

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	

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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50913</p> <p>Complaint # NJ00176157</p> <p>Based on observation, interview, record review, and review of pertinent facility documents on 8/15/24, it was determined that the facility failed to ensure that 1 of 1 Justice Involved Individual (JII) Resident #6 was afforded the autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, leave rooms at will and be free from physical restraints. The failure to treat Resident #6 respectfully and in a dignified manner had the likelihood to cause serious injury and psychological harm. This was cited as an isolated incident that immediately jeopardizes the health and safety of the JII that resided in the facility which resulted in an immediate jeopardy(IJ) situation.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL, indicated Resident Rights SNFs and NFs, as residential environments, must permit residents to have autonomy and choice, to the maximum extent practicable regarding how they wish to live their everyday lives and receive care. Federal statutes and regulations establish an array of individual rights and safeguards. Nursing homes cannot impose conditions or restrictions that undermine resident rights and protections required by federal law. Facilities cannot require prospective residents to give up their rights as a requirement for admission .</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been secluded each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF). The IJ was identified on 08/15/24, when Resident #6 was observed by Surveyors being secluded to their room, guarded by COs, and was not permitted to participate in group activities and community dining. Further observation revealed the JII was not allowed to intermingle with other residents or visitors and were restricted from leaving the room at will.</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to Cerebrovascular disease and Abnormalities of Gait and Mobility.</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: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Minimum Data Set (MDS), an assessment tool, dated 05/28/24, indicated that Resident #6 had a Brief Interview for Mental Status (BIMS) of 15 which indicated the resident was cognitively intact. The MDS also indicated Resident #6 had no behaviors and utilized no physical or chemical restraints.</p> <p>The facility's Licensed Nursing Home Administrator (LNHA) was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>An acceptable removal plan was electronically mailed to the Surveyors on 8/15/24 at 10:15 p.m., indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The JII was discharged from the facility as of 8/15/24 at 9:05 p.m. The facility's referral team will review all future JII referrals to ensure that the rights of JII residents can be fully respected if the individual is admitted into the facility's care.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/2024.</p> <p>The Director of Clinical Operations (DCO) provided the Surveyors with multiple facility policies including, RESIDENT RIGHTS, reviewed and revised on 01/2024, indicated under Policy Statement Employees shall treat all residents with kindness, respect, and dignity .1. Federal and state laws guarantee certain and basic rights to all residents of this facility. These rights include resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property and exploitation; d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms; e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights .cc. access to a telephone, mail, and email; dd. Communicate in person and by mail, email, and telephone with privacy</p> <p>The facility policy titled, ABUSE PREVENTION PROGRAM reviewed and revised on 01/2024, under Policy Statement Our residents have the right to be free from abuse, neglect .This includes but is not limited to freedom from corporal punishment, involuntary seclusion .Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone .3 . implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents .</p> <p>The facility policy titled Dining Room Services, dated 5/2024, under Purpose: The purpose of this policy is to ensure that all residents receive safe, nutritious, and enjoyable dining experiences in a respectful and dignified environment. This policy outlines the standards and procedures for meal service, dietary accommodations, and dining room conduct. Scope: This policy applies to all residents .Accessibility: The dining room should be easily accessible to all residents .Resident Rights Choice and Independence: Residents have the right to make choices about their meals and dining experience .Dignity and Respect: All residents should be treated with dignity and respect during mealtimes .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility policy titled Activities, reviewed and revised on 3/2024, under Purpose: The purpose of this policy is to ensure that all residents have access to a variety of meaningful, engaging, and age-appropriate activities that promote physical, emotional, and social well-being .Scope: This policy applies to all residents . Resident Rights: Residents have the right to choose which activities they participate in and to decline participation without consequence .</p> <p>The facility also failed to comply with the policies titled Resident Rights, Abuse Prevention Program, Dining Room Services, and "Activities were implemented.</p> <p>During an interview with the Surveyors on 8/15/24 at 9:17 a.m., in the presence of the Assistant Administrator, Director of Nursing (DON), Assistant DON (ADON), Director of Social Services (DSS), Clinical Director of Operation (CDO), and Assistant Concierge (AC), the Administrator stated that the MCCF Administrator, DON, and Medical Director had an agreement that upon admission, the JII would have COs that would stay in the room throughout the day. The visits would have to be scheduled to coincide with the MCCF schedule. The Administrator explained that the MCCF administration instructed the facility to have visitors one day a week and then the receptionist will send the inmate visitor upstairs to check with the COs. The DON stated that anything that was brought to Resident #6's room had to be checked by the COs. The DON also added that the activities for the JII had to be given to the COs for approval, before giving them to the JII, and that the Resident was not allowed to participate in activities outside the room as instructed by the MCCF.</p> <p>During the tour of the unit on 8/15/24 from 11:17 a.m. to 12:30 p.m., the surveyors observed Resident #6 lying in bed, watching television. The resident's ankles were shackled and two COs were sitting inside the room. The Surveyors further observed Resident #6's cell phone was out of reach. During mealtime, Resident #6 was observed sitting on the side of the bed with ankles shackled together. Resident #6's meal was served on disposable plate and utensils.