

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  04/09/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>36419</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain the call bell within reach of the resident. This deficient practice was identified for 1 of 32 residents reviewed for accommodation of needs (Resident #89), and was evidenced by the following:</p> <p>On 3/27/24 at 12:09 PM, the surveyor observed Resident #89 in their room, seated in a wheelchair with their eyes closed. The surveyor observed the resident's call bell (a bell used to summon staff for assistance) was on the floor, not within his/her reach.</p> <p>On 3/27/24 at 12:17 PM, the surveyor observed Resident #89 in his/her room seated in a wheelchair with their call bell located on the floor, not within his/her reach.</p> <p>On 4/4/24 at 1:18 PM, the surveyor observed Resident #89 in his/her room seated in a wheelchair eating their lunch meal. The surveyor observed the call bell was positioned in the middle of the resident's bed; not within their reach. The surveyor asked the resident how he/she called the staff when they needed assistance, and the resident pointed to the call bell and stated that he/she would hit the buzzer. The resident then reached out his/her arms and stated, I have long arms, but not that long.</p> <p>On 4/4/24 at 1:25 PM, the surveyor interviewed the Certified Nursing Aide (CNA) who stated the resident used their call bell to alert staff they needed assistance. At that time, the surveyor accompanied by the CNA and the Licensed Practical Nurse (LPN) entered Resident #89's room, and they observed the call bell in the middle of the resident's bed, not within the resident's reach. The CNA and LPN acknowledged the call bell should have been left within the resident's reach and proceeded to place it within reach.</p> <p>The surveyor reviewed the medical record for Resident #89.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included a history of falling, fracture of the right pubis, and urinary retention.</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  04/09/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, reflected the resident had a brief interview for mental status score of 12 out of 15, which indicated a mild cognitive impairment. A further review indicated they required moderate assistance from staff for transfers and toileting.</p> <p>A review of the individual comprehensive care plan included a focus area dated 12/4/23, I am at risk for falls. Interventions included keeping the call [bell] within reach and providing reminders to use it to call for assistance.</p> <p>On 4/8/24 at 10:18 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the Director of Nursing (DON), Regional LNHA, and survey team acknowledged that all residents should have their call bells within reach, and confirmed that the staff member who set the resident up with their lunch tray should have ensured the call bell was within reach.</p> <p>A review of the facility's Certified Nursing Assistant job description included .the primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services .which included keeping the nurses' call system within easy reach of the resident.</p> <p>NJAC 8:39- 31.8 (c)(9)</p>

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  04/09/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49712</p> <p>Complaint # NJ169996; NJ172438</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to report an alleged theft (wedding ring) to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 4 residents reviewed for abuse (Resident # 35), and was evidenced by the following:</p> <p>According to Resident #35's Admission Record face sheet (an admission summary), the resident was admitted to the facility with diagnoses which included unspecified dementia and atherosclerotic heart disease (the buildup of fats, cholesterol and other substances in and on the artery walls).</p> <p>According to the most recent quarterly Minimum Data Set (MDS), an assessment tool, Resident #35 had a brief interview for mental status (BIMS) score of 5 out of 15, which indicated a severely impaired cognition. The MDS further indicated the resident was dependent on staff for Activities of Daily Living (ADL).</p> <p>A review of the facility provided Grievance Summaries included an incident date of 9/26/2023, reported date of 1/4/2024, and a resolved date of 12/15/2023 which was completed by the Director of Nursing (DON), included a missing ring reported to facility 10/26/23 and the police report filed in December. This was reported to the facility at least a month after the occurrence at which point the family was explained it would difficult to follow-up on; family upset. Summary of Actions Taken included, resident's [representative] decided to report to the local police. The grievance did not include documentation that the NJDOH was notified of the alleged theft.</p> <p>On 4/3/24 at 9:36 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated the previous Administrator was in charge of this grievance and they were aware of the missing wedding ring. The LNHA stated the incident was not reported to the NJDOH and acknowledged that it should have been.</p> <p>A review of facility provided policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating with a revised date of September 2022, included if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible for surveying/licensing the facility .</p> <p>A review of an undated facility provided policy titled Investigating Incident of theft and/or Misappropriation of Resident Property included .if an alleged or suspected case of the theft, exploitation or misappropriation of resident property is reported, the facility administrator, or his/her designee, notifies the following persons or agencies within twenty-four (24) hours of such incident, as appropriate: a. State licensing and certification agency .</p> <p>(continued on next page)</p>		

