (systolic blood pressure-top number of blood pressure) below 110. A review of the December 2024 electronic Medication Administration Record (eMAR) revealed a PO dated 09/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as administered ten (10) times without the resident's blood pressure (BP) being documented on the eMAR on the following days: 12/01/24, 12/07/24, 12/8/24, 12/09/24, 12/13/24, 12/19/24, 12/21/24, 12/22/24, 12/25/24 and 12/30/24. A review of the January 2025 eMAR revealed a PO dated 09/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as administered fourteen (14) times without the resident's BP being documented on the eMAR on the following days: 01/04/25, 01/05/25, 01/06/25, 01/10/25, 01/13/25, 01/14/25, 01/16/25, 01/18/25, 01/19/25, 01/21/25, 01/24/25, 01/26/25, 01/27/25, and 01/30/25. A review of the February 2025 eMAR revealed a PO dated 09/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as administered two (2) times without the resident's BP being documented on the eMAR on the following days: 02/01/25 and 02/02/25. On 02/05/25 at 11:00 AM, the surveyor reviewed Resident #60's eMAR in the presence of a South unit Licensed Practical Nurse (LPN#1). The LPN acknowledge that Cozaar had a perimeter to hold for BP less than 110 and that on multiple occasions from December 2024 through February 2025 a nurse omitted documenting the resident's blood pressure when administering the resident's Cozaar. She further stated that since they had no blood pressure documented on the eMAR that there was no way to tell what the resident's systolic BP was when the medication was administered. She further stated that when a resident had perimeters to hold a medication that the blood pressure needs to be documented on the eMAR. On 02/10/25 at 12:05 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON) and the Regional Nurse to discuss the above concerns. There was no additional information provided. A review of the facility's policy titled Controlled Drugs: Management that had a revision date of 01/31/25 revealed the following: Receipt: Controlled substances are received in separate containers with separate invoices. Licensed nursing staff must accept delivery and take responsibility for receipt of controlled substances. A review of the facility's policy titles Medication Administration that had a revision date of 01/2025 revealed the following: Under Medication Administration: 2. Obtain and record any vital signs as necessary prior to medication administration. NJAC 8:39-11.2 (b), 29.2 (d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 37791 Based on interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to ensure the Consultant Pharmacist (CP) identified and reported irregularities in the resident's medical record, to the facility staff, and attending physician. This deficient practice was identified for one (1) of twenty (24) residents reviewed, (Resident #60) for medication management and was evidenced by the following: On 2/5/25 at 10:19 AM, the surveyor observed Resident #60 in their room, the resident was observed seated in a chair and was watching television. The resident was alert and oriented and was wearing a knee brace on their left knee. The surveyor reviewed Resident #60's medical record. A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to hypertension (a condition in which the force of the blood against the artery walls is too high), congestive heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), and hyperlipidemia (a condition in which there are high levels of fat particles (lipids) in the blood). A review of the annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 12/03/24, reflected that the resident's cognitive skills for daily decision-making score was 15 out of 15 which indicated that the resident was cognitively intact. A review of the Order Summary Report (OSR) revealed a physician's order (PO) dated 9/19/24, Cozaar Tablet 25 MG (milligrams) (Losartan), give 1 tablet by mouth one time a day for hypertension. Hold for SBP (systolic blood pressure-top number of blood pressure) below 110. A review of the December 2024 electronic Medication Administration Record (eMAR) revealed a PO dated 9/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. A Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as being administered ten (10) times without the resident's blood pressure (BP) being documented on the eMAR on the following days: 12/1/24, 12/7/24, 12/8/24, 12/9/24, 12/13/24, 12/19/24, 12/21/24, 12/22/24, 12/25/24 and 12/30/24. A review of the January 2025 eMAR revealed a PO dated 9/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. A Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as administered fourteen (14) times without the resident's BP being documented on the eMAR on the following days: 1/4/25, 1/5/25, 