STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315348	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Health Center at Bloomingdale	255 Union Ave Bloomingdale, NJ 07403

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Repeat Deficiency Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, for two (2) of 21 residents, (Residents #15 and #114) reviewed for MDS accuracy, and was evidenced by the following: 1.The surveyor observed Resident #15 on 8/22/2025 at 12:00 pm eating lunch in the unit dining room. An observation of the resident’s room on 8/25/25 at 9:35 am revealed signage on the door leading to the room indicating the resident was on Enhanced Barrier Precautions (EBP). A plastic bin was placed at the entrance to the room in the hallway containing personal protective equipment (PPE). A review of the resident’s care plan indicated the resident was on EBP because of a history of multiple drug-resistant organisms (MDRO) in the urine. Additionally, the resident was care planned for a diagnosis of diabetes and the use of insulin therapy. The June 2025 Medication Administration Record (MAR) indicated the resident received Humalog (insulin) during the period of 6/12/25 through 6/19/25. A review of the 6/19/25 quarterly MDS indicated the facility failed to code the resident for having had a history of MDRO (Section I1700) and having had insulin in the past 7-day period of 6/12/25 to 6/19/25 (N0300). 2. On 8/25/2025 at 9:33 AM, the surveyor reviewed the hybrid medical record (paper and electronic) of Resident #114, which revealed the following: A review of the admission Record (AR, an admission summary) reflected that Resident #114 was admitted with diagnoses that included, but were not limited to, hypertensive heart disease without heart failure (conditions caused by high blood pressure) and dementia (loss of memory). A review of the admission MDS, dated [DATE], indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which indicated that the resident had severe impaired cognition. Further review of the A/MDS in Section J – Fall History on Admission/Entry or Reentry B: Did the resident have a fall anytime in the last 2-6 months prior to admission/entry or reentry? 0. No. A review of the baseline Care Plan (CP) dated 10/2/24 under H. Safety Risks 31a. Specify fall during 2-6 months prior to admission revealed “as per daughter had a fall in July 2024.” (continued on next page)

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the “Admission/readmission Evaluation V6-V2” form dated 10/2/24 under “Section B. History of Falls (past 3 months) 2. 1-2 falls in the past 3 months and Section R. Fall Risk” revealed that Resident #114 has a score of 13.0. A review of the CP report with an initiated date of 10/3/2024, with the focus on the resident is at risk for falls/injury related to unsteady gait. On 8/28/25 at 9:15 AM, the surveyor interviewed the Corporate Director of Clinical Reimbursement (CDCR) regarding the concern above, but did not provide further information. NJAC 8:39-33.2 (d)