

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  04/03/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>50919</p> <p>Complaint #: NJ185063</p> <p>Based on interviews, closed medical record review, and review of pertinent facility documentation on 4/3/25, it was determined that the facility failed to follow standards of clinical practice by not obtaining a physician's order for oxygen for a resident (Resident #2) that utilized continuous oxygen therapy. The facility also failed to follow its policy titled Oxygen Administration. This deficient practice was identified in 1 of 3 residents (Resident #2) reviewed for oxygen therapy and was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions b. The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.</p> <p>According to the Admission Record (AR), Resident #2 was admitted to the facility in March of 2025 with diagnoses which included but were not limited to: Acute Respiratory Failure (occurs when the lungs cannot adequately exchange oxygen and carbon dioxide), Obstructive Sleep Apnea, and Acute Kidney Failure.</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
---	-------	-----------

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  04/03/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the Admission Minimum Data Set (MDS), an assessment tool dated 3/27/25, revealed a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was intact. The MDS further revealed that the resident was on oxygen therapy on admission and while a resident at the facility.</p> <p>According to Resident #2's March 2025 Progress Notes (PN) revealed that the resident was admitted to the facility and continuous oxygen via nasal cannula (medical device used to deliver supplemental oxygen to individuals with low oxygen levels) was initiated. The PNs further revealed that the resident wore oxygen therapy via nasal cannula throughout his/her stay at the facility.</p> <p>According to Resident #2's Order Summary Report (OSR) dated 3/30/25, there were no physician's orders for as needed or standing oxygen therapy.</p> <p>On 4/3/25 at 11:36 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who confirmed that Resident #2 had worn continuous oxygen while at the facility. LPN #1 stated that if a resident required continuous oxygen, they would have a physician's order for it and it would be on the Medication Administration Record (MAR) or Treatment Administration Record (TAR).</p> <p>On 4/3/25 at 12:44 PM, the surveyor interviewed the Meadows Unit Manager (UM) who confirmed that Resident #2 was supposed to wear oxygen all the time. The UM stated Yes, a resident has to have an order for oxygen if they use it. The UM stated that the nurse was responsible for putting in oxygen orders and it was important to have an order because it was considered a drug. The UM stated No, I do not see an order for oxygen for Resident #2, there should have been an order since admission.</p> <p>On 4/3/25 at 3:44 PM, the surveyor interviewed the Regional Director of Nursing (RDON) in the presence of the Licensed Nursing Home Administrator (LNHA) who confirmed that Resident #2 did not have an order for oxygen but required it. The RDON stated, Yes, there should be an order to know administration route and amount of liters. The RDON stated that the admitting nurse should have put in Resident #2's oxygen orders.</p> <p>Review of the facility's policy titled Oxygen Administration with an adopted date of August 2021 revealed under Preparation, 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>Review of the facility's job description titled LPN Nurse revealed under Duties and Responsibilities, Charting and Documentation: Complete the admission process for all newly admitted residents including completion of checklists, evaluations, treatments, physician orders and all other nursing responsibilities as required by Center policy, procedure, or practice.</p> <p>NJAC 8:39-11.2 (a)</p>		