

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Homestead Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 129 Morris Turnpike Newton, NJ 07860	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48617</p> <p>Complaint NJ #00174902; NJ00174912; NJ00174921</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to maintain a safe and comfortable room temperature levels for residents in 2 of 3 nursing units (Second and Third Floor). This deficient practice was identified on 06/20/24 and was evidenced by the following:</p> <p>1. On 06/20/24 at 9:51 a.m., the surveyor in the presence of the Maintenance Person (MP) checked the temperatures on the Second floor and the following were obtained:</p> <p>room [ROOM NUMBER] - room temperature of 82.4 degrees Fahrenheit; occupied; resident has a working desk fan; air conditioner (AC)/radiator working with low air coming out; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 83.3 degrees Fahrenheit; occupied; resident has a working desk fan; AC/radiator working with low air coming out; water pitcher at bedside; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 84.2 degrees Fahrenheit; occupied; resident has a tracheostomy attached to an oxygen compressor and concentrator; working AC portable in room; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 82.2 degrees Fahrenheit; occupied; resident has AC/radiator working with low air coming out; water pitcher at bedside; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 86.9 degrees Fahrenheit; occupied; resident on oxygen; oxygen concentrator noted in room; AC/radiator was not working; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 84.9 degrees Fahrenheit; occupied. resident wearing diaper and T-shirt with covers down; has a desk fan; AC/ radiator not working; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 83.5 degrees Fahrenheit; occupied; resident in wheelchair; AC/radiator not working; resident not in distress.</p> <p>Second Floor A side end of Hallway - temperature of 83.1 degrees Fahrenheit</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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NAME OF PROVIDER OR SUPPLIER Homestead Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 129 Morris Turnpike Newton, NJ 07860	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Second Floor B side end of Hallway - temperature of 82.8 degrees Fahrenheit</p> <p>The surveyor observed the air conditioner (AC) Units on the wall in A and B Side Hallway were not functioning and that water was leaking from Units.</p> <p>2.On 06/20/24 at 10:15 a.m., the surveyor in the presence of the MP checked the temperatures on the Third Floor and the following were obtained:</p> <p>room [ROOM NUMBER] - room temperature of 81.7 degrees Fahrenheit; occupied; resident noted with 1 desk fan and 1 stand fan; AC/radiator working with low air coming out; resident not in distress.</p> <p>room [ROOM NUMBER]- room temperature of 82.0 degrees Fahrenheit; occupied; resident in bed with oxygen concentrator; has a stand fan; resident not in distress.</p> <p>room [ROOM NUMBER] - room temperature of 81.9 degrees Fahrenheit; occupied; has a stand fan; AC/radiator working with low air coming out; resident not in distress.</p> <p>room [ROOM NUMBER]- room temperature of 84.0 degrees Fahrenheit; occupied; resident in bed; has a stand fan; AC/radiator not working; resident not in distress.</p> <p>room [ROOM NUMBER]- room temperature of 82.4 degrees Fahrenheit; occupied; resident in bed; has a stand fan; AC/radiator not working; resident not in distress.</p> <p>Also at this time, it was observed the AC Wall Unit on Third Floor B Side Hallway was not functioning.</p> <p>On 6/20/24 at 12:31 p.m. [afternoon], the surveyor interviewed the facility Administrator, in the presence of the Director of Nursing (DON). The Administrator stated they have called the company to fix the AC units/cooling system yesterday [06/19/24], the company came and fixed the units. The Administrator further stated Around 5 p.m., the AC was working, the pump was working and before I left yesterday at night, everything was working. This morning they called me, and the pump and AC were not working, and they have been working intermittently like on and off. The Administrator said they have called and followed up with the company [name] and have been working on it.</p> <p>NJAC 8:39 -31.6 (p)4.</p>		