

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2025
NAME OF PROVIDER OR SUPPLIER Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 689 West Main St Freehold, NJ 07728	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on interviews and review of pertinent facility documentation it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for a resident with a peripherally inserted central catheter (PICC) (a tube inserted into a vein in the upper arm and threaded into a larger vein near the heart used for medications, fluids, and blood draws). This deficient practice was identified for 1 of 16 residents reviewed for care plans (Resident #49) and was evidenced by the following:</p> <p>On 06/18/25 at 11:47 AM, the surveyor observed the resident in the room in a chair. The resident showed the surveyor the PICC line in the upper arm.</p> <p>The surveyor reviewed the medical record for Resident #49.</p> <p>A review of the Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; osteomyelitis (bone infection), congestive heart failure, and hypertension (high blood pressure).</p> <p>A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 5/31/25, section C for cognitive patterns revealed the resident had a Brief Interview of Mental Status of 14, meaning the resident was cognitively intact. Section O of the MDS, special procedures indicated the resident was receiving intravenous antibiotic treatments on admission to the facility.</p> <p>A review of the physician orders showed an active order dated 5/25/25, for PICC line dressing change every Tuesday and Daptomycin (antibiotic) 350 mg intravenously one time a day for 25 days.</p> <p>A review of individualized comprehensive care plan (ICCP) initiated on 5/25/25 revealed no documented evidence to address the PICC line on the care plan.</p> <p>On 06/18/25 at 11:57 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) of the 200 unit at the facility. The surveyor asked the RN/UM if a resident had a peripherally inserted central catheter would they be care planned for that and the RN/UM responded Yes. The surveyor asked who was responsible for initiating and updating care plans and she told the surveyor it was the Unit Managers. The RN/UM could not answer why the resident did not have the PICC line addressed on the care plan.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/23/25 at 10:20 AM, the surveyor reviewed the policy titled, Baseline Care Plans dated 11/18/24. The policy included that the resident's care plan was developed to promote continuity of care and communication among nursing home staff, increase resident safety, and safeguard against adverse events that are most likely to occur right after admission. Care plans will be based upon admission orders, information from the transferring provider and dissuasion with the resident. NJAC 8:39-27.1 (a)		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, it was determined that the facility failed to follow professional standards of clinical practice by not obtaining a physician's order for hospice care. This was observed for 1 of 1 resident (Resident #12) reviewed for hospice and end of life care and 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 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.</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>On 6/18/25 at 9:50 AM, the surveyor reviewed Resident #12's electronic medical record (EMR).</p> <p>A review of the admission Record indicated that Resident #12 was admitted to the facility with diagnosis which included but was not limited to: chronic heart failure and chronic kidney disease.</p> <p>A review of the quarterly Minimum Data Set (MDS) (a comprehensive assessment tool) dated 4/2/25, indicated that Resident #12 had a Brief Interview for Mental Status Score (BIMS) of 13 out of 15 which indicated the resident was cognitively intact and that the resident was receiving hospice care.</p> <p>A review of the resident's Individualized Comprehensive Care Plan (ICCP) included a care focus area with an initiated date 9/23/24, indicating the resident had a terminal prognosis related to weight loss and congestive heart failure. The focus area included and intervention to have hospice care for the resident in the facility.</p> <p>A review of the physician order summary indicated a physician order dated 9/13/24, for hospice education and another order dated 9/13/24, for palliative consult. The physician orders did not include an order for hospice care.</p> <p>On 6/18/25 at 12:19 PM, the surveyor, in the presence of the survey team, reviewed Resident #12's physician's orders and hospice care with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA).</p> <p>On 6/24/25 at 9:20 AM, the surveyor interviewed the DON who stated that residents who are enrolled to go on hospice need to have a physician's order indicating hospice care.