STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315171	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Rehabilitation and Healthcare Center	20 Breakneck Road Oakland, NJ 07436

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and policy review, the facility failed to ensure five residents reviewed for abuse (Resident (R) 1, R5, R13, R14, and R32) out of 32 sampled were free from physical abuse. This failure increased the risk of other vulnerable residents for further physical abuse. Findings include: Review of the facility's policy titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised 2001, provided by the facility, revealed Residents have the right to be free from abuse . The resident abuse . consists of a facility-wide commitment and resource allocation to support the following objectives: 1. Protect residents from abuse, neglect . by anyone including but not limited to: a. facility staff; . f. family members . 1. Review of R1's undated admission Record, located in the electronic medical record (EMR) under the Profile tab revealed R1 was admitted on [DATE]. Review of R1's annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 07/14/23, located in the EMR under the MDS tab, revealed R1's Brief Interview for Mental Status (BIMS) score was three out of 15 which indicated he/she was severely cognitively impaired. Review of R1's Skin Assessment dated 07/10/23 located in the EMR under the Assessment tab, revealed a bruise to the left upper arm measuring 17 x 15 centimeters (cm). Review of R1's Health Status Note dated 07/10/23 located in the EMR under the Prog Note tab, revealed, R1 observed with bruise to left upper arm. He/She had full range of motion to his/her left arm. No s/s [signs or symptoms] of pain and discomfort, denies pain and discomfort . Review of R1's Onsite Note dated 07/13/23 located in the EMR under the Prog Note tab, revealed, .Chief complaint: asked to see resident with bruise to left forearm .resident who was recently noted to have ecchymosis to left upper arm. Change nurse reports he/she had some injury over the weekend and sustained some ecchymosis. X-ray of the LUE [left upper extremity] was ordered and results showed no fracture . (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315171	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Rehabilitation and Healthcare Center	20 Breakneck Road Oakland, NJ 07436

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility's Incident Report dated 07/10/23 provided by the facility, revealed a skin issue was investigated and the conclusion was R1's granddaughter did not follow the plan of care for transfers and did not wait for staff to transfer the resident back into bed from the Geri chair via Hoyer lift on 07/09/23. In an interview on 01/28/25 at 1:12 PM, Licensed Practical Nurse (LPN)7 stated Certified Nurse Aide (CNA)9 notified him that she observed a bruise on R1's left arm on 07/10/23 at 10:30 AM and then he reported it to the Assistant Director of Nursing (ADON) and Director of Nursing (DON) immediately. LPN7 also stated he performed on R1 a skin and pain assessment. In an interview on 01/28/25 at 1:45 PM, the ADON stated CNA9 notified LPN7 that she observed a bruise to the underside of R1's left arm and he reported it to her. The ADON also stated LPN9 conducted a skin assessment, and pain assessment. They did not consider it an injury of an unknown injury. In an interview on 01/28/25 at 2:34 PM, the Administrator stated she did not identify the bruise as an injury of an unknown source. In an interview on 01/28/25 at 3:09 PM, CNA9 stated she was providing care to R1 on 07/10/23 at 10:25 AM and noted and reported a dark bruise on his/her left upper arm. CNA9 indicated she reported the bruise to LPN7 at 10:30 AM. CNA9 also stated R1's granddaughter told her that she transferred R1 from the chair to the bed without assistance on 07/09/23 so she informed the ADON when interviewed about the identified bruise. CNA9 confirmed she was assigned to R1 on the evening shift of 07/09/23 and had provided incontinent care to him/her. 2. Review of R12's EMR admission Record located under the Profile tab indicated that the resident was admitted to the facility on [DATE] with a diagnosis of dementia. Review of R12's EMR admission MDS with an ARD of 07/19/24 indicated the resident had a BIMS score of 11 out of 15 which revealed the resident was moderately cognitively impaired. The assessment indicated the resident had verbal behaviors directed at others such as screaming or threatening. The assessment indicated R13 was able to ambulate on his/her own. Under the Care Area Assessment (CAA) the resident triggered behavioral symptoms and directed the staff to develop a care plan. Review of R12's EMR Care Plan located under the Care Plan tab dated 08/06/24 indicated the resident had poor impulse control and as a result R12 hit R13 since they argued over a towel. Review of R12's EMR Health Status Note located under the Prog (Progress) notes dated 08/06/24 revealed CNA6 walked into the room of R12 and observed R12 hitting R13's head and attempting to take a towel away from R13. R12 reported that R13 poured water on his/her bed and stated he/she needed the towel to clean up his/her bed. According to the progress notes, both residents were separated. The Administrator, family members, and physicians were notified of the incident. 3. Review of R13's EMR admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of dementia. Review of R13's EMR titled Care Plan located under the Care Plan tab dated 10/03/23 indicated the resident had an anxiety disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER: Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 20 Breakneck Road Oakland, NJ 07436	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R13's EMR quarterly MDS with an ARD of 07/11/24 indicated the resident had a BIMS score of 99 which meant the resident was unable to complete the cognitive assessment. The assessment indicated the resident had no behaviors directed towards others, either verbally or physically. The assessment indicated the resident was able to ambulate with assistance from staff. Review of R13's EMR Health Status Note located under the Prog note tab dated 08/06/24 indicated CNA6 entered the resident's room and R13 was attempting to take a towel from R13 and R12 was observed to hit R13's head. According to the progress notes, both residents were separated. Review of a Facility Reported Incident (FRI) dated 08/06/24 in which the Administrator was notified of the incident with R12 to R13. The Administrator detailed the residents were separated, assessed, and no injuries identified. 4. Review of R32's EMR admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of dementia. Review of R32's EMR quarterly MDS with an ARD of 07/24/24 indicated the resident had a BIMS score of three out of 15 which revealed the resident was severely cognitively impaired. The assessment indicated the resident had no behaviors directed towards others. Review of R32's EMR Health Status Note located under the Prog note dated 08/16/24 indicated a physical altercation between R32 and R12. Both residents were separated and assessed. R32 had some swelling on the left side of his/her face and an ice pack was applied. Review of R32's EMR Care Plan located under the Care Plan tab dated 08/16/24 indicated the resident was slapped in the face. Review of a FRI dated 08/16/24 indicated the Administrator was notified of R12 and R32 altercation. The FRI revealed R12 hit R32's face. CNA17 observed the incident and before CNA17 could intervene, R12 slapped R32's face. 5. Review of R14's EMR Admissions Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of dementia. Review of R14's EMR quarterly MDS with an ARD of 08/09/24 indicated the resident had a BIMS score of 99 which revealed the resident was unable to complete an interview for cognitive status. The assessment indicated the resident had no behaviors directed towards others. Review of R14's EMR Health Status Note dated 10/21/24 indicated LPN 9 went to get something from the pantry. LPN9 documented that she heard a slap and when she went up to the nurse station, R12 was observed to slap R14. R14 confirmed he/she was slapped by R12 and said the slap did not hurt him/her. LPN9 notified the Administrator, family, and the physician. Review of a FRI dated 08/16/24 which indicated the Administrator was notified of R12 and R14 altercation. The FRI revealed R12 rolled impulsively to R14 and slapped him/her across the face. The FRI indicated R12 was placed back in his/her room and provided one-on-one supervision until he/she was sent to a local hospital for evaluation and treatment. R12 returned after his/her hospitalization and was immediately placed under one-to-one supervision. