STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. REPEAT DEFICIENCY Based on interview and record review, it was determined that the facility failed to ensure that the residents' primary physician signed and dated monthly physician orders. The deficient practice was observed for 9 of 33 residents reviewed (Resident #3, 6, 9, 14, 17, 65, 76, 87, 180) and occurred over an extended period. The evidence was as follows:1.A review of the hybrid medical record (paper and electronic documentation) for Resident #6 revealed the physician had last signed the resident's monthly physician orders on 7/5/24. 2.A review of the hybrid medical record for Resident #14 revealed the physician had last signed the resident's monthly physician orders on 9/4/23. 3.A review of the hybrid medical record for Resident #76 revealed the physician had last signed the resident's monthly physician orders on 2/20/25. 4.A review of the hybrid medical record for Resident #87 revealed the physician had last signed the resident's monthly physician orders on 1/28/25. 5.A review of the hybrid medical record for Resident #180 revealed the physician had last signed the resident's monthly physician orders last signed on 1/28/25. 6. A review of the electronic medical record for Resident #3 revealed the physician has not electronically signed the monthly physician orders from March to June 2025. 7. A review of the electronic medical record for Resident #9 revealed the physician has not electronically signed the monthly physician orders for May 2025. 8. A review of the electronic medical record for Resident #17 revealed the physician has not electronically signed the monthly physician orders for May and June 2025. 9. A review of the electronic medical record for Resident #65 revealed the physician has not electronically signed the monthly physician orders for May 2025. On 8/18/2025 at 11:50 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that the physician usually signed the order electronically and all the documents are in the computer system. On 8/18/2025 at 11:52 AM, the surveyor interviewed the LPN/Unit Manager (LPN/UM), who stated that they do not have a physical chart anymore; everything was documented electronically. The (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician should be signing the monthly orders in the computer. On 8/19/2025 at 11:59 AM, the team of surveyors met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to discuss the above concern, but did not provide further information. A review of the facility policy titled 1.0 Prescribing Authorization, with an effective date of 2022, under Procedure: B. All medications and biological orders are written, dated, and signed by the person lawfully authorized to give such an order. C. 1. All orders are valid for one month (unless specified) once signed by the facility's authorized physician. NJAC 8:39-23.2(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, it was determined that the facility failed to assure that the physician responsible for supervising the care of residents conducted face to face visits and wrote progress notes at least every 60 days. This deficient practice continued over several months for 10 of 33 residents (Resident #3, 4, 6, 9, 12, 17, 65, 76, 87, 180) reviewed and was evidenced by the following. 1. A review of physician progress notes documented in the hybrid medical record (paper and electronic documentation) for Resident #6 revealed there were no physician notes written for over 6 months. 2. A review of physician progress notes documented in the hybrid medical record for Resident #76 revealed there were no physician notes written for over 6 months. 3. A review of physician progress notes documented in the hybrid medical record for Resident #87 revealed there were no physician notes written for over 6 months. 4. A review of physician progress notes documented in the hybrid medical record for Resident #180 revealed there were no physician notes written for over 6 months. 5. On 8/12/2025 10:39 AM, the surveyor observed Resident #3 in bed awake, unable to answer the surveyor's inquiry. On 8/14/2025 at 11:56 AM, the surveyor reviewed the electronic medical record (eMR) of Resident #3, which revealed the following: A review of the admission Record (AR, an admission summary) reflected that Resident #3 was admitted with diagnoses that included but were not limited to unspecified atrial fibrillation (irregular heartbeat). A review of the recent quarterly Minimum Data Set (Q/MDS), (an assessment tool used to facilitate the management of care) dated 7/11/25, indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated that the resident had severe impairment in cognition. A review of the Physician Progress Notes (PPN) that the medical doctor (MD #1) revealed that the physician did not conduct face-to-face visits from January to June 2025. 6. On 8/12/2025 10:34 AM, the surveyor observed Resident #4 in bed, sitting, awake, alert, and able to answer the surveyor's inquiry in simple English. On 8/14/2025 at 11:56 AM, the surveyor reviewed the eMR of Resident #4, which revealed the following: A review of the AR reflected that Resident #4 was admitted with diagnoses that included but were not limited to hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting the left dominant side (presence of motor impairment on one side of the body). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the recent Q/MDS dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 12 out of 15, which indicated that the resident had moderately impaired cognition. A review of Resident #4's PPN revealed that MD#1 did not conduct face-to-face visits from January to July 2025. 7. On 8/12/2025 at 10:40 AM, the surveyor observed Resident #9 in bed, asleep, covered with a blanket. On 8/14/2025 at 11:56 AM, the surveyor reviewed the eMR of Resident #9, which revealed the following: A review of the AR reflected that Resident #9 was admitted with diagnoses that included but were not limited to dementia (loss of memory), other diseases classified elsewhere, unspecified severity, with psychotic disturbance. A review of the significant change (SC/MDS) dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 0 out of 15, which indicated that the resident had severely impaired cognition. A review of the PPNs in the eMR reflected the following Effective Date, Created Date, and/or Late Entry (any documentation that is recorded in the eMR beyond 24-48 hours of the encounter is classified as a late entry) designation which indicated the PPN of MD #1 was not documented on the effective date (Date of Service): 1. PPN with an effective date of 1/2/25 and a created date of 2/17/25. 2. PPN with an effective date of 1/8/25 and a created date of 2/17/25. 3. PPN with an effective date of 1/15/25 and a created date of 2/17/25. 4. PPN with an effective date of 1/22/25 and a created date of 2/17/25. 5. PPN with an effective date of 1/29/25 and a created date of 2/17/25. 6. PPN with an effective date of 2/5/25 and a created date of 2/17/25. 7. PPN with an effective date of 2/8/25 and a created date of 2/17/25. 8. PPN with an effective date of 4/2/25 and a created date of 7/7/25. 9. PPN with an effective date of 4/11/25 and a created date of 7/7/25. 10. PPN with an effective date of 4/16/25 and a created date of 7/7/25. 11. PPN with an effective date of 4/23/25 and a created date of 7/7/25. 12. PPN with an effective date of 4/30/25 and a created date of 7/7/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	13. PPN with an effective date of 5/7/25 and a created date of 7/7/25. 14. PPN with an effective date of 5/14/25 and a created date of 7/7/25. 15. PPN with an effective date of 5/21/25 and a created date of 7/7/25. 16. PPN with an effective date of 5/28/25 and a created date of 7/7/25. 8. On 8/12/2025 at 10:42 AM, the surveyor observed Resident #12 out of bed to the wheelchair, able to answer the surveyor's inquiry. On 8/18/2025 at 11:09 AM, the surveyor reviewed the eMR of Resident #12, which revealed the following: A review of the AR reflected that Resident #12 was admitted with diagnoses that included but were not limited to hemiplegia and hemiparesis following cerebral infarction disease affecting the right dominant side. A review of the annual (A/MDS) dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 8 out of 15, which indicated that the resident had moderately impaired cognition. A review of Resident #12's PPN of MD #1 in the eMR reflected the following: 1. PPN with an effective date of 4/2/25 and a created date of 7/7/25. 2. PPN with an effective date of 4/9/25 and a created date of 7/7/25. 3. PPN with an effective date of 4/16/25 and a created date of 7/7/25. 4. PPN with an effective date of 4/23/25 and a created date of 7/7/25. 5. PPN with an effective date of 4/30/25 and a created date of 7/7/25. 6. PPN with an effective date of 5/7/25 and a created date of 7/7/25. 7. PPN with an effective date of 5/14/25 and a created date of 7/7/25. 8. PPN with an effective date of 5/28/25 and a created date of 7/7/25. 9. On 8/12/2025 at 10:46 AM, the surveyor observed Resident #17 out of bed to the wheelchair in the hallway, unable to answer the surveyor's inquiry. On 8/13/2025 at 12:27 PM, the surveyor reviewed the eMR of Resident #17, which revealed the following: A review of the AR reflected that Resident #17 was admitted with diagnoses that included but were not limited to chronic obstructive pulmonary disease (COPD, difficulty in breathing due to inflammation and obstruction). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the recent Q/MDS dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 0 out of 15, which indicated that the resident had severely impaired cognition. A review of Resident #17's PPN revealed that MD#2 did not conduct face-to-face visits from January to July 2025. 10. On 8/12/2025 at 10:50 AM, the surveyor observed Resident #65 in bed, asleep. On 8/13/2025 at 1:09 PM, the surveyor reviewed the eMR of Resident #65, which revealed the following: A review of the AR reflected that Resident #65 was admitted with diagnoses that included but were not limited to unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (feeling of nervousness). A review of the recent Q/MDS dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 3 out of 15, which indicated that the resident had severely impaired cognition. A review of Resident #65's PPN of MD #1 in the eMR reflected the following: 1. PPN with an effective date of 3/2/25 and a created date of 6/30/25. 