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  04/09/2024
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)		
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	NJAC 8:39-4.1(a)15		

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  04/09/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>49712</p> <p>Complaint #NJ 169996; NJ172438</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to complete a thorough investigation for an alleged theft (wedding ring) for 1 of 4 residents reviewed for abuse (Resident #35). This deficient practice was evidenced by the following:</p> <p>According to Resident #35's Admission Record face sheet (an admission summary), the resident was admitted to the facility with diagnoses which included unspecified dementia and atherosclerotic heart disease.</p> <p>According to the most recent quarterly Minimum Data Set (MDS), an assessment tool, Resident #35 had a brief interview for mental status (BIMS) score of 5 out of 15, which indicated a severely impaired cognition. The MDS documentation also identified that Resident #35 is dependent on staff for Activities of Daily Living (ADL).</p> <p>A review of the facility provided Grievance Summaries included an incident date of 9/26/2023, reported date of 1/4/2024, and a resolved date of 12/15/2023 which was completed by the Director of Nursing (DON) included a missing ring reported to facility 10/26/23 and the police report filed in December. Summary of Investigation included resident's [representative] had no explanation when asked why [he/she] did not report missing item immediately. Summary of Findings included difficult to investigate due to time lapse in reporting. Summary of Actions Taken included resident's [representative] decided to report to the local police.</p> <p>On 4/2/24 at 11:30 AM, the surveyor interviewed the Director of Nursing (DON) who stated they were unaware if the previous Administrator had completed an investigation or if there were any statements from staff written. The surveyor asked if incident should have been investigated, the DON replied, it was hard to investigate, due to being reported a month later.</p> <p>On 4/8/24 at 10:17 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the DON, Regional LNHA, and survey team stated they were aware that the resident lost a wedding ring but the previous Administrator was at the facility at the time. The LNHA acknowledged the incident should have been investigated.</p> <p>A review of the undated facility provided policy titled Investigating Incident of theft and/or Misappropriation of Resident Property included .when an incident of theft and/or misappropriation of resident property is reported, the administrator appoints a staff member to investigate the incident .</p> <p>A review of facility provided policy titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and investigating with a revised date of September 2022, included all allegations are thoroughly investigated. The administrator initiates investigations .</p> <p>NJAC 8:39-5.1(a)</p>		

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  04/09/2024
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 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>49509</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure an electronic pharmacy drug interaction alert was communicated to a physician in accordance with professional standards of practice. This deficient practice was identified for 1 of 30 residents reviewed for professional standards of practice (Resident #450).</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 registered professional nurse is defined as diagnosing and treating human responses to actual and 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 prescribed by a licensed or otherwise legally authorized physician or dentist.</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>This deficient practice was evidenced by the following:</p> <p>On 3/27/24 at 12:12 PM, the surveyor observed Resident #450 lying in bed with a wound vacuum (enclosed wound suction device) on the left lower leg. The resident stated that he/she had a blood clot (a mass of blood that forms when blood platelets, proteins, and cells stick together) in their left leg and they were leaving for doctors appointment.</p> <p>The surveyor reviewed the medical record for Resident #450.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included generalized muscle weakness, complete traumatic amputation, and acute embolism (a clot that moves to another part of the body) and thrombosis (stationary blood clot).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, reflected that the resident had a brief interview for mental status (BIMS) score of 15 out of 15, indicating a fully intact cognition.</p> <p>A review of the Progress included a Physician's Order Note dated 4/2/24 at 11:11 PM, included the order you have entered Keflex oral capsule 500 milligram (mg), an antibiotic, give one capsule by mouth every twelve hours for wound healing for ten days; has triggered a drug to drug interaction. The system has identified a possible drug interaction with the multivitamin with minerals oral tablet order.</p> <p>(continued on next page)</p>		