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER: Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 20 Breakneck Road, Oakland, NJ 07436	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/28/25 at 10:47 AM, LPN9 stated she did not believe the other residents were afraid of R12. LPN9 stated R12 was transferred to an in-patient psychiatric hospital. LPN9 stated R12's behavior was unpredictable and mostly directed at the caregiving staff. LPN9 confirmed she observed R12's slapping R14 and R14 appeared to be stunned. LPN9 went through R12's EMR and addressed that the care plan was updated after each incident of resident-to-resident altercations. LPN9 stated after the 08/06/24 the resident was to be in his/her room without a roommate. LPN9 stated after the 08/16/24 incident that the care plan was updated to keep all residents away from R12's room. LPN9 stated a stop sign was placed on R12's door as a deterrent for other residents to enter. Finally, the care plan was updated from the 10/21/24 incident and R12 had one-on-one supervision. During an interview on 01/28/25 at 11:03 AM, CNA13 confirmed she observed R12 slap R13 across the face. CNA13 stated she reported the resident-to-resident incident since residents were not permitted to hit each other since this was considered abuse. 6. Review of R5's EMR admission Record located under the Profile tab indicated the resident was admitted to the facility on [DATE] with a diagnosis of dementia. Review of R5's EMR Care Plan located under the Care Plan tab dated 07/12/22 indicated the resident was combative and resistive during care. The care plan direction was the resident may need to have two staff members to assist in care for the resident. Review of R5's EMR Health Status Note located under the Profile tab dated 10/08/23 at 10:15 PM, indicated the resident became combative while the staff attempted to check his/her blood glucose level and administer his/her insulin. The progress note indicated no bruising or skin tears noted after the encounter. Review of R5's EMR Health Status Note located under the Profile tab dated 10/09/23 at 9:45 AM, indicated LPN6 overheard the resident yelling out and CNA10 was in the room with the resident. LPN6 noted she asked CNA10 what was going on and it was documented in the clinical records that CNA10 stated she was about to provide the resident with care when LPN6 noticed the resident had a bruise on his/her right upper lip which measured 2 by 2 centimeters (cm), and the resident's lower lip was swollen. In addition, the resident had two dry skin tears on his/her left arm. During an interview on 01/28/25 at 1:04 PM, CNA10 stated she entered R5's room and the resident just began to yell. CNA10. CNA10 stated she observed the resident with busted lip and skin tears on his/her arm. CNA10 denied that she abused R5. During an interview on 01/28/25 at 1:14 PM, LPN6 confirmed she was the nurse on duty on 10/09/23 and stated she heard R5 yell out. LPN6 stated this was typical behavior for the resident. LPN6 stated she did not know how the injuries to the resident happened and may have happened the previous night. The LPN6 confirmed CNA10 was in the resident's room by himself/herself. During an interview on 01/28/25 at 1:34 PM, the ADON confirmed she was the previous DON at the time of the 10/09/23 incident. ADON confirmed CNA10 worked the day shift and was in the room with R5 by herself. ADON stated she did not consider the incident a potential staff to resident abuse. ADON stated she has been through additional training since the incident and now was aware of the potential of staff to resident abuse when injuries have been identified on a resident and taken the incident a step further. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Breakneck Road Oakland, NJ 07436	

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 01/28/25 at 2:28 PM, the Administrator stated she began a Quality Assurance Performance Improvement (QAPI) plan in 11/23 and stated she was hired prior to the 10/09/23 incident and was not aware of the allegation. The Administrator stated her goal was to tighten up the reporting of potential abuse allegations. The Administrator stated the company who owns the facility required quarterly abuse prevention training for all staff. The ADON was present during this interview. N.J.A.C. 8:39-4.1(a)(5)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Breakneck Road Oakland, NJ 07436	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure a potential allegation of abuse for two of seven residents reviewed for abuse in the sample of 32 was reported timely to the State Survey Agency (SSA). Specifically, the facility failed to report R1's suspicious bruising of the upper arm and an allegation of physical abuse which involved Certified Nurse Aide (CNA)10 and Resident (R) 5 to the SSA timely. This failure increased the risk of other vulnerable residents for further physical abuse. Findings include: Review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated 2021 indicated, . All reports of resident abuse (including injuries of unknown origin).are reported to local, state, and federal agencies. