

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Palace Rehabilitation and Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 315 West Mill Road Maple Shade, NJ 08052	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48618</p> <p>COMPLAINT #: NJ172102</p> <p>Based on observations, interviews, record review, and review of other pertinent facility documentation, it was determined that the facility failed to report an alleged violation of misappropriation of resident property to the New Jersey Department of Health (NJDOH).</p> <p>This deficient practice was identified for 2 of 7 residents (Resident #58 and Resident #365) reviewed for unnecessary medications and was evidenced by the following:</p> <p>1.) On 10/22/24 at 12:14 PM, the surveyor interviewed Resident #58 who reported that pain medications were always available when requested. The resident further stated that there was never a time when he/she did not receive pain medication when the resident asked for it.</p> <p>A review of the Admission Record, an admission summary, revealed that the resident had diagnoses which included, but were not limited to: borderline personality disorder, dorsalgia (a sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the back), and osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 7/19/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated that the resident's cognition was moderately impaired.</p> <p>A review of the resident's electronic medical record (EMR) revealed the resident had the following physician's orders:</p> <p>-Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Pain (4-6) For moderate pain 4-6 on pain scale/ MD aware of drug side effects/ drug interactions. -Start Date: 12/12/23 -End Date: 6/16/24</p> <p>-Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 2 tablet by mouth every 4 hours as needed for Pain (7-10) For severe pain 7-10 on pain scale/ MD made aware of side effect and dosage -Start Date: 12/12/23 -End Date: 02/21/24</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the resident's Individual Patient's Controlled Drug Record for February 2024 revealed the following:</p> <p>A sheet with the date range of 1/23/224 - 2/5/24:</p> <p>2/1/24: 2 Percocet tablets were signed out at 4 PM, 8 PM</p> <p>2/2/24: 2 Percocet tablets were signed out at 3 PM</p> <p>2/3/24: 2 Percocet tablets were signed out at 7 AM, 12 PM, 4 PM, 8 PM</p> <p>2/4/24: 2 Percocet tablets were signed out at 8 PM</p> <p>2/5/24: 2 Percocet tablets were signed out at 4 PM, 8 PM</p> <p>An additional sheet with the date range of 2/4/24 - 2/23/24:</p> <p>2/4/24: 2 Percocet tablets were signed out at 8 PM</p> <p>2/5/24: 2 Percocet tablets were signed out at 12 AM</p> <p>2/6/24: 2 Percocet tablets were signed out at 4 PM, 8 PM</p> <p>2/7/24: 2 Percocet tablets were signed out at 12:30 AM, 4 PM, 11 PM</p> <p>2/13/24: 2 Percocet tablets were signed out at 12:30 PM</p> <p>2/14/24: 2 Percocet tablets were signed out at 9 AM</p> <p>2/15/24: 2 Percocet tablets were signed out at 8 PM</p> <p>2/16/24: 2 Percocet tablets were signed out at 9 AM, 8 PM</p> <p>2/17/24: 2 Percocet tablets were signed out at 5 PM</p> <p>2/18/24: 2 Percocet tablets were signed out at 11 AM, 5 PM</p> <p>2/19/24: 1 Percocet tablet was signed out at 8 AM</p> <p>2/19/24: 2 Percocet tablets were signed out at 5 PM</p> <p>2/20/24: 2 Percocet tablets were signed out at 4 PM</p> <p>A review of the Medication Administration Record (MAR) for February 2024 revealed the resident was prescribed:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Percocet Oral Tablet 5-325 MG (Oxycodone w/Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Pain (4-6) For moderate pain 4-6 on pain scale/ MD aware of drug side effects/ drug interactions -Order Date- 12/12/2023 -D/C Date- 06/16/2024</p> <p>Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 2 tablet by mouth every 4 hours as needed for Pain (7-10) For severe pain 7-10 on pain scale/ MD made aware of side effect and dosage -Order Date- 12/12/2023 -D/C Date- 02/21/2024</p> <p>A further review of the February 2024 MAR for the corresponding dates revealed the following:</p> <p>2/1/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/2/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/3/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 7 AM, 12 PM, 4 PM, 8 PM.</p> <p>2/4/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 8 PM</p> <p>2/5/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/6/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/7/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/13/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/14/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/15/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 8 PM.</p> <p>2/16/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 9 AM, 8 PM</p> <p>2/17/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 5 PM.</p> <p>2/18/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/19/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/20/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 4 PM</p> <p>A review of the progress notes for the above corresponding dates did not include any additional documentation regarding Percocet administration for the aforementioned dates and times.</p> <p>2.) Resident #365 was not at the facility during the survey. A closed record review for Resident #365 was completed.</p> <p>A review of the Admission Record (an admission summary), revealed the resident had diagnoses which included, but were not limited to; opioid dependence, spinal stenosis (the narrowing of one or more spaces within your spinal canal), and fracture of the right tibia.