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  04/09/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the corresponding April 2024 Medication Administration Record, revealed Keflex and the multivitamin were scheduled to be administered at 9:00 AM.</p> <p>A further review of the Progress Notes did not include the physician was made aware of the possible drug interaction.</p> <p>On 4/4/24 at 11:28 AM, the surveyor interviewed the Consultant Pharmacist (CP) who stated that when a physician order was inputted into the electronic medical record, the Pharmacy will automatically generate a drug interaction alert that the facility was responsible to address. The CP stated Keflex interacted with the iron in the multivitamin which affected the absorption of the antibiotic (Keflex).</p> <p>On 4/4/24 at 1:05 PM, the surveyor interviewed the Registered Nurse (RN) who stated when a drug interaction was identified, the nurses called the physician to inform them, and the physician determined how to proceed. The nurse then documented in the Progress Notes that they spoke to the physician, and how the physician wanted to proceed. At this time the surveyor and the RN observed the facility's house stock multivitamin with minerals bulk bottle which contained iron as one of the minerals.</p> <p>On 4/4/24 at 1:10 PM, the surveyor interviewed the Unit Manger/Licensed Practical Nurse (UM/LPN) who confirmed the nurse notified the physician of any drug interactions, and documented the notification with any new orders. The UM/LPN acknowledged Keflex should not be administered at the same time as the multivitamin with minerals, and that the physician was never notified.</p> <p>On 4/8/24 at 10:00 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the Director of Nursing (DON), Regional LNHA, and survey team confirmed the nurses should be contacting the physician at the time a pharmacy drug interaction alert was generated, and document the notification in the Progress Notes. The LNHA acknowledged the physician was not notified of the interaction between the Keflex and multivitamin with minerals until surveyor inquiry.</p> <p>A review of the facility's Medication and Treatment Orders policy dated revised July 2016, did not include a procedure for pharmacy drug interaction alerts.</p> <p>NJAC 8:39-27.1(a)</p>		

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  04/09/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>49509</p> <p>Complaint#: NJ167771; NJ168132</p> <p>Based on observation, interview, and review of pertinent facility documentation, it was determined that the facility failed to provide sufficient nursing staff to ensure activities of daily living (ADLs) including incontinence care and assistance with meals were performed for a resident. This deficient practice was identified on 1 of 30 residents reviewed for sufficient staffing (Resident #57), and was evidenced by the following:</p> <p>On 4/1/24 at 11:58 AM, the surveyor observed Resident #57 awake in bed with their untouched breakfast tray on their overbed table. At this time, the surveyor requested from the Unit Clerk a copy of the Certified Nursing Aide (CNA) assignment sheet for that day. A review of the assignment sheet revealed the Registered Nurse (RN) was scheduled and assigned as Resident #57's CNA for the 7:00 AM to 3:00 PM (7-3) shift.</p> <p>On 4/1/24 at 12:00 PM, the surveyor interviewed the RN who confirmed that they were scheduled as a CNA for the care of Resident #57. The surveyor asked if the resident ate breakfast that morning or received their morning care. The RN responded that they had not yet assisted the resident with their breakfast or performed incontinence care for that shift. The RN stated they had fifteen assigned residents for the day and still needed to provide care for Resident #57. The RN confirmed that the resident received nutrition through an enteral feeding tube (tube inserted in the stomach to provide nutrition) but also received regular meals that the resident needed assistance with.</p> <p>On 4/1/24 at 12:01 PM, the surveyor in the presence of the RN requested the Unit Manager/Licensed Practical Nurse (UM/LPN) to accompany them to Resident #57's room. The surveyor asked the UM/LPN to check if the resident's incontinent brief was soiled, and the UM/LPN confirmed the brief was saturated with urine and needed to be changed. At this time, the surveyor asked the UM/LPN if the the resident had been assisted with breakfast that morning. The UM/LPN confirmed the breakfast tray was untouched and the resident still needed to eat. The UM/LPN stated the breakfast tray was delivered around 8:30 AM.</p> <p>The surveyor reviewed the CNA assignment sheet for the 7-3 shift on 4/1/24, which revealed the census for the nursing unit was 59, and there were four assigned CNAs for the residents. The RN who was assigned as a CNA had fifteen residents on her assignment for the day.</p> <p>The surveyor then reviewed the medical record of Resident #57.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included dysphagia, (swallowing problems occurring in the mouth and or the throat), gastrostomy status (enteral feeding tube), and gastro-esophageal reflux disease.</p> <p>(continued on next page)</p>		