1/6/25, 1/10/25, 1/13/25, 1/14/25, 1/16/25, 1/18/25, 1/19/25, 1/21/25, 1/24/25, 1/26/25, 1/27/25, and 1/30/25. A review of the February 2025 eMAR revealed a PO dated 9/19/24, for Cozaar tablet 25 mg tablet, give 1 tablet by mouth one time a day. Hold for SBP less than 110. Further review of eMAR revealed that the Cozaar 25 mg tablet was signed as administered two (2) times without the resident's bp being documented on the Emar on the following days: 2/1/25 and 2/2/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/5/25 at 11:00 AM, the surveyor reviewed Resident #60's eMAR in the presence of a South unit Licensed Practical Nurse (LPN#1). The LPN acknowledge that Cozaar had a perimeter to hold for BP less than 110 and that on multiple occasions from December 2024 through February 2025 a nurse omitted documenting the resident's blood pressure when administering the resident's Cozaar. She further stated that since they had no blood pressure documented on the eMAR that it was no way to tell what the resident's systolic BP was when the medication was administered. She further stated that when a resident had perimeters to hold a medication that the blood pressure needs to be documented on the eMAR. The LPN further stated that this was something that the Consultant Pharmacist (CP) would identify during their monthly medication reviews. The surveyor reviewed the Consultant Pharmacist's Medication Regimen Review from December 2024 through February 2025 which revealed that the CP failed to identify that the facility nurse was not documenting the resident's BP for a medication that had a perimeter to hold a blood pressure medication. On 2/10/25 at 10:15 AM, the surveyor called the CP who told the surveyor that she was unable to answer any questions because she was on medical leave. She gave the phone number of her supervisor. The surveyor left a message with the supervisor and never received a follow-up phone call. On 2/10/25 at 11:00 AM, the surveyor interviewed the Director of Nursing (DON) who told the surveyor that it was the CP's responsibility to identified and then notified the facility when a nurse are not documenting the BP for a resident who has a perimeter to hold a blood pressure medication. On 2/10/25 at 12:05 PM, the surveyor presented the above concerns to the facility administrative staff which included the Licensed Nursing Home Administrator (LNHA). The DON and the Regional nurse. No further information was provided. On 2/10/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administrator, Director of Nursing (DON) and the Regional Nurse to discuss the above concerns. There was no additional information provided. A review of the facility's policy for Consultant Pharmacist Services Provider Requirements dated 1/31/23 included the following: Communicate to the responsible prescriber, the facility's medical director and the director of nursing potential or actual problems detected, and other findings related to medication therapy orders at least monthly. Communicate recommendations for changes in medication therapy and the monitoring of medication therapy. NJAC 8:39-29.3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889 Based on observation, interview, and record review, it was determined that the facility failed to consistently monitor, document, and evaluate the ongoing benefits of continued use of psychoactive medications according to the facility's policy for 4 of 6 residents reviewed for unnecessary medications (Resident#4,#45, #68, and #93). The deficient practice was evidenced by the following: 1. On 2/4/25 at 10:35 AM, the surveyor observed Resident #93 lying in bed awake, screaming and yelling in their native language. A family member sat beside the resident, who could answer the surveyor's inquiry in simple English. On the same day, the surveyor interviewed the Licensed Practical Nurse (LPN#1), who stated that Resident #93 was refusing care, hitting and yelling at staff frequently. On 2/6/25 at 7:44 AM, the surveyor reviewed the hybrid medical record (paper and electronic) of Resident #93, which revealed the following: A review of the Admission Record (an admission summary) (AR) reflected that Resident #93 was admitted with diagnoses that included but were not limited to cerebral infarction (blood flow to the brain was disrupted), adjustment disorder with depressed mood (state of general unhappiness), and other specified persistent mood disorders. A review of the admission Minimum Data Set (A/MDS), (an assessment tool used to facilitate the management of care) dated 1/7/25 indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 9 out of 15, which indicated that the resident had moderately impaired cognition. A further review of the A/MDS revealed that the resident received antipsychotic and antidepressant medications on a routine