STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315213	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Springs Rehabilitation and Healthcare Ctr	1049 Burnt Tavern Road Brick, NJ 08724

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 38079 Complaint # NJ 160656 Based on interview, record review, and review of other facility documents, it was determined that the facility failed to ensure medications, treatments, and Enteral feedings were administered within the required time frame consistent with professional standards and facility policy. This deficient practice was identified for 1 of 7 residents (Resident # 234) reviewed for medication, treatment, and Enteral feedings administration. The deficient practice was evidenced by the following: Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist. Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist. A review of Resident # 234's Admission Record revealed diagnoses which included but were not limited to; retention of urine, other symbolic dysfunctions (a breakdown in communications), and dysphagia (difficulty in swallowing). A review of the most recent comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate resident care dated 11/08/2022, included but was not limited to; Section G documented the resident required staff assistance for Activities of Daily Living (ADLs), and Section K0510 that the resident required a feeding tube while a resident at the facility. (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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the Order Summary Report, active orders as of 11/30/2022, included but were not limited to; Enteral Feed . every shift [name redacted] via feeding pump at 65 ml (milliliters) per hour X 18 hours or until total volume infused: total volume = 1200 ml; Enteral feeding via bolus every 4 hours, 5 times a day; Apixaban 5 mg (milligram) 1 tablet via PEG-tube (a tube inserted directly into the stomach) two times a day; Metoprolol 50 mg give 1 tablet via PEG-tube two times a day; Phos-NaK (phosphorus, sodium, potassium) 280-160-250 mg give 1 packet via G-tube before meals and at bedtime; active liquid protein 30 ml two times a day; Ipratropium-Albuterol 0.5-2.5 mg/3 ml inhale orally four times a day; tamsulosin Capsule 0.4 mg give 2 capsules via PEG-tube in the evening; and Nystatin suspension 1000000 unit/ml give 5 ml by mouth every 6 hours. On 11/08/2022, an order for Augmentin 500-125 mg give 1 tablet via G-tube three times a day for infection until 11/09/2022. A review of the Medication Admin (Administration) Audit Report dates run 11/01/2022 through 12/02/2022, identified the following as being administered 2 or more hours late: Enteral Feeding [name redacted] either via pump or bolus 16 times on 11/02/2022 x 1; 11/03/2022 x 2; 11/04/2022 x 2; 11/05/2022 x 1; 11/06/2022 x 1; 11/07/2022 x 2; 11/16/2022 x 2; 11/22/2022 x 2; 11/25/2022 x 1; 11/28/2022 x 1; and 11/30/2022 x 1. Apixaban 22 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022 through 11/13/2022; 11/16/2022; 11/17/2022; 11/18/2022; 11/21/2022; 11/22/2022; 11/23/2022; 11/24/2022; 11/25/2022; 11/27/2022; 11/28/2022; 11/29/2022; and 11/30/2022. Augmentin 1 time on 11/08/2022. Metoprolol 6 times on 11/03/2022; 11/08/2022; 11/13/2022; 11/18/2022; 11/24/2022; and 11/28/2022. PhosNaK 13 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022; 11/08/2022; 11/09/2022; 11/10/2022; 11/11/2022; 11/12/2022; 11/13/2022; 11/18/2022; 11/19/2022; and 11/28/2022. Active Liquid Protein 4 time on 11/17/2022; 11/23/2022; 11/24/2022; and 11/30/2022. Ipratropium-Albuterol 16 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022; 11/08/2022; 11/09/2022; 11/10/2022; 11/11/2022; 11/16/2022; 11/22/2022; 11/23/2022; 11/24/2022; 11/25/2022 x 2; 11/28/2022; and 11/29/2022. Tamsulosin 11 times on 11/03/2022; 11/04/2022; 11/08/2022; 11/09/2022; 11/12/2022; 11/14/2022; 11/17/2022; 11/22/2022; 11/23/2022; 11/24/2022; and 11/28/2022. Nystatin suspension 7 times on 11/08/2022; 11/09/2022; 11/13/2022; 11/23/2022; 11/24/2022; 11/26/2022; and 11/28/2022. A review of the Progress Notes failed to document medications, treatments, or Enteral feedings being administered late or the physician and family notification. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/09/2024 at 10:42 AM, during an interview with the surveyor, a Licensed Practical Nurse (LPN) stated the process for Enteral feedings was to gather the supplies, prime the feeding tube, use a stethoscope to ensure correct placement of the feeding tube, flush the tube with water, and hook up and start the feeding or medication administration. She further stated that the dressing would be changed daily, and that staff were to provide continuous feedings and bolus feedings as close to the ordered time as possible. The LPN stated that the staff would only have an hour before or after the ordered times to administer feedings, treatments, and medications. On 07/10/2024 at 8:37 AM, the Registered Dietitian (RD) stated it was important to administer tube or bolus feedings in a