</p> <p>On 8/15/2024 at 11:17 a.m., the Surveyors interviewed Resident #6. The resident stated that they were not allowed to go out of the room to attend activities or go to the dining room with other residents. The resident also stated that the cell phone can only be used after approval from the COs. Resident #6 revealed that meals were served with disposable plate and utensils without knife (plastic or silver) to cut the food. Resident #6 explained that in order to eat the meal, the resident picked up the food and used their hands to break the meat into pieces. The resident stated that they felt like dirt.</p> <p>During the interview with the Surveyors on 8/15/2024 at 11:48 a.m., the COs stated that they were following the Middlesex County Correctional Facility (MCCF) policy for Resident #6, by not allowing the resident to leave the room except for Physical Therapy and Occupational Therapy (PT/OT), showers, and other pre-approved medical necessary.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident #6's Care Plan (CP), initiated on 5/26/24 and revised on 8/15/2024 revealed My leisure time will be under direct supervision. I may need solo leisure materials. Interventions included but not limited, Recreation Staff will have minimal and supervised interactions with [Resident #6] .Any mail or packages must be handed directly to the [CO] .Recreation Staff, as requested and as approved by the guards, will drop off solo leisure supplies such as a deck of playing cards, jigsaw puzzle, word puzzle book, notebook, reading materials, safe writing or coloring implements, etc. Upon request and approval of CO .We are not permitted to give [Resident #6] any electronics. All items must be handed to the CO on duty. We are not permitted to provide shopping service for [Resident #6]. We are not able to provide salon services for [Resident #6]; without the approval of the correctional institution's [NAME] and resident is able to fund the service.</p> <p>During the interview with the Surveyors on 8/15/2024 at 11:59 a.m., the Licensed Practical Nurse (LPN #1), assigned nurse for Resident #6 stated that the JII stayed in their room all day except when going for a shower or PT/OT. LPN #1 further stated that the JII does not go into the main dining area to attend activities and eat outside the room.</p> <p>During the interview with the Surveyors on 8/15/2024 at 12:16 p.m., the assigned Certified Nursing Assistant (CNA #1) stated that the JII was served their meals on disposable plates with plastic utensils, and the COs would check the tray and remove the knife. The CNA further stated the JII took showers on scheduled days and the COs would stay in the shower room with the JII.</p> <p>During a follow up interview with the Surveyors on 8/15/24 at 2:30 p.m. with the LNHA and DON, the LNHA stated he was not aware and never paid attention that the Resident #6 was being shackled since Resident #6 was under the jurisdiction of the [MCCF]. The DON stated that she was aware that Resident #6 was being shackled, since this was the protocol of the county. The DON stated the only rights the resident had were to have a Bible, medical care, food, and nutrition. The resident can't go out to activities with other residents because of inmate status. It's a security issue, like if [he/she] attacks someone. I don't consider it restraining , [he/she] is the property of the jail and we are an extension of the jail. The Administrator and DON stated that they do not consider the Resident #3 a resident. According to DON and Administrator, Resident #6's rights weren't being followed because the facility was following the MCCF regulations for inmates.</p> <p>During the interview with the Surveyors on 8/15/2024 at 4:01p.m, the DSS confirmed that Resident #6 was not provided an admission agreement. The DSS further confirmed that Resident #6's resident rights (RR) were explained, however, the RR were not being implemented because the facility was following the MCCF protocol.</p> <p>NJAC 8:39-4.1(a) 11</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0557</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40823</p> <p>Complaint # NJ00176157</p> <p>Based on observation, interview, record review, and review of pertinent facility documents on 8/15/2024, it was determined that the facility failed to ensure that 1 of 1 Justice Involved Individual (JII) Resident #6 was afforded the right to retain personal possessions and to have a homelike environment. This failure to treat Resident #6 respectfully and in a dignified manner had the likelihood to cause serious injury and psychological harm. This was cited as an isolated incident that immediately jeopardizes the health and safety of the JII which resulted in an immediate jeopardy (IJ) situation.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL. Under .Resident Rights SNFs and NFs, as residential environments, must permit residents to have autonomy and choice, to the maximum extent practicable regarding how they wish to live their everyday lives and receive care. Federal statutes and regulations establish an array of individual rights and Page 7- State Survey Agency Directors safeguards. Nursing homes cannot impose conditions or restrictions that undermine resident rights and protections required by federal law. Facilities cannot require prospective residents to give up their rights as a requirement for admission. Resident rights in the nursing home include, but are not limited to the right to: Be free from physical or chemical restraints imposed for discipline or convenience, and not for treatment of a resident's medical condition; 9 Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care [and] interact with members of the community both inside and outside the facility; 10 Personal privacy and confidentiality of his or her personal and clinical records; 11 Immediate access to any resident by the following: subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident; 12 Be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. 13 Also, nursing home residents must not only be able to exercise their rights as residents of the facility and as citizens of the United States, but also have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising those rights .</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been secluded each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF). The IJ situation was identified on 08/15/24, when Residents #6 was observed being secluded to their room guarded by CO, and not permitted to participate in group activities, community dining, and being served meals in a dignified manner. The JII was not allowed intermingling with other residents, communicating with visitors, and leaving the room at will.</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0557</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the Admission Record (AR), Resident #6 was admitted to the facility with diagnoses which included but was not limited; Disease of Pericardium, Auditory Hallucinations, Hypertension, Anemia, Personal Muscle Weakness, Shortness of Breath, Need for Assistance with Personal Care.