

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and pertinent facility documentation, it was determined that the facility failed to maintain a homelike environment that was clean, safe, and sanitary. This deficient practice was identified for 3 of 5 unit pantries (Units 2, 3, and 4).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/30/2025 at 10:32 AM, the surveyor inspected the Unit 3 pantry in the presence of the Licensed Practical Nurse and Unit Manager #1 (LPN/UM #1) and observed the following: white debris was present inside of the microwave, a cabinet drawer panel was not intact and slid back and forth, and an aluminum pan containing white debris was found inside the cabinet.</p> <p>On 06/30/2025 at 10:48 AM, the surveyor inspected the Unit 4 pantry in the presence of the Licensed Practical Nurse and Unit Manager #2 (LPN/UM #2) and observed the following: light brown debris on the wall next to the refrigerator.</p> <p>On 07/02/2025 at 10:34 AM, the surveyor inspected the Unit 2 pantry in the presence of the Licensed Practical Nurse and Unit Manager #3 (LPN/UM #3) and observed the following: light brown, powdery debris on the wall vent; black, sticky residue on the wall next to the refrigerator; and a loose white rack. Brown, dry debris was also found inside the cabinets.</p> <p>On 06/30/2025 at 10:35 AM, during an interview with the surveyor, the LPN/UM #1 said that the microwave should be clean, the drawer should not be damaged, and dirty items such as the aluminum pan should not be stored in the cabinet. She noted that housekeeping is responsible for cleaning the pantry daily.</p> <p>06/30/2025 at 10:50 AM, during an interview with the surveyor, the LPN/UM #2 said that housekeeping is responsible for cleaning the pantry.</p> <p>07/02/2025 at 10:15 AM, during an interview with the surveyor, the LPN/UM #3 said that the debris should not be present on the vents, walls or inside the cabinets, and that the loose white rack should be properly secured.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>07/02/2025 at 10:34 AM, during an interview with the surveyor, the Maintenance and Housekeeping Director, said that housekeeping is responsible for cleaning the unit pantry areas, while nursing staff are responsible for maintaining edible items inside the refrigerators and cabinets. Maintenance handles repairs: however, nursing staff must report broken items through the electronic maintenance system. Maintenance checks the system daily, and every request entered triggers an immediate notification to maintenance. The system categorizes repairs as critical, high, medium, or low priority, and requests are addressed based on parts availability and severity, with critical issues handled promptly.</p> <p>A review of the facility's dated policy 01/2025, titled, Safe and Homelike Environment, revealed, Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.</p> <p>N.J.A.C. 8:39-31.3(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on observation, interview, and review of medical records and other facility documentation, it was determined that the facility failed to accurately complete the Minimum Data Set (MDS), an assessment tool, for 1 of 35 residents reviewed (Resident #120). This deficient practice was evidenced by the following:</p> <p>On 6/30/2025 at 12:09 AM, the surveyor observed Resident #120 in the dining with a palm guard on left hand.</p> <p>The surveyor reviewed the medical record for Resident #120.</p> <p>A review of the Resident Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnosis that included Chronic Obstructive Pulmonary Disease and Generalized Muscle Weakness.</p> <p>A review of the resident's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 3/28/25 included the resident had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which indicated the resident's cognition was severely impaired. Section GG identified that the resident was not coded for any upper extremity contractures. A review of previous MDS assessments also revealed that the following dates did not identify Resident #120's upper extremity contracture: quarterly submitted on 3/29/24; annual submitted on 6/28/24; quarterly submitted on 9/27/24; and the quarterly submitted on 12/27/24.</p> <p>A review of the Physician Order Summary Report included the following physician orders (PO):</p> <p>A PO, with an order start date of 6/20/2025, to Apply (Left) Palm Protector to be work after AM care and remove at PM Care or as tolerated to prevent further contracture.</p> <p>During an interview with the surveyor on 7/1/2025 at 11:40 PM AM, Actifing Director of Rehabilitation (ADOR) reviewed Resident #120's rehabilitation documentation with the surveyor. It was determined that the resident's contracture was first identified in 8/3/2024 with left hand tightness and joint immobility. When asked if this date should be considered the onset of the contracture, the ADOR confirmed.