timely fashion, and that it was vital to see if the resident could be eating orally and if they still need the bolus. She further stated, you don't want to cram it [the enteral feedings] if you are late which it shouldn't be, and that staff would have to check for residuals (Enteral feed that had not been absorbed and left in the stomach). When inquired if an Enteral feeding was administered two or more hours late, the RD stated, That's a big stretch and it should be documented why it was late. When asked about Resident #234, the RD stated she was not the RD at the facility at that time. On 07/10/2024 at 12:12 PM, during an interview with the surveyor, a second LPN stated the process for administering a feeding or medications via a PEG tube. She stated that the staff should flush the tube, and check for residual and placement. She stated that she was caring for a resident who had a G-tube and was being administered bolus feedings which would be done via gravity. On 07/10/2024 at 1:04 PM, the Director of Nursing (DON) stated the nurses should be documenting as they are administering Enteral feedings, medications, and treatments. She stated the best practice was to check off the medication or treatment at the time it was administered. When asked about the Medication Admin Audit Report, the DON was unable to provide additional information as to why the medications, treatments, and Enteral feedings were documented as being administered two or more hours late. A review of the facility provided policy, Enteral Nutrition revised 2018, included but was not limited to; Policy Statement: Adequate nutritional support through enteral nutrition is provided to residents as ordered. A review of the facility provided policy, Administering Medications undated, included but was not limited to; Medications are administered in a safe and timely manner, and as prescribed. Policy: 4. medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified . 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR (Medication Administration Record) space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones. NJAC 8:39-27.1(a)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49712 C/O # NJ163363 Based on interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to: a) assess a resident (Resident #534) in a timely manner by a Registered Nurse (RN) who had an unwitnessed fall which resulted in the resident experiencing pain and a right hip fracture. Resident #534 fell on [DATE] at approximately 6:00 PM, and was not assessed until the next day at approximately 10:15 AM (over 12 hours) by the Medical Doctor. This deficient practice was identified for 1 of 4 residents reviewed for falls; and b) failed to ensure that there was a physician order for the use and monitoring of a safety device (Wander Bracelet) used to prevent residents from elopement (leaving a specified area without permission or supervision) in place. This deficient practice was identified for 1 of 6 residents reviewed for accidents (Resident #107). This deficient practice was evidenced by the following: A review of an undated facility provided policy titled, Assessing Falls and Their Causes revealed under Steps in the Procedure, After a Fall: 1. If a resident has just fallen or is found without a witness to the event evaluate for possible injuries to the head, neck, spine, and extremities. 3. If there is evidence of injury, provide appropriate first aid and/or obtain medical treatment immediately. 5. Notify the resident's attending physician and family in an appropriate time frame. a. When a fall results in a significant injury or condition change, notify the practitioner immediately by phone. The policy also revealed, under Documentation, that When a resident falls, the following should be recorded: 1. The condition in which the resident was found (e.g., resident found lying on the floor between bed and chair). 2. Assessment data, including vital signs and any obvious injuries. 3. Interventions, first aid, or treatment administered. 4. Notification of the physician and family, as indicated. 5. Completion of a falls risk assessment. 6. Appropriate interventions taken to prevent future falls. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	7. The signature and title of the person recording the data. 1) According to the Admission Record, Resident #534 was admitted to the facility with diagnoses including but not limited to: Dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time). According to the Minimum Data Set (MDS), an assessment tool used to facilitate care dated 02/12/2023, Resident #534 had a Brief Interview for Mental Status (BIMS) score of 02/15, indicating severely impaired cognition. Section GG indicated that Resident #534 was independent with walking in the corridor. A review of the Progress Notes revealed the following: a) On 04/17/2023 at 8:10 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM#2) was alerted by staff that Resident #534 had fallen on 04/16/2023 at about 6:00 PM. LPN/UM #2 went to check on the resident who was still in