

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 11/01/2024
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 - Many</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** 25225</p> <p>Based on interview, record review, and review of facility policy, it was determined that the facility failed to protect the residents' rights to be treated with respect and dignity when the facility searched all 136 residents' rooms for drugs, including marijuana without properly obtaining informed consent for 2 of 31 residents reviewed for resident rights (Resident #65 and Resident #105) .</p> <p>Review of documentation provided by the Licensed Nursing Home Administrator (LNHA) revealed that on 10/07/24, all the resident rooms in the facility were searched. On 10/14/24, four resident rooms were searched, and on 10/21/24, an additional four resident rooms were searched.</p> <p>On 10/29/24 at 1:21 PM, the surveyor interviewed Resident #105 who stated that the facility had drug dogs come and search the facility every week. Resident #105 stated that they felt harassed by being searched.</p> <p>On 10/30/24 at 11:30 AM, the surveyor interviewed the LNHA who stated when the searches were conducted, staff knocked on the resident's door before entering, and if the canine picked up on a scent, they asked the resident to open the drawer, closet, or wherever the canine was indicating. Further interview with the LNHA revealed that if drugs were found during the search, it was thrown away and if hard drugs were found he called the police. There was no documented evidence that the police were notified when illegal substances were found.</p> <p>The facility developed a blanket policy which indicated that the facility could search resident rooms based on what they determined to be suspicion and probable cause. The facility contracted with a private agency for a drug canine to come into the facility. There was no law enforcement present during the searches nor was law enforcement called.</p> <p>The facility's failure to ensure that the residents were allowed to exercise their rights as a resident of the facility and their rights to be treated with respect and dignity placed all residents at risk of serious psychosocial harm due to causing the residents to feel degraded or harassed. This resulted in an Immediate Jeopardy (IJ) situation.</p> <p>The IJ began on 10/07/24, when all the resident rooms in the facility were illegally searched. The facility's Administration was notified of the IJ on 10/30/24 at 6:10 PM. The facility submitted an acceptable removal plan (RP) on 10/31/24 at 5:37 PM. The survey team verified the implementation of the RP during the continuation of the on-site survey on 11/01/24 at 1:45 PM.</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 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Findings include:</p> <p>Review of the facility's policy titled, Resident Rights, dated 08/15/24, included employees shall treat all residents [.] with kindness, respect, and dignity; federal and state laws guarantee certain basic rights to all residents of this facility. These rights include: the resident's right to a dignified existence; be treated with respect, kindness, and dignity .exercise his or her rights as a resident of the facility and as a resident or citizen of the United States .</p> <p>Review of the facility's undated policy titled, Forbidden Items Policy, included For the safety of our residents, all weapons or items that can be used as such are banned from the facility at all times. In addition, alcohol, federally classified illegal drugs (including marijuana and THC products) and other contraband are strictly forbidden. Visitors who violate any of our rules will immediately lose their visiting privileges. Residents who violate any of our rules will cause discharge proceedings to be initiated on their behalf. In addition, violators will be reported to the police. We strongly encourage our residents and their families not to bring any of their own medications to the facility. If a resident insists on having their own medication, it must first be approved on an individual basis by nursing administration. The policy contained areas for the resident and/or Relative/Responsible Party names and signatures. There was no space for a witness or facility staff signature.</p> <p>Review of the undated policy titled, Possession of Drugs, Taking of Drugs, or Possession With Intent To Sell, included As a resident at [facility name] I [blank] agree that during my stay at the facility, I will NOT bring in drugs of any kind, I will NOT take any drugs that are not prescribed by my Physician and I will NOT give or sell drugs of any kind to any other resident, visitor or staff member. I understand and agree that if I am found in possession of drugs or observed taking or selling drugs of any kind, I may be discharged from the facility and not permitted readmission. If suspected of bringing federally classified illegal drugs (including marijuana and THC-based products) into the facility I agree to be searched/have my room searched. My Physician, as well as the local Police department will be notified promptly. If suspected, but not observed taking illegal drugs, I agree to urine and blood drug screening ordered by my Physician. My signature indicates my acceptance and agreement with this Policy. The form contained blanks for the signature of the resident and a witness.</p> <p>Review of a document titled, 3DK9 Deployment Report, dated 10/07/24, and provided by the Administrator revealed, .K9 [canine; police dog trained to do tasks such as drug searches] team met with [two] designated people and began a search of every room in the facility. Approximately all 136 rooms were searched along with [two] individuals who showed a huge change in behavior once the K9 was seen. See below for a complete list of items found . [room number withheld] .multiple pills . The Security Suggestions revealed, Increase frequency of searches and utilize a second K9.