</p> <p>The Minimum Data Set (MDS), an assessment tool dated 5/28/2024, indicated that Resident #6's BIMS was 15, showing intact cognition, and required assistance from staff in Activities of Daily Living (ADL). The MDS further indicated under Section F- Preferences for Customary Routine and Activities .F0400. Interview for Daily and Activity Preferences revealed that while Resident was in the facility, the Resident was interviewed and stated that it is important, but can't do or no choice, 1)to choose what clothes to wear; 2.) to take care of your personal belongings or things; 3.) to choose between a tub bath, shower, bed bath, or sponge bath; 4.) to be able to use the phone in private .</p> <p>Review of the Resident's Care Plans (CP) initiated on dated 05/26/24 and revised on 8/15/2024. The CP indicated My leisure time will be under direct supervision. I may need solo leisure materials. The CP interventions included but were not limited to .Recreation Staff will have minimal and supervised interactions with [Resident #6] .Any mail or packages must be handed directly to the guards .Recreation Staff, as requested and as approved by the guards, will drop off solo leisure supplies such as; deck of playing cards, jigsaw puzzle, word puzzle book, notebook, reading materials, safe writing or coloring implements, etc. Upon request and approval of [correction officer]; We are not permitted to give [Resident #6] any electronics. Any and all items must be handed to the CO on duty. We are not permitted to provide shopping service for [Resident #6]. We are not able to provide salon services for [Resident #6] without the approval of the correctional institution's [NAME] . initiated on 05/26/2024, created on 05/26/2024, and revised on 08/15/2024.</p> <p>The facility Licensed Nursing Home Administrator (LNHA) was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>An acceptable removal plan was electronically mailed to the surveyors on 8/15/2024 at 10:15 p.m., indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice, the IJ was discharged from the facility as of 8/15/24. The facility provided education to all administrative facility personnel on CMS guidance in reference to federal requirements for providing services to JIIs' and to ensure that the rights of JIIs can be respected if the individuals is admitted into the facility care.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0557</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Director of Clinical Operations (DCO) provided the Surveyors with multiple facility policies including, a policy titled Resident Rights dated 02/2024, included under Policy Explanation and Compliance Guidelines that prior to or upon admission, the social service designee, or another designated staff member, will inform the resident of the resident's rights and responsibilities. 2. Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. 5. Respect and Dignity. The resident has a right to be treated with respect and dignity including the right to be free of any physical or chemical restraint . 6. Self-determination. The resident has the right to, and the facility must promote and facilitate residents' self-determination through support of resident's choice, including but not limited to the right to choose activities, make choices about aspect of his or her life, right to interact with members of the community both inside and outside the facility, and the right to receive visitors. 7. Information and communication. The resident has the right to be informed of his or her rights and of all the rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. 8. Privacy and confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. Personal privacy includes accommodations, medical treatment written and telephone communication, personal care, visits, and meetings of family and resident groups.</p> <p>During an interview with the Surveyors on 8/15/2024 at 9:17 a.m., in the presence of Clinical Director of Operation (CDO) LNHA, Director of Nursing (DON), Assistant DON (ADON), Director of Social Services (DSS), Assistant Concierge (AC), the LNHA stated that there was one JII in the facility that was being supervised by two correctional officers (COs) upon admission. The LNHA further stated Resident #6 was not provided an admission agreement (AA) because they were a JII. However, the DSS stated that the JII's resident rights were explained. According to the LNHA, the facility has been following the correctional agreement with MCCF, and that MCCF had the jurisdiction of the JII and the facility needed to follow the correctional guidance which included but not limited to everything you bring in the room, the CO needs to check before giving to the JII.</p> <p>During the tour of the 2nd floor on 8/15/2024 at 11:17 a.m., Resident #6 and 2 COs were inside Resident #6's room. Resident #6 was lying on their bed with hospital gown and the lower extremities were shackled with metal cuff. The cell phone was observed by the window out of the resident's reach.</p> <p>During the interview with the Surveyors on 8/15/2024 at 11:17 a.m., Resident #6 stated that they could only use the cell phone to call their loved ones after the COs approval and was not allowed to have any items brought from the outside. Resident #6 stated that approval is needed from the COs before being allowed to do anything.</p> <p>NJAC 8:39-4.1</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0561</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40823</p> <p>Complaint # NJ00176157</p> <p>Based on observation, interview, record review, and review of pertinent facility documents on 8/15/24, it was determined that the facility failed to ensure that 1 of 1 Justice Involved Individual (JII) Resident #6 was afforded the right to make own choices regarding aspects of life and care; participate in activities and interact with other residents inside of the facility.</p> <p>The failure to treat Resident #6 respectfully and in a dignified manner had the likelihood to cause psychological harm. This was cited as an isolated incident that immediately jeopardizes the health and safety of the JII that resided in the facility which resulted in an IJ situation.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL, indicated Resident Rights SNFs and NFs, as residential environments, must permit residents to have autonomy and choice, to the maximum extent practicable regarding how they wish to live their everyday lives and receive care. Federal statutes and regulations establish an array of individual rights and safeguards. Nursing homes cannot impose conditions or restrictions that undermine resident rights and protections required by federal law. Facilities cannot require prospective residents to give up their rights as a requirement for admission .</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been secluded each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF). The IJ was identified on 08/15/24, when Resident #6 was observed by the Surveyors being secluded in their room, guarded by COs, and was not permitted to participate in group activities and community dining. Further observation revealed the JII was not allowed to intermingle with other residents or visitors and were restricted from leaving their room at will.</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to Cerebrovascular disease and Abnormalities of Gait and Mobility.