

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Preakness Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 305 Oldham Road Wayne, NJ 07470	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interviews and review of pertinent facility documents on 01/08/26, it was determined that the facility failed to provide the necessary care to ensure freedom from accidents to a resident (Resident #1) who required two person assistance for care and transfers resulting in the resident sustaining a fractured finger and multiple skin lacerations requiring stitches. This deficient practice was identified for 1 of 5 residents surveyed. This deficient practice was evidenced by the following: The surveyor reviewed the hybrid [paper and electronic] medical record of Resident #1. A review of Resident #1's admission Face Sheet Record (AFSR), an admission record summary, indicated the resident was admitted to the facility with the following diagnoses which included but were not limited to rheumatoid arthritis, fibromyalgia [chronic condition causing body pain], muscle weakness, neurocognitive disorder [condition causing decline in mental function], and hypertension. A review of the facility's Investigatory Summary Report and Conclusion (ISC) revealed that according to the Minimum Data Set (MDS), an assessment tool, dated 06/7/25, the resident had a Brief Interview of Mental Status (BIMS) score of 99 indicating Resident #1 was severely cognitively impaired. The ISC indicated under Summary of Incident revealed that on August 31, 2025 at approximately 8:00 AM Certified Nursing Assistant (CNA) #1 informed Registered Nurse (RN) #1 that the resident had a skin tear on the finger on their right hand. Upon assessment, RN #1 noted a 2 cm x 0.5 cm [centimeter] skin tear on the right hand with a small amount of bleeding and a laceration on the pinky finger measuring 1.4 cm x 0.5 cm with a small amount of bleeding. RN #1 cleaned the sites and applied sterile gauze reinforced with tape. The Assistant Nursing Supervisor (ANS) was notified and came to the unit at approximately 10 AM. Orders were received from the physician and the resident was sent out to the ER for further evaluation. The resident returned to the facility at 10:25 PM on 8/31/25 with their hand splinted and discharge instructions for laceration of finger and finger fracture. A review of the ISC under Investigation revealed the ANS interviewed CNA #1 and confirmed that they provided care to the resident alone and that CNA #2 had only assisted with the mechanical lift transfer. Under Conclusion, the ISC revealed that Resident #1 returned from ER with four stitches and a fracture of indeterminate (unknown) age to the fourth metatarsal [finger]. The ISC further stated that the resident had a physician's order for care by two staff and this was noted on the CNA Direct Caregiver Form (CF) and on the CNA assignments (CA) that the resident required care by two staff. When interviewed, CNA #1 stated that they were aware Resident #1 required two staff for care. A review of Resident #1's Physician's Order Form (POF) with a review date of 09/2025 revealed the following physician orders: Under Other Orders, Direct Care, a PO dated 07/12/2023, 2 Person Assist at all Times for Safety Under Other Orders, Restorative Nursing, a PO dated 05/13/2025, Mechanical Lift Transfers with 2 Person Assist for Safety using a Large Sling Pad. A review of Resident #1's CNA Direct Caregiver Form (CF), revealed the following: Direct Care, 2 person assist at all times for safety, dated 7/12/23, with a notation of FYI Direct Care, acknowledgement and understanding of all FYI's per shift dated 1/24</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315361	Facility ID: 315361 If continuation sheet Page 1 of 2

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>23. The 8/31/25, 7-3 shift box was not initialled. A review of the CA dated 8/31/25 for the 7:00 AM-3:00 PM shift revealed Resident #1 listed with the codes (HL) and (X2A) next to their name. Under the section CODES was listed Mechanical Lift Large-HL and Assist x2 - X2A. Resident #1 was included in CNA assignment #4 which was assigned to CNA #1. On 01/08/26 at 11:47 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 who was the regular nurse on the unit. LPN #1 stated that CA reflected the resident care assignment (RCA) and that the nurses were the ones making the assignment. LPN#1 further stated on the CA, Resident #1 was a two person assist in care and HL for transfer, indicating the resident was a mechanical lift transfer which required a two person assist as well. LPN #1 said in the morning, before the start of the shift, the nurses make the assignment for the CNAs and endorsed this to the CNAs. On 01/08/26 at 1:26 PM, the surveyor interviewed Resident #1's regular CNA #3. CNA #3 stated Resident #1 was total care and required two person assistance during care and mechanical lift transfers [bed to chair/chair to bed]. CNA #3 said this was documented in the CF. CNA #3 further stated they receive regular education on care and transfers, like mechanical lifts, every year and as needed. On 01/08/26 at 4:34 PM, the surveyor interviewed the LNHA and the ADON. The LNHA stated CNA #1 stated they knew the resident was a two person assist for care but CNA #1 believed they could take care of the resident by themselves. The LNHA further stated CNA #1 was in-serviced and had competency evaluation with a focus on two CNAs for care. A review of the facility's General Policy on Commitment to Care: Accountability Standards for Nurses and CNAs last revised 01/21/25, revealed under Scope: This policy applies to all licensed nurses (Registered Nurses [RNs], Licensed Practical Nurses [LPNs] and Certified Nursing Assistants [CNAs]) employed by the facility. Under Statement revealed: Each member is responsible for their actions, decisions, and the quality of care provided to the residents. Under Policy Guidelines, 2. Accountability for CNAs revealed, Resident Care, Personal Care Assistance: Provide residents with assistance in activities of daily living (ADLs) such as bathing, dressing, eating, and mobility .Resident Safety: Ensure the safety of residents by maintaining a clean and hazard-free environment and following infection control protocols. Team Collaboration, Support for Nurses: Assist nurses by carrying out delegated tasks efficiently and within the scope of practice. N.J.A.C 8:39-11.2(b)</p>		