

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Harrogate		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Locust Street Lakewood, NJ 08701	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38680</p> <p>Based on observation, interview, and record review it was determined that the facility failed to accurately assess the status of a resident in the Minimum Data Set (MDS), an assessment tool. This deficient practice was identified for 1 of 2 sampled residents reviewed for elopement (Resident #16) and was evidenced by the following:</p> <p>On 08/08/2024 at 10:00 AM, the surveyor observed Resident #16 in the bed with a wander guard/elopement alarm on his/her left ankle.</p> <p>According to the Admission Record, Resident #16 was admitted to the facility with diagnoses including of but not limited to dementia and heart disease.</p> <p>Resident #16 had a Physician Order (PO) dated 02/18/2024 to apply a Wander guard to left ankle.</p> <p>A review of the Admission MDS dated [DATE] for Resident # 16, indicated under Section P0200 for alarms was coded as 0 indicating there was no wander/elopement alarm.</p> <p>During an interview on 8/12/2024 at 11:37 AM, the MDS Coordinator acknowledged that Resident #16's Admission MDS dated [DATE] should have been coded as having a wander/elopement alarm.</p> <p>NJAC 8:39-27.1(a)</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>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>38079</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to A.) reevaluate and update a resident-centered Care Plan (CP) upon readmission, to include the use of an anticoagulant, B.) failed to develop and implement a comprehensive person-centered care plan that include the use of an indwelling urinary catheter and use of a wander guard, and C.) failed to reevaluate and update a resident-centered CP to include actual skin impairment. The deficient practice was identified for 4 of 4 residents (Resident # 15, # 17, #43, # 3) reviewed for Care Plans.</p> <p>A.) On 08/08/2024 at 9:24 AM, Surveyor # 1 observed Resident #15 in bed. The resident responded when Surveyor # 1 spoke to them. The resident had covers over them and Surveyor # 1 was unable to observe the resident's skin.</p> <p>A review of the Admission Record indicated that Resident #15 had diagnoses which included but were not limited to; atrial fibrillation (irregular heart rate), adult failure to thrive, and dementia. A review of the Annual Minimum Data Set (MDS) an assessment tool used to facility resident care dated 03/31/2024, included but was not limited to; Section N0415 - High-Risk Drug Classes: Use and Indication, documented that Resident #15 was taking anticoagulant medication. A review of the Order Summary Report active orders as of 08/09/2024, included but was not limited to; a physician's order dated 03/27/2024 for Eliquis (an anticoagulant) Oral Tablet 5 MG (milligram) (Apixaban) Give 1 tablet by mouth every 12 hours related to atrial fibrillation. Monitor for unusual/unexplained bleeding such as bruising, dark urine and dark tarry stool.</p> <p>A review of the Skin Evaluation dated 03/30/2024, included but was not limited to documentation that Resident #15 had bruising on the right wrist.</p> <p>A review of the facility provided resident-centered care plan failed to include the following: problem/focus area for the use of anticoagulant, goals with target dates, or any interventions/tasks for the use of the anticoagulant medication.</p> <p>On 08/08/24 at 1:45 PM, the Registered Nurse Unit Manager (RN UM) stated the process was to initiate a care plan on admission by the supervisor on duty. The next day each department would review and add their information to the care plan. The RN UM stated, I'm responsible for nursing. and stated that would include things such as anticoagulants and psychoactive medications. When asked about anticoagulants, the RN UM stated, We definitely would care plan Eliquis used for atrial fibrillation.</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>On 08/09/24 at 9:50 AM, the Director of Nursing (DON) stated all staff were responsible for areas of the resident's care plan. She further stated that each department does their own assessment for the care plans. The DON stated that the information would be gathered from face-to-face assessments and identified needs, and that the electronic medical record would trigger things like medications, cardiac care plan, etc. The surveyor inquired about anticoagulant use being on the care plan and the DON stated, probably yes because the resident is at a risk for bleeding, and we need everyone to be aware of what could happen. The DON accessed Resident #15's medical record with the surveyor and showed the surveyor the most current care plan. The DON acknowledged that the use of the anticoagulant medication was not documented in the care plan.