</p> <p>During an interview with the surveyor on 7/2/2025 at 9:52 AM, Licensed Practical Nurse (LPN #1) said that they were familiar with Resident #120 and confirmed that the resident has been had their contracture to the left hand since their last admission.</p> <p>During an interview with the surveyor on 7/2/2025 at 10:15 AM, Director of MDS (DMDS) stated that the MDS coordinators were responsible for signing off all entries as accurate. Upon review of Resident #120's 3/28/25 MDS, DMDS confirmed that contracture was not identified. When questioned if Therapy Notes were reviewed or discussed prior to a resident's MDS submission, DMDS responded that if there was documentation of the contracture then it should have been identified on the MDS.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility provided Resident Assessment Instrument (RAI) Process Policy with Revision Dated: 1/3/2025, identified under Purpose: To ensure that the MDS for each resident is completed accurately and timely in accordance with State and Federal regulations. The following was identified under Scope: This policy and procedure applies to the Interdisciplinary Team which may include [.] Director of Rehabilitation and nursing staff in resident care. NJAC 8:39-33.2(d)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to revise a resident's comprehensive care plan to include a positioning device. This deficient practice was identified for 1 of 35 residents reviewed for resident-centered care plans (Resident #208), and was evidenced by the following:</p> <p>On 06/26/2025 at 09:48 AM, the surveyor observed Resident #208 ambulating using a cane, the left arm was observed in the sling.</p> <p>According to the admission Record, Resident #208 was admitted with diagnosis that included, but were not limited to, cerebral vascular accident (a stroke) and hemiplegia (weakness on one side of the body)</p> <p>A review of Resident #208's Quarterly Minimum Data Set, an assessment tool dated 05/06/2025, revealed that he/she was cognitively intact.</p> <p>A review of Resident #208's Care Plan with an effective date of 06/25/2025 reflected that this resident had limited physical mobility. The use of the sling was not included in the interventions.</p> <p>A review of Resident #208's Care Plan with an effective date of 01/28/2025 reflected that this resident had hemiplegia/hemiparesis related to a stroke. The use of the sling was not included in the interventions.</p> <p>On 07/01/25 at 09:10 AM, the Licensed Practical Nurse/ Nurse Manager LPN/NM stated the Resident #208 utilized the sling. The LPN/NM stated that the sling should be included on the resident care plan. She acknowledged that Resident #208's sling was not included in the care plan.</p> <p>On 07/02/25 at 12:00 PM, the Director of Nursing acknowledged that Resident #208's care plan did not include the use of the sling.</p> <p>A review of the facility provided policy titled, Care Plans, Comprehensive Person-Centered, with an original issue date of 01/03/2025, reflected 11. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.</p> <p>NJAC 8:39-11.2</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 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>Complaint # NJ00172928</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow acceptable standards of clinical practice with following physician orders for the application of a treatment. This deficient practice was identified for 1 of 38 residents (Residents #378) reviewed for professional standards, 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 casefinding, 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>A review of the admission Record for Resident #378 reflected that the resident was admitted to the facility with diagnoses which included but not limited to diabetes mellitus (a disease in which the body has trouble controlling blood sugar) and aftercare following surgical amputation.</p> <p>A review of the 04/05/2024 Order Summary Report for Resident #378 reflected physician orders (PO) for the following wound treatments: 04/05/2024 cleanse right leg and right foot 3rd, 4th and 5th toe amputation with normal saline solution, paint with betadine (antiseptic), cover gauze, wrap with kling (gauze dressing) as needed, and 4/5/24 Cleanse right leg and right foot 3rd, 4th and 5th toe amputation with nss, paint with betadine, cover gauze, wrap with kling every day shift.</p> <p>A review of the April 2024 Medication Administration Record (MAR) reflected the PO dated 04/05/2024 for the wound treatments. The start date for the wound treatments were 04/09/2024 not 04/05/2024 as ordered.