2. PPN with an effective date of 4/16/25 and a created date of 6/30/25. 3. PPN with an effective date of 4/23/25 and a created date of 6/30/25. 4. PPN with an effective date of 5/7/25 and a created date of 6/30/25. 5. PPN with an effective date of 5/14/25 and a created date of 6/30/25. 6. PPN with an effective date of 5/21/25 and a created date of 6/30/25. 7. PPN with an effective date of 5/28/25 and a created date of 6/30/25. On 8/18/2025 at 11:50 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding the MD notes. The LPN stated that all the documentation is in the computer system since there is no physical chart anymore. The MDs should document in the computer every time they visit. On 8/18/2025 at 11:52 AM, the surveyor interviewed the LPN/Unit Manager (LPN/UM) regarding the MD's PPN. The LPN/UM stated that the MDs were expected to document in the computer system, but did not provide any information on why there was no documentation of the MDs in the eMR. On 8/19/2025 at 11:59 AM, the team of surveyors met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to discuss the above concern. The DON stated, It is what it is regarding the PPN. A review of the facility policy titled Physician visits under Policy Interpretation and Implementation 2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The attending Physician must visit their patients at least once every thirty (30) days for the first ninety (90) days following the resident's admission, and then at least every sixty (60) days thereafter. 4. After the first ninety (90) days, if the Attending Physician determines that a resident need not be seen by him/her every thirty (30), days an alternate schedule of visits may be established, but not to exceed every sixty (60) days. A Physician Assistant or Nurse Practitioner may make alternative visits after the initial ninety (90) days following admission, unless restricted by law or regulation. 6. A physician visit is considered timely if it occurs not later than ten (10) days after the date the visit was required. However, the subsequent visit must be timed in relation to when the previous one was due, not to when it was made. NJAC 8:39-23.2(a)(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review it was determined that the facility failed to maintain the dignity of 1 of 33 residents (Resident # 182).The deficient practice was evidenced by the following: On 8/12/25 at 12:45 PM, the surveyor observed Resident #182 in a geri-chair, in the dayroom. In the dayroom, near Resident #182, the surveyors observed 3 other residents and 2 activity staff members in the room as well. Resident # 182, in the geri-chair was observed with no socks on both feet, the resident had a pair of shorts on which were torn and ripped, and the resident's adult brief was exposed. The surveyor observed that the resident's fingernails were curved and about 1/4 inch long extended past the resident's fingertips. The surveyor also observed that the resident's toenails were about 1/4 inch long extended past the resident's toes, and the resident's left big toenail had black colored debris under the nail.On 8/14/25 at 10:54 AM, the surveyor observed Resident #182 in a geri-chair, in the dayroom. In the dayroom, near Resident #182, the surveyors observed 9 other residents and 2 activity staff members in the room as well. Resident # 182, in the geri-chair was observed with one sock and shoe on the right foot and no sock or shoe on the resident's left foot. The resident was observed with a short pair of shorts on, and the resident's adult brief was exposed, and the resident's shirt was tight and bunched up, exposing the resident's abdomen. The surveyor observed that the resident's fingernails were curved and about 1/4 inch long extended past the resident's fingertips. The surveyor also observed that the resident's toenails were about 1/4 inch long extended past the resident's toes, and the resident's left big toenail had black colored debris under the nail. On 8/14/25 at 11:01 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who was assigned to care for Resident # 182. The LPN stated that the resident was not compliant with nail clipping and family was responsible for doing the resident's nail care. The LPN stated that she could not recall when the family was at the facility last. The LPN stated that the staff should attempt to assist the resident with fixing their clothing. A review of the resident's medical records revealed that Resident # 182 had diagnoses which included but were not limited to epileptic seizures and unspecified lack of expected normal physiological development in childhood. A review of Resident # 182's quarterly Minimum Data Set (MDS), an assessment tool dated 7/1/25, revealed Resident # 182 had severely impaired cognition. A review of the policy titled Resident Rights, dated April 2025, revealed that residents should be treated with respect for their dignity and individuality. A review of the policy titled CNA standard of care, dated February 2025, revealed that all resident's nails to be maintained clean and trimmed weekly. On 