</p> <p>On 08/09/24 at 10:17 AM, the DON stated that in November 2023, the facility had a conversion of care plan programs and did not realize until the survey team brought it to their attention, that the care plans were not complete or comprehensive. The DON further stated that Resident #15's previous care plan included the use of anticoagulant, but the facility did not identify that it was not carried over to the current comprehensive care plan. Surveyor # 1 inquired about the quarterly resident interdisciplinary team meetings, and the DON stated that the facility never realized at the meetings that the care plans were not complete.</p> <p>A review of the facility provided policy, Care Plans - Baseline revised March 2022, included but was not limited to; Policy A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission. Interpretation and Implementation 1. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality care and must include the minimum healthcare information necessary to properly care for the resident including, but not limited to the following: a. initial goals based on admission orders . b. physician orders . 2. The baseline care plan is updated as needed to meet the resident's needs until the comprehensive care plan is developed. 4. the baseline care plan . that includes, but is not limited to the following: a. the stated goals and objectives of the resident; b. a summary of the resident's medications and dietary instructions; .</p> <p>A review of the facility provided policy, Care Plans, Comprehensive Person-Centered revised March 2022, included but was not limited to; Policy A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented or each resident. Interpretation 1. The interdisciplinary team (IDT), . develops and implements a comprehensive, person-centered care plan for each resident. 3. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. 7. The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, . e. reflects currently recognized standards of practice for problem areas and conditions. 12. The interdisciplinary team reviews and updates the care plan: a. when there has been a significant change in the resident's condition; . c. when the resident has been readmitted to the facility from a hospital stay; and d. at least quarterly, in conjunction with the required MDS assessment.</p> <p>43936</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>B.) A review of the Electronic Medical Record (EMR) under, Diagnoses revealed that Resident # 17 was diagnosed with but not limited to urinary tract infection and retention of urine (inability to fully empty the bladder).</p> <p>A review of the EMR revealed orders to but not limited to monitoring urinary output and catheter care every shift.</p> <p>A review of the EMR under Care Plans did not reveal a specific focus or interventions for an indwelling urinary catheter.</p> <p>A review of the quarterly Minimum Data Set (An assessment tool) dated 7/23/2024 revealed under section, H that Resident # 17 had an indwelling catheter.</p> <p>On 08/08/2024 at 9:55 AM during the initial tour of the facility, Surveyor # 2 observed Resident # 17 in their room. At that time, Resident # 17 confirmed to the surveyor that he/she had a catheter.</p> <p>On 08/12/2024 at 9:39 AM during an interview with the Infection Preventionist, Surveyor # 2 asked if someone has a urinary catheter, should they have a specific care plan focus for it. The Infection Preventionist replied, Yes.</p> <p>On 08/13/2024 at 12:07 PM during an interview with the Director of Nursing (DON), Surveyor # 2 asked should a care plan focus for an indwelling urinary catheter care have been initiated. The DON replied, Yes. Surveyor # 2 then asked when should the care plan have been initiated. The DON replied, When [he/she] was readmitted .</p> <p>A review of Resident # 43's Physician's Orders located in the EMR revealed that he/she had an order for a Wander Guard (electronic bracelet used to monitor if a resident approached a facility exit) to the right ankle and to check placement and function every shift for monitoring.</p> <p>A review of Resident # 43's Care Plans located in the EMR did not reveal a Care Plan focus or interventions for a Wander Guard or elopement behaviors.</p> <p>A review of Resident # 43's diagnoses located in the EMR revealed diagnoses of but not limited to Alzheimer's Disease (A progressive disease that destroys memory and other important mental functions) and Dementia (the loss of cognitive functioning, thinking, remembering, and reasoning; to such an extent that it interferes with a person's daily life and activities).