basis. A review of the most recent Order Summary Report (OSR), with a start date of 12/31/24, reflected a physician's order for olanzapine 2.5 mg (milligram) by mouth every 8 (eight) hours for agitation and trazodone HCl (hydrochloride) 50 mg by mouth at bedtime for insomnia. A review of the January 2025 Medication Administration Record (MAR) revealed that the nurses signed that Resident #93 was administered olanzapine 2.5 mg by mouth every 8 hours for agitation and trazodone HCl 50 mg by mouth at bedtime for insomnia. The January 2025 MAR did not reflect the resident's target behavior of screaming, hitting, and refusing care. A review of the recent Psychiatric Progress Note (PPN) dated 1/2/25 revealed under assessment/plan, to continue to monitor mood and behavior for changes. The documentation did not reflect monitoring of side effects and target behavior with the use of psychotropic medications. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the Progress Notes (PN) in January and February 2025 revealed that the nurses documented Resident #93 has a behavior of chronic refusal of care, medication, and therapy and being uncooperative with care, yelling, being combative, and hitting staff. A review of the resident's individualized person-centered care plan (CP) with an initiated date of 1/1/25 reflected the focus that the resident is at risk for complications related to psychotropic drugs. The interventions included AIMS testing and a complete behavior monitoring flow sheet. The CP did not reflect specific target behaviors for the use of psychotropic medication and non-pharmacological interventions to decrease behaviors and symptoms associated with agitation and insomnia. There was no Abnormal Involuntary Movement Scale (AIMS) assessment to reflect that the resident is receiving anti-psychotic medications according to the facility's policy and CP intervention. There was no Psychotropic/Therapeutic Medication Use Evaluation assessment to reflect that the resident was being monitored routinely with the use of psychotropic medications according to the facility's policy. 2. On 2/4/25 at 10:55 AM, the surveyor observed Resident #68 sitting in bed awake and able to answer the surveyor's inquiry. On 2/10/25 at 11:56 AM, the surveyor reviewed the hybrid medical record of Resident #68, which revealed the following: A review of the AR reflected that Resident #68 was admitted with diagnoses that included but were not limited to hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on the same side) following unspecified cerebrovascular (blood flow on the brain) disease affecting the right dominant side and unspecified dementia (loss of memory), unspecified severity with agitation. A review of the most recent quarterly MDS (Q/MDS) dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 13 out of 15, which indicated that the resident had intact cognition. A further review of the Q/MDS revealed that the resident received antipsychotic medications on a routine basis. A review of the most recent OSR, with a start date of 8/13/24, reflected a physician's order for Seroquel 25 mg (quetiapine fumarate) by mouth in the evening for dementia with behavioral disturbance. A review of the January 2025 MAR revealed that the nurses signed that Resident #68 was Seroquel 25 mg (quetiapine fumarate) by mouth in the evening for dementia with behavioral disturbance at 8:00 PM. The January 2025 MAR did not reflect the resident's target behavior and potential side effects of the psychotropic medication used. A review of the recent PPN dated 1/23/25 revealed that under assessment/plan, it is to continue to monitor mood and behavior for changes. The documentation did not reflect monitoring of side effects and target behavior with the use of psychotropic medications. A review of the PN on November 26, 2024, revealed under Medical Practitioner Note that Resident #93 has a history of combative and exit-seeking behavior and was sent to the emergency room and started Seroquel in July 2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the resident's individualized person-centered CP with an initiated date of 9/24/24 reflected the focus that the resident is at risk for complications related to psychotropic drugs. The interventions included outbursts of anger and monitoring for side effects of the medication. The CP did not reflect specific target behaviors for the use of psychotropic medication and non-pharmacological interventions to decrease behaviors and symptoms associated with behavioral disturbance. There was an AIMS assessment on 1/19/25, but it was not completed. There have been no other AIMS assessments since August 2024, when the psychotropic medication was used. There was no Psychotropic/Therapeutic Medication Use Evaluation assessment to reflect that the resident was being monitored routinely with the use of psychotropic medications according to the facility's policy. 