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool, dated 11/13/23, which revealed the resident had a Brief Interview for Menal Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was intact.</p> <p>A review of the resident's electronic medical record (EMR) revealed the resident had the following physician's orders:</p> <p>-Oxycodone HCl Oral Tablet 20 milligram (mg) (Oxycodone HCl) Give 20 mg by mouth every four (4) hours as needed for (severe pain 8-10) -Start Date: 11/13/23 -End Date: 12/26/23</p> <p>A review of the resident's Individual Patient's Controlled Drug Record for December 2023 revealed the following:</p> <p>A sheet with the date range of 11/23/23 - 12/3/23:</p> <p>12/1/23: 1 Oxycodone 20 mg signed out at 1:45 AM</p> <p>12/2/23: 1 Oxycodone 20 mg signed out at 12 AM</p> <p>An additional sheet with the date range of 12/4/23 - 12/12/23:</p> <p>12/11/23: 1 Oxycodone 20 mg signed out at 2:46 PM</p> <p>A review of the Medication Administration Record (MAR) for December 2023 revealed the resident was prescribed:</p> <p>Oxycodone HCl Oral Tablet 20 MG (Oxycodone HCl) Give 20 mg by mouth every 4 hours as needed for (severe pain 8-10) -Order Date- 11/13/2023 -D/C Date- 12/26/2023</p> <p>A further review of the December 2023 MAR for the corresponding dates revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/1/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 1:45 AM</p> <p>12/2/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 12 AM.</p> <p>12/11/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 2:46 PM.</p> <p>A review of the Progress Notes for the above corresponding dates did not include any additional documentation regarding Oxycodone administration.</p> <p>The facility provided the surveyor with an Investigation Summary for three staff: Licensed Practical Nurse (LPN) #1, LPN #2, and LPN #3. Under the Investigation Findings of each of the summaries, the following was noted: .Upon investigation, interviews and statements, alleged drug diversion was unsubstantiated . The investigation for LPN #1 also included an Employee Suspension Notice which revealed, [LPN #1] is being suspended pending investigation while facility investigates possible drug diversion. There was no evidence provided to the surveyor that the facility notified the NJDOH of the investigation related to a possible drug diversion.</p> <p>On 10/28/24 at 1:24 PM, during an interview with the surveyor that included Regional Director of Nursing (RDON) #1, RDON #2, the Director of Nursing (DON), the Licensed Nursing Home Administrator (LNHA) and the Regional Administrator (RLNHA), the surveyor asked if the concerns of the alleged drug diversion as referenced in the three Investigation Summaries had been reported to the NJDOH. RDON #1 stated, No, because we immediately ruled out the drug diversion issue through interviews with residents who all expressed relief of pain. We were also under the impression that the ombudsman had already informed the state.</p> <p>The surveyor reviewed the facility's undated Incident/Occurrence Investigation Procedure. Under the Policy Statement section the policy revealed, .3. All allegations of misappropriation of residents' property will be investigated . Further review of the policy did not reveal that the facility was to contact the NJDOH to report an alleged violation of misappropriation of resident property, per the regulation.</p> <p>NJAC 8:39-9.4</p> <p>NJAC 8:39-27.1(a)</p> <p>NJAC 8:39-29.7(c)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>48618</p> <p>COMPLAINT #: NJ172102</p> <p>Based on observations, interviews, records review, and review of other pertinent facility documentation, it was determined that the facility failed to thoroughly investigate an allegation of misappropriation of property for 1 of 3 residents (Resident #58) reviewed for personal property.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 10/22/24 at 12:14 PM, the surveyor interviewed Resident #58 who reported that pain medications were always available when requested by the resident. The resident further stated that there was never a time when he/she did not receive pain medication when the resident asked for it.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: borderline personality disorder, dorsalgia (a sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the back), and osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated 7/19/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated that the resident's cognition was moderately impaired.</p> <p>A review of the electronic medical record (EMR) revealed the resident had the following physician's orders:</p> <p>-Percocet Oral Tablet 5-325 milligrams (mg) (Oxycodone w/ Acetaminophen) Give two (2) tablets by mouth every four (4) hours as needed for Pain (7-10) For severe pain 7-10 on pain scale/ MD made aware of side effect and dosage -Start Date: 12/12/23 -End Date: 02/21/24</p> <p>A review of the Individual Patient's Controlled Drug Record for February 2024 revealed the following:</p> <p>A sheet with the date range of 1/23/24 - 2/5/24:</p> <p>2/4/24: 2 Percocet tablets were signed out at 8 PM</p> <p>The Destroyed/Wasted Medication Doses section of the form was blank.</p> <p>An additional sheet with the date range of 2/4/24 - 2/23/24:</p> <p>2/4/24: 2 Percocet tablets were signed out at 8 PM</p> <p>The Destroyed/Wasted Medication Doses section of the form was blank.