</p> <p>The Minimum Data Set (MDS), an assessment tool, dated 05/28/24, indicated that Resident #6 had a Brief Interview for Mental Status (BIMS) of 15 which indicated the Resident was cognitively intact. The MDS also indicated Resident #6 had no behaviors and utilized no physical or chemical restraints.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0561</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident #6's Care Plan (CP), initiated on 5/26/24 and revised on 8/15/2024 revealed My leisure time will be under direct supervision. I may need solo leisure materials. Interventions included but not limited, Recreation Staff will have minimal and supervised interactions with [Resident #6] .Any mail or packages must be handed directly to the [CO] .Recreation Staff, as requested and as approved by the guards, will drop off solo leisure supplies such as deck of playing cards, jigsaw puzzle, word puzzle book, notebook, reading materials, safe writing or coloring implements, etc. Upon request and approval of CO .We are not permitted to give [Resident #6] any electronics. Any and all items must be handed to the CO on duty. We are not permitted to provide shopping service for [Resident #6]. We are not able to provide salon services for [Resident #6]; without the approval of the correctional institution's [NAME] and JII's ability to fund the service.</p> <p>The facility Licensed Nursing Home Administrator (LNHA) was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>An acceptable removal plan was electronically mailed to the Surveyors on 8/15/24 at 10:15 pm, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The JII was discharged from the facility as of 8/15/24 at 9:05 p.m. The facility's referral team will review all future JII referrals to ensure that the rights can be fully respected if the individual is admitted into the facility's care.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/2024.</p> <p>The Director of Clinical Operations (DCO) provided the Surveyors with multiple facility policies including, titled, RESIDENT RIGHTS, reviewed and revised on 01/2024, indicated under Policy Statement Employees shall treat all residents with kindness, respect, and dignity .1. Federal and state laws guarantee certain and basic rights to all residents of this facility. These rights include resident's right to: a. a dignified existence; b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property and exploitation; d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms; e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights .cc. access to a telephone, mail, and email; dd. Communicate in person and by mail, email, and telephone with privacy</p> <p>The facility policy titled, ABUSE PREVENTION PROGRAM, reviewed and revised on 01/2024, under Policy Statement Our residents have the right to be free from abuse, neglect .This includes but is not limited to freedom from corporal punishment, involuntary seclusion .Policy Interpretation and Implementation As part of the resident abuse prevention, the administration will: 1. Protect our residents from abuse by anyone .3 . implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0561</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility policy titled Dining Room Services, dated 5/2024, under Purpose: The purpose of this policy is to ensure that all residents receive safe, nutritious, and enjoyable dining experiences in a respectful and dignified environment. This policy outlines the standards and procedures for meal service, dietary accommodations, and dining room conduct. Scope: This policy applies to all residents .Accessibility: The dining room should be easily accessible to all residents .Resident Rights Choice and Independence: Residents have the right to make choices about their meals and dining experience .Dignity and Respect: All residents should be treated with dignity and respect during mealtimes .</p> <p>The facility policy titled Activities, reviewed and revised on 3/2024, under Purpose: The purpose of this policy is to ensure that all residents have access to a variety of meaningful, engaging, and age-appropriate activities that promote physical, emotional, and social well-being .Scope: This policy applies to all residents . Resident Rights: Residents have the right to choose which activities they participate in and to decline participation without consequence .</p> <p>The facility also failed to ensure that the facility policies titled RESIDENT RIGHTS, ABUSE PREVENTION PROGRAM Dining Room Services and "Activities were implemented</p> <p>During an interview with the Surveyors on 8/15/24 at 9:17 a.m., in the presence of the LNHA, Director of Nursing (DON), Assistant DON (ADON), Director of Social Services (DSS), Clinical Director of Operation (CDO), and Assistant Concierge (AC), the LNHA stated that the MCCF Administrator, DON, and Medical Director had an agreement that upon admission, that the JII would have COs that stayed in the room throughout the day, the visits have to be scheduled, and the visitor schedule was to be the same as MCCF schedule. The Administrator explained that the MCCF instructed the facility to have visitors once a day during the week. The receptionist will send the JII visitor upstairs to check in with the COs. The DON stated that anything that was brought to Resident #6's room had to be checked by the COs. The DON also added that the JII had approved leisure activities by the MCCF, the activities had to be given to the COs before giving them to the JII and that the Resident was not allowed to participate in activities outside the room as instructed by the MCCF.</p> <p>During the tour of the unit on 8/15/24, from 11:17 a.m. to 12:30 p.m., the Surveyors observed Resident #6 lying in bed, watching television, with their ankles shackled together, and two Correctional Officers (COs) were sitting inside the room. The Surveyors further observed Resident #6's cell phone was out of reach. During lunch time, the resident was observed sitting on the side of the bed with their ankles shackled. Resident #6's meal was served on a disposable plate with disposable utensils.</p> <p>During the interview with the Surveyors on 8/15/2024, at 11:17 a.m., Resident #6 stated that they were not allowed to go out of their room to attend activities or go to the dining room with other residents. They also stated that the cell phone can only be used after approval from the COs. Resident #6 revealed that they were served with disposable plates and utensils without knife (plastic or silver) to cut the food. Resident #6 explained that they picked up their food and used their hands to break the meat into pieces. The JII voiced that they felt like dirt.</p> <p>During the interview with the Surveyors on 8/15/2024 at 11:48 a.m., COs stated that they were following the Middlesex County Correctional Facility (MCCF) policy for Resident #6. The resident was not allowed to leave their room except for Physical Therapy and Occupational Therapy (PT/OT), showers, and other pre-approved medical necessities.