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies. The state Licensing/certification agency responsible for surveying/licensing the facility.within two hours of an allegation involving abuse or result in serious bodily injury. Review of the facility's policy titled Investigating Resident Injuries dated 2001 indicated . Injury of unknown source is defined as an injury that meets both of the following conditions. The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident.The injury is suspicious because of.the extent of the injury.the location of the injury (e.g., the injury is in an area not generally vulnerable to trauma) .the number of injuries observed at one particular point in time.or the incidence of injuries over time. 1. Review of R5's electronic medical record (EMR) titled admission Record indicated the resident was admitted to the facility on [DATE]. Review of R5's EMR quarterly Minimum Data Set (MDS) with an assessment reference date (ARD) of 09/28/23 indicated the resident had a Brief Interview for Mental Status (BIMS) score of 99 which revealed the resident revealed the resident was unable to complete an interview for cognitive status. Review of R5's EMR Health Status Note located under the Profile tab dated 10/09/23 at 9:45 AM, indicated Licensed Practical Nurse (LPN)6 overheard the resident yelling out and CNA10 was in the room with the resident. LPN6 noted the resident with a bruise on his/her right upper lip which measured 2 by 2 centimeters (cm), the resident's lower lip was swollen. In addition, the resident had two dry skin tears on his/her left arm. CNA 6 was in the resident's room alone and LPN6 asked him/her what happened. CNA6 stated she had not begun cares when the resident began to yell out. During an interview on 01/28/25 at 1:14 PM, LPN6 stated she did not report the bruise and skin tears to the abuse coordinator. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER: Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 20 Breakneck Road Oakland, NJ 07436	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/28/25 at 1:34 PM, the Assistant Director of Nursing (ADON) stated she was the previous Director of Nursing (DON) at the time of the 10/09/23 incident in which R5's had bruising to the upper arm, a swollen lip and skin tears to the arms. She confirmed she did not report the potential abuse which involved R5 to the SSA since she believed she knew what happened and more than likely the bruising occurred during the provision of care. During an interview on 01/28/25 at 2:28 PM, the Administrator stated all suspicious bruising and potential abuse allegations were to be reported to the SSA within two hours. The ADON was present during this interview. 2. Review of R1's undated admission Record, located in the EMR under the Profile tab, revealed R1 was admitted on [DATE]. Review of R1's annual MDS with an ARD of 07/14/23, located in the EMR under the MDS tab, revealed R1's BIMS score was three out of 15 which indicated he/she was severely cognitively impaired. Review of R1's Skin Assessment, dated 07/10/23, located in the EMR under the Assessment tab, revealed a bruise to the left upper arm measuring 17 x 15 centimeters (cm). Review of R1's Health Status Note, dated 07/10/23, located in the EMR under the Prog Note tab, revealed R1 observed with bruise to left upper arm. He/She had full range of motion to his/her left arm. No s/s [signs or symptoms] of pain and discomfort, denies pain and discomfort. [FM2] and MD [Physician] made aware. Review of R1's Onsite Note, dated 07/13/23, located in the EMR under the Prog Note tab, revealed . resident who was recently noted to have ecchymosis to left upper arm. Change nurse reports he/she had some injury over the weekend and sustained some ecchymosis. X-ray of the LUE [left upper extremity] was ordered and results showed no fracture. Review of the facility's Incident Report, dated 07/10/23, provided by the facility, revealed the alleged abuse was not reported to the State Survey Agency (SSA). Interview on 01/28/25 at 1:45 PM, the ADON stated CNA9 notified LPN7 that she observed a bruise to the underside of R1's left arm, LPN7 reported it to the Administrator at 10:56 AM on 07/10/23 and then the Administrator reported it to her at 11:04 AM in person. The ADON indicated abuse was not suspected by CNA9 or the granddaughter, so it was not reported to the SSA. The ADON the skin injury met the definition of injury of unknown source and should have been reported to the SSA. Interview on 01/28/25 at 2:34 PM, the Administrator stated she is the Abuse Coordinator and was notified of the bruise to R1's arm on 07/10/23 at 10:56 AM in person by LPN7. The Administrator indicated she did not identify the bruise as an injury of an unknown source, and did not report it to the SSA within two hours. N.J.A.C. 8:39-5.1(a) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Rehabilitation and Healthcare Center	20 Breakneck Road Oakland, NJ 07436