bed. Resident #534 stated he was in pain while pointing to his right hip which was externally rotated. Resident #534 was unable to move their right lower extremity without pain. LPN/UM #2 called the Nurse Practitioner and received orders for x-rays of right hip, pelvis, and lower extremity and pain medication. The Medical Doctor (MD) was asked to consult. b) On 04/17/2023 at 10:15 AM, the MD assessed Resident #534. The resident stated his right hip pain was 10/10 (10 being the highest level on the pain scale). c) On 04/17/2023 at 10:16 AM, the MD ordered the resident to be sent to ER (emergency room) for a possible right hip fracture. d) On 04/17/2023 at 11:19 AM, the resident was transported to the ER. e) On 04/17/2023 at 18:08 PM (6:08 PM), Resident #534 was admitted to the hospital with a closed fracture of the right hip (a fracture that does not break the skin). A review of the facility investigation titled Full QA (Quality Assurance) Report dated 4/17/2023, revealed the following under the Summary: (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Resident # 534 had an unwitnessed fall resulting in an injury. The resident fell in front of the nursing station. Certified Nursing Assistant (CNA #2) heard the resident fall and went to check on the resident. CNA #2 then notified the assigned Licensed Practical Nurse (LPN #2). The resident was brought back to their room and further assessed for injury. LPN #2 said the resident had no visible redness or bruising injuries noted and was observed without any complaints of pain. LPN #2 failed to follow the facility policy and standard of practice for unwitnessed falls and failed to notify the Registered Nursing (RN) supervisor to conduct a full body assessment. In addition, LPN #2 also failed to complete a risk report, document in the medical record, endorse the incident to the following shift, and notify primary medical doctor and the resident's family. On 04/17/2023, at approximately 8:00 AM, CNA #2, who was present the night before when the fall happened, approached LPN/UM #2 inquiring about how Resident #534 was doing. LPN/UM #2 immediately assessed the resident who complained of pain to their right hip area, was unable to move their right lower extremity when asked and the right leg was noted to be externally rotated. Vitals were obtained, neurological checks initiated, ice was applied to right hip area and Tylenol was administered. The Director of Nursing (DON), Administrator, Advanced Practical Nurse (APN), and the resident's family were notified of incident. New orders were given for x-rays of right hip, pelvis, and lower extremity; and for Tramadol 50 milligrams twice day for pain. The Physiatrist (Rehabilitation physician) was in the facility at the time and staff requested a consult. An assessment was completed and new orders were received to send the resident to the ER for further evaluation. Resident #534 was admitted with a diagnosis of a closed right hip fracture. The resident did not return to the facility. During an interview with the surveyor on 07/10/2024 at 10:01 AM, CNA #2 who originally reported the fall stated, I don't really remember that night, it was a long time ago. When asked what would you do if you found a resident on the floor, CNA #2 replied, I would call for the nurse and stay with the resident until the nurse got there. During an interview with the surveyor on 07/10/2024 at 12:05 PM, LPN/UM #2 stated, I don't remember that incident. The surveyor asked LPN/UM #2 when should a resident be assessed after a fall. LPN/UM #2 told the surveyor that Residents should be assessed immediately after a fall by the RN supervisor. During an interview with the surveyor on 07/10/2024 at 01:12 PM, the DON replied Yes, when asked if LPN #2 should have notified an RN to assess Resident #534 after the fall. The DON also replied Yes, when asked if LPN #2 should have reported the fall at that time. The DON also stated, The resident should have been assessed right away. 41442 A review of the facility policy titled, Wander Management and Elopement Prevention, updated March 2022 revealed: 2. The staff will implement a wander management system device, if recommended, as a part of the plan of care. 3. Resident care plans will include resident specific interventions to ensure safe wandering and prevent elopement. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	4. The wander management system device will be used in conjunction with other resident-specific interventions for the management of unsafe wandering. 