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  04/09/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, reflected the resident had long and short-term memory problems with a severely impaired cognition. A further review revealed the resident received more than 51% of their total calories via a feeding tube, and the resident was dependent on staff for eating and toileting.</p> <p>A review of the individualized comprehensive care plan (ICCP) dated effective 1/8/24, included a focus area that the resident was at risk for alteration in nutrition in regards to his/her varying by mouth intake. Interventions included to provide me with a diet as ordered regular pureed consistency; monitor intake and tolerance; monitor for changes in chewing or swallowing. An additional focus area included Activities of Daily Living (ADL) self-care performance with interventions that included to provide hands-on-assistance for eating, drinking, and toileting.</p> <p>A review of a Nutrition Note dated 2/2/24 at 11:50 AM, the resident received a pureed diet with nectar thick liquids and no concerns with weight were identified.</p> <p>A review of the CNA tasks included eating and nutrition required hand-on assistance for eating and drinking with total assistance with eating and drinking. The tasks also included for toileting to check resident approximately every two hours and provide incontinence care as needed.</p> <p>On 4/3/24 at 11:18 AM, the surveyor interviewed the Director of Nursing (DON) who stated the CNAs began morning care around 7:30 AM, and morning care should be completed by 11:00/11:30 AM. The DON stated the CNAs also conducted rounds to ensure residents incontinence brief were changed every two hours. The DON stated there should be one CNA assigned to eight residents for the 7-3 shift.</p> <p>On 4/8/24 at 10:17 AM, the DON in the presence Licensed Nursing Home Administrator (LNHA), Regional LNHA, and survey team acknowledged it was not acceptable that the resident was not seen by the CNA that morning; the resident should have been fed breakfast and received morning care before 12:00 PM.</p> <p>A review of the facility's Activities of Daily Living (ADLs), supporting policy dated revised March 2018, included resident will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living .</p> <p>A review of the facility's Urinary Continence and Incontinence-Assessment and Management policy dated August 2022, included the physician and staff will provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible .</p> <p>NJAC 8:39-5.1(a)</p>		

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  04/09/2024
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>49712</p> <p>Based on interview and review of pertinent facility documents, it was determined that the facility failed to complete performance review of Certified Nurse Aides (CNA) at least every twelve months and provide regular in-service education based on the outcome of these reviews. The deficient practice was identified for 5 of 5 CNAs (CNA #1; #2; #3; #4; and #5) reviewed for performance evaluations and was evidenced by the following:</p> <p>On 4/3/24 at 10:01 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with five randomly selected CNA employees' education for 2023. The LNHA stated that she could not locate the CNAs' employee performance reviews for 2023. The LNHA stated that the facility took ownership of the building in February of 2023 and were starting to complete performance reviews now.</p> <p>A review of the education revealed:</p> <p>CNA#1: date of hire 8/16/21; no performance review for 2022 or 2023; most recent performance review 4/1/24</p> <p>CNA #2: date of hire 10/11/15; no performance review 2022 or 2023; last performance review 2/17/24</p> <p>CNA #3: date of hire 6/10/22; no performance review 2023; last performance review 2/7/24</p> <p>CNA #4: date of hire 8/12/19; no performance review 2022 or 2023; last performance review 3/30/24</p> <p>CNA #5: date of hire 9/20/21; no performance review 2022 or 2023; last performance review 2/6/24</p> <p>On 4/4/24 at 9:43 AM, the LNHA informed the surveyor that the facility had no performance reviews for 2023 and acknowledged that CNAs should have an annual review that was stored in their employee file. The LNHA stated that the facility started this year reviewing the CNAs, and all the CNAs have not been reviewed.</p> <p>On 4/5/24 at 9:19 AM, the surveyor interviewed the Human Recourses Director who confirmed CNAs should have performance evaluations completed yearly.</p> <p>On 4/8/24 at 10:17 AM, the LNHA in the presence of the Director of Nursing (DON), Regional LNHA, and survey team who acknowledged CNAs needed annual performance reviews to determine any additional inservices and education they needed for improvement.</p> <p>A review of an undated facility provided policy titled Performance Evaluations included the job performance of each employee shall be reviewed and evaluated at least annually. A performance evaluation will be completed on each employee at the conclusion of his/her 90-day probationary period, and at least annually thereafter. The performance evaluation meeting will occur at the same time as the employee's compensation review .</p> <p>NJAC 8:39-43.17(b)</p>		