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0561</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During the interview with the Surveyors on 8/15/2024, at 11:59 a.m. the Licensed Practical Nurse (LPN #1), the assigned nurse for Resident #6 stated that the JII stayed in their room all day except when they received showers and PT/OT. LPN #1 further stated the JII does not go into the main dining area to attend activities and to receive meals.</p> <p>During the interview with the Surveyors on 8/15/2024, at 12:16 p.m., the assigned Certified Nursing Assistant (CNA #1) for Resident #6 stated that the resident was served meals with disposable plates, plastic utensils, and cups. The COs would check Resident #6's tray and remove the knife. The CNA further stated that the resident took showers on scheduled days, and the COs would stay in the shower room during that time.</p> <p>During the interview with the Surveyors on 8/15/2024 at 4:01p.m., the Director of Social Services (DSS) confirmed that Resident #6 was not provided an admission agreement. The DSS further confirmed that Resident #6's resident rights were explained on admission, however, the rights were not being implemented because the facility was following the MCCF protocol for inmates.</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	

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 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from separation (from other residents, his/her room, or confinement to his/her room).</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50913</p> <p>Complaint # NJ00176157</p> <p>Based on observation, interview, review of resident medical records and other pertinent facility documentation it was determined that the facility failed to ensure that 1 of 1 Justice Involved Individual (JII) (Resident #6) was free from involuntary seclusion. The JII was secluded from having autonomy and to make choices to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents. The failure to allow JII autonomy posed the likelihood to cause psychological harm which resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL, documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been secluded each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF). The IJ was identified on 08/15/24, when Resident #6 was observed by the Surveyors being secluded to their room, guarded by COs, and was not permitted to participate in group activities and community dining. Further observation revealed the JII was not allowed to intermingle or communicate with other residents or visitors and were restricted from leaving the room at will.</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>According to the Admission Record, Resident # 6 was admitted to the facility with diagnoses which included Cerebrovascular disease, Abnormalities of Gait and Mobility. According to the MDS dated [DATE], Resident #6 had a BIMS of 15 and was assessed as having no behaviors and utilized no physical or chemical restraints. A review of the Individualized Care Plans revealed no care plans were initiated for seclusion.</p> <p>Review of the resident's Individualized Care Plans (CP) dated 05/21/24, did not address that the resident required constant supervision from the correction officers (CO) for all aspects of activities of daily living (ADLs). The CP did not address that the resident was not permitted to leave the room unless for showering and Physical and Occupational Therapies (PT/OT) accompanied by the COs.</p> <p>The facility Licensed Nursing Home Administrator (LNHA) was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An acceptable removal plan was electronically mailed to the Surveyors on 8/15/24 at 10:15 pm, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The JII was discharged from the facility as of 8/15/24 at 9:05 p.m. The facility's referral team will review all future JII referrals to ensure that the rights of JII residents can be fully respected if the individual is admitted into the facility's care.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/2024.</p> <p>The Director of Clinical Operations (DCO) provided the Surveyors with multiple facility policies including, the policy dated 01/2024 and titled, Resident Rights indicated that Federal and state laws guarantee certain and basic rights to all residents of this facility. These rights include resident's right to: a. dignified existence; b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property and exploitation; d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms; e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights; .t. privacy and confidentiality; .aa. Visit and be visited by others from outside the community; .cc. access to a telephone, mail, and email; dd. Communicate in person and by mail, email, and telephone with privacy.</p> <p>The facility policy dated 3/2024 and titled, Activities indicated that, The purpose of this policy is to ensure that all residents have access to a variety of meaningful, engaging, and age-appropriate activities that promote physical, emotional, and social well-being. This policy outlines the standards and procedures for planning, implementing, and evaluating activity programs. Under the sub-heading Activity Program Development indicated that, Activities should be inclusive, allowing residents of all physical and cognitive abilities to participate. Under the sub-heading Resident Participation indicated that, Residents have the right to choose which activities they participate in and to decline participation without consequence. Their choices should be respected, and alternative options should be offered when possible.</p> <p>The facility also failed to comply with the policies titled Resident Rights, Abuse Prevention Program, Dining Room Services, and "Activities were implemented.</p> <p>On 8/15/24 at 2:30 p.m., Surveyors interviewed the Administrator and the Director of Nursing (DON), who stated that she and the LNHA had a meeting with the Middlesex County Correctional Facility (MCCF) facility staff (DON, Medical Director, and Administrator) prior to accepting the inmate. They both stated that the MCCF administration staff stated that Resident #6 is under the jurisdiction of MCCF. The LNHA stated that collectively as a team the facility agreed to accept the inmate, and that the facility follows the guidelines of the jail. The DON and LNHA stated that the MCCF administration informed them that Resident #6 is not allowed to participate in activities outside of the room. They further stated that MCCF informed them that Resident #6 also has restricted visits. The visitors are only allowed two days a week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0603</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 08/15/2024 at 11:59 a.m., the Surveyors interviewed Licensed Practical Nurse (LPN#1) who stated that she has worked for the facility for over a year and has been the full-time nurse on day shift for four months. LPN #1 stated that there was only one JII residing on the unit (Resident #6). She stated that there are officers always guarding the resident and that Resident #6 only comes out of their room for showers and PT/OT; and the officers are always with the resident.