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 10/30/24 at 11:30 AM, with the LNHA and Social Services Director (SSD), the LNHA stated that the facility had been conducting searches for a few years due to the facility's population. The LNHA stated that the facility had been conducting the searches quarterly because the facility wanted to have a safe environment for the residents who were not alert and oriented. The LNHA stated they had ramped up the searches over the last month because there was a resident (Resident #125) who went to the hospital and was found with a bottle of pills. The LNHA stated that the facility decided to do searches with a canine for a month and then go back to quarterly if nothing else was found. The LNHA stated that when the quarterly searches were done, they searched anyone who had a repeated offense or there was a reason to suspect drug use. The LNHA stated that if someone was acting off or staff noticed something, then those residents' rooms were searched. The LNHA stated after the resident was found with the bottle of pills, the facility searched every single room as a baseline on 10/07/24, and depending on the findings, that was who the facility went back to for subsequent searches. The surveyor asked if all 136 residents gave consent for the room searches on 10/7/24, and the LNHA stated that staff knocked on the door before entering, and if the canine picked up on a scent, they asked the resident to open the drawer, closet, or wherever the canine was indicating. The LNHA stated, We do have a Forbidden Item Policy, part of what they (the residents) agree to is searches. The LNHA stated, If they say no, we aren't going to go into their pocket unwilling. The SSD stated the signed copies of the policies were kept with the social services documentation and that the signatures were obtained upon admission to the facility. The LNHA reported that the facility had an outside private company come in with a canine and a handler to conduct the searches, and the facility's security officer, who was also a smoking monitor, accompanied the handler, and they tried to have two staff members present.</p> <p>On 10/30/24 at 12:47 PM, the LNHA stated he was not keeping a log of what rooms were searched, but provided information from the outside company conducting the searches. The LNHA stated that if something was found during the search, it was thrown away. The LNHA stated that non-drug items went to the smoke monitor, and if it were drugs, the facility usually threw them out. The LNHA reported that he had a conversation with the police department, and they informed him that if hard drugs were found, to call them and they would do an investigation.</p> <p>During an interview on 10/30/24 at 2:32 PM, the LNHA stated the reason for the full facility search on 10/07/24, was because Resident #125 was sent to the hospital and had a bottle of pills with another resident's name on it. The LNHA identified the other resident as Resident #103, who was still residing at the facility.</p> <p>1. During an interview on 10/29/24 at 1:21 PM, Resident #105 stated the facility had drug dogs come and search the facility every week. Resident #105 stated that they felt like they were being harassed. Resident #105 also stated that they told the facility once that it was okay because the resident did not have anything to hide. Resident #105 stated that they were tired of it, and the searches gave them flashbacks of living on the street. Resident #105 stated every room in the facility had been searched the first time, and even the police tell you why they wanted to search you.</p> <p>On 10/29/24 at 1:30 PM, the surveyor reviewed the medical record for Resident #105.</p> <p>A review of the Admission Record face sheet (an admission summary) reflected Resident #105 was admitted to the facility with diagnoses that included; amyotrophic lateral sclerosis (ALS), anxiety disorder, unspecified mood disorder, and problem related to unspecified psychosocial circumstances.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool dated 09/01/24, reflected that Resident #105 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated a fully intact cognition. A further review of the MDS revealed that the resident had bilateral upper and lower extremity range of motion impairments.</p> <p>A review of the Forbidden Items Policy and Possession of Drugs, Taking of Drugs, or Possession With Intent To Sell policy both provided by the SSD, were not signed by Resident #105. The policies were dated as signed on 04/02/24, and handwritten by the SSD that Resident #105 verbally agrees.</p> <p>2. During an interview on 10/29/24 at 11:04 AM, Resident #65 was asked if they were treated with respect and dignity by the staff at the facility, and the resident stated, Up until recently, they (the facility) were coming in with drug sniffing dogs. They have rifled through my dresser three times. The surveyor asked why the facility was performing these searches, and Resident #65 stated, I guess they are looking for drugs and such. The surveyor asked if the resident had consented to the searches, and Resident#65 stated, I did not sign anything, the intake contract stated it was a random search. My understanding was that these searches are a weekly thing and it's done before families come to visit, so they are not aware of it.</p> <p>On 10/29/24 at 11:04 AM, the surveyor reviewed the medical record for Resident #65.</p> <p>A review of the Admission Record face sheet revealed Resident #65 was admitted to the facility with diagnoses which included; alcohol induced disorder, chronic pain, bipolar, tobacco use, and anxiety disorder.</p> <p>A review of the quarterly MDS dated [DATE], indicated Resident #65 had a BIMS score of 15 out of 15, which indicated the resident was cognitively intact.</p> <p>A review of the facility's Forbidden Items Policy, provided by the SSD, dated 04/05/24, included a notation that Resident #65 refused to sign it and it was verbally reviewed with the resident. The policy did not indicate who verbally reviewed it with the resident.</p> <p>A review of the facility's Possession of Drugs, Taking of Drugs, or Possession with Intent to Sell document provided by the SSD, the resident's signature was blank and dated 4/5/24. The SSD signed the document as the witness on 4/8/24, and there was a notation documenting that the resident refused to sign and the policy was verbally reviewed.</p> <p>A review of a document related to Resident #65 titled, 3DK9 Deployment Report dated 10/21/24, and provided by the LNHA included . [room number withheld] weed vapes [marijuana] and contraband .</p> <p>During an interview on 10/30/24 at 10:07 AM, the LNHA was asked why Resident #65 was searched if the resident had not signed (gave consent) the facility's Forbidden Items Policy. The LNHA stated, [Resident #65] consented when we approached them and when the canine came to Resident #65, they did not refuse the search. The LNHA stated multiple pills, marijuana vapes, and other contraband were found.