</p> <p>On 07/02/2025 at 10:38 AM, the surveyor interviewed the Director of Nursing (DON) and the Regional Director of Nursing (RDON) regarding the missing wound treatments. The DON said that the clinical staff identified on 04/09/2024 in a clinical meeting that the treatments were not transcribed onto the MAR as ordered by the physician on 04/05/2024. The DON acknowledged that the physician orders for the application of the wound treatment was missed.</p> <p>The surveyor reviewed the facility's Wound Care policy reviewed and updated 12/20/24 which reflected 1. Verify that there is a physician's order for this procedure.</p> <p>The surveyor reviewed the facility's Physician Orders policy reviewed 01/03/2025 which reflected 5. All orders must be entered in the electronic health record by the nurse or therapist accepting or transcribing the order.</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observation, interview, record review and review of other facility documentation, it was determined that the facility failed to obtain a Physician's Order (PO) for an orthotic device for 1 of 2 residents (Resident#208) reviewed for positioning and mobility.</p> <p>On 06/26/2025 at 09:48 AM, the surveyor observed Resident #208 ambulating using a cane, the left arm was observed in the sling (an orthotic device).</p> <p>According to the admission Record, Resident #208 was admitted with diagnosis that included, but were not limited to, cerebral vascular accident (a stroke) and hemiplegia (weakness on one side of the body)</p> <p>A review of Resident #208's Quarterly Minimum Data Set, an assessment tool dated 05/06/2025, revealed that he/she was cognitively intact.</p> <p>Review of the Order Summary Report with active orders as of 06/30/2025 did not reveal an order for Resident #208's sling.</p> <p>On 07/01/2025 at 09:10 AM, the Licensed Practical Nurse/ Nurse Manager LPN/NM stated the Resident #208 utilized a sling. The LPN/NM stated that there should be a physician order for the use of the sling.</p> <p>On 07/02/2025 at 12:00 PM, the Director of Nursing acknowledged that Resident #208's physician orders did not include the use of the sling.</p> <p>Review of the facility provided policies did not speak to requiring a physician order for use of orthotic devices.</p> <p>NJAC 8:39-27.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 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, record review, and review of pertinent facility documents, it was determined that the facility failed to provide specialized care needs for the provision of respiratory care in accordance with professional standards of practice specifically by A.) leaving a nasal cannula out of a bag, exposed to air and B.) not having a physician's order for oxygen administration. The deficient practice was identified for 2 of 4 (Residents # 22, 215) residents reviewed for Respiratory Care.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 06/26/2025 at 10:23 AM during the initial tour, the surveyor observed Resident # 215 in their room. At that time, the surveyor observed a nasal cannula (tube that delivers oxygen through the nares) wrapped and resting on top of an oxygen concentrator. The nasal cannula was not in a bag and it was exposed to air. At that time, Resident # 215 said he/she wears the nasal cannula only at night.</p> <p>On 6/27/2025 at 9:11 AM while in Resident # 215's room, the surveyor observed the nasal cannula left on top of the concentrator not in a bag, exposed to air.</p> <p>On 6/30/2025 at 9:57 AM while in Resident # 215's room, the surveyor observed the nasal cannula left on top of the concentrator not in a bag.</p> <p>On 7/02/2025 at 12:00 PM during an interview with the surveyor, the Director of Nursing stated, It should be bagged when the surveyor asked how should a nasal cannula be stored.</p> <p>A review of the physician's orders located in the Electronic Medical Record (EMR) revealed Resident # 215 had an order for, O2 [oxygen] continuously at 2 liters per minute via nasal cannula at bed time.</p> <p>A review of Resident # 215's Care Plan located in the Electronic Medical Record revealed, [Resident # 215] has oxygen therapy r/t [relate to] ineffective gas exchange.</p> <p>On 06/30/2025 at 11:19 AM, during an interview with the surveyor, the Infection Preventionist replied, Any tubing not being used has to be in a plastic bag. She further said, Don't want it touching every surface.</p> <p>A review of the facility policy titled, Oxygen Administration dated 1/3/2025 did not reveal how to store oxygen tubing when not in use.</p> <p>N.J.A.C. &sect; 8:39-27.1</p> <p>B) On 06/26/25 10:14 AM, during the initial tour, the surveyor observed an oxygen sign on Resident #22's door and saw the resident with a nasal cannula on her/his face.