</p> <p>On 6/24/25 at 9:44 AM, the DON, in the presence of the survey team, acknowledged that residents who go on hospice should absolutely have a specific order indicating hospice care.</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 - Few</p>	<p>Further review of Resident #12's physician order summary indicated an order for hospice care with and ordered date of 6/18/25, after surveyor's inquiry.</p> <p>A review of the facility's Hospice Care Policy and Procedure with a recent date of 8/30/24, did not include the requirement to obtain physician's orders for hospice care prior to initiating hospice services.</p> <p>NJAC 8:39-11.2 (b)</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>Based on observation, interview, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to provide the necessary care and services for one (1) of 1 resident (Resident #11) reviewed for respiratory care and was evidenced by the following:</p> <p>Review of the admission Record (admission summary) reflected that Resident #11 was admitted to the facility with the diagnoses that included but was not limited to; emphysema (a chronic lung condition that causes shortness of breath) and chronic obstructive pulmonary disease (COPD) (a chronic lung condition that makes breathing difficult).</p> <p>A review of the admission Minimum Data Set (MDS), an assessment that facilitates a resident's care dated 5/30/2025, indicated that Resident #11 had a Brief Interview for Mental Status (BIMS) of 13 out of 15 which indicated that the resident was cognitively intact. The MDS also indicated Resident #11 required partial to moderate assistance for activities of daily living (ADLs) and continuous and intermittent oxygen (O2) treatments.</p> <p>On 6/16/25 at 10:52 AM, the surveyor observed Resident # 11 sitting in a wheelchair wearing O2 which was infusing at 2 liters/min via (by way of) nasal cannula (NC) [a medical device that provides supplemental O2 to people who have lower oxygen levels]. The surveyor observed that the O2 tubing was not dated or labeled. The surveyor also observed a nebulizer tubing (connects the nebulizer machine to the mask or mouthpiece, delivering medication directly to the lungs) set up on the bedside table not labeled or dated.</p> <p>On 6/17/25 at 10:45 AM, the surveyor entered Resident #11's room and observed that the O2 tubing and nebulizer tubing were still not dated or labeled.</p> <p>On 6/17/25 at 12:16 PM, the surveyor interviewed Resident #11 who was in their room eating lunch and reported having the diagnoses of COPD and required O2 continuously. Resident #11 stated that they did not remember when the O2 tubing or nebulizer tubing were changed, however felt that it was relatively new. The Resident stated that they had not had any respiratory infections since admission to the facility.</p> <p>A review of Resident #11's electronic medical record (EMR) revealed the following information:</p> <p>A review of the Order Summary Report (OSR) dated 5/23/2025, reflected a physician's orders (PO) to apply O2 at 2L via NC if SPO2 (the percentage of amount of oxygen in the blood), less than 90% every shift.</p> <p>A OSR dated 5/23/2025 contained an order for Albuterol Sulfate HFA inhalation Aerosol Solution 108 (90 Base) MCT/ACT (Albuterol Sulfate) 1 puff inhale orally every 8 (eight) hours for shortness of breath (SOB) or wheezing.</p> <p>A review of the OSR dated 6/16/2025, reflected an order to change nasal cannula every Sunday weekly on 11:00 pm to 7:00 am shift however, the order was not transcribed onto the Medication Administration Record (MAR) or the Treatment Administration Record (TAR). There were no physician orders to change the nebulizer tubing.</p> <p>(continued on next page)</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>A review of Resident #11's Interdisciplinary Care Plan (ICP) dated 5/25/2025, indicated that Resident #11 had the diagnoses of COPD. The interventions included: give aerosol or bronchodilators as ordered, monitor and document any side effects and effectiveness and oxygen settings and O2 via nasal progs at 2L continuously. There were no interventions in the ICP that indicated that the nebulizer tubing or O2 tubing were to be changed weekly.</p> <p>On 6/17/25 at 12:10 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that Resident #11 was on O2 at 2 liters via nasal cannula. The LPN added that the resident had been on nebulizer treatments and O2 since admission to the facility. The LPN revealed that O2 and nebulizer tubing were to be changed every Wednesday by the 11:00 pm-7:00 am shift nurse and that staff were supposed to date and time the tubing. The LPN accompanied the surveyor to the room and confirmed that the O2 tubing and nebulizer tubing were not labeled and dated. The LPN then stated that it was important to change the tubing to maintain cleanliness and for infection control.