

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 01/22/2025
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>38327</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined the facility failed to treat a resident with respect and dignity in a manner that promotes maintenance or enhancement of their quality of life specifically by ensuring staff able to communicate with the resident in the language that the resident understood and preferred according to plan of care. This deficient practice was identified for 1 of 2 residents, Resident #158, reviewed for communication.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/17/25 at 9:40 AM, the surveyor observed Resident #158 laying on an air mattress (a specialized mattress) and the resident spoke Spanish. The surveyor also observed that there was no communication board (alternative communication methods designed to overcome communication barriers) at the bedside and the resident's television (TV) was on the English Channel.</p> <p>On 1/17/25 at 9:56 AM, the Licensed Practical Nurse (LPN) asked the Certified Nursing Aide (CNA) to help her reposition Resident#158 for the surveyor to observe the dressing in the sacrum.</p> <p>Inside the resident's room, the surveyor observed the CNA and LPN were unable to communicate with the resident in Spanish for the resident to comply with positioning. Both the CNA and the LPN were unable to understand the resident's request to change the TV channel to Spanish. The LPN confirmed that the resident spoke Spanish, and that the resident should have a communication board in the room as the facility's practice in order to understand the resident and respond to the resident's needs. The LPN further stated that she would notify the Maintenance department to assist the resident to have a Spanish channel.</p> <p>On 1/17/25 at 10:14 AM, the surveyor notified the Registered Nurse Supervisor (RNS) regarding the above findings and concerns. Both the surveyor and the RNS went inside the resident's room. The RNS informed the surveyor that Resident #158 spoke Spanish and should have a Spanish communication board inside the room as per the facility's practice. She further stated that she was unsure why there was no communication board inside the room.</p> <p>On that same date and time, the surveyor observed the RNS had difficulty communicating with the resident. The RNS stated that she was unsure what channel the Spanish channel was. The surveyor observed the RNS changed the channels multiple times to find a Spanish channel.</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: 315361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed the medical records of Resident #158 and revealed:</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to, type 2 diabetes mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar levels) and essential hypertension (cases of high blood pressure in which the cause is unknown).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, with an assessment reference date of 10/2/24, reflected in Section A Identification Information that the resident's preferred language was Spanish and that needed or wanted an interpreter to communicate with doctor or health care staff. Section C Cognitive Patterns reflected that the resident's cognitive skills for decision-making were coded 3 as severely impaired cognition.</p> <p>A review of the provided Plan of Care by the Director of Nursing (DON) reflected that the resident had difficulty communicating because the resident speaks and understands, was created and updated on 10/2/24. The interventions included: provide a communication book and provide a translator if needed, were created and updated on 10/2/24.</p> <p>A review of the facility's Resident's Rights Policy, with a review date of 1/30/18 that was provided by the DON reflected that it was the facility's policy to protect and promote the rights of each resident, particularly those rights that pertain to a dignified existence, self-determination, and communication with access to persons and services within and outside the facility.</p> <p>On 1/21/25 at 12:19 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), DON, and Assistant DON. The LNHA stated Resident #158 should have a communication board.</p> <p>N.J.A.C. 8:39-4.1</p>

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 01/22/2025
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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>38327</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to maintain the prior year's Federal and State of New Jersey (State) inspection results and post the location of those results in an area that was readily accessible to residents, families, and the public.</p> <p>The deficient practice was evidenced by the following.</p> <p>On 1/16/25 at 8:29 AM, the surveyor observed a binder in the reception desk for Licensure Reports (survey results) which the Security Staff (SS) confirmed that the survey results were for date 8/12/21.</p> <p>On 1/16/25 at 11:08 AM, the surveyor interviewed the Director of Nursing (DON), who stated that the facility's most recent Federal and State surveys were from 2023. He further stated that it was the facility's practice that the survey results should be at the reception desk by SS and that the 2023 survey results should always be available to residents, staff, and visitors.</p> <p>At that time, the surveyor notified the DON of the above findings and concerns. The DON stated that he was not sure why the survey results that were posted was from 2021, and it should be for 2023. The DON further stated that he would get back to the surveyor about the policy for posting survey results.</p> <p>On 1/16/25 at 12:57 PM, the DON informed the surveyor that the facility had no policy about posting survey results. He further stated that they do follow the regulation that the facility had to post the most recent survey results at the reception desk, which was from 9/8/23.</p> <p>On 1/22/25 at 1:15 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), DON, and Assistant DON, and there was no additional information provided by the facility.</p> <p>NJAC 8:39-9.4(a, b)</p>

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 01/22/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>46049</p> <p>Based on interview and review of pertinent documentation provided by the facility, it was determined that the facility failed to ensure reference checks were completed for 10 out of 10 newly hired staff (Staff #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) prior to their start date of employment.</p> <p>This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed 10 randomly selected new employee files for reference checks for 10 of the 10 new employees revealed the following:</p> <p>A review of Staff #1's file, a Recreation Activity Aide (RA), date of hire (doh) on 10/30/23, showed there were no reference checks in their file.</p> <p>A review of Staff #2's file, a Licensed Practical Nurse (LPN), doh on 1/29/24, showed there were no reference checks in their file.</p> <p>A review of Staff #3's file, a Registered Dietician, doh on 5/28/24, showed there were no reference checks in their file.</p> <p>A review of Staff #4's file, a LPN doh on 5/28/24, showed there were no reference checks in their file.</p> <p>A review of Staff #5's file, a RA, doh on 6/3/24, showed there were no reference checks in their file.</p> <p>A review of Staff #6's file, an Occupational Therapist, doh on 6/26/24, showed there were no reference checks in their file.</p> <p>A review of Staff #7's file, a Maintenance staff, doh on 7/29/24, showed there were no reference checks in their file.</p> <p>A review of Staff #8's file, a Food Service Worker, doh on 10/28/24, showed there were no reference checks in their file.</p> <p>A review of Staff #9's file, a Registered Nurse, doh on 12/23/24, showed there were no reference checks in their file.</p> <p>A review of Staff #10's file, a Physical Therapist, doh on 12/23/24, showed there were no reference checks in their file.</p> <p>(continued on next page)</p>

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 01/22/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/17/25 at 12:09 PM, the surveyor notified the Executive Director (also known as the Licensed Nursing Home Administrator [LNHA]), Director of Nursing (DON) and Assistant DON (ADON) of the concern that there was no documentation of reference checks being completed for 10 of the 10 new hire files. The surveyor asked who was responsible for new hire files. The LNHA stated the Human Resources (HR) department which was located off the facility campus. The surveyor requested the contact number to speak with HR staff and the policy for new hire screening including reference checks. The LNHA provided the contact number for HR.</p> <p>On 1/17/25 at 12:53 PM, the surveyor interviewed over the phone with an HR Secretary (HRS). The HRS stated that the beginning of last year, the person responsible left and she temporarily took over the responsibility. The HRS further explained another staff was currently responsible and was not in the office at the time. The HRS stated new hires would list references on their application. The surveyor asked if references were called as part of the new hire process. The HRS stated HR did not follow up with references, criminal background checks were done prior to employment, and references were listed on the application if needed. The HRS referred the surveyor to the LNHA regarding any policy for new hire screening for the facility.</p> <p>On 1/21/25 at 12:23 PM, the LNHA, the DON, and the ADON met with survey team. The LNHA stated there were no references for the new hires as per the HR department. The surveyor asked about policy for new hire screening, and the LNHA replied that the facility referred to their Abuse prevention policy for new hire screening protocol and there was no separate policy.</p> <p>A review of the facility's Abuse Policy indicated that at least one reference should be obtained. The LNHA confirmed that it was the facility policy and acknowledged it was not completed for the new hires.</p> <p>A review of the facility's Resident Abuse Policy, with a last reviewed date of 9/26/23, under Procedure for Screening revealed, .4. Obtain references (one) employment reference of prospective employees from previous and/or current employers .</p> <p>N.J.A.C. 8:39-9.3 (a), (b)</p>		