2) According to the Admission Record, Resident #107 was admitted with diagnoses that included but were not limited to; Senile Degeneration of the Brain, Alzheimer's Disease, and Dementia. During the initial tour on 07/09/2024 at 09:22 AM, Resident #107 was observed in their room eating breakfast. At that time, a Wander Bracelet (a device that would alarm and lock doors to prevent a resident from leaving an area attended) was fastened to their right ankle. A review of Resident #107's Physician Orders did not include a physician order for a Wander Bracelet monitoring device. A review Resident #107's Care Plan did not include a focus area for the Risk for Elopement and no indication that a Wander Bracelet was placed to the right ankle. A review the most recent MDS dated [DATE], revealed Resident #107 had severe cognitive impairment. Under Section P-Restraints and Alarms, there was no documentation that a Wander/Elopement alarm was used. A review of a Quarterly Evaluation dated 04/12/2024, under the Elopement/Wandering Risk Evaluation section, indicated that Resident #107 was assessed and found to have at risk behaviors including wandering aimlessly and had actual/potential risk for elopement. Included in the interventions was a Wander Bracelet. During an interview with the surveyor on 07/10/2024 at 12:45 PM, LPN/UM #2 verified that Resident #107 did not have a Physician Order or Care Plan for a Wander Bracelet. At that time, LPN/UM #2 indicated that she would get working on it. During an interview with the surveyor on 7/11/2024 at 01:11 PM, the DON stated that the process for assessing for risk of elopement is done on admission and as needed. The DON stated that if a resident was indicated to be at risk and a Wander Bracelet was recommended, the Physician would be notified and an order for a Wander Bracelet would be obtained. In addition, the family is notified and the Care Plan is updated. NJAC 8:39 - 27.1 (a)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 41442 Based on observation, interview, record review, and review of other facility documentation, it was determined that the facility failed to provide the necessary care and maintenance of respiratory equipment for 1 of 2 residents reviewed for respiratory care (Resident #6). This deficient practice was evidenced by the following: During initial tour on 07/08/2024 at 8:08AM, the surveyor observed Resident # 6 oxygen tubing not labeled, and the bag that held the tubing when not in use was also not dated. On 07/09/2024 at 09:11 AM during an observation of Resident #6, the Oxygen tubing was not labeled or dated. On 07/10/24 at 10:12 AM during an observation of Resident #6, the oxygen tubing and bag were not labeled or dated. According to the Admission Record, Resident #6 was admitted to the facility with diagnoses including but not limited to, Respiratory Failure with Hypoxia and Asthma. A review of the Order Summary Report revealed a physician order initiated date of 01/24/24 for oxygen at 2 liters/minute via nasal canula (a device that delivers extra oxygen through a tube into the nose) every shift continuous. In addition, for the care of the respiratory equipment; Change Oxygen Tubing, Humidifier, and clean filter weekly on Fridays 11-1 shift, and as needed, date and label tubing and humidifier bottle. During an interview with the surveyor,on 07/09/2024 at 12:00 PM, LPN/UM #2 stated that the respiratory equipment is maintained by nursing. She added that respiratory equipment is changed weekly on Fridays night shift. When equipment is changed, it should be documented in the Electronic Record and that the equipment should be dated and initialed. During an interview with the surveyor on 07/11/2024 at 12:10 PM, the Infection Preventionist stated that during infection control rounds on the units, he checks that respiratory equipment is properly dated and changed weekly and Oxygen tubing should be dated. During an interview on 07/11/2024 at 01:28 PM, the Director of Nursing (DON) stated that all oxygen equipment is to be changed weekly on Friday night shift. She added that the tubing and storage bag should be dated with the last change date. A review of a facility policy titled, Oxygen Administration, with a revised date of 10/2010, revealed, Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. N.J.A.C.8:39-27.1(a)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 34423 Complaint # NJ00168248, NJ00168274 Based on interviews, review of the Nurse Staffing Report and the PB&J (Payroll Based Journal) report and other facility documentation, it was determined that the facility failed to ensure there was sufficient nursing staff on a 24-hour basis to provide nursing care to the residents. This deficient practice was evidenced by the following: A review of the Facility Assessment revealed under the Staffing Guidelines that the facility created a staffing pattern to ensure their residents needs are met on a consistent basis. The assessment went on to indicate that Our facility staffing pattern provides a base to ensure that the facility has a sufficient number of qualified staff to meet the needs of the residents. We incorporate the State of New Jersey's regulatory requirements for ratios of direct care staff members to residents into our staffing baseline. A review of the Nurse Staffing Reports revealed the following: 1.For the 2 weeks of Complaint staffing from 01/08/2023 to 01/21/2023, the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows: -01/08/23 had 9 CNAs for 138 residents on the day shift, required at least 17 CNAs. -01/09/23 had 10 CNAs for 137 