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During a follow-up interview on 10/30/24 at 11:28 AM, when the LNHA and SSD were asked about the facility's decision to do the weekly canine searches, the LNHA stated, It was ongoing when I started here about three to four years ago. When the LNHA was asked who was searched, he stated, Anyone who we found or who we had reason to suspect with pills. They were pocketing pills, marijuana, alcohol, etc we just get feedback from staff or if a team member has a feeling a resident might be using, but it's usually someone with a history. When asked how the consent to search Resident #65's room was obtained, the LNHA stated, We knocked on the door, if the dog picked up a scent, then we asked them to open the drawers. We have a Forbidden Items Policy, and they have agreed to the search. The SSD stated, If they said no to the search, we would then review the policy with them, and if they deny us again, we will begin the 30-day discharge. When the SSD was asked if these policies were provided to Resident #65 upon admission, the SSD stated, No, they were not in the admission packet.</p> <p>The acceptable Removal Plan on 10/31/24 at 5:37 PM, indicated 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: room searches will not be conducted for any resident without suspicion or probable cause; when probable cause was found the following must be done: the resident must be assessed, the care plan updated to reflect the findings of the assessment, and a written consent must be obtained from the resident; if the resident/representative does not consent, a room search cannot be completed; and all staff were educated on the updated facility's drug policy.</p> <p>The survey team verified the implementation of the Removal Plan during the continuation of the on-site survey on 11/01/24.</p> <p>On 11/01/24, the facility provided documentation of a resident questionnaire. The question was: Have you experiences [sic] psych social [psychosocial] harm related to the canine searches. It was documented that there were four residents [Resident #59, Resident #63, Resident #69, and Resident #83] who answered, Yes.</p> <p>NJAC 8:39-4.1(a)(12)(15)(16)(34)</p>		

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<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25225</p> <p>Based on observation, interview, record review, and review of facility policy, the facility failed to promote the residents' right to have immediate access to visitors of immediate family members for one (1) of 31 sampled residents (Resident#126). This had the potential to cause psychosocial harm to R#126.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Visiting Hours Policy, dated 05/16/24 and provided by the facility, revealed, Effective immediately, all visitors, including family members to [Name of the LTC Facility] are hereby notified of the following visiting hours policy:</p> <ol style="list-style-type: none"> 1. Visiting hours (free to roam) are from 8:00 AM to 8:00 PM daily. 2. Visitors seeking access outside of regular visiting hours must obtain prior permission from the Nursing Department (Supervisor/Nurse). 3. If permission is granted for after-hours visitation, visitors must proceed and remain in designated supervised areas, i.e., the Dayroom. Visitation to residents' rooms is not permitted, unless cleared by administration. <p>This policy was enacted to ensure the comfort and well-being of all residents at our facility. We kindly request visitors to adhere to these guidelines to maintain a safe and respectful environment for everyone.</p> <p>Thank you for your cooperation. The form indicated the name of the Administrator.</p> <p>Review of R#126's undated Admission Record, located under the Profile tab of the electronic medical record (EMR) revealed R#126 was admitted to the facility on [DATE], with diagnoses that included spastic hemiplegia affecting left nondominant side and injury of the oculomotor nerve, left side.</p> <p>Review of R#126's NJ (New Jersey) Admission Packet, signed 06/04/24 and located under the Misc [Miscellaneous] tab of the EMR, revealed, . Your rights and protections as a nursing home resident . Spend Time with Visitors: You have the following rights:</p> <p>To spend private time with visitors.</p> <p>To have visitors at any time, as long as you wish to see them, as long as the visit does not interfere with the provision of care and privacy rights of other residents.</p> <p>To see any person who gives you help with your health, social, legal, or other services may at any time [sic] .</p> <p>(continued on next page)</p>

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<p>F 0563</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R#126's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/29/24, and located under the MDS tab of the EMR revealed R#126 had a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired.</p> <p>On 10/29/24, the survey team arrived at the facility at 9:00 AM. The doors were locked, and in order to enter the building, a staff member inside the building had to release the door. A keypad for the use of emergency personnel to enter the building was noted in the vestibule.</p> <p>During an interview on 10/29/24 at 2:46 PM, Resident#126's family member stated he came to the facility every day he was off work to spend time with and help care for R#126. The family member stated he had arrived at the facility before 8:00 AM on this day, and the facility's security officer had informed him that the staff on R#126's floor had complained and notified administration that he was arriving at the facility too early. The family member stated the security officer had told him he would let him go ahead and visit on this day since he had not heard from the administration himself that he could not allow him inside the facility.</p> <p>During an interview on 10/29/24 at 4:34 PM, R#125, who was R#126's roommate, stated they did not have any concerns or issues with R#126's family visiting at any time and being present in their room. R#125 stated that they appreciated the presence of R#126's family member and other family members and had developed a good relationship with them. R#126 stated no one at the facility had asked if they had any concerns with R#126's family member visiting before 8:00 AM.