</p> <p>On 08/08/2024 at 10:06 AM during the initial tour, Surveyor # 2 observed Resident # 43 in their bed. At that time, Surveyor # 2 observed a Wander Guard attached to Resident # 43's right ankle. At that time, Resident # 43 told Surveyor # 2 that it is used in case [he/she] leaves, they [the facility] can find him/her.</p> <p>Another review of Resident # 43's Care Plans located in the EMR revealed a focus for elopement. The focus included an intervention to check function and placement every shift for a Wander Guard to the left ankle. The focus and intervention were initiated on 08/13/2024.</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>On 08/13/2024 at 12:07 PM during an interview with the Director of Nursing (DON), Surveyor # 2 asked when should a care plan for elopement been initiated. The DON replied, It should have been initiated the day that the Wander Guard went on. We saw that it was not on there so we added it.</p> <p>A review of the facility policy titled, Care Plans, Comprehensive Person-Centered with a revised date of March 2022 revealed under, Policy Interpretation and Implementation that, 2. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS [Minimum Data Set] assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.</p> <p>49712</p> <p>C.) On 08/08/2024 at 10:10 AM, Surveyor # 3 observed Resident # 3 in bed, with clean dry and intact bandages to both forearms.</p> <p>A review of the Admission Record revealed that Resident #3 had diagnoses which included but not limited to Alzheimer's Disease (A brain disorder that causes memory loss, thinking problems and behavior changes) and long-term use of anticoagulants (a blood thinner).</p> <p>A review of the Order Summary Report revealed a physicians order dated 08/06/2024 to cleanse open purpura (red, purple, or brown spots on your skin caused by bleeding under your skin's surface) on left forearm with wound cleanser, pat dry, apply bacitracin (an antibiotic that fights bacteria and prevents infection in minor cuts, scrapes, and burns), and versatel (a contact layer dressing coated with silicone) and a clean dry dressing daily. Versatel is changed every 5 days. There was also a physician's order dated 08/08/2024 to cleanse open purpura on right forearm with wound cleanser, apply bacitracin and clean dry dressing daily.</p> <p>A review of Resident # 3 resident-centered care plan failed to include the actual skin impairment identified on 08/06/2024 for the left forearm and 08/08/2024 for the right forearm.</p> <p>On 08/14/2024 at 09:09 AM during an interview with Surveyor # 3, the Registered Nurse Unit Manager (RN UM) said that we work as a team to get care plans done. The RN UM also stated, When an admission comes in, they are started by nursing, and then all disciplines come in and update. We then review quarterly. When asked what if something new is identified, the RN UM stated, If something new is going on, it should be added that day or the next.</p> <p>On 08/14/2024 at 12:42 PM during an interview with Surveyor # 3 the Director of Nursing (DON) stated, It depends on the resident and what it was when asked if actual skin impairments should be added to the care plan. When the surveyor asked about Resident #3's skin impairment, the DON replied, That just happened on the 9th. When the surveyor asked, should that be on the care plan now, the DON replied, I would hope so.</p> <p>NJAC 8:39-11.2 (d)(e)(h)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43936</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to A.) ensure that a resident received appropriate treatment and services to prevent urinary tract infections (UTI) to the extent possible specifically by failing to clean and store a urinary catheter drainage bag according to facility policy and B.) failed to obtain a physician's order to flush an indwelling catheter (a tube inserted into the bladder to assist with emptying the bladder). The deficient practice was identified for 2 of 2 Residents (Resident # 17 and 42) investigated for Urinary Catheter or UTI.</p> <p>The deficient practice was evidenced by the following:</p> <p>A review of the Electronic Medical Record (EMR) under, Diagnoses revealed that Resident # 17 was diagnosed with but not limited to urinary tract infection and retention of urine (inability to fully empty the bladder).</p> <p>A review of the EMR revealed physician's orders to but not limited to monitoring urinary output and catheter care every shift.