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 01/22/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>46889</p> <p>Based on interview and record review, it was determined that the facility failed to complete and transmit a Minimum Data Set (MDS) in accordance with the federal guidelines. This deficient practice was identified for 17 of 17 system selected residents, Resident #2, #12, #34, #38, #46, #48, #69, #70, #139, #166, #199, #205, #209, #220, #233, #267, and #271) and was evidenced by the following:</p> <p>On 1/21/25 at 9:09 AM, the surveyor reviewed the facility assessment task that included the Resident's MDS assessment.</p> <p>The MDS was a comprehensive tool that was federal mandated process for clinical assessment of all residents that must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS within 14 days of the assessment being completed. After transmission of the MDS, a quality measure will be transmitted to enable a facility to monitor the residents decline or progress.</p> <p>On 1/16/25 at 10:21 AM, the surveyor provided the MDS Consultant (MDSC) with the list of seventeen (17) system-selected residents who had not completed an MDS in over 120 days. The surveyor also requested a copy of the resident's final validation report (a report that generates after every MDS transmission) from the Centers for Medicare and Medicaid Services (CMS).</p> <p>On 1/21/25 at 10:05 AM, the surveyor interviewed the MDS Coordinator (MDS/C) who stated that she was a Registered Nurse (RN) who reviewed the MDS assessments before transmitting them. The MDS/C also stated there was an RN who signed and completed the MDS's.</p> <p>On 1/21/25 at 10:15 AM, the surveyor interviewed the MDS/C, who stated that she was aware it was submitted late. The MDS/C added that she tried to submit it at least once every week. The MDS/C further stated that they followed the RAI (Resident Assessment Instrument, a tool that helps gather information about a resident's strengths and needs, which is used to create an individualized care plan) Manual. The surveyor and the MDS/C reviewed the 17 residents MDS assessments that were not submitted within fourteen days of completion as follows:</p> <ol style="list-style-type: none"> 1. Resident #205 had a comprehensive assessment with an assessment reference date (ARD) of 9/13/24, that was signed as completed on 9/20/24 and was not transmitted until 10/15/24. 2. Resident #209 had a comprehensive assessment with an ARD of 9/15/24, that was signed as completed on 9/20/24, and was not transmitted until 10/15/24. 3. Resident #2 had a comprehensive assessment with an ARD of 9/15/24, that was signed as completed on 9/20/24, and was not transmitted until 10/15/24. 4. Resident #48 had a comprehensive assessment with an ARD of 9/10/24 that was signed as completed on 9/17/24, and was not transmitted until 10/15/24. <p>(continued on next page)</p>

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 01/22/2025
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Resident #271 had a comprehensive assessment with an ARD of 9/12/24, that was signed completed on 9/19/24, and was not transmitted until 10/15/24.</p> <p>6. Resident #38 had a quarterly assessment with an ARD of 9/13/24, that was signed completed on 9/17/24, and was not transmitted until 10/15/24.</p> <p>7. Resident #199 had a quarterly assessment with an ARD of 9/13/24, that was signed completed on 9/20/24, and was not transmitted until 10/15/24.</p> <p>8. Resident #69 had a quarterly assessment with an ARD of 9/12/24, that was signed completed on 9/19/24, and was not transmitted until 10/15/24.</p> <p>9. Resident #34 had a quarterly assessment with an ARD of 9/14/24, that was signed completed on 9/20/24, and was not transmitted until 10/15/24.</p> <p>10. Resident #220 had a quarterly assessment with an ARD of 9/10/24, that was signed completed on 9/17/24, and was not transmitted until 10/15/24.</p> <p>11. Resident #267 had a quarterly assessment with an ARD of 9/15/24, that was signed completed on 9/20/24, and was not transmitted until 10/15/24.</p> <p>12. Resident #233 had a quarterly assessment with an ARD of 9/12/24, that was signed completed on 9/17/24, and was not transmitted until 10/15/24.</p> <p>13. Resident #46 had a quarterly assessment with an ARD of 9/10/24, that was signed completed on 9/17/24, and was not transmitted until 10/15/24.</p> <p>14. Resident #166 had a quarterly assessment with an ARD of 9/13/24, that was signed completed on 9/19/24, and was not transmitted until 10/15/24.</p> <p>15. Resident #139 had a quarterly assessment with an ARD of 9/15/24, that was signed completed on 9/18/24, and was not transmitted until 10/15/24.</p> <p>16. Resident #12 had a quarterly assessment with an ARD of 9/15/24, that was signed completed on 9/20/24, and was not submitted until 10/15/24.</p> <p>17. Resident #70 had a quarterly assessment with an ARD of 9/15/24, that was signed completed on 9/19/24, and was not transmitted until 10/15/24.</p> <p>A review of the facility's MDS 3.0 Policy, with a review date of 6/22/23, did not address the transmission of MDS data.</p> <p>On 1/21/25 at 12:29 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON), and Assistant DON regarding the above concern. There was no further information provided.</p> <p>NJAC 8:39-11.1</p>