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and policy review, the facility failed to ensure a thorough investigation into allegations of abuse for two of seven residents reviewed for abuse (Resident (R) 1 and R5) out of 32 sampled residents. This failure increased the risk of other vulnerable residents for further physical abuse. Findings include: Review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022, provided by the facility, revealed Investigating Allegations 1. All allegations are thoroughly investigated. The administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigating, and reporting such allegations. 3. The administrator provides supporting documents and evidence related to the alleged incident to the individual in charge of the investigation. a. Any evidence that may be needed for a criminal investigation is sealed, labeled, and protected from tampering or destruction. 4. The administrator is responsible for keeping the resident and his/her representative (sponsor) informed of the progress of the investigation. 5. The administrator ensures that the resident and the person(s) reporting the suspected violation are protected from retaliation or reprisal by the alleged perpetrator, or by anyone associated with the facility. 6. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. 7. The individual conducting the investigation as a minimum: a. reviews the documentation and evidence; b. reviews the resident's medical record to determine the resident's physical and cognitive status at the time of the incident and since the incident; c. observes the alleged victim, including his or her interactions with staff and other residents; d. interviews the person(s) reporting the incident e. interviews any witnesses to the incident f. interviews the resident (as medically appropriate) or the resident's representative; g. interviews the resident's attending physician as needed to determine the resident's condition; h. interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident; i. interviews the resident's roommate, family members, and visitors; j. interviews other residents to whom the accused employee provides care or services; k. reviews all events leading up to the alleged incident; and l. documents the investigation completely and thoroughly . Review of the facility's policy titled Protection of Residents during Abuse Investigations, revised April 2021, revealed . 1. If the alleged perpetrator is an employee or staff member, the individual is immediately reassigned to duties that do not involve resident contact or are suspended until the findings of the investigation are reviewed by the Administrator. 2. If the alleged perpetrator is a resident's family member or visitor, this person(s) is not allowed unsupervised visits with the resident . 1. Review of R1's undated admission Record located in the electronic medical record (EMR) under the Profile tab, revealed R1 was admitted on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Breakneck Road Oakland, NJ 07436	

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R1's annual Minimum Data Set (MDS) with an assessment reference date (ARD) of 07/14/23, located in the EMR under the MDS tab revealed R1's Brief Interview for Mental Status (BIMS) score was three out of 15 which indicated he/she was severely cognitively impaired. Review of R1's Skin Assessment, dated 07/10/23, located in the EMR under the Assessment tab revealed a bruise to the left upper arm measuring 17 x 15 centimeters (cm). Review of R1's Health Status Note, dated 07/10/23, located in the EMR under the Prog Note tab, revealed R1 observed with bruise to left upper arm. He/She had full range of motion to his/her left arm. No s/s [signs or symptoms] of pain and discomfort, denies pain and discomfort. Review of R1's Onsite Note, dated 07/13/23, located in the EMR under the Prog Note tab, revealed . resident who was recently noted to have ecchymosis to left upper arm. Change nurse reports he/she had some injury over the weekend and sustained some ecchymosis. X-ray of the LUE [left upper extremity] was ordered and results showed no fracture. Review of the facility's Incident Report, dated 07/10/23, provided by the facility, revealed a skin issue was investigated, and