</p> <p>A review of the EMR under Care Plans revealed a Care Plan focus titled, Risk for Urinary Tract Infection Risk for UTI initiated on 04/10/2024. The Care Plan also revealed a focus titled, Potential for the spread of multi-drug resistant organisms (MDROs) to other residents or staff during high contact related to: history of ESBL [extended spectrum beta-lactamase; bacteria that can't be killed by many of the antibiotics] and [tradename] cath. That focus was initiated on 07/30/2024.</p> <p>A review of the quarterly Minimum Data Set (An assessment tool) dated 7/23/2024 revealed under section, H that Resident # 17 had an indwelling catheter.</p> <p>On 08/08/2024 at 09:55 AM during the initial tour, Surveyor # 1 observed Resident # 17 in his/her wheelchair in their room. At that time, he/she confirmed they use an indwelling urinary catheter (device inserted into the bladder to facilitate the flow of urine).</p> <p>On 08/12/2024 at 9:39 AM during an interview with Surveyor # 1, the Infection Preventionist replied, They [staff] should be getting alcohol wipes to clean the end. They then store the large drain bag in a plastic bag with a cap. when Surveyor # 1 asked how the catheter drainage bags are to be stored. The Infection Preventionist also said that the bag is rinsed with water and then stored in the plastic bag.</p> <p>On 08/13/2024 at 10:04 AM during an interview with Surveyor # 1, the Certified Nurse Aide (CNA) # 1 assigned to Resident # 17 confirmed that the urinary catheter tube itself and the connections are cleaned. The surveyor then asked if a bleach solution is used to clean the catheter drainage bag and tubing. CNA # 1 stated, No bleach.</p> <p>A review of an unopened clear package of the urinary drainage bag revealed a blue end cap at the point of connection.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/13/2024 at 10:51 AM, Surveyor # 1 observed Resident # 17's urinary catheter drainage bag in a clear untied trash bag secured to the hand rail in the resident's bathroom. At that time, Surveyor # 1 could observe that there was no cap secured to the end of the tube. The bag also emanated an odor of urine.</p> <p>On the same date at 11:01 AM in the presence of Surveyor # 1, the Infection Preventionist confirmed the catheter drainage bag did not have a cap secured to the end of the tube.</p> <p>On 08/13/24 at 10:59 AM, the surveyor observed Resident # 42's urinary catheter drainage system in a clear open bag in the bathroom. The surveyor did not observe a cap secured to the end of the tube. When asked at that time the Infection Preventionist confirmed there was no cap and stated the tubing should have a cap.</p> <p>A review of the facility policy titled, Catheter Care, Urinary revised August of 2022 revealed under, Cleaning and Disinfecting Drainage Bags to, 1. Disconnect the drainage bag from the catheter; replace with a clean bag. 2. Use a soft, plastic squirt bottle to rinse the used bag with tap water and drain. 3. Cleanse the drainage bag with a dilute solution of 1 part regular household bleach (5.25 % concentration) mixed with 10 parts tap water (i.e., 15 mL bleach diluted with 150mL tap water). a. Instill the diluted bleach solution through the drainage tubing or top of the bag, and agitate the solution in the bag for 30 seconds. b. Drain the bleach solution, and allow the bag to air dry with the clamp open. c. Use bleach that is not scented or concentrated. d. When using a bleach solution, use gloves, aprons, and goggles to protect from fumes and irritation cause by contact. 4. After cleaning, air-dry the bag. After disinfection, cap the drainage bag tubing between uses, and disinfect the end of the tubing before reconnecting it to the catheter.</p> <p>38680</p> <p>B.) On initial tour of the facility on 08/08/2024 at 10:20 AM, Surveyor # 2 observed Resident # 42 in their wheelchair.</p> <p>According to the admission record, Resident # 42 was admitted with diagnoses which include but are not limited to benign prostatic hyperplasia (an enlarged prostate) with lower tract symptoms and obstructive and reflex uropathy.</p> <p>A review of the Quarterly Minimum Data Set, an assessment tool dated 07/18/2024 reflected that Resident # 42 had moderate cognitive impairment and utilized an indwelling catheter.</p> <p>On 08/09/2024 at 09:06 AM, Surveyor # 2 reviewed the Physician's Orders for Resident # 42 which reflected an order dated 10/27/2023 for catheter care every shift.