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  04/09/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>49509</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure a resident's food preference of no gravy on meals was honored. This deficient practice was identified for 1 of 5 residents reviewed for nutrition (Resident #27), and was evidenced by the following:</p> <p>On 3/27/24 at 12:41 PM, the surveyor interviewed Resident #27 who stated they disliked gravy on his/her food because it upset their stomach. The resident stated they informed the Registered Dietitian (RD) their concern, but they still received gravy on his/her dinner meal every night.</p> <p>The surveyor then reviewed the medical record of Resident #27.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses that included unspecified escherichia coli (E. coli; bacteria found in the lower intestine) and hypertension (high blood pressure).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, reflected that the resident had a brief interview for mental status (BIMS) score of 15 out of 15, which indicated a fully intact cognition.</p> <p>A review of the individualized comprehensive care plan (ICCP) dated effective 3/2/24, included a focus area that the resident had a nutritional problem. Interventions included my food preferences will be recorded and updated as needed.</p> <p>A review of the Admission Nutrition assessment dated effective 3/8/24, included the resident received a therapeutic diet (such as low salt, diabetic, low cholesterol), and had no dietary preferences.</p> <p>A review of the Progress Notes did not include any Dietary/Nutrition Notes with the resident's dietary preferences.</p> <p>On 4/1/24 at 12:30 PM, the surveyor observed Resident #27 in their room eating lunch which consisted of soup, apple pie and iced tea. The surveyor reviewed the resident's lunch Selection Sheet (meal ticket) which indicated no preferences or dislikes.</p> <p>On 4/2/24 at 11:47 AM, the surveyor interviewed the RD in the presence of the Regional RD who stated she spoke to Resident #27 on 3/11/24, and the resident stated he/she disliked gravy on their food, but she failed to document it. The RD also acknowledged that she should have communicated the dislike to the kitchen. The RD stated the resident attended the Food Committee Meeting on 3/21/24, and the resident informed her that he/she did not want gravy on their food.</p> <p>A review of the Food Committee Meeting dated 3/21/24, included Resident #27 asked for the facility to not put gravy on all his/her food because it upset their stomach.</p> <p>(continued on next page)</p>

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  04/09/2024
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/3/24 at 11:31 AM, the surveyor interviewed Resident #27 who informed them that last night he/she received meat and noodles on their dinner tray that had gravy on it.</p> <p>On 4/3/2024 at 12:00 PM, the surveyor interviewed the RD who stated she had spoken with the resident this morning who informed her they received gravy on their dinner meal last night. The RD stated she did inform the kitchen yesterday that the resident did not prefer gravy, so their should have been no gravy on the resident's dinner last night.</p> <p>On 4/8/24 at 10:17 AM, the Licensed Nursing Home Administrator (LNHA) in the presence of the Regional LNHA, Director of Nursing (DON), and survey team acknowledged the facility should honor resident's food preferences.</p> <p>A review of the facility's Resident Food Preferences Orders policy dated revised July 2017, included upon the resident's admission the dietician and /or nursing staff will identify a resident's food preferences .</p> <p>NJAC 8:39-17.4(a)1</p>