</p> <p>On 06/30/2025 at 11:34 AM, the surveyor observed Resident # 22 in their room. At that time, the surveyor observed a nasal cannula in use by the resident. During the interview, Resident # 22 stated he/she wears the nasal cannula with 2 Liters of oxygen, as needed, since admission to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/01/25 08:49 Licensed Practical Nurse (LPN) # 1 on the 6th floor, during an interview with the surveyor stated residents with oxygen would require physician orders and identified that the order should contain the reason for the order, the length of time (continuous vs PRN), how much, and any monitoring parameters, as well as how the oxygen would be delivered.</p> <p>On 7/02/2025 at 09:38 AM during an interview with the surveyor, the Unit Manager (UM) of 6th floor confirmed there was not a physician order for Resident #22's oxygen while checking the EMR. The UM stated that Resident #22 should have an order for the oxygen administration.</p> <p>On 7/02/2025 at 09:57 AM during an interview with the surveyor, the DON stated, Residents with oxygen should have orders on their chart.</p> <p>A review of the physician's orders located in the EMR revealed Resident # 22 did not have a physician order for oxygen administration.</p> <p>A review of Resident # 22's CP located in the EMR revealed, [Resident # 22] has oxygen therapy r/t Respiratory illness.</p> <p>A review of the facility policy titled; Oxygen Administration dated 1/3/2025 under Purpose reveals: The purpose of this procedure is to provide guidelines for safe oxygen administration. Under Preparation: 1. Verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration.</p> <p>N.J.A.C. &sect; 8:39-27.1</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to administer medication in accordance with prescriber orders, specifically administering an intravenous antibiotic outside of the prescribed time of administration. The deficient practice was identified for 1 of 1 resident (Resident # 328) reviewed for Antibiotics.</p> <p>The deficient practice was evidenced by the following:</p> <p>A review of Resident # 328's physician's orders located in the Electronic Medical Record (EMR) revealed an orders for daptomycin intravenous solution reconstituted 500mg (milligram) and ceftaroline fosamil intravenous solution reconstituted 600 mg (Both antibiotics, medications used to treat infections)</p> <p>A review of Resident # 328's Care Plan located in the EMR revealed a focus that the resident is on IV (intravenous) medications related to bacteremia (bacterial infection of the blood).</p> <p>A review of the Medication Audit Report located in the EMR revealed the following administrations for daptomycin intravenous solution outside of the scheduled administration time:</p> <p>06/22/2025 scheduled for 9:00 AM; was administered at 10:47 AM</p> <p>06/23/2025 scheduled for 9:00 AM; was administered at 10:29 AM</p> <p>06/28/2025 scheduled for 9:00 AM; was administered at 10:24 AM</p> <p>A review of the Medication Audit Report located in the EMR revealed the following administrations for ceftaroline fosamil intravenous solution outside of the scheduled administration time:</p> <p>06/20/2025 scheduled for 10:00 PM; was administered at 11:18 PM</p> <p>06/29/2025 scheduled for 2:00 PM; was administered at 3:14 PM</p> <p>06/30/2025 scheduled for 2:00 PM; was administered at 3:11 PM</p> <p>On 06/27/2025 at 10:52 AM during an interview with the surveyor, Licensed Practical Nurse/Unit Manager (LPN/UM) # 1 said, From my training, it would be one hour before and one hour after. when the surveyor asked what is your expectation on how late medications can be given before or beyond their scheduled time. Secondly, she said, If its after the hour, contact the medical doctor. after the surveyor asked should an IV antibiotic be given an hour past its administration time. Thirdly, she said, It could degrade the effectiveness of the medication. after the surveyor asked why is it important to give antibiotics at their scheduled time. Lastly, the LPN/UM # 1 concluded by saying Prioritize the time management and prioritize was should be given first. after the surveyor asked if there is a reason medication such as IV antibiotics would be given past their administration time.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/02/2025 at 12:00 PM during an interview with the surveyor, the Director of Nursing (DON) replied, An hour after when the surveyor asked when would a medication be considered late. The DON replied, They should inform the primary care provider. when asked what should the nurse do if medications are being administered late. Lastly, she replied, To ensure the therapeutic level when asked why would it be important to hang an IV antibiotic within the scheduled time.