3. On 2/4/25 at 10:45 AM, the surveyor observed Resident #4 asleep in bed. On 2/10/25 at 10:45 AM, the surveyor reviewed the hybrid medical record of Resident #4, which revealed the following: A review of the AR reflected that Resident #4 was admitted with diagnoses that included but were not limited to unspecified psychosis (mental condition), not due to a substance or known physiological condition, unspecified mood affective (feeling/attitude) disorder, and major depressive disorder, single episode severe with psychotic features. A review of the recent Q/MDS dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 6 out of 15, indicating severely impaired cognition. A further review of the Q/MDS revealed that the resident received antipsychotic and antidepressant medications on a routine basis. A review of the most recent OSR reflected a physician's order for olanzapine 2.5 mg by mouth every morning and at bedtime for psychosis with a start date of 7/17/24 and sertraline HCl 100 mg by mouth at bedtime for depression with a start date of 11/23/22. A review of the January 2025 MAR revealed that the nurses signed that Resident #4 was olanzapine 2.5 mg by mouth every morning and at bedtime for psychosis at 9:00 AM and PM and sertraline HCl 100 mg by mouth at bedtime for depression at 9:00 PM. The January 2025 MAR did not reflect the resident's target behavior and potential side effects of the psychotropic medication used. A review of the recent PPN dated 1/2/25 revealed that under assessment/plan, it is to continue to monitor mood and behavior for changes. The documentation did not reflect monitoring of side effects and target behavior with the use of psychotropic medications. A review of the PN on June 14, 2024, revealed under assessment that Resident #4 has a behavior of verbally abusive and refused medication. A review of the resident's individualized person-centered CP with an initiated date of 11/23/22 reflected the focus that Resident #4 exhibited behavior as evidenced by swinging at others, cursing, yelling, and refusal of medication related to psychiatric disorder. The goal included the resident having no more than two episodes per week of physically combative behaviors and verbal aggression. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An AIMS assessment was done on 1/19/25, 8/2/24 and 2/2/24, but it was not done quarterly. There were quarterly assessments for Psychotropic/Therapeutic Medication Use Evaluation assessments on 12/14/24, 9/14/24, and 6/14/24. 4. On 2/4/25 at 11:00 AM, the surveyor observed Resident #45 in bed, awake, watching television, and able to answer the surveyor's inquiry. On 2/7/25 at 11:50 AM, the surveyor reviewed the hybrid medical record of Resident #45, which revealed the following: A review of the AR reflected that Resident #45 was admitted with diagnoses that included but were not limited to schizophrenia (conditions that affect how people think, feel, and behave) unspecified, and major depressive disorder, recurrent, unspecified. A review of the recent annual MDS (An/MDS) dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 15 out of 15, indicating intact cognition. A further review of the An/MDS revealed that the resident received antipsychotic and antidepressant medications on a routine basis. A review of the most recent OSR reflected a physician's order for risperidone 1.0 mg by mouth at bedtime for behavioral problems with order date of 7/5/24, risperidone 0.5 mg by mouth one time a day for behavioral issues-psychosis with an order date of 2/7/25, mirtazapine 15 mg by mouth at bedtime for depression order date of 7/5/24 and duloxetine HCl 30 mg by mouth one time a day for depression with an order date of 7/5/24. A review of the January 2025 MAR revealed that the nurses signed that Resident #45 risperidone 1.0 mg by mouth at bedtime at 8:00 PM, risperidone 0.5 mg by mouth one time a day at 8:00 AM, mirtazapine 15 mg by mouth at bedtime at 8:00 PM, and duloxetine HCl 30 mg by mouth one time a day at 8:00 AM. The January 2025 MAR did not reflect the resident's target behavior and potential side effects of the psychotropic medication used. There was no further documentation to reflect that the resident was being monitored routinely with the use of psychotropic medications after the increase of dosage of risperidone 0.5 mg by mouth one time a day for behavioral issues with a start date of 2/7/25 from January to February 2025. A review of the recent PPN dated 1/23/25 revealed that under assessment/plan, it is to continue to monitor mood and behavior for changes. The documentation did not reflect monitoring of side effects and target behavior with the use of psychotropic medications. There was an AIMS assessment on 1/19/25, that was