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  04/09/2024
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>36419</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident received occupational therapy services in accordance with their therapy plan. This deficient practice was identified for 1 of 2 residents reviewed for rehabilitation (Resident # 131), and was evidenced by the following:</p> <p>On 3/27/24 at 12:29 PM, the surveyor observed the resident in bed with a pressure relieving device in place. The resident stated that he/she had not received rehabilitation (rehab) therapy since last Thursday (3/21/24) when his/her Certified Occupational Therapist Aide (COTA) went out sick. Resident #131 further stated that their COTA came back today, and informed the resident that she thought they had been discharged from therapy since they received no therapy while she was out of the facility.</p> <p>On 4/1/24 at 12:41 PM, the surveyor interviewed Resident #131 who stated he/she had extended their stay at the facility for rehab in order to practice transferring from the bed to the commode, but had not received therapy for the week because his/her therapist was out sick. The resident further stated that the Director of Rehabilitation (DOR) had gone to his/her room on 3/27/24, after the COTA had seen him/her, and the DOR apologized for having left them off the schedule. The resident continued that the DOR assured them that they would receive therapy for the following four days which included Thursday, Friday, Saturday, and Sunday. Resident #131 stated that their COTA came on Thursday and Friday, but no one from rehab showed up on Saturday.</p> <p>On 4/2/24 at 11:12 AM, the surveyor interviewed the COTA who confirmed that the facility held a Care Conference for Resident #131 on 3/18/24, where the resident decided that even though he/she had exhausted their insurance covered therapy days, he/she would continue with rehab services and pay privately. The COTA stated that she had notified the DOR who was responsible for scheduling residents for rehab, and confirmed there should not have been a lapse in Resident #131's therapy. The COTA stated when she returned to the facility from leave, she informed the DOR that Resident #131 had not received therapy.</p> <p>On 4/2/24 at 11:26 AM, the surveyor interviewed the Occupational Therapist (OT) who confirmed Resident #131 had not received therapy from 3/21/24 to 3/27/24, and that the DOR was responsible for scheduling residents for rehab.</p> <p>On 4/2/24 at 11:50 AM, the surveyor interviewed the DOR who confirmed that Resident #131 should not have had a lapse in therapy; that he had mistakenly left the resident off the rehab schedule during the time the COTA was out of the facility. The DOR further stated he was not aware of this until the COTA returned and brought it to his attention. The DOR confirmed that he had promised the resident he/she would receive therapy for the four days following the return of the COTA. The surveyor asked if he should have followed up to ensure that the resident received their therapy sessions, and the DOR acknowledged that he should have, but that he did not work on weekends. At this time, the surveyor requested from the DOR the rehab notes including the Interdisciplinary Care Plan (IDCP) meeting notes, discharge plans, and policies.</p> <p>The surveyor reviewed the medical record for Resident #131.</p> <p>(continued on next page)</p>		

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  04/09/2024
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included a pressure ulcer of the right heel, muscle weakness, and gout.</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, reflected the resident had a brief interview for mental status of 14 out of 15; which indicated a fully intact cognition.</p> <p>On 4/8/24 at 10:52 AM, the surveyor interviewed the Campus Director of Rehab (CDOR) who provided the surveyor with a copy of the Occupational Discharge Summary dated 3/20/24, which included the discharge plan was to continue therapy with the resident paying privately for services. The CDOR confirmed that the resident should have been scheduled for occupational therapy within twenty-four to forty-eight hours after the discharge.</p> <p>On 4/8/24 at 11:21 AM, the surveyor reviewed the Occupational Discharge Summary dated 3/20/24 with the Licensed Nursing Home Administrator (LNHA), who acknowledged the resident should have received therapy during the time period paying privately.</p> <p>No additional documentation was provided.</p> <p>NJAC 8:39-27.1 (a)</p>