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 01/22/2025
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 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>37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to follow standards of clinical practice to ensure, a.) a physician's order (PO) for a heel booties 2 of 2 residents, Residents #72 and #158, were followed, and b.) a PO to document weekly vital signs for 1 of 5 residents was followed, Resident #88, reviewed for unnecessary medications.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statues, 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 or 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 a 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>1. On 1/16/25 at 10:00 AM and 12:15 PM, the surveyor observed the resident in bed, the resident's feet were offloaded and was not wearing their bilateral heel float booties.</p> <p>A review of the Admission Record (AR, an admission summary) for Resident #72, reflected that the resident was admitted to the facility with diagnoses which included but not limited to; Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremor), bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs), and fracture of the lower left femur.</p> <p>A review of the January 2025 Physician's Order Form revealed a PO, dated 5/19/24, for heel float booties on at all times.</p> <p>A review of the January 2025 Treatment Administration Record (TAR) reflected that the above PO for heel float booties were transcribed and signed by nurses. The TAR revealed that a nurse signed that the resident was wearing their heel float booties on 1/16/25 during the 7am-3PM shift.</p> <p>On 1/16/25 at 11:44 AM, the surveyor interviewed the Licensed Practical Nurse (LPN#1) who acknowledge that the resident was not wearing their heel float booties. LPN#1 also stated that the resident was supposed to always wear their heel float booties due to issues with the resident's legs and according to the PO.</p> <p>On 1/17/25 at 1:30 PM, the surveyor presented the above concerns to the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON).</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Pressure Injury Prevention and Management Policy that was provided by the DON, with a revision date 8/2020, which revealed the following:</p> <p>Under section F. Pressure Injury Preventive Devices; Float Gel Booties, good to prevent pressure injury on heels. Recommended for stage I, stage II and residents with high Braden scale (a validated tool designed to assess a patient's risk of developing pressure ulcers).</p> <p>Under Pressure Injury Documentation:</p> <p>d). Document resident choice or non-compliance, addressing the condition, treatment options, expected outcomes and consequences of refusing treatment or following an appropriate plan of care. Address resident's concerns and offer relevant alternatives.</p> <p>46049</p> <p>2. On 1/21/25 at 9:57 AM, the surveyor reviewed the paper chart and electronic medical record (EMR) of Resident #88.</p> <p>A review of the AR revealed that Resident #88 had diagnoses that included but were not limited to; hypertension (elevated blood pressure), history of transient ischemic attack (mini stroke), and urinary tract infection.</p> <p>A review of the PO dated 10/16/24, the order was to Monitor vital signs (VS, are useful in detecting or monitoring medical problems such as temperature, respiration, heart rate, and blood pressure) weekly.</p> <p>A review of the December 2024 and January 2025 Medication Administration Record (MAR) revealed the entry for monitoring VS weekly were blank and included no scheduled day or frequency.</p> <p>A review of the VS in the EMR, there were no entries for December 2024 and January 2025.</p> <p>On 1/21/25 at 10:26 AM, the surveyor interviewed LPN#2 who was assigned to care for Resident #88. The LPN stated routine monitoring of VS was done according to the PO and would be documented in the MAR. LPN#2 reviewed with the surveyor the resident's MAR and reviewed the weekly monitoring of VS entry. LPN#2 stated she was unsure why the entry was blank as it was her first time on the assignment and acknowledged that it should indicate when VS should be checked weekly and on which shift.</p> <p>On 1/21/25 at 10:28 AM, the surveyor interviewed the Registered Nurse (RN) working on the same unit. The RN stated it was expected for nurses to follow PO for routine monitoring of VS. The surveyor reviewed with the RN the MAR of Resident #88. The RN replied, the blank VS entry should have been clarified to indicate what day of the week and what shift VS were to be obtained.</p> <p>On 1/21/25 at 10:30 AM, the surveyor interviewed the RN Supervisor (RNS), about VS protocol. The RNS stated that it was expected for nurses to follow PO for VS. The surveyor reviewed with the RNS the MAR of Resident #88 and asked about the blank weekly VS entry. The RNS acknowledged the nurses should have clarified the entry to indicate the frequency and should not have left the entry blank. The RNS further stated she would clarify the order.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25 at 11:09 AM, the surveyor interviewed the DON about VS protocol. The DON stated routine VS monitoring would be entered per PO. The DON further explained VS were documented in the MAR. The surveyor reviewed with the DON the MAR of Resident #88. The DON acknowledged it would be expected for the nurses to clarify the order as there was no frequency indicated and that the entry should have been completed as per PO.</p> <p>On 1/21/25 at 12:37 PM, the surveyor informed the Executive Director (ED, also known as LNHA), the DON and the Assistant DON (ADON) about the concern that the weekly VS entry were not completed for December 2024 and January 2025. The surveyor requested any policy regarding VS and PO.</p> <p>On 1/21/25 2:00 PM, the DON informed the surveyor that the weekly VS order was clarified with the physician for the weekly VS to be completed on Wednesday every 3:00 PM-11:00 PM shift. The DON stated there was no VS policy and that a policy for PO would be provided to the survey team.</p> <p>38327</p> <p>3. On 1/17/25 at 9:40 AM, the surveyor observed Resident #158 laying on an air mattress (a specialized mattress), covered with a blanket, and spoke Spanish.</p> <p>A review of the AR reflected that the resident was admitted to the facility with diagnoses that included but were not limited to, type 2 diabetes mellitus (a chronic condition characterized by insulin resistance and elevated blood sugar levels) and essential hypertension (cases of high blood pressure in which the cause is unknown).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool, with an assessment reference date of 10/2/24, reflected in Section C Cognitive Patterns that the resident's cognitive skills for decision-making were coded 3 as severely impaired.</p> <p>A review of the PO revealed an order dated 2/19/24, for heel booties at all times.</p> <p>On 1/17/25 at 9:56 AM, LPN#3 asked the Certified Nursing Aide (CNA) to help her reposition Resident#158 for the surveyor to see the sacral dressing.</p> <p>Inside the resident's room, the surveyor observed LPN#3 removed the blanket and Resident #158 had no bilateral heel booties in use. LPN#3 stated that she was unsure why the resident did not have bilateral heel booties.</p> <p>On 1/17/25 at 10:14 AM, the surveyor notified the RNS regarding the above findings and concerns. Both the surveyor and the RNS went inside the resident's room, and the RNS did not find the resident's bilateral heel booties. The RNS informed the surveyor that she would ask the Central Supply department to provide new heel booties to the resident.</p> <p>On 1/21/25 at 12:19 PM, the survey team met with the LNHA, DON, and ADON, and the DON stated that the facility developed a policy that both nurses and CNAs were responsible for heel booties after the surveyor's inquiry.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Prescribing and Ordering of Medications Policy and Procedure Manual (adapted from the pharmacy vendor's policy), revised on February 2023, that was provided by the DON, did not include information with regard to following PO.</p> <p>On 1/22/25 at 1:15 PM, the survey team met with the LNHA, DON, and ADON, and there was no additional information provided by the facility.</p> <p>NJAC 8:39-11.2 (b); 29.2(d); 29.4(a)(b)</p>		

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 01/22/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46889</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that the resident receive care and treatment in accordance with professional standards of practice by developing and implementing a comprehensive person-centered care plan (CP), and the resident's choices that included refusal of care. This deficient practice was identified for 1 of 39 residents, (Resident #262), reviewed for quality of care.</p> <p>This deficient practice was evidenced by the following:</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 or 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 a 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>On 1/15/25 at 10:48 AM, the surveyor observed Resident #262 sitting in the chair, alert and oriented. The resident stated that they did not feel like going to dialysis today. Resident #262 added that they did not like the food served in the facility and sometimes they ordered food outside.</p> <p>On 1/15/25 at 10:58 AM, the surveyor interviewed the Registered Nurse (RN), who confirmed that the resident did not attend dialysis today. RN#1 stated that Resident #262 was non-compliant with care, including dialysis, medication (med), food preference, and the resident ordered food from outside.</p> <p>On 1/21/25 at 10:46 AM, the surveyor reviewed the medical records of Resident #262, which revealed the following:</p> <p>A review of the Admission Record (an admission summary) reflected that Resident #262, was admitted to the facility with diagnoses that included, but were not limited to, end-stage renal disease (ESRD; a condition in which the kidney loses the ability to remove waste and balance fluids).</p> <p>A review of the quarterly Minimum Data Set (qMDS), an assessment tool, with an assessment reference date of 11/17/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating intact cognition. Section O-Special Treatments, Procedures, and Programs-dialysis-while a resident was checked.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the December 2024 Physician's Order form for Resident #262, reflected a Physician Order (PO) dialysis order dated 6/20/24, for Hemodialysis for ESRD on Monday-Wednesday-Friday at 5:30 PM pick up at 4:45 PM.</p> <p>A review of the Progress Notes in December 2024 revealed that Resident #262, documented a refusal to attend dialysis four times, refused to eat breakfast, lunch, and dinner five times, ordered food outside, and refused med.</p> <p>A review of Resident #262's CP did not reflect a CP for the refusal of care, med, and non-compliance with dialysis and diet.</p> <p>On 1/21/25 at 11:25 AM, the surveyor interviewed the Licensed Practical Nurse (LPN), who stated that the resident refused care and was non-compliant with diet. The LPN added that that refusal should be documented and added in the CP.</p> <p>On 1/21/25 at 12:29 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing (DON), and Assistant DON (ADON) to discuss the above concern. No additional information was provided.</p> <p>A review of the facility's MDS 3.0 Policy with a reviewed date of 6/22/23, given by the ADON on 1/22/25, stated under Procedure: 12. Any changes in the resident's status will be reflected in the Interdisciplinary CP as necessary .</p> <p>NJAC 8:39-27.1(a)</p>