not completed. There have been no other AIMS assessments after July 2024, when the psychotropic medication was used. There were quarterly assessments for Psychotropic/Therapeutic Medication Use Evaluation assessments on 12/1/24, 9/1/24, and 6/1/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 2/7/25 at 12:50 PM, the surveyor interviewed LPN#2 regarding the above concern. LPN#2 revealed that the nurses documented the side effects only if the resident had a side effect but did not provide documentation of the targeted behavior monitoring. On 2/10/25 at 11:47 AM, the surveyor interviewed the Psychiatrist over the phone. She stated that she saw the resident monthly and interviewed the staff to see if any side effects were noted during visits. If there is a behavior issue, the staff would report it to her. On 2/11/25 at 9:34 AM, the surveyor interviewed the Director of Nursing, who acknowledged that the nurse did not assess the target behavior and its side effects. No further information was provided. A review of the facility policy with the revision date 7/1/24 titled Behaviors: Management of Symptoms, under Purpose .using non-pharmacological approaches . and under Practice Standards 6. 6.2 Complete the Psychotropic/Therapeutic Medication use Evaluation ., and 6.3 Complete the Abnormal Involuntary Movement Scale . NJAC 8:39-29.3(a); 29.8; 33.2(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37791 Based on observation, interview, and record review, it was determined that the facility failed to properly label, dispose and secure medications in four (4) of six (6) medication carts inspected and one (1) of three (3) medication refrigerators inspected. This deficient practice was evidenced by the following: On [DATE] at 10:35 AM, the surveyor inspected the subacute medication cart in the presence of a Licensed Practical Nurse (LPN#1). The surveyor observed an unopened and undated Lantus insulin pen that had a pharmacy date of [DATE] and was stored in the medication cart. The surveyor also observed an unlocked medication refrigerator inside the nursing station that contained two (2) Vancomycin IV (intravenous) bags. The were no residents in the vicinity of the nursing station. At that time, the surveyor interviewed LPN#1 who stated once Lantus insulin pen is removed from the refrigerator that the insulin should have been dated. LPN #1 acknowledge that the medication refrigerator should have been lock and in the presence of the surveyor the nurse locked the medication refrigerator. On [DATE] at 10:40 AM, the surveyor inspected the South medication cart #1 in the presence of a Registered Nurse (RN#1). The surveyor observed two (2) Lantus Insulin pens that were unopened and not date dated and was stored in the medication cart. The surveyor also observed two opened bottles of Xalatan eye drops that had no opened date and had a pharmacy label date of [DATE]. At that time, the surveyor interviewed RN #1 who acknowledge that unopened Lantus insulin pens should have been stored in the medication refrigerator. RN#1 also acknowledge that once Xalatan eye drops are removed from the medication refrigerator and opened that it should be dated. On [DATE] at 10:50 AM, the surveyor inspected the South medication cart #2 in the presence of LPN #2. The surveyor observed an opened Xalatan eye drops that had an opened date of [DATE] and was expired. At that time, the surveyor interviewed LPN #2 who acknowledge that the Xalatan eye drops had a 42-day expiration date and was expired, and the eye drops should have been removed from the medication cart. On [DATE] at 10:55 AM, the surveyor inspected the North medication cart #2 in the presence of RN #2. The surveyor observed an opened bottle of blood glucose test strips that contained no opened date. At that time, the surveyor interviewed RN #2 who acknowledge that once a bottle of blood glucose test strips is opened that it should have been dated. A review of the manufacturer's specifications revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Unopened Lantus Insulin pen should be stored in the medication refrigerator 2. Xalatan eye drops once opened have an expiration date of 42-days. 3. Blood glucose test strips once opened have an expiration date of 90-days. On [DATE] at 12:05 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON) and the Regional Nurse to discuss the above concerns. There was no additional information provided. A review of the facility's policy titled Medication Administration with a revision date of ,d+[DATE] revealed the following: 8. Check expiration date on package/container. No expired medication will be administered to a resident. a. Drugs dispensed in manufacturer's original container will be labeled with the manufacturer's expiration date. b. Refer to the Medications with shortened Expiration Date reference. If the medication has a shortened expiration date, follow manufacturer's guidelines for labeling. c. Certain products or package types such as multi-dose vials and ophthalmic drops have specified shortened end-of-use dating, once opened, to ensure medication purity and potency. When date open expiration dating is not available from manufacturer, the following may be considered in determining facility policy: - Multi-dose vials: 28 days after open date or per manufacturer's guidelines - Ophthalmic preparations (solutions, suspensions, ointments): discard per manufacturer's guidelines or may implement a facility specific policy for shortened expiration dates. 