residents on the day shift, required at least 17 CNAs. -01/10/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs. -01/11/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs. -01/12/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs. -01/13/23 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/13/23 had 9 total staff for 136 residents on the overnight shift, required at least 10 total staff. -01/14/23 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/15/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/16/23 had 10 CNAs for 136 residents on the day shift, required at least 17 CNAs. -01/17/23 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-01/18/23 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs. -01/19/23 had 12.5 CNAs for 138 residents on the day shift, required at least 17 CNAs. -01/20/23 had 11.5 CNAs for 138 residents on the day shift, required at least 17 CNAs. -01/21/23 had 11 CNAs for 141 residents on the day shift, required at least 18 CNAs. 2. For the week of Complaint staffing from 02/05/2023 to 02/11/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows: -02/05/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs. -02/05/23 had 9 total staff for 137 residents on the overnight shift, required at least 10 total staff. -02/06/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs. -02/07/23 had 11 CNAs for 133 residents on the day shift, required at least 17 CNAs. -02/08/23 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs. -02/09/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs. -02/10/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs. -02/11/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs. 3. For the week of Complaint staffing from 04/16/2023 to 04/22/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -04/16/23 had 10 CNAs for 137 residents on the day shift, required at least 17 CNAs. -04/17/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs. -04/18/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs. -04/19/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs. -04/20/23 had 10 CNAs for 142 residents on the day shift, required at least 18 CNAs. -04/21/23 had 10 CNAs for 142 residents on the day shift, required at least 18 CNAs. -04/22/23 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs. 4. For the week of Complaint staffing from 10/08/2023 to 10/14/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: (continued on next page)

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	315213	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Springs Rehabilitation and Healthcare Ctr	1049 Burnt Tavern Road Brick, NJ 08724

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-10/08/23 had 11.5 CNAs for 133 residents on the day shift, required at least 17 CNAs. -10/09/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs. -10/10/23 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs. -10/11/23 had 11 CNAs for 126 residents on the day shift, required at least 16 CNAs. -10/12/23 had 10 CNAs for 126 residents on the day shift, required at least 16 CNAs. -10/13/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs. -10/14/23 had 12.5 CNAs for 124 residents on the day shift, required at least 15 CNAs. 5. For the 2 weeks of Complaint staffing from 12/17/2023 to 12/30/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -12/17/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/18/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/19/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/20/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/21/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs. -12/22/23 had 10 CNAs for 119 residents on the day shift, required at least 15 CNAs. -12/23/23 had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs. -12/24/23 had 9 CNAs for 119 residents on the day shift, required at least 15 CNAs. -12/25/23 had 12.5 CNAs for 119 residents on the day shift, required at least 15 CNAs. -12/26/23 had 8 CNAs for 120 residents on the day shift, required at least 15 CNAs. -12/27/23 had 12 CNAs for 120 residents on the day shift, required at least 15 CNAs. -12/28/23 had 10 CNAs for 120 residents on the day shift, required at least 15 CNAs. -12/29/23 had 12 CNAs for 123 residents on the day shift, required at least 15 CNAs. -12/30/23 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs. 6. For the week of Complaint staffing from 01/21/2024 to 01/27/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: (continued on next page)