8/14/25 at 12:45 PM, the surveyor discussed the above concerns with Administrator and the Director of Nursing (DON). On 8/18/25 at 10:03 AM, the DON stated that the staff should be responsible for trimming the resident's nails since they are not sure how frequently the family will come in to assist with nail care. The DON stated that the staff should be responsible for ensuring that the resident is dressed appropriately. NJAC 8:39-4.1(a)12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined that the facility failed to ensure the resident's call device was readily accessible. The deficient practice was identified for 2 (two) of the 33 residents (Residents #3 and #137) reviewed for reasonable accommodations of needs/preferences. This deficient practice was evidenced by the following: 1. On 8/12/2025 10:39 AM, the surveyor observed Resident #3 in bed awake, unable to answer the surveyor's inquiry. The surveyor observed that the call light was located behind the resident's bedside table. On 8/12/2025 at 12:18 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1), who stated that the call bell must have been put there by the Certified Nurse Assistant (CNA) when giving care to the resident. The call bell should be placed within the reach of the resident. On 8/14/2025 at 11:56 AM, the surveyor reviewed the electronic medical record (eMR) of Resident #3, which revealed the following: A review of the admission Record (AR, an admission summary) reflected that Resident #3 was admitted with diagnoses that included but were not limited to unspecified atrial fibrillation (irregular heartbeat). A review of the recent quarterly Minimum Data Set (Q/MDS), (an assessment tool used to facilitate the management of care) dated 7/11/25, indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated that the resident had severe impairment in cognition. Further review of the Q/MDS, as reflected in section GG, revealed that the resident was dependent on staff for daily living activities. A review of the Care Plan (CP) report initiated on 9/9/22 focused on the resident's risk of falls related to impaired mobility. Interventions included, but were not limited to, keeping the call bell in reach and encouraging its use. 2. On 8/12/2025 at 10:35 AM, the surveyor observed Resident #137 sitting in bed awake, alert, and able to answer the surveyor's inquiry. The surveyor observed that the resident's call light was hanging on the call light outlet. The surveyor interviewed the resident, who stated that he did not know where the call bell was located. On 8/14/2025 at 8:22 AM, while the LPN was giving a medication pass to Resident #137, the surveyor observed that the call light of Resident #137 was on the floor. The LPN took the call light from the floor and put it on top of the resident's bed. The LPN stated that it must be dropped on the floor by the resident. The LPN stated that there should be a clip to secure the call light to the bed, and she will let maintenance know. The LPN added that the call light should be within the resident's reach. On 8/14/2025 at 12:51 PM, the surveyor reviewed the electronic medical record (eMR) of Resident #137, which revealed the following: A review of the AR reflected that Resident #137 was admitted with diagnoses that included but were not limited to unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (feeling of nervousness). A review of the recent Q/MDS dated [DATE] indicated that the facility assessed the residents' cognitive status using a BIMS score of 0 out of 15, which indicated that the resident had severe impairment in cognition. Further review of the Q/MDS, as reflected in section GG, revealed that the resident needs partial or moderate assistance for daily living activities. A review of the CP report initiated on 9/6/23 focused on the resident's risk of falls related to cognitive impairment and impaired vision. Interventions included, but were not limited to, keeping the call bell in reach and encouraged to use. On 8/12/2025 at 10:38 AM, the surveyor interviewed the CNA, who stated that the call light should be within the resident's reach, even if the resident cannot use it. On 8/12/2025 at 12:19 PM, the surveyor interviewed the LPN/Unit Manager (LPN/UM), who stated that the call light should be within the reach of the resident. On 8/19/2025 at 11:59 AM, the team of surveyors met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to discuss the above concern, but did not provide further information. A review of the facility policy titled Call Bell System, updated in January 2025, revealed under Procedure: Maintain call light within easy access of resident at all times. NJAC 8:39-31.8(c)9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and interview, it was determined that the facility failed to ensure the most recent 3 years of inspection reports were readily accessible in a prominent area to residents and visitors without having to ask for the reports from facility staff. The deficient practice was identified during interview with 7 residents at the resident group meeting and 1 individual staff interview and was evidenced by the following.On 8/14/2025 at 7:59 AM, the surveyor observed signage located next