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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315257 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/20/2025 |
| NAME OF PROVIDER OR SUPPLIER Cedar Grove Respiratory and Nursing Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1420 South Black Horse Pike Williamstown, NJ 08094 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** During rounds on 05/15/2025 at 09:39 AM survey #2 observed the wardrobe door in room [ROOM NUMBER]-unit B peeling off with sharp edges.</p> <p>During an interview on 05/20/2025 at 09:25 AM with surveyor #2, the Acting Maintenance Director (AMD) said they inspect random rooms weekly. The AMD said that when they see furniture in need of repair, they order replacement furniture it can sometimes take two weeks to a month to be replaced. When asked if there should be peeling furniture in residents' rooms, the AMD said no it can be a dignity and safety issue.</p> <p>During an interview with surveyor #2 Licensed Nursing Home Administrator (LHNA) said that there should not be any broken or peeling furniture in residents' rooms and that they are working on replacing all furniture that is not in good repair to provide a homelike environment.</p> <p>A review of an undated facility provided policy titled Homelike Environment revealed, The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. clean, sanitary and orderly environment.</p> <p>N.J.A.C. 8:39-31.4(a)</p> <p>Complaint # NJ00176427</p> <p>Based on observation, interview, and pertinent facility documentation, it was determined that the facility failed to maintain a homelike environment that was clean, safe, and sanitary. This deficient practice was identified for 2 of 4 units (B and C units).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 05/13/2025 at 10:01 AM during initial tour, Surveyor #1 observed that in bedroom [ROOM NUMBER]B, the wall mounting was broken off, with pieces of jagged wood exposed. In addition, there was brown debris on both the floor and the wall near the dresser.</p> <p>On 05/13/2025 at 11:05 AM during initial tour, Surveyor #1 observed that in bedroom [ROOM NUMBER]A, the wall mounting was broken off from the wall, with pieces of jagged wood exposed.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 315257 | If continuation sheet Page 1 of 2 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 05/14/2025 at 8:19 AM, Surveyor #1 observed that the closet in bedroom [ROOM NUMBER]B was missing a drawer front.</p> <p>On 05/14/2025 at 12:36 AM, Surveyor #1 observed that in bedroom [ROOM NUMBER]B, the wall mounting was broken off, with pieces of jagged wood exposed. In addition, there was brown debris on both the floor and the wall near the dresser.</p> <p>On 05/15/2025 at 9:36 AM, Surveyor #1 observed that in bedroom [ROOM NUMBER]B, the wall mounting was broken off, with pieces of jagged wood exposed. In addition, there was brown debris on both the floor and the wall near the dresser.</p> <p>During an interview with Surveyor #1 on 05/19/2025 at 12:31 PM, the Licensed Nursing Home Administrator (LNHA) said that the broken wall mountings, exposed jagged wood, brown debris on the floor and wall, and missing drawer front are not appropriate and do not reflect a home-like environment.</p> <p>During an interview with Surveyor #1 on 05/20/2025 at 9:25 AM, the Acting Maintenance Director (AMD) said that the broken items are documented in the facility's electronic maintenance system, and he receives alerts on his phone through the system. He conducts weekly rounds in resident rooms and responds as needed when issues arise. Facility staff notify him when something requires repair. He emphasized that the facility should not have broken furniture, it does not look appealing.</p> <p>A review of the undated facility policy, titled, Homelike Environment, revealed, The facility staff and management shall maximize to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. Those characteristics includes a.) clean, sanitary, and orderly environment.</p> <p>N.J.A.C. 8:39-31.3(a)</p> |