the conclusion was R1's granddaughter (name not identified on document) did not follow the plan of care for transfers and did not wait for staff to transfer the resident back into bed from the Geri chair via Hoyer lift on 07/09/23. Based on the way the granddaughter described transferring the resident caused the bruise on the left arm. The incident report revealed R1's roommate was not interviewed during the investigation. Review of the witness statements revealed Certified Nurse Aide (CNA9), Licensed Practical Nurse (LPN)7, CNA14 were interviewed about the skin issue identified on 07/10/24. However, no other residents were interviewed about abuse in the same unit, skin assessments were not conducted on residents on the same unit. CNA9 was not suspended per the abuse policy. Also, the alleged abuse was not reported to the State Survey Agency (SSA). During an interview on 01/27/25 at 6:25 PM, FM2 stated she observed a huge bruise on R1's arm that looked like a torn muscle and her granddaughter did not cause the bruise when she transferred R1 from the chair to bed on 07/09/24. FM2 also stated the facility should have investigated the bruise as abuse and suspended the nurse aide because R1's roommate stated he/she heard R1 scream during the night when the nurse aide changed him/her on 07/09/24. Additionally, FM2 indicated his/her granddaughter was a physical therapist (PT) and had transferred him/her plenty of times and had not caused R1 any injuries. Interview on 01/28/25 at 1:12 PM, LPN7 stated CNA9 notified him that she observed a bruise on R1's left arm on 07/10/23 at 10:30 AM and then he reported it to the Assistant Director of Nursing (ADON) and Director of Nursing (DON) immediately. LPN7 also stated he performed on R1 a skin and pain assessment. LPN7 indicated he collected statements from CNA9 because she was assigned to R1 on 07/09/23 and 07/10/23 but she was not suspended or removed from care pending the investigation. In an interview on 01/28/25 at 1:45 PM, the ADON stated CNA9 notified LPN7 that she observed a bruise to the underside of R1's left arm and he reported it to her. The ADON also stated LPN9 conducted a skin assessment, and pain assessment. However, skin assessments were not performed on other residents and abuse interviews were not conducted with interviewable residents because they did not consider it an injury of an unknown injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Rehabilitation and Healthcare Center	20 Breakneck Road Oakland, NJ 07436

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 01/28/25 at 2:34 PM, the Administrator indicated she did not identify the bruise as an injury of an unknown source, she completed an incident report based on an interview with R1's granddaughter. The Administrator stated that she concluded the granddaughter did not follow the plan of care for transfers and caused the bruise to R1's arm. The Administrator also indicated nursing staff that cared for R1 on 07/09/23 and 07/10/23 were interviewed and provided statements but neither R1's roommate nor other interviewable residents were interviewed about abuse. The Administrator stated CNA9 was not suspended during the investigation and R1's granddaughter was allowed in the facility to visit R1 with FM2. In an interview on 01/28/25 at 3:09 PM, CNA9 stated she was providing care to R1 on 07/10/23 at 10:25 AM and noted and reported a dark bruise on his/her left upper arm. CNA9 indicated she reported the bruise to LPN7 at 10:30 AM. CNA9 also stated R1's granddaughter told her that she transferred R1 from the chair to the bed without assistance on 07/09/23 so she informed the ADON when interviewed about the identified bruise. CNA9 confirmed she was assigned to R1 on the evening shift of 07/09/23 and had provided incontinent care to him/her. CNA9 indicated that she was not suspended pending the investigation of the bruise on R1's left arm. 2. Review of R5's EMR admission Record indicated the resident was admitted to the facility on [DATE]. Review of R5's EMR Health Status Note located under the Profile tab dated 10/09/23, revealed R5 was identified with bruising on his/her lip with swelling and two dry skin tears on his/her left arm. CNA10 was in the room alone with the resident. During an interview on 01/28/25 at 10:45 AM, the Regional Clinical Nurse stated there was no Facility Reported Incident (FRI) for R5 regarding the 10/09/23 incident. The Regional Clinical Nurse stated that there was an incident report only. During an interview on 01/28/25 at 1:34 PM, the ADON stated she did not complete an investigation of R5's alleged potential abuse. During an interview on 01/28/25 at 3:41 PM, the Administrator stated the FRI was an investigation and reportable to the state agency and the incident report was an internal document. The Administrator stated her expectation was to investigate all allegations of abuse. N.J.A.C. 8:39-4.1(a)(5)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Oakland Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Breakneck Road Oakland, NJ 07436	