</p> <p>On 08/12/2024 at 9:32 AM, Surveyor # 2 reviewed health status notes in the electric health record for Resident # 42. The health status notes dated 07/28/2024, 07/29/2024, and 08/03/2024 reflected that Resident # 42's indwelling catheter was flushed to prevent build up of debris in the bladder. The treatment administration records for Resident # 42 dated July and August of 2024 were reviewed and no documentation was observed to flush the indwelling catheter.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/12/2024 at 11:23 AM, the Registered Nurse stated that she is pretty sure that flushing an indwelling catheter is part of the policy. She stated that sometimes we have an order to flush a catheter, but we don't have one for Resident #42.</p> <p>During an interview on 08/12/2024 at 11:30 AM, the Director of Nursing stated that there should be an order to flush an indwelling catheter.</p> <p>A review of the facility-provided policy titled, Catheter Care, Urinary, revised August 2022 reflected that, 5. Catheter irrigation may be ordered to prevent obstruction in residents at risk for obstruction.</p> <p>NJAC 8:39-11.2(b)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38680</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was evidenced by the following:</p> <p>On 08/08/2024 from 09:24 AM until 10:00 AM, the surveyor observed the following in the kitchen in the presence of the Dietary Director #1 (DD#1):</p> <ol style="list-style-type: none"> 1. The DD and the Food Service Worker (FSW#1) had facial hair and were not wearing beard guards. The DD#1 stated the beard guard is only used when on the line or direct handling of food. 2. In the walk-in freezer a frozen strawberry cream pie and a cookies and cream pie had no label and no date. The DD#1 stated it should be dated and he threw them away. <p>On 08/13/2024 from 09:11 AM until 09:26 AM the surveyor observed the following in the satellite kitchen in the presence of the FSW#2 and DD#2:</p> <ol style="list-style-type: none"> 3. In the refrigerator, a glass of orange juice, 2 glasses of white milk, 4 glasses of honey thick milk, and 4 glasses of honey thickened apple juice were covered. They had no label and no date. The FSW#2 stated I guess they should be dated. 4. In the refrigerator, 4 pieces of sheet cake wrapped in clear plastic wrap on glass dishes had no label and no date. The FSW#2 stated they should be dated. The DD#2 stated she will get rid of them. 5. In the refrigerator, individual pieces of cut watermelon were wrapped in clear plastic on glass dishes. The watermelon had no label and no date. The FSW#2 stated they should be dated. The DD#2 stated she will get rid of them. 6. In the small refrigerator, a prepared ham and cheese and tuna sandwich was on a glass plate wrapped with clear plastic wrap with no label and no date. The FSW#2 stated they should be dated. 7. In the small refrigerator, a container of egg salad and a container of tuna salad had a use by date of 8/12/24. The DD#2 stated they should have been thrown out last night. <p>On 08/13/24 09:26 AM until 09:36 AM the surveyor observed the following in the kitchen with the DD#1.</p> <p>The DD#1 had facial hair and was not wearing a beard guard. The FSW#1 was wearing a beard guard however the mustache was exposed. The DD#1 stated the beard guard should be over mustache.</p> <p>The surveyor reviewed the facility provided policy titled, Food Storage with a revision date of 3/31/20 which reflected: all food items will be tightly covered and clearly labeled and identified. Leftover foods are labeled, dated, immediately placed under refrigeration.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The surveyor reviewed the facility provided policy titled, Personal Cleanliness and Personal Hygiene with a revision date of 3/31/20 reflected that food production and dietary staff shall wear hair restraints such as hats, hair coverings or nets that effectively prevent cross contamination of all exposed foods, equipment, and supplies.</p> <p>The surveyor reviewed the facility provided policy titled, Labeling and Dating with a revision date of 5/5/22 which reflected 1. all perishables will be covered so no portion of the item is exposed, labeled with the item name, current date, and use by date. The use by date for perishable items is the current date plus three days or less. 2. Pre-portioned service tray items will be dated with current date and discarded in three days or less.</p> <p>NJAC 8:39-17.2(g)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Harrogate		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Locust Street Lakewood, NJ 08701	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49712</p> <p>Based on observation, interviews, and record review, it was determined that the facility failed a.) to perform hand hygiene as indicated during wound care for 1 of 1 resident, (Resident # 265) reviewed for pressure ulcers, and b.) the facility failed to maintain a sanitary environment for 1 of 9 residents, (Resident # 3), observed for infection control.