

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2025
NAME OF PROVIDER OR SUPPLIER  Grove Park Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  101 North Grove Street East Orange, NJ 07017	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview, and record review, and review of pertinent documentation it was determined that the facility failed to fully investigate and implement measures to address an allegation that a visitor provided illegal, unapproved substance to a resident with history of substance abuse; which the resident ingested and reported it to the facility. This deficient practice was identified for 1 of 4 resident reviewed (Resident #1). The evident is as followed: A review of the admission Record (AR) revealed that Resident #1 was admitted to the facility with diagnoses that included but not limited to; opioid dependence, anxiety disorder, muscle wasting and atrophy. A review of Resident #1's quarterly Minimum Data Set (MDS), an assessment tool dated 11/4/25, revealed that the resident had a Brief Interview Mental Status (BIMS) score of 15 out of 15, indicating that the resident's cognition was intact. A review of Resident#1's Medication Administration Record (MAR), revealed a physician order initiated on 11/14/25 for Buprenorphine HCL naloxone HCL dihydrate give 1 film sublingually every morning and at bedtime for opioid dependence. A review of the resident's care plan initiated on 10/21/25, revealed in the focus area that Resident #1 has a history of substance abuse and received suboxone for addiction treatment. On 12/4/25 at , the surveyor conducted an interview with Resident #1 who stated that a friend who worked for a transportation company, was in the facility to transport their roommate, and that the friend gave them a brownie that contained marijuana. On 12/4/25 at ., the surveyor conducted an interview with the DON who stated that Resident #1 was given edible marijuana by a transportation driver. The DON further stated that the transportation company was contacted, and that the company indicated that no driver assigned to the facility had name that matched the name provided by the resident. The DON stated that since the transport company denied having a driver by the name Resident #1 provided, the facility ended the investigation. A review of the facility's policy Accident and Incident-Investigating and Reporting with a revised date of 1/2025, revealed in the Policy Interpretation and Implementation #1 the The Nurse Supervisor/ Charge Nurse and /or the department director or supervisor shall promptly initiate and document investigation of the accident or incident.missing NJAC info .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 315147
		If continuation sheet Page 1 of 1