

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38327</p> <p>Based on observation, interview, record review, and review of facility provided documents, it was determined that the facility failed to ensure that a Significant Change in Status Assessment (SCSA) was completed for Resident #24. This deficient practice was identified for one (1) of 19 residents reviewed, and was evidenced by the following:</p> <p>According to the MDS (minimum data set) 3.0 RAI (Resident Assessment Instrument) Manual included that the SCSA is a comprehensive assessment for a resident must be completed when the IDT (interdisciplinary team) has determined that a resident meets the significant change guidelines for either major improvement or decline. A significant change is a major decline or improvement in a resident's status that:</p> <ol style="list-style-type: none"> 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered self-limiting; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. <p>On 3/21/24 at 11:03 AM, the surveyor observed Resident #24 in the dining area (also known as the activity room) laying in the geri chair (or geriatric chair, which is a large padded chair with wheeled bases and is designed to assist seniors with limited mobility) with eyes closed and the body covered with a blanket.</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #24 as follows:</p> <p>According to the Admission Record (admission summary), Resident #10 was admitted to the facility with a diagnosis that included but was not limited to essential hypertension (abnormally high blood pressure that's not the result of a medical condition), unspecified osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain), unspecified glaucoma (a group of eye conditions that can cause blindness), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) without complications, and unspecified dementia (a group of thinking and social symptoms that interferes with daily functioning) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</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: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's comprehensive MDS (cMDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 12/13/23 revealed in Section C Cognitive Status Brief Interview for Mental Status (BIMS) score of 3 out of 15 which reflected that the resident's cognition was severely impaired. The cMDS Section K Swallowing/Nutritional Status revealed that the resident had a weight loss of 5% or more in the last month or a loss of 10% in the last six months. Section M Skin Conditions showed that Resident #24 had Unstageable Deep Tissue Injury (DTI, pressure ulcer, defined as 'purple or maroon localized area of discolored intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear) that was a facility acquired wound.</p> <p>The quarterly MDS (qMDS) with an ARD of 9/14/23 included that Resident #24 had no significant weight loss and the skin was intact.</p> <p>Further review of the MDS revealed that the 12/13/23 cMDS was noted with two areas of changes in resident's assessment status as evidence of significant weight loss and presence of DTI which was not present in the qMDS dated [DATE].</p> <p>A review of the Weight Summary revealed on 12/08/23 the resident's weight was 121.5 pounds (lbs) with warning notes that included the following:</p> <p>-5.0% change [comparison weight 11/10/23, 132.0 lbs, -8%, -10.5% lbs]</p> <p>-7.5% change [comparison weight 11/10/23, 132.0 lbs, -8%, -10.5% lbs]</p> <p>A review of the IDCP (Interdisciplinary)/CARE Conference Note with an effective date of 12/21/23 included Nutritional Status that was electronically signed by the Dietitian on 01/05/24 that the resident was triggered for a significant weight loss x 1 (one) month (8%).</p> <p>A review of the Multi Wound Chart Details (a wound consult visit notes) dated 12/13/23 included that Resident #24 had a DTI to the left medial heel.</p> <p>On 3/25/24 at 11:46 AM, the survey team met with the MDS Coordinator (MDSC). The MDSC informed the surveyors that the facility had no specific policy regarding MDS, the facility follows the RAI Manual. The MDSC stated that if there will be two or more changes either improvement or decline in the resident's status, that will be the criteria that the MDS assessment for SCSA will be done.</p> <p>On that same date and time, the surveyor asked the MDSC why the resident's cMDS on ARD 12/13/23 was not an SCSA considering the above changes and decline in the resident's status in comparison to qMDS on 9/14/23. The MDSC stated that it was probably a mistake, and acknowledged that the 12/13/23 cMDS should be a SCSA.</p> <p>On 3/25/24 at 12:27 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Infection Preventionist Nurse (IPN), and Clinical Nurse Consultant (CNC). The surveyor notified the facility management of the above findings and concerns.</p> <p>On 3/26/24 at 02:15 PM, the survey team met with the CNC, LNHA, DON, IPN, and MDSC. The facility management did not respond to the above findings and concerns.