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-01/21/24 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs. -01/22/24 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs. -01/23/24 had 11 CNAs for 129 residents on the day shift, required at least 16 CNAs. -01/24/24 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs. -01/25/24 had 11 CNAs for 129 residents on the day shift, required at least 16 CNAs. -01/26/24 had 11 CNAs for 128 residents on the day shift, required at least 16 CNAs. -01/27/24 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs. 7. For the week of Complaint staffing from 02/25/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -02/25/24 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/26/24 had 11 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/27/24 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/28/24 had 9 CNAs for 132 residents on the day shift, required at least 16 CNAs. -02/29/24 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs. -03/01/24 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs. -03/02/24 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs. 8. For the 2 weeks of Complaint staffing from 05/12/2024 to 05/25/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -05/12/24 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs. -05/13/24 had 10.5 CNAs for 144 residents on the day shift, required at least 18 CNAs. -05/14/24 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs. -05/15/24 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. -05/16/24 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs. -05/17/24 had 11 CNAs for 142 residents on the day shift, required at least 18 CNAs. -05/18/24 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-05/19/24 had 12.5 CNAs for 142 residents on the day shift, required at least 18 CNAs. -05/20/24 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/21/24 had 11 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/22/24 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/23/24 had 10.5 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/24/24 had 10 CNAs for 139 residents on the day shift, required at least 17 CNAs. -05/25/24 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs. 9. For the 1 week of staffing prior to survey from 06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows: -06/30/24 had 9.5 CNAs for 144 residents on the day shift, required at least 18 CNAs. -07/01/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs. -07/02/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs. -07/03/24 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs. -07/04/24 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs. -07/05/24 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs. -07/06/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs. During the initial tour on 07/08/2024 at 08:12 AM, the surveyor asked for census and current staffing for the Birch Unit. Licensed Practical Nurse/Unit Manger (LPN/UM #1) said there are 56 residents, 2 nurses and 4 CNA's. During an interview with the surveyor on 07/08/2024 at 09:45 AM, Resident # 99 said that on weekends they seem short staffed. During an interview with the surveyor on 07/10/2024 at 11:10 AM, CNA #1 who said we have a heavy workload. I average 15 residents for my shift, and it depends on call outs. Even if we have 5 aides, I still have 12 residents. During an interview with the surveyor on 07/10/2024 at 12:33 PM, the Director of Human Resource said I also do staffing and payroll. When asked if she was aware of the minimum staffing requirements for CNA's she stated 1:8 for CNA for 7a-3p shift, 1:10 3p-11p, 1:14 for 11p-7a shift. She went on to say when I do the schedule, I try to meet it, but when there are call outs, it puts a damper on the schedule. I do the schedule for the week, if there are call outs we try to call per diems. The Director of Human Resources said that not all the time meeting the staffing ratio requirements. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the surveyor on 07/11/2024 at 09:12 AM, the Director of Nursing (DON) was asked What is your current staffing pattern that you use for each unit for each unit? The DON relayed the following: Cedar unit Day shift- 2 nurses, 1 Unit Manager (UM), and we try to have 3rd nurse depending on census to help. For CNA's depends on census and we try to follow CNA ratios per New Jersey Department of Health (NJDOH), of 1-8 and try to go for 5 CNA's. Evening shift- 2 nurses, 1 Registered Nurse (RN) or Licensed Practical Nurse (LPN) supervisor. There is always an RN in the building on all shifts. We try to follow 1-10 CNA guidelines. The DON gave no specific number of CNA's. Night shift- 1 nurse, 1 RN or LPN supervisor to help with morning med pass depending on census. CNA's 1-14 ratio and we try to make sure we have that in place. Applewood Unit Days shift- 2 nurses, 1 UM, and follow state guidelines for CNA's as well. Evening shift-2 nurses, supervisor for house, 1-10 ratio for CNA's. Night shift- 1 nurse, CNA's 1-14 ratio per state guidelines. Birch Unit- Day shift- 2 nurses, 1 UM, CNA's 1-8 based on state guidelines. Evening shift- 2 nurses, 1 supervisor for house RN or LPN, CNA's 1-10 based on state guidelines. Night shift- 1 nurse, 1 supervisor for house RN or LPN and CNAs based on state guidelines 1-14. The surveyor questioned what about supervisors? The DON said, 1 supervisor on evenings and night shift either RN or LPN, but we always have an RN in the building. The DON was asked if there was any difference on the weekends? And the DON replied the only difference is the UMs are not here on weekends so there is a supervisor on 7-3, 3-11 and 11-7. During a follow-up interview with the surveyor on 07/11/2024 at 09:23 AM, the DON said we do our best to meet the state requirements and do our best to fill the call outs and if we need to the Assistant Director of Nursing, DON, UM, and Infection Preventionist are to assist and to support staff. We staff the best we can, and I don't really think weekend call outs are any different then weekday. During an interview with the surveyor on 07/11/2024 at 12:47 PM, CNA #3 said she has 12 residents today. When asked if she feels as though she can take care of residents properly when she has 12 residents CNA #3 stated, Not all the time. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the surveyor on 07/11/2024 at 01:34 PM, the DON confirmed the minimum requirement for CNA is 7-3 shift 1-8 ratio, 3-11 shift is 1-10 ratio, and for 11-7 shift is 1-14. We do the best that we can to meet the ratios. The DON again said I don't feel weekends are any worse that weekday. NJAC 8:39-5.1(a), 27.1(a)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 39460 Resident #122 Unnecessary Meds, Psychotropic Meds, and Med Regimen Review Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure specific target behaviors were monitored prior to the administration of an anti-psychotic medication for a resident who received an anti-psychotic medication (Seroquel) since May of 2024. This deficient practice was identified for 1 of 5 residents reviewed for unnecessary medications (Resident #122), and was evidenced by the following: On 7/8/2024 at 9:45 AM, the surveyor observed Resident #122 in the dayroom seated in a wheelchair. The resident stated they had woken up early and had just come from therapy and stated his/her mood was fine. The surveyor reviewed the medical record for Resident #122. A review of the Admission Record (an admission summary) reflected the resident was admitted to the facility with diagnoses which included heart failure, chronic kidney disease, restless and agitation, and dementia. A review of the admission Minimum Data Set (MDS), an assessment tool, dated 6/3/2024, reflected that Resident #122 had a brief interview for mental status (BIMS) score of 3 out of 15, which indicated severely impaired cognition. A further review of the MDS indicated Resident #122 had behaviors of rejection of care occurred one to three days and had received anti-psychotic medications on a routine basis during the seven day look-back period. A review of the individualized comprehensive care plan included a focus area initiated 5/29/2024, and a target date of 8/28/2024 that the resident used anti-psychotic medication related to behavior management, and behavior disturbances related to dementia with a goal to show effectiveness of medication use as evidenced by a reduction in behavior/mood symptoms by the review date. Interventions included to administer anti-psychotic medication as ordered. Observe for effectiveness and side effects including sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction (involuntary movements related to side effects that can be caused by certain drugs), tardive dyskinesia (condition caused by long term antipsychotic medication use that may cause uncontrollable jerky movements of the face and body, weight gain, edema, sweating, loss of appetite and urinary retention; consult with physician to consider dosage reduction when clinically appropriate; monitor/record occurrence of target behavior; provide redirection from inappropriate behaviors; educate me/family/caregivers about the risks, benefits, and side effects of medication being given. A review of the July 2024 Order Summary Report (OSR) included the following physician's orders (PO): (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A PO dated 5/28/2024, for Seroquel 12.5 milligram (mg) oral tablet; give 12.5 mg by mouth at bedtime for behavioral disturbances related to dementia. A review of the corresponding July 2024 Medication Administration Record (MAR) reflected that the resident received 12.5 mg of Seroquel on 7/1/2024; 7/2/2024; 7/3/2024; 7/4/2024; 7/5/2024; 7/6/2024; 7/7/2024; 7/8/2024; and 7/9/2024. A review of both the July 2024 OSR and the corresponding July 2024 MAR did not reveal an order to monitor the behaviors associated with the use of Seroquel or the monitoring of the potential side effects that may be caused using Seroquel. A review of Resident #122's Nursing Progress Notes since admission did not reflect nurses were documenting the presence of or lack of behaviors or side effects associated with the use of Seroquel for behavior disturbances related to dementia. On 7/10/2024 at 11:51 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN #1) who stated the resident had dementia but was alert with some confusion and was taking Seroquel for dementia with behavioral disturbances. LPN #1 further stated she had not witnessed any adverse behaviors on her shift nor on any other shifts that she knew of. LPN #1 stated residents on medications