</p> <p>On 08/15/2024 at 11:17 a.m., the Surveyors interviewed Resident #6, who was observed being guarded by two Correctional Officers (COs) with shackles around both ankles. The COs stepped outside of the room to allow the Surveyors to speak with the resident. Resident #6 stated that officers never step outside the room to allow for privacy. The resident stated that they do not receive privacy when speaking on the phone and when the medical staff are communicating about their medical information. The Surveyors asked if the resident was always shackled. The resident stated that they were either shackled to the bed or just both ankles shackled together. The resident stated that it depends on the CO that is working that shift. Resident #6 also stated that unless they are going to PT/OT or to a shower, they must stay in the room. Resident #6 stated that COs remain at the door when taking a shower.</p> <p>On 08/15/2024 at 11:40 a.m., the Surveyors interviewed the COs that were guarding Resident #6. They stated that the resident is to wear metal ankle restraints, either directly shackled to the bed or the ankles are shackled together. The COs stated that the resident cannot attend facility activities and could not intermingle with other residents. They further stated that the resident could only leave the room with COs for showering or any other reason that was medically necessary. They stated the resident must eat in the room and could not eat in the main dining room with the other residents. The CO stated that visitation of anyone must be approved by MCCF.</p> <p>On 08/15/2024 at 12: 15 p.m., the Surveyors interviewed the Director of Activities (DOA) who stated that based on experience, they would only offer room-based activities. She stated that the resident was not offered to attend any activities out of the room.</p> <p>On 08/15/2024 at 12:16 p.m., the Surveyors interviewed the Certified Nursing Assistant (CNA #1), who stated that all meals were provided in the room, and the resident was never offered to eat in the main dining with the other residents.</p> <p>On 8/19/24 at 9:57a.m., the Surveyors interviewed Activity Aide #1, who stated that every day the activities staff would do morning room visits. She stated that if she offered anything besides coffee, it had to be approved by the COs. She said that if the resident asked for a coloring book or pen, everything had to be approved by the Correction Officers.</p> <p>On 08/15/24 at 4:01p.m., the Surveyors interviewed the Director of Social Services (DSS) who stated that she had been employed by the facility for about five years. She explained during the initial social services visit, that it's her protocol to review Resident's Rights (RR) and the Advanced Directives. She stated that RR are reviewed with all alert and oriented residents. She stated that when the JII was admitted to the facility, she explained to the resident rights and advanced directives. She stated that resident is being secluded, and that the interventions that are put into place by the COs and MCCF and not from the facility.</p> <p>NJAC 8:39-4.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50913</p> <p>Complaint # NJ00176157</p> <p>Based on observation, interview, review of resident medical records and other pertinent facility documentation it was determined the facility failed to ensure that 1 of 1 Justice Involved Individual (JII) (Resident #6) was free from physical restraints. The failure to treat residents respectfully and in a dignified manner had the likelihood to cause psychological harm, that resulted in an immediate jeopardy (IJ) situation.</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL, documented Skilled Nursing Facilities must permit residents to have autonomy and choice to the maximum extent practicable regarding how they wish to live their everyday lives and receive care with the same rights as nursing home residents.</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been shackled by the ankles each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF). The IJ was identified on 08/15/24, when Resident #6 was observed by the Surveyors with both ankles shackled and guarded by correction officers (CO).</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>According to the Admission Record, Resident # 6 was admitted to the facility with diagnoses which included Cerebrovascular disease, Abnormalities of Gait and Mobility. According to the MDS dated [DATE], Resident #6 had a BIMS of 15 and was assessed as having no behaviors and utilized no physical or chemical restraints, however Resident #6 was observed by the Surveyors on 08/15/24 at 11:17 a.m., wearing metal ankle shackles.</p> <p>A review of the Individualized Care Plans revealed no care plans were initiated for restraints. The CP did not address that the resident required constant supervision from the Correction Officers (CO) for all aspects of activities of daily living (ADLs). The CP did not address that the resident was not permitted to leave the room unless for showering and Physical and Occupational Therapies (PT/OT) accompanied by the COs.</p> <p>There were no consents for the use of metal ankle shackles.</p> <p>The facility LNHA was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>An acceptable removal plan was electronically mailed to the Surveyors on 8/15/24 at 10:15 pm, indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The JII was discharged from the facility as of 8/15/24 at 9:05 p.m. The facility's referral team will review all future JII referrals to ensure that the rights of JII residents can be fully respected if the individual is admitted into the facility's care.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/2024.</p> <p>The Director of Clinical Operations (DCO) provided the Surveyors with multiple facility policies including, the policy dated 01/2024 and titled, Resident Rights indicated that Federal and state laws guarantee certain and basic rights to all residents of this facility. These rights include resident's right to: a. dignified existence; b. be treated with respect, kindness, and dignity; c. be free from abuse, neglect, misappropriation of property and exploitation; d. be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms; e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility and as a resident or citizen of the United States; h. be supported by the facility in exercising his or her rights; .t. privacy and confidentiality; .aa. Visit and be visited by others from outside the community; .cc. access to a telephone, mail, and email; dd. Communicate in person and by mail, email, and telephone with privacy.</p> <p>The facility policy dated 02/2024 and titled, Use of Restraints indicated that restraints should only be used for the safety and well-being of the residents and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptoms and never for discipline or staff convenience. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. 6.) Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. The assessment shall be used to determine possible underlying causes of the problematic medical symptom and to determine if there are less restrictive interventions that may improve the symptoms. 9.) Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). The order shall include the following: a. specific reason for the restraint; b. how the restraint will be used to benefit the resident's medical symptom; and c. the type of restraint, and period of time for the use of the restraint.</p> <p>The facility also failed to comply with the policies titled Resident Rights, and Physical Restraints were implemented.</p> <p>On 8/15/24 at 2:30 p.m., the Surveyors interviewed the LNHA and the Director of Nursing (DON) who stated that she and the LNHA had meeting with the Middlesex County Correctional Facility staff (DON, Medical Director, and Administrator) prior to accepting the inmate. They both stated that the MCCF administrative staff indicated that Resident #6 is under the jurisdiction of MCCF and the use of restraints have been in use since admission. The Administrator stated that collectively as a team, they agreed to accept the inmate, and will follow the guidelines of the jail.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0604</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 08/15/2024 at 11:59 a.m., the Surveyors interviewed Licensed Practical Nurse (LPN#1) who stated that she has worked for the facility for over a year and has been the full-time nurse on day shift for four months. LPN #1 stated that there was only one JII residing on the unit (Resident #6). She stated that there are officers always guarding the resident. She stated that Resident #6 only comes out of the room for shower and PT/OT, and always with the officers. She stated that on the days she works, she sees that the resident is shackled, unless going to PT/OT or going for a shower.</p> <p>On 08/15/2024 at 11:17 a.m., the Surveyors interviewed Resident #6. The resident was observed to have shackles around both ankles. The COs stepped outside of the room to allow surveyors to speak with resident. Resident stated that officers never step outside the room to allow for privacy. The Surveyors asked if resident was always shackled. The resident stated that it depends on the CO, if they are ankles are shackled to the bed or just ankle shackled.</p> <p>On 08/15/2024 at 11:40 a.m., the Surveyors interviewed the COs that were guarding Resident #6. They stated that the JII is to wear the metal ankle restraints. The JII ankle restraints can be directly shackled to the bed or only the ankle restraints.</p> <p>NJAC 8:39-7.3(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	

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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40823</p> <p>Complaint # NJ 176157</p> <p>Based on observation, interviews, and review of pertinent facility documents on 8/15/2024, it was determined that the facility Licensed Nursing Home Administrator (LNHA) failed to a.) ensure the facility implemented policies and procedures for Resident Rights and Self Determination as well as policies and procedures to prevent physical restraints and seclusion; b.) ensure residents signed an Admission Agreements upon admission to the facility; c.) were afforded the autonomy to participate in group activities, community dining, serving meals in a dignified manner, freely communicate with visitors, and to leave rooms at will; and d.) ensure facility policies for Justice Involved Individual (JII) were in compliance with State and Federal regulations. This deficient practice was identified for 1 of 1 JII reviewed (Resident #6).</p> <p>The findings were as follows:</p> <p>Reference: The Centers for Medicare and Medicaid Services (CMS) updated Guideline to Surveyors on Federal Requirements for Providing services to Justice Involved individuals, revised 12/23/2016 S & C 16-21-ALL. Under .Resident Rights SNFs and NFs, as residential environments, must permit residents to have autonomy and choice, to the maximum extent practicable regarding how they wish to live their everyday lives and receive care. Federal statutes and regulations establish an array of individual rights and Page 7- State Survey Agency Directors safeguards. Nursing homes cannot impose conditions or restrictions that undermine resident rights and protections required by federal law. Facilities cannot require prospective residents to give up their rights as a requirement for admission. Resident rights in the nursing home include, but are not limited to the right to: Be free from physical or chemical restraints imposed for discipline or convenience, and not for treatment of a resident's medical condition; 9 Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care [and] interact with members of the community both inside and outside the facility; 10 Personal privacy and confidentiality of his or her personal and clinical records; 11 Immediate access to any resident by the following: subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident; 12 Be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. 13 Also, nursing home residents must not only be able to exercise their rights as residents of the facility and as citizens of the United States, but also have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising those rights .</p> <p>The Immediate Jeopardy (IJ) began on 05/21/24, the date that Resident #6 was admitted to the facility and based on staff interviewed noted below, that upon admission has been secluded each day by correction officers (COs) of the Middlesex County Correctional Facility (MCCF).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The IJ situation was identified on 08/15/24, when Resident #6 was observed by the Surveyors being secluded and shackles on both ankles in the room guarded by Correction Officers (COs), secluded from participating in group activities, community dining, being served meals in a dignified manner, intermingling with other residents, communicating with visitors and leaving the room at will.</p> <p>The Surveyors reviewed the following in the Electronic Medical Record (EMR).</p> <p>According to the Admission Record, Resident #6 was admitted to the facility with diagnoses which included but not limited to Cerebrovascular disease and Abnormalities of Gait and Mobility.</p> <p>The Minimum Data Set (MDS), an assessment tool, dated 05/28/24, indicated that Resident #6 had a Brief Interview for Mental Status (BIMS) of 15 which indicated the Resident was cognitively intact. The MDS also indicated Resident #6 had no behaviors and utilized no physical or chemical restraints.</p> <p>A review of Resident #6's Care Plan (CP), initiated on 5/26/24 and revised on 8/15/2024 revealed My leisure time will be under direct supervision. I may need solo leisure materials. Interventions included but not limited, Recreation Staff will have minimal and supervised interactions with [Resident #6]. Any mail or packages must be handed directly to the [CO] .Recreation Staff, as requested and as approved by the guards, will drop off solo leisure supplies such as deck of playing cards, jigsaw puzzle, word puzzle book, notebook, reading materials, safe writing or coloring implements, etc. Upon request and approval of CO .We are not permitted to give [Resident #6] any electronics. Any and all items must be handed to the CO on duty. We are not permitted to provide shopping service for [Resident #6]. We are not able to provide salon services for [Resident #6]; without the approval of the correctional institution's [NAME] and JII's ability to fund the service.