</p> <p>During an observation on 10/30/24 at 9:00 AM, a sign was observed taped to the front door of the facility. The sign indicated, Please Respect the Privacy of our Residents & Understand that Visiting Hours are from 8:00 AM through 8:00 PM Thank You, Security. There was no indication that visits could be scheduled after hours or that immediate family had immediate access to the residents.</p> <p>During an interview on 11/01/24 at 11:58 AM, the Administrator was asked why there were visiting hours posted on the front door of the facility. The Administrator stated there were still 24-hour visits available as needed. He stated there had been instances with families being loud, creating a disturbance for residents who were sleeping, and they wanted the residents to feel safe and feel like they were home. The Administrator stated, We don't want visitors coming in roaming, going in other residents' rooms, and we want them safe and to have a restful night. The Administrator stated that people tried to break the rules all the time. He stated there was a non-resident person seen coming out of the shower one time in a bathrobe, with a towel and a bonnet on her head. The Administrator stated that at 8:00 PM, there was an overhead page letting everyone know that visiting hours were over. He stated visitors remaining in the facility with a resident created an uncomfortable situation for roommates. The Administrator stated, We created a protocol for scheduled and supervised visits after hours. He stated after-hour visits had to be in a public area, and they were given multiple suggestions for where the visits could occur, such as the day room and salon. He stated they were informed they were not free to roam through the facility. The Administrator stated residents still had the right to have 24-hour visits, but the visits could be supervised if needed. He stated, It's 100% fine to visit after 8:00 PM and still available if it doesn't affect the other residents.</p> <p>During an interview on 11/01/24 at 2:08 PM, the Administrator stated the visiting hours policy had been posted at all nursing stations during May 2024. He stated residents could still have visitors at any time, but the visits had to be scheduled if they occurred between 8:00 PM and 8:00 AM.</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32513</p> <p>Based on interview, record review, and review of facility policy, the facility failed to ensure the SNF ABN (skilled nursing facility advanced beneficiary notice) was complete and accurate prior to discharge from Medicare part A skilled services for two (2) of three (3) residents (Resident#12 and Resident#57) reviewed for SNF Beneficiary Protection. This failure placed the residents and/or representatives at risk of not being fully informed.</p> <p>Findings include:</p> <p>Review of the facility' policy titled, Advanced Beneficiary Notices [ABN], dated 02/2024 revealed .The facility shall inform Medicare beneficiaries of his or her potential liability for payment. A liability notice shall be issues to Medicare beneficiaries upon admission or during a resident's stay, before the facility provides .custodial care .</p> <p>1. Review of Resident#12's undated Admission Record located in the Profile tab of the electronic medical record (EMR) revealed Resident#12 was admitted to the facility on [DATE].</p> <p>Review of R#12's ABN dated? And provided by the facility indicated Resident#12 no longer required skilled care effective 04/02/24. Continued review of Resident#12's ABN revealed Medicare doesn't pay for everything, even some care that you or your health care provider think you need. The Skilled Nursing Facility (SNF) or its Utilization Review Committee believes that the care listed below does not meet Medicare coverage requirements. Beginning on 04/02/24, you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs. Resident#12's ABN noticed also documented .PT/OT [physical therapy/occupational therapy] and the reason listed was Highest Practical Level Achieved. The Estimated Cost was left blank.</p> <p>2. Review of Resident#57's undated Admission Record located in the Profile tab of the EMR revealed Resident#57 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident#57's ABN dated? And provided by the facility revealed the notice was provided to Resident#57's representative. The ABN indicated Resident#57 no longer required skilled care effective 09/17/24. Resident#57's ABN also revealed Medicare doesn't pay for everything, even some care that you or your health care provider think you need. The Skilled Nursing Facility (SNF) or its Utilization Review Committee believes that the care listed below does not meet Medicare coverage requirements. Beginning on 09/17/24, you may have to pay out of pocket for this care if you do not have other insurance that may cover these costs.PT/OT/ST [speech therapy.]. Continued review revealed the reason listed was Highest Practical Level Achieved. The Estimated Cost was left blank. In addition, the ABN notice revealed, Option 1: I want the care listed above. I want Medicare to be billed for an official decision on payment, which will be sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I'm responsible for paying. But I can appeal to Medicare by following the directions on the MSN .Option 2: I want the care listed above but don't bill Medicare. I understand that I may be billed now because I am responsible for payment of the care. I cannot appeal because Medicare won't be billed .Option 3: I don't want the care listed above. I understand that I'm not responsible for paying and I can't appeal to see if Medicare would pay. There was a check box next to each option for the resident and/or representative to mark, indicating preference, however, the options check boxes were left blank.</p> <p>During an interview on 10/30/24 at 8:10 AM, the Social Services Director (SSD) was asked why the Estimated Cost was not documented on the form. The SSD stated, I was not aware that it needed to be listed. When the SSD was asked why the ABN options section was left blank for Resident#57, she stated, I did send her [the representative] a note, but she is not very responsible. When asked if she had followed up with the representative, the SSD stated, No, I did not follow-up since the 'ABN' was sent to her.</p> <p>NJAC 8:39-5.1(a)</p>		

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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.			