</p> <p>On 6/23/25 at 12:46 PM, the surveyor interviewed the Director of Nursing (DON) who confirmed that O2 tubing and nebulizer tubing must be changed, labeled and dated every week. The DON stated that the nurses were responsible for ensuring that tubing was changed weekly on the 11:00 pm-7:00 am shift to prevent infection.</p> <p>A review of the facility policy dated 8/12/24 and titled, Respiratory Therapy Infection Prevention Policy and Procedure included that it was the policy of the facility to use this policy in the prevention of infection associated with respiratory therapy task and equipment. The policy specified that the O2 cannula and tubing were to be changed every 7 (seven) days or as needed and that the nebulizer set up was to be discarded every 7 days.</p> <p>NJAC 8:39-19.4(a)</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>2. On 6/16/25 at 10:33 AM, the surveyor observed Resident # 43 in bed.</p> <p>The surveyor reviewed the medical record for Resident #43.</p> <p>A review of the Face Sheet revealed the resident was admitted to the facility with diagnoses which included but not limited to, diabetes, congestive heart failure, paranoid schizophrenia, difficulty in walking, and hypertension.</p> <p>A review of the comprehensive admission MDS section C for cognitive patterns revealed the resident had a Brief Interview of Mental Status of 14 out of 15, indicating the resident was cognitively intact.</p> <p>On 06/18/25 at 09:24 AM, the surveyor reviewed the pharmacy consultant recommendations for Resident #43 which included:</p> <ul style="list-style-type: none"> - Pharmacy consultant recommendations made by the consultant pharmacist on 4/2/25, 5/5/25, and 6/5/25, that Potassium Chloride should be mixed with 3 to 6 ounces of water or juice. The order at the time of surveyor review was for Potassium Chloride Oral Packet 20 MEQ (Potassium Chloride) Give 1 packet by mouth two times a day for supplement give with meal, mix 1 Packet of Phos-Nak in 75 milliliters (ml) of water or juice, stir well and use promptly. - Pharmacy consultant recommendation made on 5/5/25, was for glucagon to have parameters. The current active order at time of surveyor review was as follows: Glucagon Emergency Injection Kit 1 mg (Glucagon (rDNA)) Inject 1 application intramuscularly as needed for HYPOGLYCEMIA GLUCAGON 1mg INTRAMUSCULAR INJECTION STAT. - Pharmacy consultant recommendation made on 5/5/25, to clarify loperamide, 2 mg ordered on the current orders, but medication discharge list read 4 mg. The current active order at the time of surveyor review was for Loperamide HCl Oral Tablet 2 MG (Loperamide HCl) Give 1 tablet by mouth two times a day for diarrhea. - Pharmacy consultant recommendation was to update Voltaren gel to indicate the dose in grams for each application. The recommended dose is 4 grams for lower extremity joints and 2 grams or upper extremity joints. The current active order at the time of surveyor review was for Voltaren Arthritis Pain External Gel 1 % (Diclofenac Sodium (Topical)) Apply to RT Knee topically two times a day for pain AND apply to left knee topically two times a day for pain. <p>After review, it revealed that the orders were not changed to follow the pharmacy consultant recommendations.</p> <p>On 06/18/25 at 12:14 PM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) of the 200 unit regarding pharmacy consultant recommendations. She stated The PC point out the recommendations and either the desk nurse or the Unit Manager follow up. Copies are left in a book, but if we need to, we will call the doctor to change the order.</p> <p>(continued on next page)</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>On 6/23/25 at 9:27 AM, a surveyor interviewed the facility PC. The PC stated that comments and recommendations were provided to the facility the next day after review. The recommendations were then emailed to the LNHA, DON, and Medical Director. The PC stated the facility should act upon the recommendations within one week. If the recommendation is significant if should be acted upon within 24 hours and the PC would verbally notify the nurse on the unit and the DON if available. If recommendations are not followed the PC would notify the DON and Medical Director if in the facility. The physician will sign the recommendations.</p> <p>On 06/24/25 at 09:40 AM, the surveyor interviewed the RN/UM regarding glycogen and need for parameters. The UM/RN stated that its only given if the blood sugar is below 70 or the resident doesn't have an intravenous access or unable to swallow. The surveyor asked if that would be part of the physician order and the RN/UM stated yes, it's always an order set. She then said whoever entered it did it wrong, it should be there. The surveyor then asked about the completed forms from the PC recommendations with the follow up and the RN/UM said that they were in the Electronic Medical Record (EMR) under the miscellaneous section, and it was the Unit Managers responsibility or the nurse. The surveyor asked if there was a book with the papers for review and she told the surveyor, No, they are just scanned in computer.