17. During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. No medications are kept on top of the cart. The cart must clearly visible to the personnel administering medications when unlocked. NJAC: 8:,d+[DATE].4 (a) (h) (d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44605 Repeat Deficiency Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness. This deficient practice was observed and evidenced by the following: On 2/4/25 at 9:47 AM, the surveyor in the presence of the Food Service Director (FSD) observed the following during the kitchen tour: 1. In the dry storage area, the surveyor observed a 16 ounce (oz) opened bottle of maple syrup labeled with a use by date of 1/1/24 and an opened 1 gallon opened container of cooking oil labeled with a use by date 1/5/24. The FSD stated both of those items should have been discarded per the use by date. 2. In the walk-in refrigerator, the surveyor observed a 1-gallon opened fat free Italian dressing without a label displaying the open and use by dates. The surveyor also observed a blackish dust like substance on the fan grate of the refrigerator. observed with a black colored substance. The FSD stated the Italian dressing should have been discarded and the fan grate would be cleaned by the maintenance department immediately. 3. On the chef preparation table, the surveyor observed a 1 gallon opened container of Red Wine Vinegar labeled with a use by date of 1/5/25. The FSD stated the vinegar should have been discarded per the use by date. On 2/10/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and Regional Clinical Lead (RCL) to review facility concerns. The LNHA stated all items in the kitchen should be discarded by their use by dates. On 2/10/25 at 12:50 PM, the DON provided the surveyor with copies of three facility policies. The facility policy titled, Food Storage Dry Goods with a revised dated of 2/2023, stated under the procedures section, 6. Storage areas will be meat, arranged for easy identification, and date marked at appropriate. The facility policy titled, Food Storage: Cold Foods with a revised date of 2/2023, stated under the procedures, 5. All foods will be stored wrapped or in covered containers, labeled and dated. The facility policy titled, Equipment with a revised date of 9/2017, stated under the procedures sections, 1. All equipment will be routinely cleaned and maintained .4. All non-food contact equipment will be cleaned and free of debris. On 2/11/25 at 11:14 AM, the surveyor met with the LNHA, DON, RCL and Marketing Clinical Advisor (MCA) for the exit conference. No further information provided by the facility staff. NJAC 8:39-17.2(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 44605 Based on observation, interviews, and review of other facility documentation, it was determined that the facility failed to provide a sanitary environment for residents, staff, and the public by failing to keep the dumpster and surrounding area free of garbage and debris. On 2/4/25 at 9:47 AM, the surveyor toured in the presence of the Food Service Director (FSD) toured the kitchen and the designated garbage area and observed the following: There was garbage debris that included food wrapper, cups, gloves, paper products, and medication cups, surrounding the dumpster and surrounding areas. The FSD stated that the area should have been clean by the maintenance and dietary departments. On 2/10/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Regional Clinical Lead (RCL) who were informed of the surveyor's findings. The LNHA stated the garbage area should be kept free of debris. On 2/10/25 at 12:50 PM, the DON provided the surveyor with a copy of the facility policy titled, trash Removal, with a revised date of 3/1/24. Under the process section of the policy it states, 7. The trash container is scheduled to be cleaned on regular cleaning cycle or when visibly soiled. On 2/11/25 at 11:14 AM, the surveyor met with the LHNA, DON, RCL and Marketing Clinical Advisor (MCA) for the exit conference. No further information provided by the facility staff. NJAC 8:39-19.7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605 Based on