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>25225</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure residents were provided with clean and unstained privacy curtains in their room for one (1) of 31 sampled residents (Resident#20). This failure placed the resident at risk of not being provided with a clean and homelike environment.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Cleaning and Disinfection of Environmental Surfaces, revised January 2021, revealed, . window/privacy curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled .</p> <p>During a tour of the facility on 10/30/24 at 8:39 AM, the privacy curtain for Resident#20 was noted to have multiple large, dried, and brown stains along the bottom edge of the curtain.</p> <p>During observations on 10/31/24 at 5:41 PM and 11/01/24 at 10:00 AM, the privacy curtain remained unchanged. The stained areas measured from four inches to 22 inches in height and extended almost the entire length of the curtain.</p> <p>During an interview on 11/01/24 at 10:16 AM, the Housekeeping Aide (HSKP#1) was asked who was responsible for changing out soiled privacy curtains. She stated that it would be managed by the maintenance department. She stated it was not included in daily or deep cleaning. HSKP#1 stated if staff told her a curtain needed to be changed, she would notify her supervisor, and he would let the maintenance department know.</p> <p>During an observation and interview on 11/01/24 at 10:32 AM, the Licensed Practical Nurse (LPN#1) confirmed Resident#20's privacy curtain was stained, soiled, and should be changed out. She stated Resident#20 drank coffee, and the stains could be that. LPN#1 stated she would assume it was housekeeping's responsibility to change the privacy curtain, but she was not sure. She stated the condition of the curtain should have been noted and reported by someone.</p> <p>During an observation on 11/01/24 at 10:41 AM, the Housekeeping Director was observed with a ladder and a clean privacy curtain. He stated he was going to change Resident#20's privacy curtain. The Housekeeping Director HSKP confirmed it was the responsibility of the housekeeping department to change curtains if they were soiled. He denied any prior knowledge of Resident#20's privacy curtain being soiled.</p> <p>NJAC 8:39-4.1(a)11</p> <p>NJAC 8:39-31.4(a)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25225</p> <p>Based on observation, interview, record review, facility policy review, and review email correspondence, the facility failed to make prompt efforts to resolve a grievance related to gastrostomy (g-tube) care for one of one (1) of 31 residents (Resident#126) reviewed for grievances. This failure caused Resident#126 to have an unresolved grievance, placed Resident#126 at continued risk of infection of the gastrostomy site, and placed the resident at risk for a diminished quality of life.</p> <p>Findings include:</p> <p>Review of the facility's undated policy titled, Patient Concern/Grievance Policy, revealed, . This facility strives to provide the best possible experience to its' Residents, Patients and Families . The grievance officer is the Director of Social Services . Social Services will notify each department of the concern that is attributed to their department . At Morning meeting/Department Head meeting, the Social Service department will discuss all outstanding concerns and/or resolutions . The Social Service department will review all concerns on a monthly basis, to observe any trends .</p> <p>Review of Resident#126's Admission Record, located under the Profile tab of the electronic medical record (EMR) revealed Resident#126 was admitted to the facility on [DATE], with diagnoses that included spastic hemiplegia affecting left nondominant side and injury of the oculomotor nerve, left side.</p> <p>Review of Resident#126's Care Plan, dated 05/24/24, and located under the Care Plan tab of the EMR revealed Resident#126 had a g-tube due to potential for aspiration. Interventions included providing care of the insertion site as ordered by the physician.</p> <p>Review of an email from Resident#126's family member to the Social Services Director Assistant (SSDA), dated 06/21/24 at 9:46 AM and provided by Resident#126's family member, revealed, . I am going to send you a separate email with a picture of the condition of [Resident#126]'s peg tube when we arrived yesterday. thetube was leaking and hanging out of the bandage . I had the nurse clean it and re-bandage it last night .</p> <p>Review of Resident#126's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/29/24, and located under the MDS tab of the EMR, revealed Resident#126 had a Brief Interview Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired.</p> <p>Review of Resident#126's Physician Orders, dated 09/27/24, and located under the Orders tab of the EMR revealed staff was to cleanse the resident's g-tube site with normal saline, cover with a split gauze, and secure with paper tape each day shift. It was ordered for the dressing to be dated.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/29/24 at 2:46 PM with Resident#126's family member who stated the facility did not flush the resident's g-tube or change the dressing as ordered. The family member stated the site had been infected at times due to it not being cleaned. The family member further stated staff did not date the dressing and showed the surveyor pictures, dated 06/21/24, 08/17/24, 09/01/24, and 10/21/24, of what appeared to be the resident's gastrostomy site and tube (identified by tattoos unique to Resident#126). The pictures showed g-tube dressings that were soaked through with yellowish to dark gray matter.</p> <p>During an interview on 10/31/24 at 12:15 PM, Resident#126's family member stated emails had been sent to the facility regarding the lack of care of Resident#126's g-tube site, with the latest being sent on 10/21/24. The family member stated the Social Services Director (SSD) had responded to the grievance and said that staff would begin cleaning the site twice daily and reach out to the Nurse Practitioner (NP) to see if anything else could be done.