STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315201	A. Building B. Wing	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cambridge Rehabilitation and Healthcare Center	255 East Main St Moorestown, NJ 08057

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness.This deficient practice was evidenced by the following:On 7/25/2025 from 09:49 AM to 10:14 AM the surveyor accompanied by the Food Service Director (FSD), observed the following in the kitchen:1. In the walk-in freezer a frozen lasagna was wrapped in plastic wrap with a use by date of 7/25/25. When asked if lasagna should be used, the FSD replied No, I'm going to take it out right now. The expired food was removed by FSD.2. In the walk-in refrigerator a container of chicken noodle soup wrapped in plastic wrap with a use by date of 7/28/25. The expired food was removed by FSD.On 7/30/2025 at 10:36 AM on the [NAME] unit in the pantry 11 plastic cups labeled for 7/30 7-3 were seen stacked facing up and exposed to the air. Licensed Practical Nurse, (LPN) #1 accompanied surveyor to the [NAME] unit pantry to ask about the cups. LPN #1 said she did not know what the cups were for and they shouldn't be out, they should be in a container for infection control reasons. LPN #1 discarded the cups which were left open to air in unsanitary manner. On 7/31/2025 at 09:51 AM on the Laurel Creek unit in the panty a sleeve of plastic cups were seen laying on their side open to air and one cup in the cabinet facing upward open to air in an unsanitary manner.On 8/01/2025 at 12:17 PM The surveyor interviewed Licensed Nursing Home Administrator (LNHA) who said Cups should be contained in a sleeve when not in use.to prevent any food-born illness. The surveyor asked if outdated food should be in the refrigerator or freezer and the LNHA replied No and the importance is To prevent food born illness. A review of an undated facility policy titled Refrigerators and Freezers, revealed under Policy Interpretation and Implementation that 7. All food is appropriately dated to ensure proper rotation by expiration dates. The policy further reveals 9. Supervisors are responsible for ensuring food items in pantry, refrigerators, and freezers, are not past use by or expiration dates. N.J.A.C. 8:39-17.2(g)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review of pertinent facility documents, the facility failed to ensure that food brought to residents by family and other visitors were stored, handled, and consumed in a safe and sanitary manner. This deficient practice was identified for 4 of 6 residents (Resident # 9, Resident # 13, Resident # 26 and Resident # 51) who had personal refrigerators in their bedrooms.The deficient practice was evidenced by the following:On 07/31/2025 at 10:23 AM, the surveyor observed that Resident # 26's personal refrigerator, located in room [ROOM NUMBER]-W temperature log had not been filled out since July 18th.On 07/31/2025 at 10:24AM, the surveyor observed that Resident # 9's personal refrigerator, located in room [ROOM NUMBER]-W, was missing temperature log entries for the whole month of July.On 07/31/2025 at 10:42 AM, the surveyor observed that Resident #51's personal refrigerator, located in room [ROOM NUMBER]-D had no temperature log was on the refrigerator for the month of July.On 07/31/2025 at 10:35 AM the surveyor observed that Resident # 13's personal refrigerator, located in room [ROOM NUMBER]-W temperature log had not been filled out since July 18th.07/31/2025 at 10:44 AM, during an interview with the surveyor, the Registered Nurse (RN) said that nursing staff was responsible for cleaning, checking and documenting the personal refrigerators in residents' rooms. The RN was unsure how often the temperatures needed to be check and said the 11-7 shift was responsible to that.07/31/2025 at 12:14 AM, during an interview with the surveyor, the Licensed Nursing Home Administrator said personal refrigerator temperatures should be checked daily to prevent food born illnesses.A review of the facility's dated policy September 2022, titled, Refrigerators and Freezers-Resident Personal, revealed, Designated employees will check and record refrigerator and freezer temperatures daily. NJAC 8:39-17.2(g)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Number of residents sampled:Number of residents cited:This deficient practice was evidenced by the following:A review of Resident # 14's admissions record revealed that, Resident # 14 was admitted with but not limited to Heart Failure, and Peripheral Vascular Disease (a condition in which narrowed arteries reduce blood flow to the arms or legs).A review of Resident #14's admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 06/27/2025 revealed under section N that the resident was ordered an anticoagulant (a medication that helps thin the blood).A review of Resident #14's Electronical Medical Record revealed a physician's order with a state date of 05/26/2025 for apixaban (a medication that helps thin the blood) 5 milligrams to be given every twelve hours. A review of the current Care Plan (CP) for Resident #14 did not include documentation of a CP focus area or interventions for the use of an anticoagulant.During an interview on 08/01/2025 at 09:58 AM with the surveyor the Unit Manger Registered Nurse (UMRN)# 1 said that care plan consists of focus areas for falls, wounds, catheters, certain medications and diagnoses. When asked if Resident #14 should be care planned for oxygen the UMRN replied, Yes, but it's not in there. I must have missed it.During an interview on 08/01/2025 at 12:14 PM with the surveyor the Director of Nursing stated, there should be a focus or an intervention on use of an anticoagulant on the resident's care plan.A review of a facility provided policy titled Care Plans, Comprehensive Person-Centered revealed under section Policy Statement that, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. NJAC 8:39-27.1(a)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 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: 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. 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. 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. 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. 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: 4/5/2024 – 8:00 AM, 10:00 AM, 12:00 PM, 2:00 PM. 4/13/2024 – 4:00 PM, 6:00 PM, 8:00 PM, 10:00 PM 4/20/2024 – 12:00 PM, 2:00 PM, 6:00 PM, 8:00 PM, 10:00 PM 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. 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). 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.” NJAC § 8:39-27.1 (a) (continued on next page)