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 01/22/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>39885</p> <p>Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that the foley urinary catheter drainage bag was stored in a manner to prevent Urinary Tract Infection (UTI) for 1 of 4 residents, Resident #77, reviewed for urinary catheter or UTI.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 1/17/25 at 9:08 AM, the surveyor observed Resident #77's urinary catheter drainage bag hung from the bed's side rail that was in the up position and not in a privacy bag. The tubing leading to the drainage bag was above the bed.</p> <p>On 1/17/25 at 9:09 AM, the surveyor interviewed the Registered Nurse (RN) after the RN also observed Resident #77's urinary catheter drainage bag. The RN stated that the drainage bag and tubing should be lowered. She added that when she had done rounds that morning the resident was sleeping and had not checked that side of the bed and that the Certified Nurses Aide (CNA) on the night shift probably placed it there after emptying it. The RN then lowered the urinary catheter drainage bag to the bar that was under the bed.</p> <p>A review of Resident #77's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease), neuromuscular dysfunction of the bladder (a condition that causes bladder control problems due to nerve damage), and hyperlipidemia (an abnormally high concentration of fats or lipids in the blood).</p> <p>A review of Resident #77's most recent comprehensive Minimum Data Set (MDS), an assessment tool, indicated a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which reflected that the resident's cognition was intact. Further review indicated the resident had an indwelling catheter.</p> <p>A review of Resident #77's Physician Order Form included an order for suprapubic cath (a flexible tube that drains urine from the bladder through a small incision in the lower abdomen) french #24 for neurogenic bladder (a condition where normal bladder function is disrupted due to nerve damage).</p> <p>On 1/17/25 at 12:12 PM, the surveyor notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and Assistant DON (ADON) the concern that Resident #77's urinary catheter bag was observed hanging from the siderail that was up on the bed and the tubing was above the bed.</p> <p>On 1/21/25 at 12:22 PM, in presence of the LNHA and ADON, the DON stated that the staff were inserviced about the catheter placement.</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility's Indwelling Catheters Policy with a reviewed date of 5/2019, included the following:</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8. Prevention of Catheter-related complications .</p> <p>B. CNA will secure the catheter to facilitate the flow of the urine and the bag is below the level of the bladder .</p> <p>N.J.A.C. 8:39-27.1 (a)</p>

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 01/22/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37175</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that the facility failed to maintain proper infection control practices during tracheostomy care. This deficient practice was identified for 1 of 1 resident observed for tracheostomy care, (Resident #92), and was evidenced by the following:</p> <p>On 1/15/25 at 10:46 AM, the surveyor observed Resident #92 in a reclined lounge chair in their room. The resident had a tracheostomy (trach, a surgically made hole through the front of the neck into the trachea (windpipe) with a tube placed through the hole to help the person breathe), which was attached to a ventilation system (a breathing machine that helps or breathes for a person).</p> <p>The surveyor reviewed the medical record for Resident #92.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility and had diagnoses that included tracheostomy, anoxia (absence of oxygen), brain damage, and dependence on respirator (ventilator) status.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated 9/28/24, reflected that the resident was in a persistent vegetative state, indicating no signs of awareness. A further review of Section GG reflected that the resident was dependent on all activities of daily living (ADLs). A review of Section O reflected the resident received the following respiratory treatments: oxygen (O2) therapy, suctioning, trach care, and mechanical ventilation.</p> <p>A review of the Physician Order (PO) forms dated January 2025, included the following physician's orders (PO):</p> <p>A PO dated 7/17/19, trach care; to change gauze/dressing around the trach and the inner cannula (liner that fits into the trach tube) twice daily.</p> <p>A PO dated 5/18/20, to change trach ties (straps that hold the trach in place) twice weekly, on Mondays and Thursdays, and when dirty as needed.</p> <p>On 1/17/25 at 9:45 AM, the surveyor observed the Respiratory Therapist (RT) provide trach care for Resident #92 and observed the following:</p> <p>The RT gathered the trach supplies from the dresser in the room, which included a sterile trach clean and care tray, normal saline vials, four packages of drain sponge gauze, and the inner cannula, and placed them on top of the dresser.</p> <p>The RT performed hand hygiene: He turned on the water, wet his hands with soap, and lathered by rubbing his hands. Then, using his wet, bare hands, he turned the water faucet off and dried his hands with a paper towel.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The RT donned (put on) a plastic gown and a pair of gloves, gathered the equipment, and placed it on the overbed table. The RT then used disinfecting cleaning wipes to wipe the table, moving the supplies on the table while wiping the table and placing the equipment back down on the table.</p> <p>The RT opened the sterile trach clean and care tray with the same gloved hands removed the sterile waterproof drape and placed the drape on the resident's chest under the vent tubing below the trach. The RT also untied the trach ties and removed the gauze between the trach and the neck with the same gloved hands.</p> <p>The RT opened the drain sponge gauze and moistened it with the normal saline vial, cleansing the right side of the resident's neck and trach area. Then, the same gauze was moistened with normal saline to cleanse the left side of the resident's neck and around the trach area.</p> <p>The RT retied the neckties and doffed (removed) the gloves and gown.</p> <p>The RT performed hand hygiene, using a 10-second lather and scrub with soap and water. He then rinsed his hands and turned the water off by touching the faucets with his bare hands. He then removed a piece of paper towel while touching the paper towel dispenser and dried his hands with a paper towel.</p> <p>The RT donned gloves and a plastic gown, returned to the overbed table, wiped the table with disinfectant wipes, opened two drainage sponges, and replaced the trach gauze dressing around the stoma.</p> <p>The RT disconnected the ventilation tubing, removed the inner cannula of the trach, opened a new inner cannula, and replaced it without changing gloves. The RT then secured the ties to the vent tubing.</p> <p>The RT moved the overbed table toward the window, used the bed controller, and then touched the wall switch to turn off the lights. The RT doffed his gloves and plastic gown and performed hand hygiene. He touched the faucets to turn off the water and touched the paper towel dispenser while removing a piece of paper towel to dry his hands.</p> <p>On 1/17/25 at 10:15 AM, the surveyor interviewed the RT, who stated that he should have used a paper towel to shut off the water and changed his gloves between cleansing the overbed table with the disinfectant wipes. The RT further stated that he believed he did not have to use different pieces of gauze when cleaning each side of the resident's trach area because the neck was one area.</p> <p>On 1/17/25 at 11:25 AM, the surveyor interviewed the Vent Program Manager (VPM), who stated that the RT should use an alcohol-based hand rub (ABHR) before entering the resident's room. The RT should have gathered the equipment and put on gloves, wiped the overbed table, removed gloves, used ABHR, put new gloves on, opened the kit, removed the drape, covered the table, and placed the inner cannula onto the drape. He further stated that the gloves that disconnected the trach tubing or the gauze that was removed made the gloves dirty, and that the RT should have used hand hygiene and changed the gloves after each time that would happen. The VPM further stated that when washing hands, the RT should not touch the faucets with bare hands and should use a paper towel to turn them off. The VPM stated that trach care should have been performed this way because of infection control and patient safety and acknowledged that the RT did not perform trach care correctly.</p> <p>(continued on next page)</p>

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 01/22/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/17/25 at 12:10 PM, the surveyor notified the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), and the Assistant Director of Nursing (ADON) of the concerns with trach care observation.</p> <p>On 1/22/25 at 9:39 AM, the surveyor interviewed the Registered Nurse Infection Preventionist (RN/IP), who stated that he was disappointed the RT would have performed trach care that way. The RN/IP further stated that trach care was not performed that way, that the staff were given in-services and with demonstrations return demonstrations from the staff, and that the RT was in-serviced on the proper trach care techniques to prevent the spread of infections.</p> <p>A review of the facility's RT Practice Resource Guide, Tracheostomy and Transtracheal Care document dated 6/2013, included . the staff should use proper hand washing technique and don personal protective equipment.</p> <p>A review of the Clinical Competency Validation Tracheostomy care form, revised on 1/23, included that the RT met all the critical elements, including cleansing hands and maintaining standard precautions on 12/10/24.</p> <p>A review of the facility's Handwashing/Hand Hygiene policy with a revision date of 8/19/24, included .the facility's staff follow the handwashing/hand hygiene procedures to prevent the spread of infections to other staff, residents, and visitors . facility staff must perform hand hygiene .before and after direct contact with residents, before handling clean or soiled dressing, gauze pads, before and after removal of gloves, and before and after aseptic procedures .when washing hands .use a new dry paper towel to turn off the faucet . never turn off the faucet with clean, washed hands .</p> <p>NJAC 8:39-25.2(b), (c)4</p>		

