

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Millville Center		STREET ADDRESS, CITY, STATE, ZIP CODE  54 Sharp Street Millville, NJ 08332	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46592</p> <p>Based on record review, interview, and facility policy review, the facility failed to initiate a new PASARR [Pre-Admission Screening and Resident Review] Level One for one of three residents (Resident (R) 22) reviewed for PASARR to reflect the admitting diagnosis of bipolar disorder of 30 sample residents. The failure to maintain a PASARR Level One that reflected the current diagnosis of R22 had the potential to delay or limit necessary assistance should R22 experience a bipolar episode that disrupted his daily life.</p> <p>Findings include:</p> <p>Review of R22's Census tab located in the electronic medical record (EMR) revealed R22 was originally admitted on [DATE].</p> <p>Review of the Med Diag (Medical Diagnoses) tab located in the EMR revealed R22 had a diagnosis of bipolar disorder as of 02/02/23.</p> <p>Review of the Care Plan (CP) under the Care Plan tab of the EMR revealed R22 had a focus with interventions related to psychotropic drugs for targeted behaviors initiated on 02/10/23.</p> <p>Review of R22's PASARR Level One, dated 10/16/17 and provided by the Director of Nursing (DON) revealed R22 did not have bipolar disorder listed as an applicable diagnosis. PASARR Level One listed R22 as having no mental disorders or intellectual disabilities of any kind.</p> <p>During an interview on 03/05/25 at 3:02 PM, the Social Services Director (SSD) stated residents arrived with PASARRs from the hospitals they came from. She stated the PASARR should be recent and checked for accuracy. She verified PASARR Level One for R22 was conducted in 2017 and was not accurate. The SSD stated the PASARR should have been redone if it did not reflect the current diagnoses of residents.</p> <p>During an interview on 03/06/25 at 10:01 AM, the Admissions Director (AD) stated they used the prior PASARR and History and Physical from the previous facility [both dated 2017] which did not contain a psychiatric diagnosis. She stated the discrepancy should have been caught at admission and a new PASARR completed. She stated it was her error.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's policy titled, SS105 Pre-admission Screening for Mental Disorder and/or Intellectual Disability Patients, revised 02/16/24, DON revealed Center Social Worker or designated staff will assure that all patients with Mental Disorders (MD) and/or Intellectual Disability (ID) receive appropriate pre-admission screenings according to federal and/or state regulations. The policy continued Social Services will coordinate and/or inform the appropriate agency to conduct the evaluation and obtain results if .it is learned after admission that the Pre-Admission Screening and Resident Review (PASRR) was not completed or is incorrect.</p> <p>NJAC 8:39-5.1(a)</p>		

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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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42440</b></p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to develop a person-centered care plan related to dialysis when a resident started receiving hemodialysis for one of one resident (Resident (R)56) reviewed for dialysis of 30 sample residents. This had the potential for the residents to have unmet care needs.</p> <p>Findings include:</p> <p>Review of R56's Admission Record located in the electronic medical record (EMR) under the Profile tab revealed an initial admitted [DATE] and a hospital stay from 11/10/24 to 11/18/24. R56 returned from the hospital with diagnoses which included encephalopathy, acute kidney failure, and encounter for adequacy testing for hemodialysis.</p> <p>Review of R56's EMR under the Progress Notes tab revealed a General note, dated 11/13/24, Hospital Update- .Hospital is also setting up outpatient dialysis following the permacath placement . Another General note, dated 11/19/24, documented Patient is currently on dialysis mon-wed-and Fri .</p> <p>Review of R56's Order Summary Report located in the EMR under the Orders tab, revealed orders dated 11/19/24 for: Monitor hemodialysis site for signs/symptoms of complications . Notify the physician and dialysis center immediately with any urgent problems.</p> <p>Review of R56's annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/25/24 and located in the MDS tab of the EMR, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating the resident's cognition was intact. R56 received dialysis.</p> <p>Review of R56's EMR under the Care Plan tab revealed the only mention of dialysis was an intervention dated 01/17/25, Staff will provide care and have [resident] ready to attend dialysis on Mondays, Wednesdays, and Fridays as scheduled, under the focus area of impaired renal function, revised on 01/10/24. All other interventions under the focus were dated 04/12/22, prior to dialysis starting upon R56's return from the hospital on 11/18/24.</p> <p>During a concurrent observation and interview on 03/03/25 at 3:21 PM, R56 was observed with a dressing over his right upper chest dialysis port. R56 reported going out to dialysis on a stretcher transport that the facility arranged. R56 reported waking around 3:15 or 3:30 AM on dialysis days, assisted by staff to get ready, and eating a light breakfast prior to leaving and a larger breakfast upon return.</p> <p>During an interview on 03/06/25 at 10:36 AM, Licensed Practical Nurse (LPN) 4 stated everything was in the Care Plan or Kardex for nurses and Certified Nurse Aides (CNAs) in detail of what to look for when caring for dialysis residents.</p> <p>(continued on next page)</p>		