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 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. The Care Plan revealed an intervention for “Bathing” that Resident # 152 requires the assistance of1 staff with bathing. The intervention was dated 10/15/2024. 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: 07/14/2025 3-11 07/17/2025 3-11 07/21/2025 3-11 07/28/2025 3-11 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. 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.” A review of the facility policy titled, “Bathing and showering” revised February 19, 2024, revealed that “the interdisciplinary team will develop bathing/showering schedules with resident and/or representative,” It further revealed that “Provision of refusal of showers and/or tub baths will be documented in the medical record by the certified nursing assistant and/or licensed nurse.” 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 appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out services of daily living independently received the services necessary to maintain good nutrition, grooming, and personal and oral hygiene, NJAC 8:39-27.1(a)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on interview, record review, and other pertinent facility documents, it was determined that facility to failed to ensure residents received the appropriate pain management by administering pain medications according to the physician's ordered pain level parameters. This deficient practice was identified in 2 of 4 residents reviewed for pain (Resident #7 and #49) and was evidenced by the following: 1.On 7/29/2025 at 10:47 AM, during the initial tour Resident #7 was in the room in bed. The resident's left leg was elevated on pillows and the resident appeared comfortable to the surveyor. The surveyor reviewed the medical record for Resident #7.A review of the Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; fracture of the lower extremity, diabetes (high blood sugar), and depressive disorder.A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 7/11/25, section C for cognitive patterns revealed the resident had a Brief Interview of Mental Status of 15, meaning the resident was cognitively intact. Section J of the MDS, health conditions indicated the resident was receiving a pain management regime. The pain assessment indicated pain was present and frequently affected sleep and therapy activities.A review of the physician orders showed the following orders related to pain management. Oxycodone (narcotic analgesic) 15 milligrams (mg) one tablet every four hours as needed for severe pain (7-10 on numeric pain scale). Acetaminophen (Tylenol, a non-narcotic analgesic) 325 mg Give 2 tablets by mouth every 6 hours as needed for Pain.A review of Resident #7 individualized comprehensive care plan (ICCP) included a focus area of acute pain related to left ankle fracture with surgical repair. Interventions included administering pain medication as ordered by the physician and evaluate the effectiveness of the pain management.A review of the Medication Administration Record (MAR) indicated that Resident #7 received 92 doses of Oxycodone in the month of July. Nine of the doses were given outside of the pain parameter as ordered by the physician.7/11/25-pain level zero7/11/25-pain level six7/12/25-pain level two7/16/25-pain level three7/17/25-pain level three7/19/25-pain level six7/23/25-pain level three7/25/25-pain level six7/30/25-pain level fiveOn 07/30/2025 at 11:13 AM, the surveyor interviewed the resident regarding pain. Resident #7 told surveyor they fractured ankle and required surgery. The resident stated they were receiving pain medication with relief. 2. 7/31/25 at 10:15 AM, Resident #49 was in bed with eyes closed, the resident appeared comfortable at the time of the observation.The surveyor reviewed the medical record for Resident #49.A review of the Face Sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to asthma (airways become inflamed causing difficulty breathing), opioid dependence, hypertension (high blood pressure), and fracture of one rib.A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 6/25/25, section C for cognitive patterns revealed the resident had a Brief Interview of Mental Status of 15, meaning the resident was cognitively intact. Section J of the MDS, health conditions indicated the resident was receiving a pain management regime. The pain assessment indicated pain was present and occasionally affected sleep and day to day activities.A review of the physician orders showed the following orders related to pain management. Oxycodone (narcotic analgesic) Extended release 40 mg one tablet every 12 hours and Oxycodone 20 mg every four hours as needed for severe pain (8-10 pain scale).A review of Resident #49 individualized comprehensive care plan (ICCP) included a focus area of pain and/or potential for pain related to arthritis, chronic pain, depression, and impaired skin integrity. Interventions included administering pain medication as ordered by the physician and evaluate the effectiveness of the pain management and notify physician if interventions are unsuccessful.A review of the Medication Administration Record (MAR) indicated that Resident #49 received 93 doses of Oxycodone in the month of July. Twelve of the doses were given outside of the pain parameter as ordered by the physician.7/3/25-pain level 67/4/25-pain level 67/5/25-pain level 57/6/25-pain level 67/10/25-pain level 67/10/25-pain level 77/13/25-pain level (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	77/15/24-pain level 7 7/20/25-pain level 77/26/25-pain level 77/29/25-pain level 67/29/25-pain level 6On 7/31/25 at 11:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding pain medication and pain scales. The LPN told the surveyor the numeric pain scale was 1 to 3 for mild pain, 4 to 7 for moderate pain, and 8 to 10 for severe pain. The surveyor asked what if a resident had pain outside of the parameters that a physician ordered and the LPN stated she would have to call the physician to have either a onetime dose of a medication or an order for a medication for a less severe pain.On 8/5/25 at 9:15 AM, the surveyor reviewed the policy titled, Pain-Clinical Protocol. The policy had a revision date of 4/2025. Under the section Treatment and Management, the policy read that the lowest possible effective dose was prescribed for the shortest time possible with ongoing staff monitoring for effectiveness.NJAC 8:39-27.1 (a)

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 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