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Medication Administration Record (MAR) for February 2024 revealed the resident was prescribed:</p> <p>Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 2 tablet by mouth every 4 hours as needed for Pain (7-10) For severe pain 7-10 on pain scale/ MD made aware of side effect and dosage -Order Date- 12/12/2023 -D/C Date- 02/21/2024</p> <p>A further review of the February 2024 MAR for the corresponding dates revealed the following:</p> <p>2/4/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 8 PM</p> <p>A review of the Progress Notes for the above corresponding dates did not include any additional documentation regarding Percocet administration for the aforementioned date and time.</p> <p>The facility provided the surveyor with an Investigation Summary for three staff: Licensed Practical Nurse (LPN) #1, LPN #2, and LPN #3. Under the Investigation Findings of each of the summaries, the following was noted: .Upon investigation, interviews and statements alleged drug diversion was unsubstantiated . The investigation for LPN #1 also included an Employee Suspension Notice which revealed that, [LPN #1] is being suspended pending investigation while facility investigates possible drug diversion.</p> <p>On 10/28/24 at 2:54 P.M., the surveyor interviewed the [NAME] President of Clinical Services (VPCS) #1, in the presence of Regional Director of Nursing (RDON) #2. The VPCS stated, The 2/4/24 duplicate dose at 8 PM was not investigated because it was not brought to our attention.</p> <p>The surveyor reviewed the facility's undated Incident/Occurrence Investigation Procedure. Under the Policy Statement section the policy revealed, .3. All allegations of misappropriation of residents' property will be investigated . The Procedure section further revealed, .Nursing or Social Services will conduct their initial investigation and review all pertinent documentation related to the event within 24 hours .</p> <p>NJAC 8:39-9.4</p> <p>NJAC 8:39-27.1(a)</p> <p>NJAC 8:39-29.7(c)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48618</p> <p>COMPLAINT#: NJ172102</p> <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observations, interviews, medical records review, and review of other pertinent facility documentation, it was determined that the failed to maintain an accurate and complete medical record in accordance with acceptable standards and practice.</p> <p>This deficient practice was identified for 2 of 7 residents (Resident #58 and Resident #365) reviewed for unnecessary medications and was evidenced by the following:</p> <p>1.) On 10/22/24 at 12:14 PM, the surveyor interviewed Resident #58 who reported that pain medications were always available when requested by the resident. The resident further stated that there was never a time when he/she did not receive pain medication when the resident asked for it.</p> <p>A review of the Admission Record, an admission summary, revealed the resident had diagnoses which included, but were not limited to: borderline personality disorder, dorsalgia (a sensation of unpleasant feeling indicating potential or actual damage to some body structure felt in the back), and osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain).</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 07/19/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated that the resident's cognition was moderately impaired.</p> <p>A review of the resident's electronic medical record (EMR) revealed that the resident had the following physician's orders:</p> <p>-Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for Pain (4-6) For moderate pain 4-6 on pain scale/ MD aware of drug side effects/ drug interactions. -Start Date: 12/12/23 -End Date: 6/16/24</p> <p>-Percocet Oral Tablet 5-325 MG (Oxycodone w/ Acetaminophen) Give 2 tablet by mouth every 4 hours as needed for Pain (7-10) For severe pain 7-10 on pain scale/ MD made aware of side effect and dosage -Start Date: 12/12/23 -End Date: 02/21/24</p> <p>The surveyor requested Individual Patient's Controlled Record for January 2024 & February 2024. The sheet for 1/1/24 - 1/12/24 was not provided to the surveyor.</p> <p>The surveyor reviewed the resident's Individual Patient's Controlled Drug Record for February 2024 which revealed the following:</p> <p>A sheet with the date range of 1/23/24 - 2/5/24:</p> <p>2/1/24: 2 Percocet tablets were signed out at 4 PM, 8 PM</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor further reviewed the February 2024 MAR for the corresponding dates which revealed the following:</p> <p>2/1/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/2/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/3/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 7 AM, 12 PM, 4 PM, 8 PM.</p> <p>2/4/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 8 PM</p> <p>2/5/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/6/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/7/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/13/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/14/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/15/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 8 PM.</p> <p>2/16/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 9 AM, 8 PM</p> <p>2/17/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 5 PM.</p> <p>2/18/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/19/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered.</p> <p>2/20/24: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 4 PM</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Palace Rehabilitation and Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 315 West Mill Road Maple Shade, NJ 08052	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the progress notes for the above corresponding dates did not include any additional documentation regarding Percocet administration for the aforementioned dates and times.