

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315198	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  Adroit Care Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1777 Lawrence Street Rahway, NJ 07065	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45209</p> <p>Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to provide a resident's activities of daily living (ADL) care in a dignified manner. This deficient practice was identified for 1 of 3 residents reviewed for activities of daily living (Resident #102), and was evidenced by the following:</p> <p>On 11/07/2024 at 10:58 AM, the surveyor observed Resident #102 in their private room accompanied by Certified Nursing Assistant (CNA #1), who assisted the resident transfer from a wheelchair to the bed. While laying in bed, the surveyor observed CNA #1 remove Resident #102 pants exposing the resident's lower body and their incontinence briefs.</p> <p>At that time, the surveyor left and asked the RN Supervisor-in-training (RN #1) to check on Resident #102. Upon returning to the room, Resident #102 was under the blankets and covered. When CNA #1 exited the room, the surveyor inquired how ADLs are to be performed in the room. CNA #1 acknowledged that the curtain was not pulled for privacy. RN #1 confirmed that all ADL care should be provided in the room with either the door shut or curtain pulled for privacy.</p> <p>The surveyor reviewed Resident #102's medical Record:</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool dated 10/21/24 reflected the resident was admitted to the facility with diagnoses which included fracture of the humerus and ribs. The MDS also reflected that the resident brief interview for mental status (BIMS) score of 11 out of 15, which indicated that the resident had moderately impaired cognition.</p> <p>On 11/12/2024 at 12:19 PM, in the presence of the Licensed Nursing Home Administrator, Regional Nurse, the Director of Nursing (DON), acknowledged it was the expectation of staff to have the door closed or close the privacy curtain closed to ensure privacy and dignity to the residents.</p> <p>A review of the facility policy titled, Resident Rights, last reviewed June 11, 2024, revealed that: Resident's Rights include, but are not limited to the following: treated with respect, dignity [ . ]</p> <p>NJAC 8:39-4.1(a)12</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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<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>51232</p> <p>Based on observation, interview, and review of pertinent facility documents it was determined that the facility failed to maintain a clean and sanitary environment for 2 of 2 shower rooms.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/06/2024 at 10:58 AM, the surveyor entered the shower room on the second floor and observed tiles on the floor and various hygienic products left in the whirlpool tub.</p> <p>On 11/07/2024 at 09:49 AM, the surveyor entered the shower room on the second floor and observed tiles picked up and placed on the window sill, and items remained in the whirlpool tub.</p> <p>On 11/07/2024 at 1:05 PM, the surveyor entered the shower room on the third floor and observed brown stains on the wall and floor tiles, an empty can of aftershave on the floor, a leaking shower head in a plastic bag, and a broken faucet. On top of the linen cart was one loose, blue incontinent pad and one open bag of incontinence briefs.</p> <p>On 11/08/2024 at 09:35 AM, the surveyor entered the shower room on the third floor and observed in the shower area a leaking shower head in a plastic bag with towels around it. Clothing on the shower bed and tissues on the floor under the shower bed. Trash in the trash can with no bag lining.</p> <p>On 11/08/2024 at 09:39 AM during an interview with the housekeeper (HK # 1), the surveyor asked who is responsible for cleaning the shower rooms. HK # 1 replied, Housekeeping is responsible for emptying the trash, mopping the floors, and cleaning the shower room. Certified Nurse Aides (CNAs) are responsible to clean up behind the residents after showering.</p> <p>On 11/08/2024 at 09:44 AM during an interview with the Director of Housekeeping (DOH), the surveyor asked what are the brown stains in the shower area on the third floor, who is responsible to clean the shower rooms, and do the residents use the shower area. The DOH replied, The staining in the shower area is caused by the harshness of the water. Housekeeping is responsible for cleaning the area. The area is difficult to maintain due to the water quality. The Regional Director of Housekeeping (RDOH) was notified yesterday for guidance on addressing the water stains. The RDOH brought in lime spray today to clean the area, and the stains have now been removed. The shower area is currently non-functional and has not been used for the resident showers in over a year.