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 01/22/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>39885</p> <p>Based on observation, interview and record review, it was determined that the facility failed to; a) complete the Hemodialysis Communication Record (HCR) to include a signature by the facility nurse that acknowledged review of the HCR for 14 of 14 days reviewed; b) document a complete assessment of vital signs and/or disposition of access site post dialysis treatment in the medical record; c) follow a recommendation for a change in medication; and d) had a diet order for 1 of 3 residents, Resident #169.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/15/25 at 10:52 AM, the surveyor observed Resident #169 lying in bed, who stated that they were going to dialysis today and that they had a communication binder (binder for HCRs) that they took with to dialysis.</p> <p>A review of Resident #169's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to; dependence on renal dialysis (a state of chronic dependence on a machine and medical professionals to maintain life when the kidneys are no longer able to function properly), hyperlipidemia (condition in which there are high levels of fat particles (lipids) in the blood), and anemia (a blood disorder that occurs when the body doesn't have enough healthy red blood cells or hemoglobin, which carries oxygen throughout the body).</p> <p>A review of Resident #169's 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 that Resident #169's was cognitively intact. Further review of the MDS indicated the resident received dialysis.</p> <p>On 1/17/25 at 9:29 AM, the surveyor interviewed the Registered Nurse (RN) regarding the process for a resident that received dialysis services. The RN stated that the HCR was filled out by the facility nurse prior to going to dialysis and that when the resident returned the HCR should be reviewed and should be signed by the facility nurse. He added that vital signs were taken and the dialysis site was checked and documented in the medical record.</p> <p>On 1/17/25 at 10:03 AM, the surveyor reviewed Resident #169's binder that contained the HCR's which indicated the following:</p> <p>HCRs dated 1/15/25, 1/13/25, 1/10/25, 1/8/25, 1/6/25, 1/3/25, 12/31/24, 12/29/24, 12/27/24, 12/24/24, 12/22/24, 12/20/24, 12/18/24 and 12/16/24, did not have a facility nurse signature to acknowledge that the HCR was reviewed. The HCR did not have a section on the form for an assessment of vital signs and disposition of dialysis site post dialysis.</p> <p>Further review of the HCR's reflected the following:</p> <p>(continued on next page)</p>

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 01/22/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/16/24 HCR included we do not give epogen (medication used to treat anemia (low red blood cell count) in people with long-term serious kidney disease), anymore. Medication (med) changed to mircera (used to treat anemia in people with long-term serious kidney disease) 30 mcg (microgram) every 2 weeks.</p> <p>12/22/24 HCR included under med: given mircera 30.</p> <p>A review of Resident #169's Physician Order Form (POF) and Med Administration Record reflected an order for Epogen inject 1 ml (milliliters) (10000 Unit) IVP (Intravenous push) three times weekly (Monday, Wednesday, Friday) at dialysis. Further review of the POF did not have a diet order.</p> <p>A review of Resident #169's progress notes (PN) in the electronic medical record indicated the following:</p> <p>12/27/24, did not include vital signs or disposition of dialysis site upon return to the facility from dialysis.</p> <p>12/24/24, did not include disposition of dialysis site upon return to the facility from dialysis.</p> <p>12/20/24, did not include vital signs or disposition of dialysis site upon return to the facility from dialysis.</p> <p>12/18/24, there was no note post dialysis.</p> <p>12/16/24, there was no note post dialysis.</p> <p>On 1/17/25 at 10:53 AM, the surveyor interviewed the Registered Nurse Supervisor (RNS) regarding HCRs. The RNS stated that the resident would bring the binder with HCRs to dialysis and that dialysis would write in it vital signs and any recommendations. She added if anything urgent they would call us. The RNS stated that the nurse would review the HCR. The RNS was not sure if there was a section post dialysis for the facility to write the assessment but that the nurse would document the vital signs and site check in the medical record. The surveyor showed the RNS Resident #169's HCRs that did not have a facility nurse signature. The RNS stated that there should be a signature for accountability that it was reviewed.</p> <p>On 1/17/25 at 11:04 AM, the surveyor interviewed the Registered Dietician (RD) regarding Resident #169's diet. The RD confirmed that there was no diet order on the POF and that there should be an order for the resident's diet.</p> <p>On 1/17/25 at 12:10 PM, the surveyor notified the Licensed Nursing Home Administrator(LNHA) , Director of Nursing (DON) and Assistant DON (ADON) the concerns that Resident #169's HCRs were not signed as reviewed, there was no documented evidence that the vital signs and/or dialysis site was assessed upon return to facility on 4 days of the 14 days reviewed, that a recommendation for a med change was not followed and there was no diet order on the POF/POS.</p> <p>On 1/21/25 at 12:21 PM, in the presence of the survey team, LNHA and ADON, the DON stated that they inserviced all nurses on the policy when a resident returned from dialysis to check the HCR and carry out any recommendations.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility did not provide any additional information.</p> <p>A review of the facility's Dialysis Care of Resident on Hemodialysis with End Stage Renal Disease (ESRD) Policy, with a reviewed date of 4/18/23, included the following:</p> <p>Procedure:</p> <p>6. The nurse updates the attending physician of any new recommendation from dialysis center and obtains the physician's orders from the dialysis center to the P.O.S. (Physician Order Set) and implements accordingly.</p> <p>Care of Resident with ESRD</p> <p>4. Obtain and document vital signs pre and post dialysis in the medical record on dialysis days.</p> <p>5. Observe the access site post dialysis and document results in the Interdisciplinary PN of the Medical Record.</p> <p>Dialysis Progress Notes Binder</p> <p>1. Daily Communication PN Binder is sent will all residents to Hemodialysis.</p> <p>2. When the resident returns from hemodialysis, the receiving nurse must review the Dialysis Communication PN for any recommendations and sign to acknowledge that the notes have been reviewed.</p> <p>N.J.A.C. 8:39-27.1 (a)</p>

