

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER DE LA Salle Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 810 Newman Springs Rd Lincroft, NJ 07738	

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 - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>49094</p> <p>Based on observations, interview, and review of pertinent facility documents, it was determined that the facility failed to document weekly weights as ordered in accordance with professional standards of practices. This deficient practice was identified for 1 of 12 residents reviewed for professional standards of practice (Resident #10).</p> <p>The deficient practice was evidenced by the following:</p> <p>1. On 12/26/24 at 10:35 AM, during initial tour of the facility, the surveyor observed resident #10 in their bedroom seated in their wheelchair. At the time Resident #10 had a visitor present and reported no concerns.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected the resident was admitted to the facility with diagnoses which included but not limited to; Parkinson's Disease with dyskinesia (involuntary, uncontrolled movements), hypertension (high blood pressure), generalized muscle weakness, and dysphagia (difficulty swallowing).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 11/24/24, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated a cognitively intact cognition.</p> <p>A review of the Order Summary Report dated active orders as of 9/3/24, included a physician's order (PO) dated 9/3/24, for weekly weights every Friday.</p> <p>A review of the corresponding September, October, November, and December 2024 Treatment Administration Records (TAR) revealed the weekly weights were signed off as completed on 9/20/24, 9/27/24, 10/18/24, 10/25/24, 11/15/24, 11/22/24, 11/29/24, 12/13/24, 12/27/24.</p> <p>A further review of the October and December 2024 TAR revealed that weekly weights were blank on 10/25/24 and 12/20/24.</p> <p>A review of the Weights and Vitals Summary provided by the Director of Nursing (DON) revealed weekly weights were not documented for 9/20/24, 9/27/24, 10/18/24, 10/25/24, 11/15/24, 11/22/24, 11/29/24, 12/13/24, 12/20/24 and 12/27/24.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/27/24 at 12:57 PM, the surveyor interviewed the DON, who stated she could not provide weekly weights for the 10 dates listed above. The DON stated that the nurse completes weekly weights, signs it off on the TAR and then will document it under the weights tab in the electronic medical record (eMR).</p> <p>On 12/20/24 at 11:50 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) who stated that the LPN or Certified Nurses Aide (CNA) can obtain weekly weights. The LPN also stated that the weights order will show up on the TAR to initial off, but they also document the weight under the weights and vitals tab.</p> <p>On 12/30/24 at 12:18 PM, the surveyor interviewed the Registered Dietitian (RD), who stated that she was unaware that Resident #10 was on weekly weights. The RD also stated that when Resident #10 was admitted to the facility they had a desire to lose weight and they discussed a weight goal. The RD further stated she had been monitoring the residents' weights monthly.</p> <p>On 12/30/24 at 1:21 PM, the Director of Nursing (DON), in the presence of the Licensed Nursing Home Administer (LNHA), and survey team, confirmed that Resident #10's weights were not obtained weekly as ordered. The DON stated that weekly weights should be documented in the eMR under the weights tab. The DON acknowledged that the weights should have been obtained weekly as ordered.</p> <p>A review of the facility's Weight Monitoring policy dated reviewed and updated 11/19/24, included residents that are on weekly weights should be weighed on the day of the week ordered . All weights will be reported to the nurse and documented in the resident's chart .RD will monitor resident's weights for any weight loss/gain.</p> <p>A review of the facility's Charting and Documentation policy dated reviewed and updated 11/20/24, included all services provided to the resident, progress toward the care plan goal, or any changes in the resident's medical, physical, functional of psychological condition, shall be documented in the resident's medical record .Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.</p> <p>NJAC 8:39-27.1(a)</p>		