</p> <p>During an interview on 10/31/24 at 12:49 PM, the SSD confirmed she had received an email from Resident#126's family member on 10/21/24. The SSD stated she had talked with LPN#1, who had informed the SSD that she would talk with the nurse practitioner and have the orders changed to twice daily dressings. The SSD stated she had informed Resident#126's family member of this and then closed the grievance. The SSD was asked who verified to make sure the changes occurred. The SSD confirmed she did not verify it. The SSD was asked to provide the email correspondence between herself and Resident#126's family member.</p> <p>Review of the email correspondence between the family member and the SSD, dated 10/21/24 at 2:03 PM and provided by the SSD, revealed that Resident#126's family member wrote, . [Resident#126] is not getting flushed on a daily basis. Nor is the date on [Resident#126] bandage getting put on it . complained of it hurting. When he took the new bandage off - there was 'old' bandage underneath stuck to [Resident#126] . The SSD's response was, . I asked [LPN#1] to take a look at this. Moving forward, we will be putting in an order to have the dressing changes for the g-tube site done twice daily. We will also have [NP] take a look at this when she is in to see if there is anything she can recommend for the inflammation and irritation to the site .</p> <p>Review of Resident#126's Orders tab of the EMR revealed no order to clean the g-tube site twice daily.</p> <p>During an interview on 10/31/24 at 2:08 PM, the SSD was asked how the grievance could be resolved if the nurses did not do what they said they were going to do. She stated, I understand.</p> <p>During an interview on 11/01/24 at 10:32 AM, LPN#1 was asked if the SSD had spoken with her regarding Resident#126's family member grievance on 10/21/24 related to Resident#126's gastrostomy tube. LPN#1 stated, Yes, that's my fault. She stated she had failed to speak with the NP and obtain orders for twice daily dressing changes.</p> <p>(Cross Reference F693)</p> <p>NJAC 8:39-4.1(a)35</p> <p>NJAC 8:39-13.2(c)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25225</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident safety for one (1) of 31 residents (Resident#125) reviewed for overdose when they did not assess the risk of substance abuse while in the facility, develop a comprehensive care plan with interventions to help prevent overdose, and increase monitoring and supervision after Resident#125 experienced an overdose while at the facility.</p> <p>Findings include:</p> <p>Review of Resident#125's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed Resident#125 was admitted to the facility on [DATE], with diagnoses that included alcohol abuse, opioid abuse, psychoactive substance abuse, and major depression disorder.</p> <p>Review of Resident#125's Social History, dated 05/17/24 at 1:05 PM and located under the Evaluations tab of the EMR, revealed, . Life events reviewed with [family member] and the resident. [Family member] reports significant history of substance use starting at age 15. [Family member] reports some drinking, but pills were resident's preference. [Family member] reports several inpatient rehab stays and that [Resident#125] attends NA/AA [Narcotics Anonymous/Alcoholics Anonymous] meetings. [Family member] reports last relapse was two years ago, and [Resident#125] has denied any narcotics during hospitalization and rehab stays . The Social Services Assistant Director (SSAD) wrote the note.</p> <p>Review of Resident#125's Care Plan, dated 05/20/24, and located under the Care Plan tab of the EMR, revealed, . have a history of substance abuse . The goal was the resident would not engage in illicit drug or alcohol use through the next review. Interventions were to administer medications as ordered, to encourage the resident to talk and vent feelings freely, to offer emotional support as needed, to offer substance abuse treatment if desired, and to consult psychiatric services and treat as ordered. The care plan did not address signs and symptoms of possible substance use to monitor for or to encourage the resident to attend NA/AA meetings. There was no documentation to show the resident was assessed for the risk of substance abuse in the facility. There were no interventions identified to implement if substance abuse was suspected or identified.</p> <p>Review of Resident#125's Psychiatry Note, dated 05/24/24 at 8:30 AM and located under the Misc (Miscellaneous) tab of the EMR, revealed, . H/O [history of] heroin addiction but reports [Resident#125] is [AGE] years clean .</p> <p>Review of Resident#125's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/21/24, and located under the MDS tab of the EMR, revealed Resident#125 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. It was recorded that the resident had no behaviors.</p> <p>Review of Resident#125's Progress Notes and Misc tabs of the EMR, dated 05/24/24 through 09/26/24, revealed no documented evidence the resident showed any signs and symptoms of drug seeking or illicit drug use. There was no documented evidence that the facility encouraged Resident#125 to attend NA/AA meetings.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident#125's emergency department Provider Note, dated 09/27/24 at 8:37 PM and located under the Misc tab of the EMR, revealed, . brought from [Name redacted] for evaluation of overdose . found the patient unresponsive and hypoxic gave Narcan and the patient woke up . [Resident#125] denies taking any narcotics. States [he/she] only takes baclofen and gabapentin for [his/her] pain . Differential diagnosis includes overdose . Drug Screen, urine - Abnormal . Fentanyl, Urine . Positive .</p> <p>Review of Resident#125's Progress Note, dated 09/28/24 at 12:27 AM and located under the Progress Notes tab of the EMR, revealed, . ER [emergency room] nurse . notified this nurse at 12:20 AM that they found on [Resident#125] 27 Gabapentin pills in a container with the names of [name redacted] and white stuff in [his/her] purse. Resident is coming back to the facility .</p> <p>Review of Resident#125's Social Service Note, dated 09/30/24 at 3:44 PM and located under the Progress Notes tab of the EMR, revealed, . SW [Social Worker] met with resident today following return from hospital. Investigation initiated. Virtual NA meetings offered to resident, who expressed agreement. Virtual NA meetings to be scheduled within resident's preferred times. Psych made aware for follow-up. SW will remain available and follow up with resident as appropriate .