</p> <p>A review of the facility policy Administering Medications dated 1/3/2025 revealed but not limited to the following, 4. Medications are administered in accordance with prescriber orders, including any required time frame. and 5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: a. enhancing optimal therapeutic effect of the medication</p> <p>N.J.A.C. &sect; 8:39-27.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations, interview, and review of facility policy, it was determined that the facility failed to appropriately dispose of medication in accordance with currently accepted professional principles. The deficient practice was identified for 1 of 5 nurses observed during the Medication Administration task.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 07/01/2025 at 8:57 AM during medication pass on the second floor, Licensed Practical Nurse (LPN) # 1 poured one tablet of aspirin 81 milligrams (mg) and one tablet of clopidogrel 75mg (blood thinner medication). As LPN # 1 continued, the cup of tablets spilled and the tablets came to rest on top of the medication cart. At that time, LPN # 1 picked up the tablets with her gloved hand, turned the glove inside-out and threw it in the trash can.</p> <p>After LPN # 1 completed the medication administration, the surveyor asked LPN # 1 how should she dispose of medications that are not being administered. She replied, They have a jug for it in the cart. At that time, LPN # 1 showed the surveyor the bottle of Drug-Buster (solution used to dissolve medications) in the bottom drawer of the medication cart. At that time, LPN # 1 said, Oh my God, I threw it out in the trash!</p> <p>On 07/02/2025 at 12:00 PM during an interview with the surveyor, the Director of Nursing replied, Drug buster in the cart. when the surveyor asked how should medications be disposed of if they are spilled. The Director of Nursing replied, Because no one can take the medication. after the surveyor asked why is it important to dispose of the drugs in the drug buster.</p> <p>A review of the facility policy titled Storage of Medications revealed, 3. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner.</p> <p>N.J.A.C. &sect; 8:39-29.7</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Alameda Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 303 Elm Street Perth Amboy, NJ 08861	
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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 06/30/2025 at 10:48 AM, the surveyor inspected the pantry refrigerator on Unit 4 in the presence of the Licensed Practical Nurse and Unit Manager #2 (LPN/UM #2) and observed the following: a 14-ounce container of sour cream with an expiration date of 03/19/2025, and a quart of half and half with an expiration date of 06/20/2025. Additionally, six containers of food brought in from outside the facility were found without any labels or dates. A plastic bag containing an unidentified whitish edible substance lacked both a label and a use-by date, and a 15-ounce open plastic container of soup was found without an open date or use-by date.</p> <p>On 06/30/2025 at 10:50 AM, On 06/30/2025 at 10:48 AM, during an interview with the surveyor, the LPN/UM #2 said that expired food should not be stored in the refrigerator and that any food brought in from outside the facility should be properly labeled and dated according to the facility policy.</p> <p>On 07/02/2025 at 10:11 AM, during an interview with the surveyor, the Dietary Director said that nursing was responsible for maintaining pantry cleanliness, ensuring all food items are not expired, and verifying that outside food is properly labeled and dated.</p> <p>On 07/02/2025 at 12:00 PM, during an interview with the surveyor, the Director of Nursing said that food brought in from outside the facility should be labeled and dated and discarded after three days.</p> <p>A review of the undated facility policy, titled, Food and Nutrition Services, Subject: Foods Brought by Family or Visitor revealed, Perishable prepared foods will be checked by the designee housekeeper/nurse and discarded after 3 days of storage. Perishable manufactured foods stored in the manufacturer packaging will be discarded as per the best by or use by date. If no date, follow facility refrigerated storage guidelines of disposing items after 3 days of storage.</p> <p>A review of the undated facility policy titled, Labeling and Dating System Protocol, revealed, Follow manufactures expiration date on all un-opened or opened product. All fresh and frozen foods must be dated with the date it was received into the kitchen, unless purveyor shipping label on it. Make sure to not date over or cover the manufacturer's expiration date on the product. Day 1 is the first day of labeling.</p> <p>N.J.A.C 8:39-17.2 (g)</p>		