

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2024
NAME OF PROVIDER OR SUPPLIER  Lawrence Rehab & Hcc/the Meadows at Lawrence		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Bishops Drive Lawrenceville, NJ 08648	

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 - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51144</p> <p>Complaint # NJ175300</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 08/05/2024, it was determined that the facility staff failed to consistently document in the Documentation Survey Report (DSR) the Activities of Daily Living (ADL) status, follow the Certified Nursing Assistant (CNA) job description and follow its policy titled Charting and Documentation for 3 of 3 residents (Resident #2, Resident #12, and Resident #15) reviewed for documentation. This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #2 was admitted to the facility with diagnoses that included but were not limited to Hemiplegia and Hemiparesis (loss of the ability to move and sometimes to feel anything on one side of the body), Pressure Ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin), and Weakness.</p> <p>The Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 06/27/2024 revealed that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which indicated severe impairment. The MDS also indicated that Resident #2 required substantial/maximal assistance to roll left to right.</p> <p>Review of Resident #2's Care Plan (CP) revealed a Focus, initiated on 01/24/2024, that Resident #2 had skin impairment on the sacrum (the large, triangle-shaped bone in the lower spine that forms part of the pelvis), right buttocks, left buttocks, left heel, right and left breast, bilateral groin. The CP indicated that the resident required reminding/assistance to turn/reposition at least every 2 hours, more often as needed or requested.</p> <p>Resident #2's DSR for July 2024 showed the following:</p> <p>On the 7:00 A.M. to 3:00 P.M. shift, there was no documentation for Bed Mobility- Turn and Positioning for a total of 18 days: On 07/01/2024, 07/02/2024, 07/04/2024 through 07/07/2024, 07/09/2024, 07/11/2024, 07/12/2024, 07/14/2024 through 07/18/2024, and 07/23/2024 through 07/26/2024.</p> <p>On the 3:00 P.M. to 11:00 P.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning. for a total of 22 days: On 07/01/2024 through 07/10/2024, 07/12/2024, 07/14/2024 through 07/17/2024, 07/19/2024, 07/20/2024, 07/26/2024, 07/27/2024, and 07/29/2024.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On the 11:00 P.M. to 7:00 A.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning for a total of 21 days: On 07/01/2024, 07/04/2024, 07/10/2024, 07/11/2024, 07/13/2024 through 07/16/2024, 07/18/2024, and 07/20/2024 through 07/31/2024.</p> <p>Review of Resident #2's Progress Notes (PNs) for July 2024 revealed no documentation that Resident #2 was turned and repositioned during the aforementioned shifts. There was no documentation in the PNs for the month of July 2024 for any worsening in skin condition.</p> <p>2. According to the AR, Resident #12 was admitted to the facility with diagnoses that included but were not limited to Muscle Weakness (generalized), Unspecified Dementia (a condition in which a person loses the ability to think, remember, learn, make decisions, and solve problems), and Lack of Coordination.</p> <p>The MDS dated [DATE] revealed that Resident #12 had a BIMS score of 0 out of 15, which indicated severe impairment.</p> <p>The MDS also indicated that Resident #12 required substantial/maximal assistance to roll left to right.</p> <p>Review of Resident #12's CP revealed a Focus, initiated on 08/03/2023, that Resident #12 had an ADL self-care performance deficit related to deconditioning after hospitalization and requires assistance with ADLs. The CP indicated that the resident required 1 staff assist with turning and repositioning.</p> <p>Resident #12's DSR for July 2024 showed the following:</p> <p>On the 7:00 A.M. to 3:00 P.M. shift, there was no documentation for Bed Mobility- Turn and Positioning for a total of 5 days: On 07/06/2024, 07/07/2024, 07/20/2024, 07/28/2024, and 07/29/2024.</p> <p>On the 3:00 P.M. to 11:00 P.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning for a total of 11 days: On 07/02/2024, 07/07/2024, 07/13/2024, 07/15/2024, 07/18/2024, 07/22/2024, 07/25/2024, 07/26/2024, and 07/31/2024.</p> <p>On the 11:00 P.M. to 7:00 A.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning for a total of 7 days: On 07/02/2024, 07/07/2024, 07/13/2024, 07/15/2024, 07/18/2024, 07/22/2024, 07/25/2024, 07/26/2024, and 07/31/2024.