

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Cambridge Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 255 East Main St Moorestown, NJ 08057	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide the necessary care and services to ensure that a resident's abilities in activities of daily living specifically by not turning the resident in bed every two hours to prevent skin deterioration. The deficient practice was identified for 2 of 5 residents (Resident # 179, 152) investigated for Activities of Daily Living. The deficient practice was evidenced by the following:</p> <p>A review of Resident # 179's Minimum Data Set (MDS; an assessment tool) dated 9/15/2024 revealed under section "GG" that he/she has lower extremity impairment on both sides. Further, the MDS revealed under section, "M" that he/she is at risk of pressure ulcers/injury.</p> <p>A review of Resident # 179's Care Plan revealed a focus of an Activity of Daily Living (ADL) Self Care Performance deficit related to deconditioned status post hospitalization, pain, and weakness.</p> <p>The Care Plan revealed an intervention for "Bed Mobility" that Resident # 179 requires the assistance of one staff member and a sheet for turning and repositioning. The intervention was dated 4/14/2025.</p> <p>A review of the Physician's Orders located in the Electronic Medical Record (EMR) revealed an order to, "Turn every 2 hours for turning schedule" with a start date of 4/01/2024.</p> <p>A review of the Treatment Administration Record (TAR) located in the EMR revealed blanks in the documentation area for the order to turn every two hours. The blank areas were identified for the following dates and times:</p> <p>4/5/2024 &ndash; 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM.</p> <p>4/13/2024 &ndash; 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM</p> <p>4/20/2024 &ndash; 12:00 PM, 2:00 PM, 6:00 PM, 8:00 PM, 10:00 PM</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/01/2025 at 12:05 during an interview with the surveyor, the Director of Nursing (DON) replied, "After investigation and following up with the nurse, I would make that determination." After the surveyor asked if there are blanks on the Treatment Administration Record and no progress notes referring to the administrations, would you consider that completed. The DON said rotating residents in bed is important because it helps with skin integrity prevention or maintenance.</p> <p>A review of the facility policy titled, "Activities of Daily Living (ADL), Supporting" revised April of 2025 revealed that, Residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs).</p> <p>Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>NJAC § 8:39-27.1 (a)</p> <p>A review of Resident # 152's Minimum Data Set (MDS) an assessment tool dated 05/07/2025 revealed in the Brief Interview for Mental Status (BIMS) that the resident scored a 15 indicating that the resident is cognitively intact. The MDS also revealed in section GG that the resident has bilateral lower extremity impairment and requires substantial/maximum assist with showering.</p> <p>A review of Resident # 152's Care Plan revealed a focus for Activity of Daily Living (ADL) Self-Care Performance deficit related to activity intolerance.</p> <p>The Care Plan revealed an intervention for "Bathing" that Resident # 152 requires the assistance of 1 staff with bathing. The intervention was dated 10/15/2024.</p> <p>A review of the ADL record documentation sheet located in the Electronic Medical Record (EMR) revealed blanks in the documentation area for showering evening shift. The blanks were identified for:</p> <p>07/14/2025 3-11</p> <p>07/17/2025 3-11</p> <p>07/21/2025 3-11</p> <p>07/28/2025 3-11</p> <p>A review of Resident # 152's grievances revealed that on 05/10/2025 the resident filed a grievance regarding his/her shower schedule. The resolution was a shower schedule hung on the residents closet door.</p> <p>On 07/01/25 at 9:30 A.M. during an interview with the Administrator regarding blanks on the ADL record regarding showers and would they be considered performed. The Administrator stated that the resident "may have refused it."</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>Complaint # NJ00172812Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to provide access to the call system while a resident was in bed. The deficient practice was identified for 2 of 8 residents investigated under the Environment Task. (Resident # 2 and Resident # 77)On 07/29/2025 at 10:29 AM, during the initial tour of the facility, the surveyor observed Resident # 2 asleep in bed. At that time, the surveyor observed the handheld call device on the floor adjacent to the bed.On the same date at 10:37 AM, the surveyor observed Resident # 77 awake in bed. At that time, the surveyor observed the handheld call device on the floor adjacent to the bed.On 07/30/2025 at 10:29 AM, the surveyor observed Resident # 77 wake in bed. At that time, the surveyor observed the handheld call device on the floor adjacent to the bed.On 07/31/2025 at 09:40 AM, the surveyor observed Resident # 2 asleep in bed. At that time, the surveyor observed the handheld call device on the floor adjacent to the bed.On the same date at 09:42 AM, the surveyor observed Resident # 77 wake in bed. At that time, the surveyor observed the handheld call device on the floor adjacent to the bed.On 07/31/2025 at 09:43 AM, during an interview with the surveyor, the Certified nursing assistant (CNA) # 1 said that when residents are in bed the handheld call device should be attached to their sheet within their reach.On 08/01/2025 at 09:58 AM, during an interview with the surveyor, the Registered Nurse Unit Manager (RNUM) #1 said that the handheld call system should be clipped to the resident's blanket and within reach when residents are in their bed. The RNUM #1 replied, no when asked if the handheld call device should be on the floor.On 08/01/2025 at 01:01 PM, during an interview with the surveyor, the Director of Nursing (DON) replied, No when asked if the handheld call device should be on the floor when residents are in bed.A review of the facility policy titled, Answering the Call Light dated April 2016 revealed under General Guidelines number 5., When the resident is in bed or confined to a chair be sure the call light is within easy reach of the resident. N.J.A.C. S 8:39-31.8</p>		