

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/14/2025
NAME OF PROVIDER OR SUPPLIER Trenton Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 512 Union Street Trenton, NJ 08611	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** COMPLAINT #2620207 Based on interviews, medical record review, and review of other pertinent facility documentation on 10/07/2025, it was determined that the facility failed to ensure a resident (Resident #2) whose smoking privileges were revoked did not have cigarettes in their possession or smoke in the facility in the presence of oxygen to prevent accidental explosion and fire from unsafe smoking. This deficient practice was identified for 1 of 3 residents (Resident #2) reviewed for accidents. During an interview with the Nursing Supervisor (NS) on 10/07/2025, she stated that while conducting her rounds on 09/16/2025, at approximately 8:00 P.M., she observed Resident #2 seated in a wheelchair, smoking a cigarette in Resident #1 and Resident #3's room. The NS stated that Resident #2 did not reside in that room; they were talking to Resident #3; and Resident #1, who was present, had oxygen in use. The NS stated that Resident #2 saw her entering the room and immediately tried to put out the cigarette on the wheelchair, and she stated, No, no, no. You're not supposed to have that in your possession and the resident handed it to her. The NS stated that a search of Resident #2's wheelchair revealed a pack of cigarettes and a bottle of vodka. During an interview with the Director of Nursing (DON) on 10/07/2025, she stated that Resident #2 had already had smoking privileges revoked for repeated violations of the smoking policy which included the sharing of cigarettes, attempting to smoke in areas outside of the designated smoking area, and not leaving cigarettes at the front desk. The facility's failure to ensure a resident, whose smoking privileges were revoked, did not have cigarettes in their possession or smoke in the facility in the presence of oxygen placed all residents at risk for serious harm, injury, or death from accidental explosion or fire from unsafe smoking. This resulted in an Immediate Jeopardy (IJ) situation. The IJ began on 09/16/2025 at 8:00 P.M., after Resident #2 was observed smoking a cigarette in Resident #1's room while oxygen was in use. The facility was notified of the IJ on 10/07/2025 at 4:24 P.M. The facility submitted an acceptable Removal Plan (RP) on 10/12/2025 at 5:52 P.M. The surveyor verified the implementation of the RP during the on-site survey on 10/14/2025. The evidence was as follows: A review of the facility's Smoking Policy and Procedure dated revised 05/2025, included that the purpose of the policy was, To provide a safe environment for all. The Procedure/Protocol section included, . 3. Residents will only be allowed to smoke in the designated facility Smoking Area, 4. All tobacco products . will be kept at the Reception Desk, 5. No tobacco products or lighting materials will be allowed to be kept on the Resident's person or stored in their rooms [.] 16. E-Cigarette and Vape smoking will not be permitted within the building. A review of the Facility Reportable Event (FRE) sent to the New Jersey Department of Health (NJDOH), indicated that on 09/16/2025 at 8:00 P.M., while completing rounds, the NS observed Resident #2 smoking in Resident #1's room while oxygen was in use. The cigarette was immediately taken away and Resident #2 was escorted out of the room. The FRE indicated that Resident #2's, . smoking privileges were revoked prior to this event for other infarctions. The FRE also revealed that a search of Resident #2's room and wheelchair led to the discovery of cigarettes and alcohol and the resident was then placed on one-to-one (1:1) supervision. Further review of the FRE documentation that was provided by the facility on 10/07/2025, included the following:-Incident Summation Report.-Physical Assessment of Resident #2.-Incident Investigation Form.-Employee Statement from assigned nurse.-Statements from the DON who interviewed Resident #2 and the Assistant Director of Nursing (ADON). No documentation was provided regarding statements collected or assessments completed for Resident #1 or Resident #3 on the night of the incident. 1. On 10/07/2025 at 9:32 A.M., the surveyor observed Resident #1 lying in bed asleep. The surveyor was unable to interview the resident during the survey. A review of the resident's medical record was conducted. According to the admission Record face sheet, an admission summary, Resident #1 was admitted to the facility with diagnoses that included but were not limited to: chronic obstructive pulmonary disease, chronic respiratory failure, and dependence on supplemental oxygen. A review of Resident #1's comprehensive Minimum Data Set (MDS), an assessment tool dated 08/07/2025, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 7 out of 15, which indicated that the resident's cognition was severely impaired. A further review of the MDS revealed that the resident required oxygen therapy. A review of Resident #1's Order Summary Report (OSR) revealed an active order for 5 liters per minute (lpm) of continuous oxygen via nasal cannula, that was initiated on 09/11/2025. A review of the resident's corresponding Medication Administration Record (MAR) for September 2025, revealed that on the evening shift of 09/16/2025 the box was signed indicating that the resident had oxygen in place. A further</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Complaint #2620207Based on interviews and review of other pertinent facility documentation on 10/07/2025 and 10/14/2025, it was determined that the facility failed to: a.) ensure that the facility-wide assessment (FA) evaluated its resident population and b.) identified the resources needed to provide the necessary care and services required for residents admitted with a history or current use of, tobacco or drug and alcohol abuse. This deficient practice had the potential to affect all residents and was evidenced by the following:Refer to F689A review of the facility's Facility Assessment provided by the Director of Nursing (DON), indicated that the assessment was completed on 05/03/2025. A further review of the facility's FA did not include any documentation that addressed the resident population that was admitted to the facility with a history or current use of, tobacco or drug and alcohol abuse.During a joint interview with the DON, the Consultant DON, and the Consultant Administrator on 10/14/2025 at 2:14 P.M., the DON stated that the FA was a snapshot of residents that included all departments involved in their care and a breakdown of demographics involving staffing and their care needs. The DON stated that it was more than just the physical needs required by the residents, but detailed needs that each resident would require. The DON further stated that the facility currently had 41 smokers. In the presence of the surveyor, the DON reviewed the FA and confirmed it did not identify smoking/smokers as a category population that they served. The DON stated that an issue was identified involving a smoker that affected all residents, and that the facility planned to update the FA accordingly. NJAC 8:39-5.1(a)</p>