like Seroquel should be monitored for side effects and behavior disturbances every shift. When asked by the surveyor, LPN #2 could not recall if Resident #122 had an order to monitor for behaviors or side effects associated with the use of Seroquel. On 7/10/2024 at 11:55 AM, the surveyor interviewed the Licensed Practical Nurse/ Unit Manager (LPN/UM #3) who stated the resident had been taking Seroquel since they were admitted to the facility and had not exhibited any behaviors associated with dementia. LPN/UM #3 stated all residents on psychotropics (drug or substance that affects how the brain works and causes changes in mood, thoughts, feelings, or behavior) were monitored every shift for behaviors and side effects. On 7/10/2024 at 12:10 PM, the surveyor, LPN/UM #3 and LPN #1 reviewed the resident's July 2024 MAR and POS. Both LPN/UM #3 and LPN #1 acknowledged there were no physician's orders to monitor for side effects related to the use of Seroquel or to document/monitor behaviors associated with the resident's dementia with behavioral disturbances diagnosis. LPN/UM #3 and LPN #1 confirmed there should be orders for both. On 7/10/2024 at 12:20 PM, the surveyor and LPN/UM #3 and LPN #1 again reviewed the resident's POS and there was a new order entered for the resident to be monitored for behaviors and side effects associated with the use of Seroquel. When the surveyor asked LPN/UM #3 if she had contacted someone to enter a new order, she acknowledged she had. LPN/UM #3 stated she had contacted the Assistant Director of Nursing (ADON) to obtain an order for monitoring and further acknowledged there had not been prior to surveyor inquiry. On 7/10/2024 at 1:03 PM, the surveyor interviewed the ADON who stated resident's prescribed antipsychotic, antidepressant, and anti-anxiety medications should be monitored for the target behaviors and side effects of those medications every shift for the entire duration the resident was prescribed the medication. The ADON confirmed there should have been physician's orders for monitoring when the Seroquel order was initiated, and that monitoring was important to ensure the resident was not taking medications unnecessarily or experiencing unnecessary side effects. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the revised July 2024 OSR included the following new physician's orders: A PO dated 7/10/2024, for Behaviors/Intervention, monitor for agitation, Intervention codes: 1. redirection; 2. (1:1); 3. activity; 4. toilet; 5. food/fluid offered; 6. position change; other interventions (specify in progress notes); 8. medication; every shift for monitoring. A PO dated 7/10/2024, Side Effects, monitor for side effects of Anti-psychotic medications every shift which may include but is not limited to sedation, drowsiness, dry mouth, constipation, blurred vision, extrapyramidal reaction, weight gain, edema, postural hypotension, sweating, loss of appetite, urinary retention (specify in progress notes) every shift for monitoring Side Effects codes: Y = Yes, N = No, document side effects in progress notes. On 7/12/2024 at 10:47 AM, the survey team met with Facility Administration including the facility Director of Nursing (DON) who stated the nurse was responsible to ensure physician's orders for all psychotropic medications included orders for behavior monitoring, side effect monitoring, there was a care plan in place and consent for use was obtained from the resident or their Power of Attorney. The DON acknowledged there should have been orders for Resident #122's behavior monitoring associated with the use of Seroquel as well as monitoring for side effects. The DON further acknowledged that until surveyor inquiry there were no orders for monitoring. A review of the facility's Behavioral Assessment, Intervention and Monitoring policy, dated revised March 2019, included the facility will provide and residents will receive behavioral health services as needed to attain or maintain the highest practical physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care .the facility will comply with regulatory requirements related to the use of medication to manage behavioral changes .the nursing staff will identify, document, and inform the physician about specific details regarding changes in the individual's mental status, behavior, cognition, including: a. onset, duration, intensity and frequency of behavioral symptoms .interventions will be individualized and part of overall care environment .non-pharmacological approaches will be utilized to the extent possible to avoid or reduce the use of antipsychotic medications to manage behavioral symptoms. When medications are prescribed for behavioral symptoms, documentation will include: rationale for use; potential underlying causes of behavior; other approaches and interventions tried prior to use of antipsychotic medications; potential risk versus benefits of medications; specific target behaviors and expected outcomes; dosage; duration; monitoring for efficacy and adverse consequences . NJAC 8:39-27.1(a)