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 01/22/2025
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 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>38327</p> <p>Based on observation, interview, record review, and review of pertinent facility documents, it was determined that due to a shortage of staff, the facility failed to a.) honor the resident's shower schedule for 1 of 5 residents, Resident #141 and b.) ensure residents were provided morning care in a timely manner for 2 of 5 residents, Residents #141 and #213 of Resident Council group.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 1/17/25 at 11:01 AM, the surveyor conducted a resident group meeting with five residents who were alert and oriented and were selected by the facility to attend the group meeting. Resident#141 informed the surveyor that two weeks ago, not this past Monday (1/13/25), the resident did not get showered. Resident #141 did not mention the name of the Certified Nursing Aide (CNA) who told them that it was because of the shortage of staff which was why the resident did not get a shower.</p> <p>On that same date and time, Resident #141 informed the surveyor that there were concerns with short staff that affected the timeliness of care and caused the resident to be late for the Christmas lunch meal. Resident #141 stated that on 12/25/24, 7:00 AM-3:00 PM (7 AM-3 PM) shift, there was one staff in each wing on the 1st floor. Resident #141 further stated that they notified the Licensed Nursing Home Administrator (LNHA) about the concerns at that time, and the LNHA did not say anything about it.</p> <p>At that same time, Resident #213 informed the surveyor that the facility needed more CNAs because it affected care. Resident #213 stated that this weekend (1/11/25 and 1/12/25), morning care was late in their unit, and that there was a total of four CNAs for the entire 3rd floor.</p> <p>A review of Resident #141's most recent comprehensive Minimum Data Set (MDS), an assessment tool, with an assessment reference date (ARD) of 10/6/24, revealed a brief interview for mental status (BIMS) score of 15 out of 15, and reflected that the resident's cognitive status was intact.</p> <p>A review of Resident #213's most recent quarterly MDS, with an ARD of 10/2/24, revealed a BIMS score of 15 out of 15.</p> <p>On 1/17/25 at 11:50 AM, the surveyor asked the Director of Nursing (DON) for the last two weeks' and 12/25/24 CNAs' assignments and the DON responded that he would get back to the surveyor.</p> <p>On 1/21/25 at 9:35 AM, the surveyor asked Secretary #1 (S#1) for the 1st-floor unit showers for the last 2 months, and she stated that she would get back to the surveyor.</p> <p>On 1/21/25 at 10:01 AM, the surveyor interviewed the 1st floor Registered Nurse (RN) about the shower, and the RN stated that showers were given once a week and that if the resident requested more than once a week, it would be provided. The RN provided the surveyor unit's shower book for January 2025. The surveyor asked for the December and November shower book, and the RN responded that she would get back to the surveyor.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25 at 10:07 AM, S#2 informed the surveyor that a shower was provided once a week and as needed if requested for more showers according to the resident's care plan. S#2 also stated that the other months' showers were filed in the resident's medical records. Both the surveyor and S#2 reviewed the medical records and found that the weekly Body Inspection paper for November 2024 had the 3rd-week missing signatures while December 2024 had the 3rd and 4th-week missing signatures for both CNAs and Nurses.</p> <p>On that same date and time, S#2 informed the surveyor that the Weekly Body Inspection paper should have been signed by nurses and CNAs when showers or bed baths were provided or refused as indicated in the paper. She further stated that she had to get back to the surveyor as to why there was no signature to reflect that showers were provided on those dates.</p> <p>On 1/21/25 at 11:28 AM, the surveyor interviewed CNA#1 who stated that she was the aide on 12/23/24 assigned to Resident#141. The surveyor notified CNA#1 of the above findings and concern that on 12/23/24, Resident #141 did not get a shower, and there was no documented evidence that the shower was provided. CNA#1 responded that on 12/23/24, the shower was probably not provided due to short staff.</p> <p>A review of the provided Nursing Home Resident Care Staffing Report revealed:</p> <p>Monday, 12/23/24 for the Day Shift, 7 AM-3 PM, revealed a ratio of 1 CNA:9.6 Residents.</p> <p>Saturday, 1/11/25 for the Day Shift, 7 AM-3 PM, revealed a ratio of 1 CNA:8.7 Residents.</p> <p>Sunday, 1/12/25 for the Day Shift, 7 AM-3 PM, revealed a ratio of 1 CNA:10 Residents.</p> <p>A review of the 7 AM-3 PM Unit 1-200 schedule for the date 12/25/24 revealed that CNA#2 had a total of 11 residents including Resident #141.</p> <p>On 1/21/25 at 12:19 PM, the survey team met with the LNHA, DON, and Assistant DON (ADON), and the surveyor notified the above findings and concerns.</p> <p>On 1/22/25 at 11:08 AM, the survey team met with the LNHA, DON, and ADON. The DON stated, I don't have anything for that except that Resident #141 was offered a bed bath, and there was no evidence it was given.</p> <p>A review of the facility's Residents Showers Policy with a review date of 4/19/18 that was provided by the DON revealed:</p> <p>Policy: All residents will receive showers at least once per week in accordance with resident's preference unless the resident declines a shower.</p> <p>Procedures: 5. Weekly skin assessment will be done by a nurse in the shower room and with the help of the CNA. Findings will be documented by the nurse on the Weekly Body Inspection Form .</p> <p>On 1/22/25 at 1:15 PM, the survey team met with the LNHA, DON, and ADON for an exit conference, and there was no additional information provided by the facility.</p> <p>NJAC 8:39-25.2(b)</p>		

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 01/22/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49078</p> <p>Based on interviews, and review of pertinent facility documents, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure accurate documentation of the receipt of a controlled substance for 4 of 4 Schedule II controlled substance medications ordered and received by the facility for use as an emergency backup supply, on three Drug Enforcement Agency (DEA) 222 Forms (a form used to order controlled substances from a provider) reviewed.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: 21 CFR 1305.13 Procedure for filling DEA Forms 222.</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>On 1/17/25, the surveyor reviewed a binder provided by the Director of Nursing (DON), containing, but not limited to; facility DEA 222 Forms, copies of medical director state and federal controlled substance registration certificates, and packing slips associated with the DEA 222 Forms for controlled substance deliveries.</p> <p>A review of the facility DEA 222 Forms that were filled out and used to order controlled substances (CDS) revealed the following:</p> <p>DEA 222 Form with order form # 2317211189 dated 5/5/24, for one package of 20 morphine sulfate 10 mg (milligram)/0.5 ml (milliliters) syringes (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present.</p> <p>DEA 222 Form with order form # 231721190 dated 7/25/24, for one package of 20 morphine sulfate 10 mg/0.5 ml syringes with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present.</p> <p>DEA 222 Form with order form # 2317211182 dated 9/4/24, for one package of 30 oxycodone 5 mg/325 mg (a schedule II-CDS used for pain) and one (1) package of 10 oxycontin 10 mg (a schedule II-CDS used for pain) with the section Part 5: to be filled in by purchaser, number received, date received, not filled in. A supplier packing slip for the items was present.</p> <p>On 1/21/25 at 11:15 AM, the surveyor met with the facility Consultant Pharmacist (CP) to discuss the concerns with the completion of the DEA 222 forms. The CP stated the facility must have missed those and they do know how to fill them in since they did so on others.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25, at 12:15 PM, the surveyor met with the Licensed Nursing Home Administrator (LNHA), DON, and Assistant DON (ADON) to discuss the concerns with the DEA 222 forms. The DON acknowledged that Part 5 on the forms were not filled in and should be completed when the items were received.</p> <p>On 1/22/25 at 11:08 AM, the survey team met with the LNHA, DON and ADON, and the DON stated that the incomplete information will be addressed and agreed that the forms should be completed per the instructions, but there were packing slips showing delivery attached.</p> <p>The facility offered no further pertinent information.</p> <p>A review of the instructions for completing the DEA 222 Forms located in the Code of Federal Regulations at 21 CFR1305.13, revealed the following:</p> <p>Section (e) The purchaser must record on its copy of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates on which the containers are received by the purchaser.</p> <p>A review of the facility's Policy and Procedure Manual, revised February 2023, revealed:</p> <p>5. Prescribing and Ordering of Medications</p> <p>5.6 Controlled Dangerous Substance Inventory for Backup Box and Emergency Kits.</p> <p>The policy reflected under section 5.6, Policy, A. (Provider Pharmacy name redacted) and the facility will properly distribute, maintain and dispense controlled substances that are stored within the backup box and emergency kit. All CDS are dispensed and handled in accordance with state and federal regulations.</p> <p>The policy also reflected under Procedure, A. CDS Inventory in Back Up Supply- Schedule II CDS:</p> <p>1. The DEA form 222 must be completed to obtain the par level quantity of Schedule II CDS in back up supply. Upon signature of the Medical Director or his/her designee, the facility makes a copy then sends the original to the pharmacy to the attention of the Pharmacist In Charge.</p> <p>NJAC 8:39-29.3(a)6, 29.4(g), 29.7(c)</p> <p>21 CFR 1305.13(e)</p>		