</p> <p>On 06/24/25 at 10:03 AM, the surveyor reviewed the miscellaneous section of the EMR. The surveyor located one pharmacy recommendation follow-up dated 6/13/25, for the volataren gel recommendation that was not followed. No other recommendations were scanned into the miscellaneous section of the EMR at the time of surveyor review.</p> <p>A review of the facility policy titled Consultant Pharmacist's Medication Regimen Review (MMR), with a revised date of 6/8/24, included but was not limited to: the Consultant Pharmacist Medication Regimen Review shall be reviewed, noted, and acted upon by the facility nursing and/or medical staff to assist each elder to attain the highest practicable level of functioning or prevent or minimize adverse consequences related to medication therapy to the extend possible. Under the procedure section of the policy, it indicated the Unit Manger shall track physician responses to ensure that the recommendations are addressed in a timely manner.</p> <p>NJAC 8:39-29.3</p> <p>Based on observation, interview and review of facility documentation it was determined that the facility failed to follow pharmacy consultant recommendations for 2 of 5 residents (Resident #6 and #43) observed for unnecessary medications and was evidenced by the following:</p> <p>1. On 6/17/25 at 12:07 PM, the surveyor reviewed the medical record for Resident #6.</p> <p>A review of the Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to, diabetes, malignant neoplasm of the liver (liver cancer), malignant neoplasm of the colon (colon cancer), and chronic kidney disease.</p> <p>A review of the comprehensive admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, section C for cognitive patterns revealed the resident had a Brief Interview of Mental Status of 14 out of 15, indicating the resident was cognitively intact.</p> <p>(continued on next page)</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>A review of Resident #6's pharmacy consultant recommendations for May and June 2025 indicated the following:</p> <ul style="list-style-type: none"> - Pharmacy consultant recommendation was made by the pharmacist on 5/12/25, indicating missing indication for mild and severe pain with current PRN (as needed) pain orders. Please clarify or update orders so that all levels of pain are covered. - Pharmacy consultant recommendation made on 6/5/25, indicated to clarify the order for oxycodone (a controlled pain medication). Please indicate pain level for use vs APAP (acetaminophen - a non-controlled medication used to treat pain). <p>A review of the physician's orders and medication administration record (MAR) indicated the following:</p> <p>A physician's order dated 5/23/25, for oxycodone 5 milligrams (mg) half tablet by mouth every six hours as needed for pain.</p> <p>A physician's order dated of 5/27/25, for oxycodone 5 mg to give a half tablet by mouth every 12 hours as needed for pain for 14 days.</p> <p>A physician's order dated 6/11/25, for oxycodone 5 mg half tablet by mouth every eight hours as needed for pain.</p> <p>After surveyor review, it was revealed that the orders were not changed to follow the pharmacy consultant recommendations to indicate pain level parameters for the administration of controlled pain medications.</p> <p>On 6/18/25 at 12:19 PM, in the presence of the survey team, the surveyor reviewed the pharmacy recommendations and corresponding physician's orders with the Director of Nursing (DON) and the Licensed Nursing Home Administrator (LNHA).</p> <p>On 6/23/25 at 9:27 AM, the surveyor interviewed the Pharmacy Consultant (PC) who stated that comments and recommendations were provided to the facility the next day after review. The recommendations were then emailed to the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and Medical Director. The PC further stated the facility should act upon the recommendations within one week. If the recommendation was significant it should be acted upon within 24 hours and the PC would verbally notify the nurse on the unit and the DON if available. If recommendations are not followed, the PC would notify the DON and Medical Director. The physician would sign the recommendations.</p> <p>On 6/24/25 at 9:24 AM, the surveyor interviewed the DON who stated that the facility reviewed pharmacy recommendations for order adjustments and acknowledged the surveyor's findings and stated that the orders regarding pain level for oxycodone were adjusted after the surveyor's inquiry.</p> <p>After surveyor inquiry, the physician's order was updated on 6/20/25, to include the following: oxycodone 5 mg give half tablet by mouth every eight hours as needed for moderate to severe pain.