</p> <p>On 11/12/2024 at 12:27 PM during an interview with the Licensed Nursing Home Administrator (LNHA), the surveyor asked what are the brown stains in the shower area on the third floor. The LNHA replied, The staining in the shower area is due to the harshness of the water, and the shower area should have been cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a facility provided policy, with a review date of 06/04/2024, titled Environmental Services revealed under the section titled Procedure Bathroom and Toilets #4 that, Sanitation: Bathrooms are high-risk areas for pathogen transmission, so extra attention is needed. Toilets, sinks, and faucets should be sanitized with appropriate disinfectants. Shower Areas: Cleaning and disinfecting showers, bathtubs, and other wet areas to prevent mold and mildew buildup is essential.</p> <p>A review of a facility provided policy, with a review date of 06/04/2024, titled Environmental Services revealed under the section titled Environmental Cleaning Audits #11 that, Monitoring and Evaluation: Facilities should implement regular audits or inspections to assess the effectiveness of cleaning practices. These audits can be used to identify areas for improvement and ensure that standards are met. Feedback Loop: Providing ongoing feedback to housekeeping staff is crucial for continuous improvement and maintaining high standards of cleanliness.</p> <p>S 8:39-31.4 (a)</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>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>49712</p> <p>Complaint # NJ00176124</p> <p>Based on observations, interviews, record review, and review of pertinent facility documentation, it was determined that the facility failed to maintain treatment records that were complete with staff signatures according to professional standards of clinical practice for Resident # 72, 1 of 24 residents reviewed for professional standards.</p> <p>The deficient practice was evidenced by the following:</p> <p>A review of Resident # 72's Admission Record indicated Resident # 72 was admitted to the facility with diagnoses which included but were not limited to Quadriplegia (partial or total loss of function in all for limbs and the torso) and Peripheral Vascular Disease (a condition that occur when blood vessels outside the brain and heart narrow, reducing blood flow to organs and tissues).</p> <p>A Review of Resident #72's comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate care, dated 09/24/2024 revealed a Brief Interview for Mental Status score of 15/15, indicating Resident #72 was cognitively intact.</p> <p>A review of Resident #72's Treatment Administration Record (TAR) for the months of July 2024, August 2024, September 2024, and October 2024 revealed several blanks.</p> <p>For the treatment to the left 3rd toe blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/13/24 day shift</p> <p>07/14/24 day shift</p> <p>07/24/24 day shift</p> <p>08/08/24 day shift</p> <p>08/13/24 day shift</p> <p>08/18/24 day shift</p> <p>08/21/24 day shift</p> <p>08/23/24 day shift</p> <p>09/29/24 day shift</p> <p>09/30/24 day shift</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>For the treatment to the left great toe blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/08/24 day shift</p> <p>07/13/24 day shift</p> <p>07/14/24 day shift</p> <p>07/24/24 day shift</p> <p>08/08/24 day shift</p> <p>08/13/24 day shift</p> <p>08/18/24 day shift</p> <p>08/21/24 day shift</p> <p>08/23/24 day shift</p> <p>09/29/24 day shift</p> <p>09/30/24 day shift</p> <p>For the treatment to the right calf blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/08/24 day shift</p> <p>07/13/24 day shift</p> <p>07/14/24 day shift</p> <p>08/08/24 day shift</p> <p>08/13/24 day shift</p> <p>08/18/24 day shift</p> <p>08/21/24 day shift</p> <p>08/23/24 day shift</p> <p>09/29/24 day shift</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>10/04/24 day shift</p> <p>For the treatment to the right 3rd toe blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/13/24 day shift</p> <p>07/14/24 day shift</p> <p>07/24/24 day shift</p> <p>08/08/24 day shift</p> <p>08/13/24 day shift</p> <p>08/18/24 day shift</p> <p>08/21/24 day shift</p> <p>08/23/24 day shift</p> <p>For the treatment to the Right 4th toe blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/13/24 day shift</p> <p>07/14/24 day shift</p> <p>07/24/24 day shift</p> <p>08/08/24 day shift</p> <p>08/13/24 day shift</p> <p>08/18/24 day shift</p> <p>08/21/24 day shift</p> <p>08/23/24 day shift</p> <p>For the treatment to the right great toe blanks were noted for:</p> <p>07/04/24 day shift</p> <p>07/13/24 day shift</p> <p>(continued on next page)</p>