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  04/09/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36419</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain infection control standards and procedures during wound care treatment. This deficient practice was identified for 1 of 1 wound observations observed for 1 of 3 residents reviewed for pressure ulcer and injury (Resident #16), and was evidenced by the following:</p> <p>On 3/28/24 at 9:39 AM, the surveyor observed Resident #16 in bed with their eyes closed.</p> <p>The surveyor reviewed the medical record for Resident #16.</p> <p>A review of the Admission Record face sheet (an admission summary) revealed the resident was admitted to the facility with diagnoses that included dementia, diabetes mellitus, and hypertension.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, reflected the resident had a brief interview for mental status score of 3 out of 15; which indicated a severe cognitive impairment.</p> <p>A review of the Physician's Orders included a physician's order (PO) dated 2/14/24, to cleanse the coccyx (tailbone) wound with a quarter strength wound cleansing solution; apply collagen followed by calcium alginate (used to aid in wound absorption and healing); and apply a bordered gauze dressing daily.</p> <p>On 4/4/24 at 10:25 AM, the surveyor observed the Registered Nurse (RN) perform a wound care treatment on Resident #16, while the Unit Manager/Licensed Practical Nurse (UM/LPN) assisted with the positioning of the resident. The surveyor observed the following:</p> <p>The RN entered the resident's room and placed a clean barrier onto the resident's overbed table. The RN placed the disposable single-use wound treatment supplies onto the clean barrier and placed a multi-use bottle of wound cleansing solution directly onto the overbed table, not on the clean barrier. The RN then washed her hands with soap and water lathering for eleven seconds outside the flow of water. The RN then put on gloves; cleaned the resident's wound, removed her gloves and without performing hand hygiene put on a new pair of gloves. The RN proceeded to apply the collagen and calcium alginate; removed her gloves; dated and initialed the bordered dressing, and without performing hand hygiene, put on a new pair of gloves and covered the wound with a bordered dressing. After repositioning the resident with the assistance of the UM/LPN, the RN removed her gloves, and performed hand hygiene using soap and water lathering her hands outside the flow of running water for six seconds. The RN put on a new pair of gloves and removed the trash from the resident's room. The RN returned to the resident's room and washed her hands lathering with soap outside the flow of running water for six seconds. The RN then placed the multi-use wound cleansing solution back into the treatment cart without disinfecting it.</p> <p>(continued on next page)</p>

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  04/09/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/4/24 at 10:53 AM, the surveyor interviewed the RN who confirmed she should have lathered her hands outside the flow of running water for 20-30 seconds; should have performed hand hygiene between glove changes; should not have brought the multi-use wound cleansing solution into the resident's room; and should have discarded the bottle or disinfected it before she placed it back into the treatment cart.</p> <p>On 4/4/24 at 11:06 AM, the surveyor interviewed the Director of Nursing (DON) who confirmed the facility handwashing policy included washing and lathering hands outside the flow of water for 20-30 seconds, and hand hygiene should be performed between glove changes. The DON also acknowledged any multi-use items brought into the resident's room, should be disinfected before placed back into the treatment cart.</p> <p>On 4/4/24 at 11:23 AM, the surveyor interviewed the Infection Preventionist/Licensed Practical Nurse (IP/LPN) who confirmed hand hygiene included washing and lathering hands outside the flow of running of water for 20 seconds; hand hygiene should be performed between glove changes; and any multi-use supplies should not be brought into the resident rooms, the amount needed should be poured into a plastic cup or poured onto gauzes.</p> <p>On 4/4/24 at 12:00 PM, the surveyor interviewed the UM/LPN who had assisted with the positioning of Resident #16 during the wound treatment. The UM/LPN confirmed that she observed the RN did not perform hand hygiene during glove changes, and that the RN should not have brought the wound cleansing solution into the room but rather poured a small amount into a plastic medication cup or onto gauze pads.</p> <p>On 4/8/24 at 10:18 AM, the Licensed Nursing Home Administrator (LNHA), in the presence of the DON, Regional LNHA, and the survey team, confirmed hand hygiene should be performed between glove changes, and that hands should be lathered with soap outside the flow of running water for at least 20 seconds. At this time, the DON stated that all supplies brought into the resident's room should be discarded and that the nurses should only bring in the amount that was needed for that treatment.</p> <p>A review of the facility's Handwashing/Hand Hygiene, policy dated revised October 2023, included the facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections . washing hands .wet hands first with warm water, then apply an amount of product recommended by the manufacturer to hands .rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers, rinse hands with water and dry thoroughly with a disposable towel .</p> <p>A review of the facility's Wound Care policy dated revised October 2010, included the purpose of this procedure is to provide guidelines for the care of wounds to promote healing .steps in the procedure .use disposable cloth (paper towel is adequate) to establish clean field on resident's overbed table .take only disposable supplies into the resident's room .place all items to be used during the procedure on the clean field .after the treatment is completed use a clean field saturated with alcohol to wipe the overbed table .wipe reusable supplies with alcohol and return reusable supplies to treatment cart .</p> <p>NJAC 8:39-19.4(a)</p>		