

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Hammonton Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N White Horse Pike Hammonton, NJ 08037	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48618</p> <p>COMPLAINT #: NJ00179283</p> <p>Based on observation, interviews, medical record review, and review of other pertinent facility documents on 11/01/24, 11/04/24, and 11/06/24, it was determined that the facility failed to develop a comprehensive person-centered care plan (CP) for a resident that included action taken by staff to educate the resident regarding alternatives and consequences. The facility also failed to follow its Care Plans - Comprehensive policy.</p> <p>The deficient practice was identified for 1 of 9 residents (Resident #9) reviewed for CP and was evidenced by the following:</p> <p>On 11/06/24 Surveyor #2 observed Resident #9 seated in a wheelchair dressed in a sweatshirt and pants. The resident was self-propelling the wheelchair out of the elevator onto the first floor. The resident stated recalling a recent incident that involved him/her and another resident.</p> <p>Surveyor #2 reviewed Resident #9's Admission Record which revealed that the resident was admitted to the facility with diagnoses that included but were not limited to: cerebral aneurysm (a bulge or ballooning in a blood vessel in the brain), cognitive communication deficit, and adjustment disorder.</p> <p>Surveyor #2 reviewed Resident #9's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 11/07/24, which revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the resident's cognition was intact.</p> <p>Surveyor #2 reviewed Resident #9's progress notes which contained a social service note that revealed:</p> <p>10/31/24 at 3:24 PM: IDT met on this date . Smoking was suspended for 2 days. [Resident #9] was found out back again by staff smoking a cigarette. [He/She] is now suspended for 7 days.</p> <p>Surveyor #2 reviewed a Smoking Violation Notice which was provided by the facility for Resident #9, dated 10/30/24. Under the Intervention(s) section, two items were checked: Room search as needed, and Other 2 days.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor #2 reviewed Resident #9's CP which revealed that the resident had a focus that indicated that the resident was a smoker that was initiated on 02/13/24. Under the Interventions section, revealed that staff were to, Reeducate as needed to facility smoking rules/policy, which was initiated on 02/13/24. Further review of the CP showed no additional revision or updates.</p> <p>On 11/06/24, at 1:45 P.M., Surveyor #2 interviewed the Director of Social Services (DSS) who stated that she recalled catching Resident #9 smoking in a non-designated smoking area. She stated that Resident #9 handed the item to her, which she destroyed. The DSS further added that the resident agreed to a room search and was suspended from smoking for two days, and that this was obtained in writing. The surveyor asked the DSS if she was responsible for updating care plans, to which she stated, I do not update care plans and I have never been instructed to do so.</p> <p>On 11/06/24, at 2:47 PM, Surveyor #2 interviewed the Director of Nursing (DON) who stated that Resident #9's care plan should have been updated to reflect the incident that occurred on 10/30/24.</p> <p>Review of the facility's Care Plans - Comprehensive policy, reviewed 08/02/24, revealed a Procedure section that included, 8. The comprehensive, person-centered care plan will: .f. Incorporate identified problem areas; g. Incorporate risk factors associated with identified problems .</p> <p>NJAC: 8:39-11.2(i); 27.1(a)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>50913</p> <p>Based on interviews and review of other pertinent facility documents on 11/01/24, 11/04/24, and 11/06/24, it was determined that the facility failed to ensure that the Administrator ensured that two staff that were currently working as Assistant Administrators were licensed as Nursing Home Administrators (NHA) per the facility's Job Description for Assistant Nursing Home Administrator.</p> <p>On 11/01/24, at 10:20 AM, the surveyor completed the entrance conference with Assistant Administrator (AA) #1, who stated that he had worked at the facility for 2.5 months.</p> <p>On 11/01/24, at 2:20 PM, Surveyor #1 requested a copy of Nursing Home license from AA #1 and AA #2. AA #1 stated that he was licensed in New York and not in New Jersey. AA #2 stated that he did not have a Nursing Home Administrator License. Both AA #1 and AA #2 stated that their job titles at the facility were Assistant Nursing Home Administrator.</p> <p>On 11/01/24, at 2:43 PM, AA #1 verified that he is a licensed Administrator in New York, and not in New Jersey. A copy of the license was provided for review.</p> <p>48618</p> <p>Surveyor #2 reviewed the undated, Hammonton Center Job Description for an Assistant Nursing Home Administrator which revealed the following under the Minimum Requirements section, This position requires the incumbent to be licensed as a Nursing Home Administrator . The license must be in good standing .</p> <p>On 11/04/24 at 1:35 P.M., Surveyor #2 interviewed the Administrator who stated that he was aware that AA #1 and AA #2 were not licensed in the State of New Jersey as NHAs. In the presence of the surveyor, the Administrator reviewed the Hammonton Center Job Description for Assistant Nursing Home Administrator and stated, Oh I see it. The Administrator did not add any additional information.</p> <p>N.J.A.C.: 8:39-9.3(a), (4)</p>