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209</b></p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that expired vaccines were removed from active inventory upon expiration. The deficient practice was identified in 1 of 2 medication rooms and was evidenced by the following:</p> <p>On [DATE] at 11:30 AM, in the presence of the Licensed Practical Nurse Unit Manager (LPNUM #1), the surveyor inspected the second floor medication room on the sub-acute unit. In the refrigerator, the surveyor observed a brown bag that had identification stickers which identified it as Covid-19 vaccines with an expiration date of [DATE]. Inside the bag were five (5) prefilled Intramuscular (IM) Moderna Covid 19 vaccine syringes with an expiration date of [DATE]. At this time, LPNUM #1 stated that the overnight shift is responsible for checking the expiration dates and confirmed that the bag should not be in refrigerator.</p> <p>On [DATE] at 1:40 PM during an interview with the surveyor, the Assistant Director of Nursing (ADON) confirmed that the Covid 19 vaccines were expired and should not have been in the refrigerator.</p> <p>On [DATE] at 11:12 AM, during an interview with the surveyor, the Infection Preventionist (IP) confirmed that the overnight staff are responsible for checking expiration dates in the medication rooms and that the Covid 19 vaccines should have been removed from the medication room. When asked why it is important to remove vaccines that are expired, the IP responded that vaccines might not be effective past that date.</p> <p>On [DATE] at 12:19 PM, in the presence of the Licensed Nursing Home Administrator, Regional Nurse, Director of Nursing (DON), acknowledged that the expired vaccine in the medication room refrigerator.</p> <p>A review of the facility policy titled, Medication Storage, last reviewed [DATE], revealed under, Responsibility that: 1.[Licensed Nurse] Checks medication storage at least monthly to ensure all meds and supplies are checked for labels, expiration dates and to ensure the labels are legible. 2. Any meds that will be expiring should be removed before the expiration date. If pending expiration, it will determine if the supply will be completed before expiration date.</p> <p>NJAC-8;.d+[DATE].4</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45209</b></p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide a sanitary and comfortable environment that helped prevent the development and transmission of communicable diseases and infections. The deficient practice was evidenced by the following:</p> <p>On 11/06/24 at 10:58 AM, upon initial tour of the second-floor sub-acute unit, the surveyor observed room [ROOM NUMBER] with an Enhanced Barrier Precautions sign along the doorframe. The surveyor observed inside the room Personal Protective Equipment (PPE) Gown discarded in the resident's personal trash bin.</p> <p>On the same date and time, the surveyor observed room [ROOM NUMBER] with a Contact Precautions Sign along the doorframe. The surveyor observed inside the room a discarded Personal Protective Gown on the resident's floor.</p> <p>On 11/07/2024 at 11:13 AM, during an interview with the surveyor, Licensed Practical Nurse Unit Manager (LPNUM #1) stated that facility expectation was to bring a red biohazard disposable bag into the resident room and place all discarded PPE into the bag and throw it away in the soiled trash room. LPNUM #1 confirmed that PPE is not to be discarded in the resident trash bin or on the floor.</p> <p>On 11/12/24 at 10:22 AM, the surveyor observed in room [ROOM NUMBER] with an Enhanced Precautions Sign along the doorframe. The surveyor observed inside the room PPE discarded in the resident's personal trash bin.</p> <p>On 11/12/2024 at 10:26 AM, during an interview with the surveyor, Certified Nursing Assistant (CNA #1) stated that upon the start of their day, they receive report of residents with a change in status and any resident that is on enhanced barrier protection and/or contact precautions. CNA #1 confirmed that upon entering a room with a precaution sign, they are to bring a red trash bag and discard the PPE in that bag upon exiting the room then bring the bag to the soiled trash room. CNA #1 confirmed that PPE is not to be discarded in resident trash bin or on the floor.</p> <p>On 11/12/2024 at 11:12 AM, during an interview with the surveyor, the Infection Preventionist (IP) acknowledged that PPE disposal was to be in a red bag and brought to the trash room. The IP confirmed that PPE is not to be discarded in resident trash bin or on the floor.</p> <p>On 11/12/2024 at 12:19 PM, in the presence of the Licensed Nursing Home Administrator, Regional Nurse, Director of Nursing (DON), acknowledged that the PPE should not be discarded on the floor or in resident trash bins.</p> <p>A review of the facility document titled Infection Control Manual, last reviewed June 4, 2024, revealed under Isolation- Initiating Transmission Based Precautions that When transmission based precautions are implemented, the infection preventionist or designee shall: C. Ensure that appropriate linen barrel/hamper and waste container with appropriate liner are placed in or near the resident's room.</p> <p>(continued on next page)</p>		

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