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 01/22/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>49078</p> <p>Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to ensure that the resident did not receive an unnecessary medication for 1 of 7 residents, Resident #43.</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident #43's medical record (MR) and revealed the following:</p> <p>A review of Resident #43's Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to acute kidney failure, (when the kidneys are damaged and can't filter blood the way they should) and urinary tract infection.</p> <p>A review of Resident #43's Minimum Data Set (MDS), an assessment tool, dated 1/20/25, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated that Resident #43 was cognitively intact.</p> <p>A review of the resident's list of medications (meds) reflected a Physician's order (PO) for Ondansetron 4 mg (milligram), 1 tablet (tab) orally every 6 hours as needed (PRN) for nausea or vomiting with a date of 12/6/2023, and a PO for Tigan injection 100 mg/ml (milliliter) inject 2 mls (200 mg) intramuscularly every 6 hours PRN for nausea or vomiting, with a date of 5/16/2024.</p> <p>Further review of the MR, revealed a Medication Regimen Reviews (MRR) from the facility's Consultant Pharmacist (CP). The MRR reflected a recommendation by the CP to the physician (MD) dated 12/17/24, to discontinue both meds due to not being used in over 60 days. The MR reflected that the MD indicated on the CP recommendation disagree. There was no reason given on the sheet by the MD which revealed dates of 1/8/25 by the Registered Nurse (RN) and 1/12/25, by the MD signature.</p> <p>On 1/17/25 at 12:09 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) to discuss the concerns with the duplicate meds.</p> <p>On 1/17/25 at 1:23 PM, the surveyor interviewed the RN on the unit where the resident resided. The surveyor asked the RN how they would tell which of the meds that both PRN for nausea or vomiting to give if the resident was experiencing those symptoms. The RN stated that he knows the resident. The surveyor asked what would happen if they were not there, or other staff that were not familiar with the resident were on duty and the resident required medication (med). The RN stated they would have to call the MD to clarify, so it might not be right away. The surveyor asked if the treatment would end up being delayed. The RN stated, yes, it was possible it could be.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25 at 12:03 PM, the surveyor met with the CP in person to discuss the concerns with duplicate meds, and the CP stated that they were aware of the concern as the facility had contacted them. The CP was able to provide to the surveyor, evidence, that the CP had recommended to the MD, dated 7/16/24, a request to indicate how the meds should be given, which to administer first or second. The MR did not reflect any response by the MD to that recommendation.</p> <p>On 1/21/25 at 12:19 PM, the survey team met with the LNHA, DON and ADON, and the DON stated that the CP was called and informed of the concern and the MD was called and discontinued (d/c) the Ondansetron order. The surveyor reviewed the resident's MR that reflected a telephone PO to d/c the Ondansetron, dated 1/17/25, after the surveyor's inquiry.</p> <p>A review of the facility's Department: Nursing, Subject: Pharmacy Services Policy, last review date 6/14/16, under page 1, Policy: number 11. Each drug regimen must be free of unnecessary drugs.</p> <p>Page 5, L. Sequencing Med Orders, 1. When a resident has 2 or more med orders with the same indication of use (i.e. pain, constipation, nausea/vomiting, cough, etc,) indicate on each med order the specific instruction of use.</p> <p>The facility did not provide any further pertinent information.</p> <p>N.J.A.C. 8:39-27.1(a)</p>

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 01/22/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49078</p> <p>REPEAT DEFICIENCY</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that all medications were administered without error of 5% or more during the medication administration, 4 nurses administered medications to 5 residents. There were 25 opportunities for error, 2 errors were observed which calculated to a medication administration error rate of 8%. This deficient practice was identified for 2 of 5 residents, (Resident #55 and Resident #122), that were administered medications by 2 of 5 nurses that were observed.</p> <p>The deficient practice was evidenced by the following:</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>1. On 1/17/25 at 8:40 AM, the surveyor observed the Licensed Practical Nurse (LPN) prepare medications (meds) for Resident #55. The meds included an active physician's orders (PO) for the Divalproex (a medication [med] used for seizures in a dose form that can be taken as a capsule or opened and the contents placed on food) 125 mg (milligram) sprinkle give 2 capsules (caps) orally twice daily (AM [morning]-HS [bedtime]) for dementia with behavior disturbance.</p> <p>The LPN stated that the resident needs their meds crushed and given with pudding or applesauce to aid in swallowing. The surveyor observed the LPN appropriately open the caps but empty them in a pouch used for crushing meds with other meds. The LPN then proceeded to crush the contents of the pouch, including the contents of the Divalproex caps. The surveyor asked the LPN to check the cautionary warning under the med order. The LPN stated that it said swallow whole or sprinkle capsule contents on small amount of food but thought it meant not to crush the whole capsule.</p> <p>The surveyor completed the med pass observation.</p> <p>On 1/17/25, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and the Assistant Director of Nursing (ADON) to discuss the concerns with the med pass that the contents of the capsule should not be crushed or chewed per the cautionary warning on the Resident #55's Medication Administration Record (MAR).</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/21/25, the survey team met with the LNHA, DON and ADON for responses to concerns. The LNHA stated that the nurses in question were observed for med pass and 1 of 2 did not pass.</p> <p>The facility did not provide any further pertinent information.</p> <p>The surveyor reviewed the facility policy manual titled: Dept: Nursing, Subject: Pharmacy Services, Last review date 6/14/16.</p> <p>The manual revealed, under page 1, Policy: 2. Med administered is free of significant error rate of 5% or greater.</p> <p>Page 6 II. A. Med Administration. 7. Meds should not be crushed unless the manufacturer allows it to be crushed</p> <p>37791</p> <p>2. On 1/17/25 at 8:25 AM, during the med administration observation, the surveyor observed the Registered Nurse (RN) preparing to administer meds to Resident #122. The surveyor observed the resident's MAR which reflected an order for Senna-Plus 8.6-50 mg (a combination of Sennoside, a natural vegetable laxative and Docusate Sodium, a stool softener), give 1 tablet (tab) by mouth every 12 hours for constipation. The surveyor observed the RN prepare 1 tab of Senna 8.6 mg for Resident #122. The surveyor observed the RN looked at the Senna 8.6 mg bottle and pointed to the MAR and stated that the resident was supposed to get 8.6 mg of Senna and that she pulled the correct med.</p> <p>The surveyor continued to observe the RN enter Resident #122's room and just prior to administering the med asked the RN if she could step outside of the resident's room with the med. The RN reviewed the resident's MAR and acknowledged that the resident had an order for Senna-plus 8.6-50 mg. The surveyor observed the RN pull out of the med a bottle of Senna 8.6 mg and a bottle of Senna-Plus from the med cart. The RN compared the ingredients of both bottles with the MAR and stated that she should have prepared Senna-Plus for Resident #122 instead of Senna 8.6 mg.</p> <p>On 1/17/25 at 1:30 PM, the surveyor discussed the above concerns with the LNHA and the DON.</p> <p>No further information was provided.</p> <p>A review of the facility's Med Administration Policy, with a revision date of 2/2023, and was provided by the DON revealed the following:</p> <p>3. Nurse reviews each resident's MAR to determine which meds need to be administered at the given time. The nurse observes the six rights in administering each med;</p> <p>a. The right resident</p> <p>b. The right time</p> <p>c. The right med</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. The right dose</p> <p>e. The right route of administration</p> <p>f. documentation.</p> <p>N.J.A.C 8:39-29.2 (d)</p>

