STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315337	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
McAuley Hall Health Care Cente	1633 Highway 22 Watchung, NJ 07069

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, record review and policy review, it was determined that the facility failed to a.) store potentially hazardous foods in a manner to prevent food borne illness and, b.) failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development a food borne illness. This deficient practice was evidenced by the following:On 8/5/25 at 11:00 AM, in the presence of the Food Services Director (FSD), the surveyor observed the following:1. In the food preparation area, the surveyor observed a handwashing sink, which was attached to a stainless-steel food preparation area and there was no partition between the sink and food preparation surface.2. In the walk in refrigerator, the surveyor observed an opened half full apple juice with an open date of 7/23/25. The FSD stated that this juice should have been discarded after 48 hours of it being opened.3. In the food preparation area, the surveyor observed 3 of 12 cook top burners soiled with a thick black grease-like substance, which was easily lifted with the tip of a pen. The FSD stated that these burners should have been cleaned.4. In the dry storage room, in the presence of the Maintenance Director, (MD), the room's temperature read 87.8 degrees Fahrenheit (F) . The MD and FSD stated that this room is too hot. On 8/6/25 at 1:35 PM, the surveyor discussed the above concerns with the Administrator and Director of Nursing.NJAC 8:39-17.2(g)

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, interview, and record review, it was determined that the facility failed to ensure a high blood pressure medication with parameters (a defined set of conditions) was administered without significant medication error, the physician's order was followed, and adhered to the professional standards of practice. The deficient practice was identified for 1 of 4 residents (Resident #39) observed during the medication administration and was evidenced by the following: On 8/6/25 at 8:35 AM, the surveyor observed the Registered Nurse (RN) prepare 9 medications (meds) for Resident #39, which included a physician's order (PO) for metoprolol succinate ER oral tablet extended release 24 hour 25 milligrams (mg) give 0.5 tablet by mouth in the morning related to hypertension. Hold if systolic blood pressure (bp) less than 100; hold if heart rate (hr) less than 60. At 8:52 AM, the RN took the resident's vital signs, the bp was 92/59, and the heart rate was 64. At 8:56 AM, the RN documented a hold on metoprolol succinate ER in the progress notes. The electronic Medication Administration Record (eMAR) did not require a parameter entry. At 11:00 AM, during the surveyor's medication reconciliation review for Resident #39 it was revealed that the PO did not include the parameters when the metoprolol was held. On 8/7/25 during a meeting with the survey team, the Licensed Nursing Home Administrator (LNHA), and the Director of Nursing (DON), the surveyor discussed the concern regarding the omission of Resident #39's vital signs (bp and hr) for the metoprolol that was held due to the required parameters and the failure of the RN to adhere to professional standards of practice. NJAC 8:39-11.2(b), 27.1 (a) 29.2(d)