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to maintain kitchen equipment in a clean and sanitary manner as evidenced by the following:</p> <p>On 6/16/25 at 10:01 AM, in the presence of the Food Service Director (FSD), the surveyor observed the following:</p> <ol style="list-style-type: none"> 1. The slicer had food debris under the blade and on the food holder prongs. The FSD acknowledged and stated, it was not cleaned according to facility policy. 2. The walk-in freezer had two (2) boxes (one box of [NAME] and one box of Tilapia) that were open, unlabeled and not sealed. The FSD stated, the boxes should be sealed and labeled with an open and expiration date. The FSD acknowledged and stated they should be labeled according to policy, with name, date of opening and discard date. This will ensure that all the staff know when it expires and items should be sealed to maintain food quality, freshness and palatability. 3. The six-burner stove interior of the oven had food sediment and build up on the interior door. The catch tray that was lined with foil had burnt liquid, and food debris covering the entire tray and foil that was peeling. The FSD acknowledged and stated, it was not cleaned according to facility policy. 4. The griddle catch trays that were lined with foil had burnt liquid, and food debris covering the entire tray and foil that was peeling. The FSD acknowledged and stated, it was not cleaned according to facility policy. 5. A grey cabinet, labeled as a Utensil Cart, with multiple pull-out trays held cooking utensils. The pull-out trays had crumbs and debris on them with the utensils on top. The FSD acknowledged and stated, it was not cleaned according to facility policy. 6. The can opener blade had a metal chip on both sides, and brown substance on the blade. The FSD stated, I am not sure of the last time the blade was changed. I do not have any in the facility and will need to order it. She further stated, there wasn't a maintenance log in place to indicate when to replace the blade. <p>On 6/16/25 at 12:10 PM, the surveyor interviewed the FSD, who stated, I acknowledged the surveyors finding and the equipment should have been cleaned and maintained in a sanitized way to prevent food borne illness and contamination for safety of our residents and staff.</p> <p>On 6/17/25 at 11:45 AM, the surveyor toured the unit kitchenettes with the Director of Nursing, (DON) and the Infection Preventionist (IP). During the tour, it was noted that both units ice machines, two of two units, had brown and black discoloration in the plastic grey shoot interior of the water dispenser and ice cube dispenser. The DON and the IP both acknowledge that the discoloration of sediment should not be in the interior aspect of the dispensers.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 689 West Main St Freehold, NJ 07728	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/18/25 at 12:05 PM, the surveyor interviewed the Maintenance Director (MD), who stated, I acknowledged the surveyors concerns after reviewing the pictures of the kitchen equipment. The equipment should be cleaned and maintained per policy, and I will contact our contracted company for them to come out and service. It is serviced three (3) times yearly that may need to be adjusted.</p> <p>On 6/19/25 at 10:10 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated, I acknowledged the surveyors concerns after reviewing the pictures of the kitchen equipment and ice machines on the units. The equipment should be cleaned and maintained to prevent food borne illness, contamination, or injury. This ensures the safety of our residents and staff.</p> <p>On 6/19/25 at 11:10 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA), who stated, I acknowledged the surveyors concerns after reviewing the pictures of the kitchen equipment. The equipment should be cleaned and maintained to prevent food borne illness, contamination, or injury. This ensures the safety of our residents and staff.</p> <p>On 6/24/25 at 10:18 AM, the survey team met with the LNHA, Assistant LNHA, Executive Director of facility, and the Director of Nursing (DON), who all acknowledged the surveyor's concerns. No additional information was provided.</p> <p>A review of the facility's, undated, Sanitation: Keeping food safe for guests and staff, included .food residue: cooking equipment residue may look harmless but can be a food source for microbes, insect and vermin .at the end of each shift or when you are finished with a stove/oven, wipe down equipment, replace aluminum liners and empty grease catch areas.</p> <p>A review of the Product dating and expiration policy, dated 9/2020, included . items removed from the original labeled cases are labeled with name/description of item, date opened, and last date or discard date. Items to be frozen are to be wrapped in plastic, then wrapped in foi and labeled with date it is frozen and the name.</p> <p>NJAC 8:39-17.2(g)</p>		