</p> <p>Review of Resident#125's Social Service Note, dated 10/02/24 at 9:40 AM as a late entry and located under the Progress Notes tab of the EMR, revealed, . Met with resident to review virtual NA options. Discussed various dates/times, resident requesting to attend Wednesday session @ [at] 11:30 AM. SW will continue to follow .</p> <p>Review of Resident#125's Care Plan, located under the Care Plan tab of the EMR, revealed the care plan was updated on 10/09/24 to include, . [participate in virtual NA meetings on Wednesdays @ 11:30 per my request .</p> <p>Review of Resident#125's Care Plan, Progress Notes, and Misc tabs of the EMR, revealed no documented evidence that the facility increased monitoring and supervision of the resident or visitors, assessed the resident's risk for substance abuse, educated staff on signs and symptoms of possible substance use, or encouraged the resident's participation in NA meetings following the overdose incident on 09/27/24.</p> <p>During an interview on 10/30/24 at 4:34 PM, Resident#125 stated they had recently experienced an overdose. The resident further stated he/she thought the substance they took was heroin, but it was not. Resident#125 stated he/she had been involved in NA/AA meetings before coming to the facility, but had not been attending the meeting since their admission. Resident#125 stated the Social Worker had helped get it set up after his/her overdose so that he/she could attend virtual meetings on their phone.</p> <p>During an interview on 10/31/24 at 10:00 AM, Licensed Practical Nurse (LPN#7) confirmed there was no increased monitoring or supervision provided for Resident#125.</p> <p>During an interview on 10/31/24 at 10:49 AM, the Administrator confirmed that the facility had a large population of residents with substance abuse problems. He stated that after Resident#125's overdose, the facility had increased their efforts to rid the facility of illicit drugs.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/31/24 at 1:05 PM, the Social Services Director (SSD) and SSAD were asked if Resident#125 had been offered and encouraged to continue with their NA/AA meetings after admission to the facility. The SSA stated she could not remember if she had done that when she had gathered the resident's social history. The SSD was asked what interventions had been identified and implemented to help minimize Resident#125's risk of substance abuse and overdose since the overdose on 09/27/24. The SSD stated she had helped the resident get set up for NA meetings on their phone. The SSD confirmed she was not encouraging Resident#125 to attend the meetings. She stated, [Resident#125] is a great self-advocate. I didn't feel it was necessary to check in on him/her to see if he/she was attending them.</p> <p>NJAC 8:39-33.1(d)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25225</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to provide appropriate gastrostomy (g-tube) care for one (1) of two (2) residents (Resident#126) reviewed for tube feeding. This failure increased Resident#126's risks of g-tube complications.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Gastrostomy/Jejunostomy Site Care, revised December 2023, revealed, . The purposes of this procedure are to promote cleanliness and to protect the gastrostomy . site from irritation, breakdown and infection .</p> <p>Review of Resident#126's Admission Record, located under the Profile tab of the electronic medical record (EMR), revealed Resident#126 was admitted to the facility on [DATE], with diagnoses that included spastic hemiplegia affecting left nondominant side and injury of the oculomotor nerve, left side.</p> <p>Review of Resident#126's Care Plan, dated 05/24/24, and located under the Care Plan tab of the electronic medical record (EMR), revealed Resident#126 had a gastrostomy tube (g-tube) due to potential for aspiration. Interventions included providing care of the insertion site as ordered by the physician.</p> <p>Review of Resident#126's Physician Orders, dated 09/27/24, and located under the Orders tab of the electronic medical record (EMR), revealed staff was to cleanse the resident's gastrostomy tube site with normal saline, cover with a split gauze, and secure with paper tape each day shift. It was ordered for the dressing to be dated.</p> <p>On 10/31/24 at 9:00 AM, the Licensed Practical Nurse (LPN#1) was asked to perform gastrostomy care for Resident#126. LPN#1 reported the care had been provided by the previous shift, so she was not assigned to complete it.</p> <p>Review of Resident#126's Treatment Administration Record (TAR), dated 10/31/24, revealed it was documented the care had been performed at 7:00 AM on 10/31/24.</p> <p>During an observation and interview on 10/31/24 at 9:58 AM, Resident#126 was observed in their room, with a piece of split gauze in their hand. There were two pieces of paper tape attached to the gauze. Dried yellowish-brown matter was noted on the gauze. Resident#126 turned the gauze over in their hand, and there was no date noted on the gauze. Resident#126 was asked if staff had cleaned their gastrostomy site on this day. The resident stated, No. Resident#125, the roommate (who was assessed to be cognitively intact) was asked if staff had performed gastrostomy care for Resident#126 on this day, stated, No.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/31/24 at 10:13 AM, LPN#1 and the surveyor observed Resident#126's gastrostomy site. The surveyor observed a build-up of dark brown matter noted on the underside of the retention ring. There were small amounts of brown matter on the tube itself below the retention ring. LPN#1 confirmed the build-up of matter and stated the gastrostomy site and tubing had not been cleaned.</p> <p>During an interview on 10/31/24 at 1:38 PM, the Director of Nursing (DON) stated the facility's policy was to follow physician orders related to cleaning gastrostomy sites and tubes and that she expected staff to complete the care.</p> <p>(Cross Reference F585)</p> <p>NJAC 8:39-27.1(a)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>22411</p> <p>Based on interview, record review, and facility policy review, the facility failed to ensure a performance review was completed every 12 months for five (5) of seven (7) employees' personnel records reviewed.