to the 3rd floor elevator which indicated Survey Report inside Nursing Station. The surveyor interviewed a 3rd floor unit nurse inquiring as to the location of the survey report binder. The nurse looked at the nursing station desk and then in an area behind the desk used as a charting room and found the binder on a shelf. The nurse told the surveyor she was unaware that the survey reports needed to be accessible to residents and visitors without having to ask staff. On 8/14/2025 at 11:30 AM, the surveyor observed signage outside the elevator on the 2nd floor indicating survey reports were in the lobby. On 8/18/2025 at 11:05 AM the surveyor conducted the resident group meeting with the President of resident council and 6 other residents who regularly attend the monthly resident council meetings. The 7 residents were unaware of the location of the survey report binders. Additionally, they stated they would not normally go to the lobby, other than to exit or enter the building. The concern was discussed with the Administrator and the Director of Nursing on 8/18/25. NJAC 8:39-4.1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview it was determined the facility failed to maintain the residents' living environment in a clean, sanitary, and homelike manner for 2 resident rooms (Room # 330 and 332) on the 3rd floor.The deficient practice was evidenced by the following:1. During initial tour, on 8/12/25 at 12:00 PM, in room [ROOM NUMBER], the surveyor observed 3 areas with approximately 6 foot long linear area of scratches on the wall between the resident's bathroom door and the sink inside the room, which exposed the sheet rock. The surveyor also observed 3 scratches to the right side of the window sill in the resident's room, and approximately a 10 inch long broken piece to the resident's upper dresser drawer. 2. The surveyor entered room [ROOM NUMBER] on 8/14/25 at 10:41 AM and observed an approximately 6 foot long linear area of exposed sheet rock from the bathroom door to the handwashing sink. On 8/18/25 at 12:51 PM, the surveyor discussed the above concerns with the Administrator and the Director of Nursing. NJAC 8:39-31.2(e)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Crescent Healthcare & Rehabilitation Center	480 Parkway Drive East Orange, NJ 07017

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)
F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on observation, interview, and record review, it was determined that the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) was completed accurately for 1 (one) of 1 resident reviewed for PASARR (Resident #12). This deficient practice was evidenced by the following: On 8/12/2025 at 10:42 AM, the surveyor observed Resident #12 out of bed to the wheelchair, able to answer the surveyor's inquiry. On 8/18/2025 at 11:09 AM, the surveyor reviewed the electronic Medical Record (eMR) of Resident #12, which revealed the following: A review of the admission Record (AR, an admission summary) reflected that Resident #12 was admitted with diagnoses that included but were not limited to schizophrenia (a serious mental health condition that affects how people think, feel, and behave), unspecified, with a start date of 8/3/23. A review of the annual Minimum Data Set (A/MDS), (an assessment tool used to facilitate the management of care) dated 6/30/25, indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 8 out of 15, which indicated that the resident had moderately impaired cognition. Further review of the A/MDS reflected in section N-High-Risk Drug Classes: Use and Indication stated that Resident #12 is taking anti-psychotic medication on a routine basis. A review of the Order Summary Report (OSR) revealed an order of Risperdal 1 milligram (mg) by mouth at bedtime and risperidone 0.5 mg by mouth in the morning, with a start order date of 10/2/24. A review of the recent psychology progress notes dated 6/16/25 documented continuing the current medications of Risperdal for the diagnosis of schizophrenia. A review of the Care Plan (CP) report initiated on 2/12/25 focused on the resident receiving psychotropic medications related to schizophrenia. A review of the PASARR Level 1 screen form with a handwritten date on 7/2/21 revealed in Section II - Mental Illness Screen that Resident #12 had no diagnosis or evidence of major mental illness limited to schizophrenia disorders, and the screen was negative. There is no other PASARR Level screen form that accurately states that the resident has a diagnosis of schizophrenia. On 8/18/2025 at 11:12 AM, the surveyor interviewed the Social Worker (SW), who stated that the PASARR of Resident #12 should be updated since the resident has a diagnosis of schizophrenia. The SW added that the hospital initiated the PASARR. On 8/19/2025 at 11:59 AM, the team of surveyors met with the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) to discuss the above concern, but did not provide further information. A review of the facility policy titled Policy and Procedure for MDS 3.0 PASRR Requirement Compliance with an update in March 2025 stated under Procedure: The Social Worker (SW) is responsible for: 1. Reviewing the Level 1 screening for accuracy.