</p> <p>Review of Resident #12's Progress Notes for July 2024 revealed no documentation that Resident #12 was turned and repositioned during the aforementioned shifts.</p> <p>3. According to the AR, Resident #15 was admitted to the facility with diagnoses that included but were not limited to Muscle Weakness (generalized), and Spinal Stenosis, Lumbosacral Region (Narrowing of the spinal canal, compressing the nerves traveling through the lower back possibly causing pain, tingling, numbness, and muscle weakness).</p> <p>The MDS dated [DATE] revealed that Resident #15 had a BIMS score of 11 out of 15, which indicated moderate impairment in cognition. The MDS also indicated that Resident #15 required partial/moderate assistance to roll left to right.</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 - Some</p>	<p>Review of Resident #15's CP revealed a Focus, initiated on 05/25/2024, that Resident #15 had ADL self-care performance deficit related to unsteady gait and impaired balance. The CP indicated that Resident #15 requires the assist of 1 staff and a sheet for turning and repositioning.</p> <p>Resident #15's DSR for July 2024 showed the following:</p> <p>On the 7:00 A.M. to 3:00 P.M. shift, there was no documentation for Bed Mobility- Turn and Positioning for a total of 5 days: On 07/06/2024, 07/18/2024, 07/20/2024, 07/24/2024, and 07/31/2024.</p> <p>On the 3:00 P.M. to 11:00 P.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning for a total of 2 days: On 07/01/2024 and 07/06/2024.</p> <p>On the 11:00 A.M. to 7:00 P.M. shift, there was no documentation noted for Bed Mobility- Turn and Positioning for a total of 18 days: On 07/02/2024, 07/04/2024 through 07/07/2024, 07/08/2024, 07/09/2024, 07/11/2024, 07/13/2024 through 07/16/2024, 07/18/2024, 07/21/2024, 07/23/2024, 07/27/2024, 07/28/2024, 07/30/2024, and 07/31/2024.</p> <p>Review of Resident #15's PNs for July revealed no documentation that Resident #15 was turned and repositioned during the aforementioned shifts.</p> <p>During an interview on 08/02/2024 at 2:40 P.M., Certified Nursing Assistant (CNA#1) stated that CNAs were responsible for ADL care and that documentation was done in the electronic system. She further stated that changes of position were provided every two hours, or more frequently if the resident requested or appeared uncomfortable. CNA #1 stated that blank spaces in DSR may be due to staff forgetting to document the care that was provided, or staff having issues with access to the electronic record.</p> <p>On 08/05/2024 at 10:49 A.M., the Unit Manager/Registered Nurse (UM/RN) stated that it was expected that all documentation was completed by staff by the end of their shift. The UM/RN stated that there should be no missing documentation on the DSR. The UM/RN stated that if residents refused treatment, this should be documented in the progress notes.</p> <p>On 08/05/2024 at 2:11 P.M., during an interview with the Director of Nursing (DON) in the presence of the Licensed Nursing Home Administrator (LNHA), stated that CNAs were responsible for completing ADL care and for documenting care provided before the end of their shift. The LNHA stated the expectation is that documentation is 100% complete. The LNHA stated that blank spaces on the ADLs sheet may not mean the task was not completed because the blank could be due to a documentation error.</p> <p>The DON revealed that the facility changed the format of documentation in August of 2023. The DON reported that she has previously recognized that CNAs required additional education related to the format change for documentation. DON reported that auditing of CNA documentation was done routinely, and CNAs were reminded frequently to document care provided to residents.</p> <p>Review of the facility's job description document for the position Certified Nurse Assistant/Geriatric Nursing Assistant revealed under Duties and Responsibilities: Record all entries on flow sheets, notes, charts, computers etc., in an informative and descriptive manner. Duties and Responsibilities also include: assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc.</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 - Some</p>	<p>Review of the facility's policy last revised July 2012, titled Charting and Documentation, under Policy Statement revealed: All services provided to the resident, progress towards the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Under Policy Interpretation and Implementation #3 the policy stated Documentation in the medical record will be objective .complete, and accurate.</p> <p>NJAC 8:39-35.2(f)</p>		