

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Broadway House for Continuing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 298 Broadway Newark, NJ 07104	

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>Complaint # 2961489Based on interviews, medical record reviews, and review of pertinent facility documents on 3/26/26, it was determined that the facility failed to report to the New Jersey Department of Health an injury of unknown origin that was identified on 3/18/26, following the resident's transfer to the emergency room (ER), where they were diagnosed with left femur (leg) fracture. This deficient practice was identified for 1 of 4 residents reviewed (Resident #1).The evidence was as follows: According to the Resident Face Sheet, Resident #1 was admitted to the facility with diagnose that included but were not limited to Dementia, with behavioral disturbances, psychotic disorder with hallucinations, seizures, and chronic candidiasis of vulva and vagina. According to the quarterly Minimum Data Set (MDS), an assessment tool, dated 1/15/26, Resident #1 had a Brief Interview Mental Status score of 9 out of 15, indicated that the resident was moderately cognitively impaired. A review of Progress Notes dated 3/19/26 at 8:41 AM revealed that the facility was contacted by a Hospital Registered Nurse (RN), who revealed that Resident #1 was admitted to the hospital with diagnosis of anemia, and Acute Kidney Injury (AKI). The RN further revealed that the resident had left leg swelling and redness that was tender to touch, and that CT scan was done which showed that Resident #1 had left femur fracture. Review of an undated document titled Conclusion Summary of Investigation which revealed under imaging, an acute displaced fracture of left femoral (left leg). The report further revealed a large adjacent hemorrhage with areas. suspicious for active bleeding. On 3/26/26 at 1:27 PM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) who stated after the hospital notified them about the fracture, the facility conducted an investigation and determined that there was no harm done in the facility. The LNHA stated that she would report abuse and neglect to the Department of Health and that she was not sure where Resident #1's fracture happened. She also stated the incident may have occurred during the resident's transfer to or in the hospital. When the Surveyor questioned the LNHA regarding facility protocol on injury of unknown origin, the LNHA stated that facility facility did not know how the injury occurred. On 3/26/26 at 2:45 PM, the surveyor interviewed the President and Chief Operating Officer (CEO) about facility's protocol regarding injury of unknown origin, she responded that it is supposed to be reported to the Department of Health (DOH). When asked if the resident's fracture would be considered an injury of unknown origin, she stated, yes. A review of the facility policy titled Abuse (long version) with a revised date of 1/1/2025 written in pen, under the State and Local Agencies to be notified, it states that New Jersey Department of Health and Senior Services must be called immediately at 1-609-588-77-25 to report that the facility is investigation an allegation of abuse, neglect etc . written confirmation must follow the call within 72 hours to describe the result of the investigation. NJAC 8:39-9.4(f)</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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