observation, interview, review of medical records and other pertinent facility documentation it was determined that the facility failed to maintain medical records accurately and completely in accordance with acceptable standards and practice by the Registered Dietitian (RD) not signing a nutrition note at the time of assessment. This deficient practice was identified for 1 of 4 residents (Resident #5) reviewed for nutrition and was evidenced by the following: On 2/04/25 at 11:02 AM, the surveyor observed and interviewed Resident #5 at bedside. The resident stated they have been in the facility for about three months and were currently on an altered consistency diet for dysphagia, but they were not sure when the RD had assessed them last. The surveyor reviewed Resident #5 electronic medical record (EMAR) including the resident's Face Sheet (an admission record) which revealed that the resident had been admitted to the facility on [DATE] with diagnosis that included pneumonia, moderate protein-calorie malnutrition, and Parkinson's disease. A review of the quarterly Minimum Data Set (MDS), an assessment tool, used to facilitate the management of care, dated 12/3/24, revealed that the resident had a score of 15 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident was cognitively intact. The MDS also revealed that the resident received a mechanically altered and therapeutic diet. A review of the progress notes in the EMAR revealed a nutrition consult note with an effective date of 12/13/24 labeled as a draft. The nutrition consult note was observed having not been signed off by the RD. On 2/10/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and Regional Clinical Lead (RCL) to review facility concerns. The LNHA stated all clinical documentation should be signed at the time of service. On 2/10/25 at 11:36 AM, the surveyor conducted a phone interview with the RD who stated, they wrote nutrition consultant note for Resident #5 but had not signed the note upon completion and that is why the note is showing as view draft. RD unable to provide any further details on why no other staff member had not alerted the RD until surveyor investigation. On 2/11/25 at 9:00 AM, the LNHA provided to surveyor with a facility policy titled, Medical Nutrition therapy: Assessment and Care Planning, with a revised date of 9/2017. Under the procedures section of the chart revealed, The RD or other clinically qualified nutrition professional will be responsible for completion of a comprehensive assessment annually, upon referral, or a indicated by clinical condition of the resident. On 2/11/25 11:14 AM, the surveyor met with the LHNA, DON, RCL, and the Market Clinical Advisor (MCA) for the exit conference. No further information provided by the facility staff. NJAC 8:39-35.2(d)6,16(e)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315143	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holly Manor Center	84 Cold Hill Road Mendham, NJ 07945

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 46889 Based on observation, interview, review of medical records, and pertinent facility documentation, it was determined that the facility failed to a.) follow appropriate infection control practices for handling and storing linens observed in the laundry room and b.) ensure the clean linen room is free from soiled clothes and devices. This deficient practice was evidenced by the following: On 2/5/25 at 12:37 PM, the surveyor and the Infection Preventionist (IP) observed the laundry room; the surveyor observed a cart full of linen. Some were in the plastic, and some were not, with no cover. The Housekeeping (HK) staff stated that all of those linens are clean and ready to be transported to the North unit, while the linen covered with plastics is from the residents who are no longer in the facility. The HK staff stated that after washing the linen, they put them inside the plastic, but he cannot explain why some of them were not in the plastic or not covered. On the same day, the surveyor observed piles of pillows almost touching the ceiling of the linen room; some were covered, and some were not, and there were heel boots on top of the pile of pillows. The IP stated that the pillows should not touch the ceiling due to fire hazards. Furthermore, the surveyor observed a pile of clothes, luggage, and a floor mat lying on the floor. The IP cannot explain if those clothes and devices are clean. On 2/10/25 at 12:05 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and Regional Clinical Lead (RCL) regarding the concern but did not provide further information. On 2/5/25 at 1:30 PM, the IP provided a policy titled Linen Handling, with a revision date of 5/1/24 under Process 2. 2.1 Keep clean linen covered.2.2 Keep clean storage area separate from soiled storage area. NJAC 8:39 - 19.1