

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315358	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/02/2024
NAME OF PROVIDER OR SUPPLIER Meadowview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Dolphin Ave Northfield, NJ 08225	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48618</p> <p>COMPLAINT #NJ00175651</p> <p>Based on observation, interview, and record review, on 08/02/24, it was determined that the facility failed to notify a resident in writing of a resident room change for 2 of 2 residents (Resident #1 and Resident #2).</p> <p>This deficient practice was identified and was evidenced by the following:</p> <p>1). On 08/02/24 at 11:45 A.M., the surveyor observed Resident #1 awake in bed, watching television. The surveyor asked how long the resident had been in this room and the resident stated that he/she had been there for about three weeks. The resident stated that the unit manager [of the previous unit] and the social worker informed his/her that the resident was moving due to, something to do with my kidneys. The resident further stated that he/she had not received anything in writing prior to the move.</p> <p>Review of Resident #1's Admission Record (AR) face sheet (an admission summary) revealed that the resident was admitted to the facility with diagnoses that included, but were not limited to: hypertension, chronic kidney disease with heart failure, and type II diabetes.</p> <p>Review of Resident #1's annual Minimum Data Set (MDS), an assessment tool to facilitate the management of care, dated 07/13/24 reflected that the resident had a brief interview for mental status (BIMS) score of 15 out of 15, which indicated that the resident was cognitively intact.</p> <p>Review of Resident #1's progress notes (PN) revealed a social worker note, dated 06/19/24 at 12:04 P.M., that indicated that the resident was transferred to another room and that written notification was provided. A further review of the electronic medical record did not reveal evidence of the required written notification of the room change.</p> <p>2). On 08/02/24 at 11:33 A.M., the surveyor observed Resident #2 seated at the bedside in a wheelchair, watching television. The surveyor asked how long the resident had been in this room and the resident stated, Sometime in July, maybe three weeks. The resident stated that the social worker informed his/her that the resident was contagious and needed to be moved. The resident further stated that he/she had not received anything in writing prior to the move.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's Admission Record (AR) revealed that the resident was readmitted to the facility with diagnoses that included but were not limited to: resistance to multiple antimicrobial drugs, kidney failure, and anxiety.</p> <p>Review of Resident #2's quarterly Minimum Data Set (MDS), dated [DATE] reflected that the resident had a brief interview for mental status (BIMS) score of 15 out of 15, which indicated that the resident was cognitively intact.</p> <p>Review of Resident #2's progress notes (PN) revealed a social worker note, dated 07/09/24 at 11:30 A.M., that indicated that the resident was transferred to another room and that written notification was not provided. A further review of the electronic medical record did not reveal evidence of the required written notification of the room change.</p> <p>During an interview with the surveyor on 08/02/24 at 12:42 P.M., the Director of Social Services (DSS) stated that she informed Resident #2 of the room change and that a notification was provided in writing to all residents. In a later interview, at 2:10 P.M., in the presence of the surveyor, the DSS reviewed a facility form titled, SUBJECT: Room Change, In-house. The DSS stated that residents received the form which informed them of the room changes; no form was provided to the surveyor for Resident #1 nor Resident #2.</p> <p>During an interview with the surveyor on 08/02/24 at 1:30 P.M., the Social Worker (SW) stated that she informed Resident #1 of the room change on the day of the move. She further stated that she had not provided the resident with a written notification.</p> <p>NJAC 8:39-4.1(a)</p>