</p> <p>2.) Resident #365 was not at the facility on the day of the survey. A closed record review was completed.</p> <p>According to the Admission Record, an admission summary, the resident had diagnoses which included, but were not limited to: opioid dependence, spinal stenosis (the narrowing of one or more spaces within your spinal canal), and fracture of the right tibia.</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 11/13/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the resident's cognition was intact.</p> <p>A review of the electronic medical record (EMR) revealed the resident had the following physician's orders:</p> <p>-Oxycodone HCl Oral Tablet 20 MG (Oxycodone HCl) Give 20 mg by mouth every 4 hours as needed for (severe pain 8-10) -Start Date: 11/13/23 -End Date: 12/26/23</p> <p>The surveyor requested Individual Patient's Controlled Record for December 2023. The sheet for 12/13/24 - 12/24/23 was not provided to the surveyor.</p> <p>The surveyor reviewed the resident's Individual Patient's Controlled Drug Record for December 2023 which revealed the following:</p> <p>A sheet with the date range of 11/23/23 - 12/3/23:</p> <p>12/1/23: 1 Oxycodone 20 mg signed out at 1:45 AM</p> <p>12/2/23: 1 Oxycodone 20 mg signed out at 12 AM</p> <p>An additional sheet with the date range of 12/4/23 - 12/12/23:</p> <p>12/11/23: 1 Oxycodone 20 mg signed out at 2:46 PM</p> <p>A review of the Medication Administration Record (MAR) for December 2023 revealed that the resident was prescribed:</p> <p>Oxycodone HCl Oral Tablet 20 MG (Oxycodone HCl) Give 20 mg by mouth every 4 hours as needed for (severe pain 8-10) -Order Date- 11/13/2023 -D/C Date- 12/26/2023</p> <p>A further review of the December 2023 MAR for the corresponding dates revealed the following:</p> <p>12/1/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 1:45 AM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Palace Rehabilitation and Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 315 West Mill Road Maple Shade, NJ 08052	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/2/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 12 AM.</p> <p>12/11/23: No pain level recorded, no pain evaluation, no signature noting that medication was administered at 2:46 PM.</p> <p>A review of the progress notes for the above corresponding dates did not include any additional documentation regarding Oxycodone administration.</p> <p>On 10/25/24 at 2:19 PM, the surveyor interviewed the Director of Nursing (DON) and the Regional Licensed Nursing Home Administrator (RLNHA) who stated that the facility policy on keeping medical records was to follow the regulation. The Regional Administrator further added that this included resident's narcotic sheets and he stated again that records were to be maintained for as long as the regulation required.</p> <p>On 10/28/24 at 2:54 PM, the surveyor interviewed Regional Director of Nursing (RDON) #2 who stated that the Individual Patient's Controlled Record for Resident #58 & Resident #365 could not be located.</p> <p>NJAC 8:39-27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/29/2024
NAME OF PROVIDER OR SUPPLIER Palace Rehabilitation and Care Center, The		STREET ADDRESS, CITY, STATE, ZIP CODE 315 West Mill Road Maple Shade, NJ 08052	

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49509</p> <p>Complaint #: NJ175570</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a safe and sanitary physical environment in the central supply room.</p> <p>This deficient practice has the potential to affect 3 of 3 nursing units and was evidenced by the following:</p> <p>On 10/23/24 at 12:25 PM, the surveyor conducted a tour of the facility's basement, in the presence of the facility's Regional Licensed Nursing Home Administrator (RLNHA) and the staff member in charge of Central Supply. At that time, the surveyor entered the Central Supply room and observed, adhered on the wall board ceiling to the right of the doorway near the pipes, a black substance approximately 24 inches in length.</p> <p>On 10/23/24 at 1:00 PM, the surveyor revisited the Central Supply room and observed the RLNHA and the Maintenance Assistant (MA) present in the room. The MA had a pitcher of white paint with a brush and was applying the white paint over the black substance on the ceiling. At that time, the surveyor interviewed the RLNHA who stated, it was dirt on the ceiling.</p> <p>On 10/23/24 at 1:10 PM, the surveyor interviewed the staff member in charge of Central Supply who stated she was unaware of the black substance that was observed on the ceiling. She further stated the prior staff had resigned and she was covering.</p> <p>On 10/23/24 at 1:15 PM, the surveyor interviewed the Maintenance Director who stated that he was unaware that there was a black substance on the ceiling in the Central supply room.</p> <p>On 10/28/24 at 1:34 PM, the RLNHA, in the presence of the LNHA, Director of Nursing (DON), Regional DON (RDON) #1, RDON#2 and the survey team, stated that it was scud and dirt on the ceiling and it came right off. He further stated that the ceiling was cleaned and then painted over after surveyor inquiry.</p> <p>The facility was unable to provide a policy related to maintaining a safe and sanitary physical environment. The RLNHA stated they followed their Infection Control policy.</p> <p>NJAC 8:39-31.2(e)</p>