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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>During an interview on 03/06/25 at 11:08 AM, the Unit Manager, Registered Nurse (RN) 1 stated the unit managers were responsible for updating the care plans. RN1 stated the care plans were updated with MDS assessments and with any changes. RN1 stated the dialysis care plan should include anything needed to encourage, teach, or watch for. RN1 stated R56 was fairly new to dialysis, so we don't know his learning yet or his ins and outs. RN1 reported R56's Care Plan could definitely be updated and more comprehensive to include more information on how to care for him, his port, what to monitor, etc.</p> <p>During an interview on 03/06/25 at 12:53 PM, the Director of Nursing (DON) stated care plans were expected to include residents' specific dialysis information: where/when, type of line, program, any restrictions such as diet or fluid. The DON stated she expected more than the days of dialysis to be added to the care plan when dialysis started.</p> <p>Review of the facility provided, Dialysis Services Agreement, dated 03/05/25, revealed When a Center [skilled nursing facility] resident with renal disease requiring dialysis is authorized by Center [licensed provider of dialysis services] to receives services from Provider, Provider and Center shall jointly develop and agree upon the Center resident's care plan appropriate for management of end stage renal disease and pertinent to Services. Provider shall retain overall professional management responsibility for implementing and monitoring Services in accordance with the Center resident's care plan. Center shall be responsible for implementing non-Services portions of the Center resident's care plan, including but not limited to nutritional needs, . and monitoring aspects of the patient's condition and care pertinent to the nature of end stage renal disease.</p> <p>Review of the facility's policy titled, Person-Centered Care Plan, revised 10/24/22, revealed A comprehensive person-centered care plan must be developed for each patient and must describe the following: services that are to be furnished; . The care plan must be customized to each individual patient's preferences and needs . Care plans will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments, and as needed to reflect the response to care and changing needs and goals .</p> <p>NJAC 8:39-11.2(e) thru (i)</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 12679</p> <p>Based on interview, record review, and facility policy review, the facility failed to establish an antibiotic stewardship program to include protocols to monitor extended antibiotic use for one of two residents (Resident (R) 35) reviewed for antibiotics of 30 sample residents. This failure had the potential to affect resident safety related to antibiotic usage.</p> <p>Findings include:</p> <p>Review of a Centers for Disease Control and Prevention (CDC) website titled, Core Elements of Antibiotic Stewardship for Nursing Homes, dated 03/18/24 and located at <a href="https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html">https://www.cdc.gov/antibiotic-use/hcp/core-elements/nursing-homes-antibiotic-stewardship.html</a>, indicated .Nursing homes monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions. Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Clinician response to antibiotic use feedback (e.g., acceptance) may help determine whether feedback is effective in changing prescribing behaviors .</p> <p>Review of R35's electronic medical records (EMR) titled Face Sheet located under the Profile tab indicated the resident was admitted to the facility on [DATE].</p> <p>Review of R35's EMR titled physician Orders located under the Orders tab, dated 03/14/23, indicated the resident was ordered doxycycline 100 milligrams (mg) to be administered twice a day for right shoulder septic arthritis.</p> <p>Review of a facility document titled, Medical Results, dated 03/31/23 and located under the Misc tab of the EMR, indicated the resident was seen and the document noted that R35 had a history of septic in his shoulder and was currently on suppressive therapy with doxycycline.</p> <p>During an interview on 3/06/25 at 8:57 AM, the Infection Preventionist (IP) stated her current electronic system did not permit the user to track resident prophylactic use of antibiotics. The IP stated she has never tracked the residents who were on an antibiotic prophylactically unless they were a new admission with a new antibiotic order.</p> <p>During an interview on 03/06/25 at 10:33 AM, the Medical Director stated all residents who were on an antibiotic prophylactically and long-term should be tracked. The Medical Director stated she was currently reviewing this issue this past week, but it had not been implemented prior to the recertification survey. The Administrator was present during this interview.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility's policy titled, Antibiotic Stewardship, dated 12/16/24, indicated . Centers will implement an Antibiotic Stewardship Program (ASP) as part of the facility's overall infection and control program. The Infection Preventionist (IP) is responsible for the Infection Prevention and Control program including ASP. The Administrator is ultimately responsible for the overall compliance with the ASP. The Director of Nursing (DON) and Medical Director are responsible for executing the ASP standards .Reviews antibiotic use data and ensures best practices are followed . There was no evidence in the facility's policies that addressed standards for extended antibiotic use for residents.</p> <p>NJAC 8:39-19.4(d)</p>		