</p> <p>The deficient practice was evidenced by the following:</p> <p>a.) On 08/08/2024 at 09:50 AM, Resident # 265 was observed sleeping in bed. Resident # 265 was observed to be on an air mattress with a scoop overlay.</p> <p>A review of the Admission Record revealed that Resident #265 was admitted with diagnoses including but not limited to, Unspecified Severe Protein-Calorie Malnutrition, and Chronic Atrial fibrillation (an irregular and often very rapid heart rhythm).</p> <p>A review of the Minimum Data Set (an assessment tool) dated 08/02/2024, revealed that Resident # 265 had a stage 2 pressure ulcer (an open wound that affects both the top and bottom layers of the skin).</p> <p>A review of the Order Summary Report with active orders as of 08/09/2024 revealed a physician's order dated 08/06/2024 to cleanse the opening on the sacrum with wound cleanser, pat dry, apply Santyl (ointment for wound care) and a clean dry dressing daily.</p> <p>On 08/12/2024 at 11:28 AM the surveyor observed Licensed Practical Nurse (LPN) # 1 preform wound care for Resident # 265. The surveyor observed the LPN #1 remove her gloves after cleansing the wound and she donned a new pair of gloves without performing hand hygiene. At that time, when asked about hand hygiene by the surveyor LPN replied, I forgot to sanitize my hands.</p> <p>On 08/14/2024 at 09:09 AM during an interview with the surveyor, the Registered Nurse Unit Manger (RN UM) stated, Every time you take off gloves you should wash your hands.</p> <p>On 08/14/2024 at 12:00 PM during an interview with the surveyor the Infection Preventionist (IP) stated, You should perform hand hygiene before and after wearing gloves.</p> <p>On 08/14/2024 at 12:42 PM during an interview with the surveyor the Director of Nursing (DON) replied, Yes, that is part of protocol, when asked if hand hygiene should be performed between glove changes.</p> <p>b.) A review of the Admission Record revealed that Resident # 3 had diagnoses which included but were not limited to Alzheimer's Disease (A brain disorder that causes memory loss, thinking problems and behavior changes) and long-term use of anticoagulants (a blood thinner).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Harrogate		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Locust Street Lakewood, NJ 08701	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Order Summary Report revealed a physician's order dated 08/06/24 to cleanse open purpura (red, purple, or brown spots on your skin caused by bleeding under your skin's surface) on left forearm with wound cleanser, pat dry, apply bacitracin (an antibiotic that fights bacteria and prevents infection in minor cuts, scrapes, and burns), and versatel (a contact layer dressing coated with silicone) and a clean dry dressing daily. Versatel is changed every 5 days. There was also a physician's order dated 08/08/2024 to cleanse open purpura on right forearm with wound cleanser, apply bacitracin and clean dry dressing daily.</p> <p>On 08/08/2024 at 10:10 AM during initial tour, the surveyor observed Resident # 3 sleeping in bed with both forearms wrapped in bandages. The surveyor observed what appeared to a significant amount of blood on the sheets on the left side of the bed.</p> <p>On 08/12/2024 during an interview with the surveyor, the IP was asked if the bed should look like that. The IP replied, No the sheets should have been changed, [he/she] gives us a hard time, [he/she] pulls their bandages off all the time causing more skin tears.</p> <p>On 08/14/2024 during an interview with the surveyor, the DON was showed the picture taken on 08/08/2024 and, the DON replied, No, there should have been a barrier down to protect that dressing until the sheet was able to be changed.</p> <p>A review of a facility provided policy titled Handwashing/Hand Hygiene revised August 2019 revealed under the Policy Interpretation and Implementation that, 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 7. Use an alcohol-based hand rub containing at least 62% alcohol; or alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: m: after removing gloves. Also revealed under the Applying and Removing Gloves that, 1. Perform hand hygiene before applying non-sterile gloves.</p> <p>A review of a facility provided policy titled Infection Prevention and Control Program revised on October 2018 revealed under the Policy Statement that, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>N.J.A.C. 8:39-19.4(n)</p>		