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 01/22/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to properly a.) label, dispose and secure medications in 3 of 9 medication carts inspected and b.) store medication for 1 of 4 medication carts inspected according to facility's policy and standard of clinical practice.</p> <p>This deficient practice was evidenced by the following:</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>1. On 1/17/25 at 10:45 AM, the surveyor inspected the 2-300 medication (med) cart A in the presence of the Registered Nurse (RN). The surveyor observed an opened and undated vial of Novolog insulin that had a pharmacy date of 12/31/24, and was stored in the med cart. The surveyor also observed an opened bottle of blood glucose test strips that was undated.</p> <p>At that time, the surveyor interviewed the RN who acknowledged that both the Novolog insulin vial and a bottle of blood glucose test strips should have been dated once opened.</p> <p>On 1/17/25 at 11:00 AM, the surveyor inspected the 2-300 med cart B in the presence of a Licensed Practical Nurse (LPN#1). The surveyor observed an opened and undated bottle of blood glucose test strips.</p> <p>At that time, the surveyor interviewed LPN#1 who stated that once a bottle of blood glucose test strips was opened that it should have been dated.</p> <p>A review of the manufacturer's specifications for the following medications (meds) revealed that the bottle of blood glucose test strips had an expiration date of 90 days once opened and Novolog Insulin Pen had an expiration date of 28 days once opened.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/25 at 1:30 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), and the Infection Preventionist to discuss the above concerns. There was no additional information provided.</p> <p>A review of the facility's Med Storage Policy that and a revision date of 2/2023, and was provided by the DON revealed that the meds will be stored in a manner that maintains the integrity of product, ensures the safety of the customers, in accordance with state department of Health guidelines and are accessible only to be licensed nursing and pharmacy personnel.</p> <p>49078</p> <p>2. On 1/17/25 at 10:20 AM, the surveyor began to inspect selected med storage areas in the facility.</p> <p>The surveyor observed the following:</p> <p>The surveyor in the presence of LPN#2, the surveyor inspected the med cart identified as Cart A located on the 1-300 Unit. The surveyor observed a box containing a foil package of Arformoterol inhalation solution (an inhaled med used to open lung passages) that did not reflect a date when the foil was originally opened. The manufacturer labeling on the box reflected:</p> <p>Store unopened pouched unit-dose vials in a refrigerator.</p> <p>Unopened pouched unit dose vials can also be stored at room temperature (temp) for up to 6 weeks.</p> <p>Do not use past the expiration date or after 6 weeks storage at room temp, whichever is sooner.</p> <p>Keep refrigerated or store at room temp for up to 6 weeks.</p> <p>The surveyor asked LPN#2 if the box or foil should have a date when it was opened on it. LPN#2 stated, yes we usually date nebulizer solutions. The surveyor asked LPN#2 if there was no date on it, could it be easily determined how long it was in the cart. LPN#2 stated not, not really. The surveyor also observed, in the 2nd drawer of the med cart a quantity of loose tablets and capsules on the bottom rear of the drawer along with scraps of papers. The surveyor counted the loose meds which amounted to 14 items. The surveyor asked LPN#2 if they could positively identify any of the meds. LPN#2 stated they could not. The surveyor asked LPN#2 if meds should be stored that way. LPN#2 stated, no they should be disposed of. The surveyor observed LPN#2 disposed of the loose med in the drug disposal device located in the bottom of the med cart.</p> <p>On 1/21/25 at 1:30 PM, the surveyor met with the LNHA, DON and ADON for responses related to concerns with med storage. The DON stated for the storage of meds that were not dated and opened and the loose meds, we are just going to inservice the staff and move forward with that.</p> <p>The facility did not provide any further pertinent information.</p> <p>A review of the facility's policy manual titled: Dept: Nursing, Subject: Pharmacy Services, Last review date 6/14/16.</p> <p>(continued on next page)</p>		

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 01/22/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The manual revealed, under POLICY: 7. Drugs and biologicals used in the facility must be labeled in accordance with the currently accepted professional principles and include the appropriate accessory and cautionary instructions and expiration date when applicable.</p> <p>A review of the facility's Policy and Procedure Manual, revised February 2023, page 84, Section 6.8 Med Storage. Which reflected under:</p> <p>Med Storage, Policy, A. Meds will be stored in a manner that maintains the integrity of the product, ensures the safety of the customers, in accordance with the state Department of Health guidelines and are accessible to only licensed nursing and pharmacy personnel.</p> <p>Procedure: C. Meds will be stored in an orderly, organized manner in a clean area.</p> <p>E. Meds will be stored in in the original, labeled containers received from the pharmacy.</p> <p>G. Meds will be stored at the appropriate temp in accordance with the pharmacy and/or manufacturer labeling.</p> <p>NJAC 8:39-29.4 (a)(d)(g)(h)</p>		

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 01/22/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 1/15/25 at 9:24 AM, the surveyor in the presence of the Dietary Supervisor (DS#1) and the Registered Dietitian (RD) observed the following during the kitchen tour:</p> <ol style="list-style-type: none"> 1. The surveyor observed in the dry storage room: a dented can of sliced potatoes in the regular rotation of non-dented canned goods; 3 boxes stored above 18 inches (in) from the ceiling, and the following items were observed opened without an open/use by label: one 3 pound (lb.) bag of tri-color pasta, 1 gallon container of white vinegar, one 32 oz (ounces) bottle of imitation vanilla, one 32 oz bottle of green food coloring, three 16 oz containers of chili powder, one 16oz container of ground thyme, one 16 oz container of Italian seasoning, one 16 oz container of oregano, one 16 oz container of sage, and one 32 oz bottle of egg yellow food coloring. Neither the DS#1 or RD could explain why the dented can was not placed in the dented can area or why the opened items had not been labeled with an open/use by labels. 2. The surveyor observed a four-shelf bread storage rack located outside the dry storage room with four opened bags of bread without an open/use by labels. The breads that were observed were: 1 bag of white bread, 2 bags of wheat bread, and 1 bag of rye bread. DS#1 stated the bags of bread should have been labeled once they were opened. 3. The surveyor observed in the combined walk-in refrigerator and freezer #1. The combined walk-in refrigerator fans was observed with a black colored debris on the fan cover and freezer #1 had multiple boxes stored above 18 in from the ceiling. 4. The surveyor observed in the combined walk-in refrigerator and freezer #2. Freezer #2 had multiple boxes stored above 18 in from the ceiling. 5. The surveyor observed the combined walk-in refrigerator and freezer #4. The combined walk-in refrigerator had 3 boxes stored above 18in from the ceiling. 6. The surveyor observed the cooking area with a double stacked steamer and a 3 standing dual ovens, all had a sticky brown colored substance on the top on the cooking equipment. DS#1 could not provide information when the equipment was last cleaned. <p>On 1/16/25 at 10:52 AM, in the presence of the Dietary Supervisor #2 (DS#2) observed the following during the follow up kitchen tour:</p> <ol style="list-style-type: none"> 7. The surveyor observed DS#2 and the Chef both wearing a large hooped earrings. The surveyor asked DS#2 and the Chef about dress code for the kitchen regarding jewelry. DS#2 stated the earrings that both DS#2 and the Chef were wearing were not allowed in the kitchen. <p>(continued on next page)</p>		

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 01/22/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>8. The surveyor observed the Chef checked the temperature of the pork chop without sanitizing the thermometer prior to use. The Chef stated they had sanitized the thermometer earlier but acknowledged once the thermometer was set down on the counter, the thermometer was considered contaminated and should be sanitized prior to use.</p> <p>On 1/17/25 at 12:09 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and Assistant Director of Nursing (ADON) to review kitchen observation concerns.</p> <p>On 1/21/25 at 12:20 PM, LHNA provided the surveyor with multiple facility policies for the kitchen.</p> <p>A review of the Dented Cans policy with a revised date of 1/20/25, stated under the procedure section, 4. If any dented cans are observed, they will be deposited in a crate which will be labeled dented cans only, and Do Not Use.</p> <p>A review of the Spices policy with a revised date of 1/20/25, stated under the procedures section, 2. Once opened the spice container with be dated, closed, wiped cleaned, and place back on the shelf. 3. No more than one spice of the same kind will be opened and placed back on the shelf.</p> <p>A review of the Food Storage policy with a revised date on 1/20/25, stated under the procedure section on the policy, 5. Store food away from the walls and at least six inches off the floor and at a height of 18 or below the ceiling line. This applies to storage in storerooms, freezers, walk-in boxes/refrigeration.</p> <p>A review of the Large Kitchen Equipment Cleaning and Handling policy stated under the procedure section, Ovens, 4. Wipe down the outside of then oven with a clean washcloth wrung out with a detergent solution. Rinse and wipe dry. Refrigerator, 2. At least once a month or as needed, dust off compressor, condenser, coiled, motor and related areas.</p> <p>A review of the Dress Code for Food Service Workers policy with a revised date of 1/20/25, stated under the procedure section, Jewelry, [NAME] jewelry is not permitted except for a plain ring. Employees with pierced ears may wear small post earrings.</p> <p>A revie of the Food Thermometer Sanitization policy with a revised date of 1/21/25, stated under the procedure section, 1. Prior to thermometer use, ensure it is clean and free from any debris. Sanitize using an alcohol prep pad or an approved food-safe sanitizer.</p> <p>On 1/22/25 at 12:30 PM, the survey team met with the LNHA, DON, and ADON. The facility did not provide any further information.</p> <p>NJAC 8:39-17.2(g)</p>		