STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315204	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canterbury at Cedar Grove	398 Pompton Avenue Cedar Grove, NJ 07009

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 48617 Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to ensure sufficient and competent staff were available to provide timely and appropriate incontinence care for Resident #5 who was dependent on staff for their Activities of Daily Living (ADLs) care. This was observed on 09/16/2024 during the surveyor's incontinence rounds on the third floor nursing unit. The deficient practice had the potential to affect all residents and was evidenced by the following: According to the facility's Transfer/Discharge Report (TDR), resident information revealed Resident #5 had diagnoses of but not limited to Cerebral Infarction, Seizures, Heart Failure, Aphasia, and Hypertension. Resident #5's TDR further entailed his/her list of medications which indicated should be administered via [through] a G-tube (gastrostomy tube, a tube inserted through the wall of the abdomen directly into the stomach). According to Resident #5 Minimum Data Set (MDS), an assessment tool that provides a comprehensive assessment of each resident's functional capabilities and helps the facility identify residents' health problems, dated 08/06/2024, revealed that Resident #5 Brief Interview for Mental Status (BIMS) Cognitive Skills is severely impaired. Resident #5's MDS further indicated in Section GG Functional Abilities and Goals that Resident is dependent on staff for the completion of his/her ADLs. On 09/16/2024 at 12:17 pm [afternoon], the surveyor toured the third floor nursing unit in the presence of the Unit Manager (UM) Licensed Practical Nurse (LPN #1). The UM stated her Unit has two wings and the census was 55. The UM further stated there were two nurses and three Certified Nursing Assistants (CNA)s assigned to the residents. The surveyor with the UM observed Resident #5 in bed. UM stated Resident #5 was non-verbal and had a feeding tube. The UM further stated Resident #5 was dependent on staff for his/her ADLs. (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
	315204	A. Building B. Wing	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Canterbury at Cedar Grove	398 Pompton Avenue Cedar Grove, NJ 07009

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 09/16/2024 at 12:43 pm, CNA #1 was observed going in to the Resident's room. The surveyor then asked CNA #1 if she was assigned to Resident #5 to which the CNA affirmed she was. At that point, the surveyor requested to observe CNA #1. CNA #1 proceeded after donning on a gown and putting on a mask and a pair of gloves, lowered the head of bed of the Resident and opened the front of Resident's diaper while Resident was on their back. Surveyor then asked CNA #1 to turn the Resident on their side and pulled down the Resident's diaper. In the presence of the Unit Manager and CNA #1, the surveyor observed the Resident's green diaper to be covered with brown excrement [feces] and was saturated in brown and strong-smelling urine. When asked by the surveyor, CNA #1 stated I have a lot of patients and when asked how often she would change dependent residents assigned to her, CNA #1 stated I would check on them frequently and change at least once a shift. At this point, the UM stated, CNAs would check and change residents at least once a shift. A review of the 7-3 CNA Assignment Sheet for 09/16/2024 on third floor nursing unit, revealed that for the resident census of 55, there were three CNAs assigned. One CNA for Assignment 1 had nineteen residents to care of, CNA with Assignment 2 had nineteen residents to care of, and CNA with Assignment 3 had seventeen residents for care. On 09/16/2024 at 12:53 pm, the surveyor interviewed CNA #2 (who had Assignment 2) stated she had nineteen residents to care of today. She further stated, it is always under staff everyday. On 09/16/2024 at 4:28 pm, surveyor interviewed Director of Nursing (DON) and the Regional Clinical Nurse (RCN). The DON and RCN were made aware of the incontinence observation in third floor nursing unit and the staffing ratio. The DON stated she was fully aware of the staffing deficits and the facility was working on the staffing problems were in progress. The DON acknowledged of the lack of incontinence care and was working on it as well. Review of the facility's policy on INCONTINENCE CARE revised on 09/2024, Policy: Based on the resident's comprehensive assessment, all residents who are incontinent will receive appropriate treatment and services; Policy Explanation and Compliance Guidelines: . (4) Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible. NJ 8:39-25.2 (a)