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Performance Review, revised on 11/2023 indicated, The performance appraisal process provides a means for discussing, planning and reviewing the performance of each employee. Performance appraisals are conducted annually on dates announced by HR. Each manager is responsible for the timely and equitable assessment of the performance and contribution of employees in their department.</p> <p>Review of Unit Manager (UM#2) personnel record revealed a hire date of 10/08/18. The UM#2 signed the Job Description on 03/20/24. Continued review of UM#2's personnel file revealed no documented evidence a performance evaluation had been complete.</p> <p>Review of Companion Aid (CA#1) personnel records revealed a hire date of 02/14/23. The CA#1 signed the Job Description for the companion position on 02/14/24. There was no performance evaluation located in the personnel record.</p> <p>Review of Housekeeping (HKSP#2) personnel records revealed a hire date of 01/22/24. There was no performance evaluation located in the personnel record.</p> <p>Review of Director of Rehabilitation (DOR) personnel records revealed a hire date of 01/01/19. The DOR signed the Job Description for Director of Rehabilitation after being promoted on 05/03/24. Continued review of the DOR's personnel file revealed no documented evidence a performance evaluation had been completed since the hire date of 01/01/19.</p> <p>Review of Certified Nursing Aide (CNA#2) personnel records revealed a hire date of 08/08/23. The CNA#2 signed the Job Description for certified nurse aide on 08/08/23. Continued review of the personnel file revealed no documented evidence that a performance evaluation had been complete since the hires date of 08/08/23.</p> <p>During an interview on 11/01/24 at 1:28 PM, the Director of Clinical Operations stated, There are no performance reviews. This has caused a lot of people to quit or want raises, and they were not specific to each department. This is an item on the agenda for our next corporate meeting. We officially stopped doing them [performance evaluations] July 2024.</p> <p>NJAC 8:39-43.17(b)</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 11/01/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>30622</p> <p>Based on observation, interview, and policy review, the facility failed to ensure four (4) of four (4) medication storage carts, and three of three treatment supply carts were free of dust, debris, and residue. This failure had the potential to contaminate all resident medications and treatment supplies stored in the carts.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication/Treatment Cart Cleaning and Disinfection, dated 02/2024 indicated .it is recommended to clean carts at least once a month and as needed .</p> <p>During an observation and interview with Licensed Practical Nurse (LPN#6) on 10/31/24 at 1:00 PM, the top left and right drawer of the medication cart for the annex had a buildup of dust, paper, and debris inside it. The third drawer on the left and right had dust and paper inside it. The drawer on the bottom right had dust, hair, and paper in it. LPN#6 stated he did not know how often the medication carts should be cleaned.</p> <p>During an observation and interview with Registered Nurse (RN#1) on 10/31/24 at 4:09 PM, the first floor North Hall medication cart revealed the top right drawer had dust, debris, and a pink sticky substance in it. Registered Nurse (RN#1) stated the carts should be cleaned after each shift.</p> <p>During an observation and interview with LPN#3 on 10/31/24 at 4:16 PM, the first floor South Hall medication cart revealed the top right drawer had a build-up of dust and debris in it. The bottom right drawer had a build-up of dust and debris. The bottom of the cart below the drawers had a build-up of dust and debris on it. LPN#3 stated the carts were checked and wiped down yesterday with the pharmacist but were still dirty.</p> <p>During an observation and interview with LPN#2 on 10/31/24 at 4:26 PM, the third-floor North medication cart revealed the first and fourth drawer on the right side had dust, debris, and hair in the drawers. LPN#2 stated she was not sure how often or when the medications carts were cleaned.</p> <p>During an observation and interview with Unit Manager (UM#3) on 11/01/24 at 9:25 AM, the third-floor South Cart revealed the top drawer on the right side had dust, debris, and hair inside it. The third and fourth drawers on the right side had hair and debris inside them. The bottom left drawer had a brown sticky substance inside it. The third drawer on the left side had a white substance and debris inside it. The UM#3 stated she was not sure how often or when the carts should be cleaned. She verified the drawers on the cart were not clean.</p> <p>During an observation and interview with UM#3 on 11/01/24 at 9:32 AM, the South treatment cart's fourth drawer had dust, paper, and loose screws inside it. The fifth drawer contained paper, dust, and debris inside it. The outside of the cart was dusty and sticky below the fifth drawer. UM#3 confirmed the cart was dirty.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Allaire Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 115 Dutch Lane Road Freehold, NJ 07728	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation and interview with UM#3 on 11/01/24 at 9:35 AM, the hall 300 North treatment cart revealed the cart had paper, dust, and debris in the second drawer. The third drawer on the cart had hair, dust, and paper in it. The bottom of the cart was dirty and dusty below the fifth drawer. There was a black sticky substance above one of the front wheels. The UM#3 confirmed the cart was dirty.</p> <p>During an interview on 11/01/24 at 10:25 AM, UM#1 stated the medication carts should be wiped down and cleaned at least once a week.</p> <p>During an interview on 11/01/24 at 12:23 PM, the Administrator stated the nurses should be cleaning the carts; however, it is housekeeping responsibility to clean the carts once the carts were empty. This was discussed with the previous director before he left.</p> <p>NJAC 8:39-29.7(a)</p>		