</p> <p>A review of the Resident's Physician's orders did not reveal any orders for restraints. The orders did reveal a dietary order specifying that only plastic spoons are to be on the tray.</p> <p>The facility Licensed Nursing Home Administrator (LNHA) was informed on 08/15/24 at 7:51 p.m., that an Immediate Jeopardy situation existed.</p> <p>An acceptable removal plan was electronically mailed to the Surveyors on 8/15/24 at 10:15 p.m., indicating the action the facility will take to prevent serious harm from occurring or recurring. The facility implemented a corrective action plan to remediate the deficient practice including: The JII was discharged from the facility as of 8/15/24 at 9:05 p.m. The facility's referral team will review all future JII referrals to ensure that the rights of JII residents can be fully respected if the individual is admitted into the facility's care. The facility will review, and update policies annually and as needed.</p> <p>The Surveyors verified the removal plan on-site on 8/19/24 and determined the IJ was removed as of 8/15/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 08/15/24, the Director of Clinical Operations (DCO) provided the surveyors with multiple facility policies including Dining Room Services and Activities. The Dining Room Services policy with a revised date of 3/2024, included under the purpose section, The purpose of this policy is to ensure that all residents receive safe, nutritious, and enjoyable dining experiences in a respectful and dignified environment. The facility policy dated 3/2024 titled Activities indicated that, The purpose of this policy is to ensure that all residents have access to a variety of meaningful, engaging, and age-appropriate activities that promote physical, emotional, and social well-being. This policy outlines the standards and procedures for planning, implementing, and evaluating activity programs. Under the sub-heading Activity Program Development indicated that, Activities should be inclusive, allowing residents of all physical and cognitive abilities to participate. Under the sub-heading Resident Participation indicated that, Residents have the right to choose which activities they participate in and to decline participation without consequence. Their choices should be respected, and alternative options should be offered when possible.</p> <p>A review of the facility policy titled Care Plans, Comprehensive, Person-Centered with a review date of 1/2024 revealed under, Policy Statement that, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs developed and implemented for each resident.</p> <p>A review of the undated facility's Job Description for Administrator document revealed that the duties of the Administrator included but not limited to:</p> <ul style="list-style-type: none"> - Develop, maintain, and implement operational policies and procedures to meet residents' needs in compliance with federal, state, and local requirements. - Determine the personnel requirements of the facility and hire or arrange for sufficient staff to implement the facility policies and procedures. - Develop a monitoring system to assure compliance with federal, state, and local requirements. <p>On 8/15/24 at 2:30 p.m., the Surveyors interviewed the LNHA and the Director of Nursing (DON) who stated that she and the LNHA had meeting with the Middlesex County Correctional Facility Administrative staff (DON, Medical Director, and Administrator) prior to accepting the inmate. They both stated that the MCCF Administrative staff indicated that Resident #6 is under the jurisdiction of MCCF and the use of restraints have been in use since admission. The Administrator stated that collectively as a team, they agreed to accept the inmate, and will follow the guidelines of the jail.</p> <p>On 08/15/2024 at 11:59 a.m., the Surveyors interviewed Licensed Practical Nurse (LPN#1) who stated that she has worked for the facility for over a year and has been the full-time nurse on day shift for four months. LPN #1 stated that there was only one JII residing on the unit (Resident #6). She stated that there are officers always guarding the resident. She stated that Resident #6 only comes out of the room for shower and PT/OT, and the officers are always present.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315387	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/19/2024
NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 08/15/2024 at 11:17 a.m., the Surveyors interviewed Resident #6, who was observed to be guarded by Correctional Officers (COs), and the resident's ankles were both shackled together. The COs stepped outside of the room to allow the Surveyors to speak with resident. Resident #6 stated that officers never step outside the room to allow for privacy. Resident #6 stated there is no privacy is permitted when speaking on the phone and when the medical staff are communicating medical information with the resident. The Surveyors asked if resident was always shackled and the resident stated that both ankles are shackled both together or attached to the bed. The resident stated that they only leave the room for Physical Therapy and Occupational Therapy (PT /OT) and showers, and the COs are always present.</p> <p>On 08/15/2024 at 11:40 a.m., the Surveyors interviewed the Correctional Officers (COs). The COs stated that the resident is to wear metal ankle restraints, either directly shackled to the bed or the ankles are to be shackled together. The COs stated that the resident cannot attend facility activities and could not intermingle with other residents, and that the resident could only leave the room for showers or any other reason that was medically necessary. The COs stated that Resident #6, could only eat in the room and not in the main dining room with the other residents. The COs stated that visitation of anyone must be approved by MCCF.</p> <p>On 08/15/2024 at 12:15 p.m., the Surveyors interviewed the Director of Activities (DOA) who stated that based on experience, they would only offer room-based activities. She stated that the resident was not offered to attend any activities outside of the room.</p> <p>On 08/15/24 at 4:01 p.m., the Surveyors interviewed the Director of Social Services (DSS), who stated that she had been employed by the facility for about five years. She explained that, during the initial Social Services visit on admission, that it's her protocol to review Resident's Rights (RR) and the Advanced Directives. She stated that RR are reviewed with all alert and oriented residents. She stated that when the JII was admitted to the facility, she explained to the Resident Rights and Advanced Directives. She stated that Resident #6 is being secluded and that the interventions that are put into place by the COs and MCCF and not from the facility.</p> <p>NJAC 8:39-4.1</p> <p>NJAC 8:39-4.1 (6)</p> <p>NJAC 8:39-4.1 (a), 11</p> <p>NJAC 8:39-7.3(a)</p> <p>NJAC 8:39-9.2(a)</p> <p>NJAC 8:39-27.1(a)</p>		