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, document review and policy review, the facility failed to have an effective antibiotic stewardship program when the Infection Preventionist (IP) did not complete an infection screening evaluation to determine if the correct antibiotic was ordered for a urinary tract infection (UTI) in order to reduce the development of antibiotic-resistance organisms for one of three residents (Resident (R) 11) reviewed for UTIs out of 32 sampled residents. Findings include: Review of the facility's policy titled Antibiotic Stewardship revised December 2016, provided by the facility, revealed, Policy Statement Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. Policy interpretation and implementation 1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents . Review of the Infection Preventionist Job Description, provided by the facility, revealed, Job Summary The Infection Preventionist is responsible for identifying, investigating, monitoring, and reporting trends in healthcare-associated infections. The IP collaborates with the facility team and individuals to implement and sustain infection prevention strategies, ensure compliance with the facility infection prevention and control program, provide education, and participate in the quality assessment and assurance committee. Review of R11's undated admission Record located in the electronic medical record (EMR) under the Profile tab revealed R11 was admitted to the facility on [DATE] with diagnoses that included encephalopathy, and Alzheimer's Disease. Review of R11's Health Status Note dated 11/12/24, found in the EMR under the Prog Note tab, revealed, patients daughter noted some discharge from patient .area. Discussed with [nurse practitioner] and UA [urinalysis] and C&S [culture and sensitivity] scheduled for 11/13/24 in the early am [morning] . Review of R11's Nurses Note, dated 11/14/24 found in the EMR under the Prog [Progress] Note tab revealed [Nurse Practitioner] present and made aware of [R11's] UA and C&S results - [Nurse Practitioner] wants to repeat UA and C&S. Review of R11's Laboratory Note dated 11/18/24 indicated, reviewed by [Nurse Practitioner] N/o [new order] for Cefuroxime (an antibiotic used to treat bacterial infections) 500 milligrams (MG) BID [twice a day] x [for] five days . Review of R11's Laboratory Results, dated 11/17/24, found in the EMR under the Results tab revealed the urine culture showed the Proteus Mirabilis organism that is susceptible to the drug Cefuroxime. Review of the Monthly Infection Log dated November 2024, provided by the facility, revealed the tracking log did not include R11's infection screening evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315171	A. Building B. Wing	01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Rehabilitation and Healthcare Center	20 Breakneck Road Oakland, NJ 07436

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 08/12/22 at 9:51 AM, the Director of Nursing (DON) stated that it was not mandatory for the facility to do a culture when an antibiotic was ordered for an infection. The DON also stated that a culture was performed if the physician ordered it. The DON indicated that she conducted wound audits monthly to determine if the resident was ordered the right antibiotic for the infection; however, she had not completed the wound audit for R11 to determine if the antibiotic was appropriate for the infection. The DON also indicated that the purpose of the antibiotic stewardship program was to determine the right antibiotic for the infection. During an interview on 01/29/25 at 10:39 AM, the IP confirmed that she did not complete R11's infection screening evaluation in November 2024. The IP stated she ran the infection reports at the end of every month and missed this one. The IP indicated her role was to ensure residents were administered the correct antibiotic based on laboratory results to reduce the development of antibiotic-resistance organisms. During an interview on 01/29/25 at 3:52 PM, the Regional Clinical Nurse stated the IP's was responsible for making sure that all residents were receiving the correct antibiotic for the diagnosis. N.J.A.C. 8:39-19.4(d)