</p> <p>NJAC 8:39-11.2(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>46889</p> <p>Based on the interview and record review, it was determined that the facility failed to complete and submit electronically the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, within 14 days of completing the resident's assessment and in accordance with the Center's for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) Manual. This deficient practice was identified for 7 of 19 residents (Resident #41, 9, 53, 3, 50, 66, and #10) and reviewed for resident assessment.</p> <p>According to the Long-Term Care RAI 3.0 User's Manual Version 1.18.11, updated October 2023, the MDS is a comprehensive tool and a federally mandated process for clinical assessment of all residents. It must be completed and transmitted to the Quality Measure System. The facility must electronically transmit the MDS within 14 days of the assessment being completed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/19/24, at 9:30 AM, the surveyor reviewed the facility task that includes residents' MDS assessments, which was triggered under the survey facility task as MDS record over 120 days old.</p> <ol style="list-style-type: none"> Resident #41 was observed to have a Quarterly MDS (QMDS) with an Assessment Reference Date (ARD) on 1/30/24, which was due to be transmitted to CMS no later than 2/13/24. However, the QMDS was not submitted to CMS until 3/6/24. Resident #9 was observed to have a QMDS with an ARD on 2/1/24, which was due to be transmitted to CMS no later than 2/15/24. However, the QMDS was not submitted to CMS until 3/6/24. <p>A review of QMDS with an ARD on 11/1/23 was due to be transmitted to CMS by 11/15/23. The QMDS was not submitted to CMS until 12/5/23.</p> <ol style="list-style-type: none"> Resident #53 was observed to have Annual MDS (AMDS) with an ARD on 1/28/24, which was due to be transmitted to CMS no later than 1/11/24. However, the AMDS was not submitted to CMS until 3/6/24. <p>A review of QMDS with an ARD on 10/30/23 was due to be transmitted to CMS by 11/14/23. The QMDS was not submitted to CMS until 12/5/23.</p> <ol style="list-style-type: none"> Resident #3 was observed to have AMDS with an ARD on 1/26/24, which was due to be transmitted to CMS no later than 1/13/24. However, the AMDS was not submitted to CMS until 3/6/24. Resident #50 was observed to have QMDS with an ARD on 1/25/24, which was due to be transmitted to CMS no later than 1/12/24. However, the QMDS was not submitted to CMS until 3/6/24. Resident #66 was observed to have QMDS with an ARD on 1/26/24, which was due to be transmitted to CMS no later than 1/13/24. However, the QMDS was not submitted to CMS until 3/6/24. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. Resident #10 was observed to have AMDS with an ARD on 1/28/24, which was due to be transmitted to CMS no later than 1/11/24. However, the AMDS was not submitted to CMS until 3/6/24.</p> <p>A review of QMDS with an ARD on 10/30/23 was due to be transmitted to CMS by 11/14/23. The QMDS was not submitted to CMS until 12/5/23.</p> <p>A review of the MDSC's undated Final Validation Report for Residents #41, 9, 53, 3, 50, 66, and #10 revealed that The submission date is more than 14 days after Z0500B on this new assessment.</p> <p>On 3/25/24 at 11:46 AM, the survey team met with the MDSC. The MDSC informed the surveyors that the facility has no specific policy regarding MDS and follows the RAI Manual. The MDSC stated that submissions were late because the discipline needed to complete their assessment.</p> <p>On 3/25/24 at 12:27 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Infection Preventionist Nurse (IPN), and Clinical Nurse Consultant (CNC). The surveyor notified the facility management of the above findings and concerns.</p> <p>On 3/26/24 at 02:15 PM, the survey team met with the CNC, LNHA, DON, IPN, and MDSC. The facility management did not respond to the above findings and concerns.</p> <p>NJAC 8:39 - 11.1</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34421</p> <p>Based on the interview and record review, it was determined that the facility failed to code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care of all residents, accurately for 5 of 19 residents reviewed (Resident # 69, # 9, # 57, #63, and # 24).</p> <p>The deficient practice was evidenced by the following:</p> <p>1. The surveyor reviewed Resident # 69's records. The resident was discharged from the facility and according to the Discharge Return Anticipated MDS, an assessment tool used to facilitate the management of care, dated 2/23/24, the resident was assessed as being discharged to the hospital.</p> <p>A review of Resident # 69's progress notes dated 2/23/24 revealed the resident had actually been discharged home, against medical advice.</p> <p>On 3/25/24 at 11:49 AM, the surveyor interviewed the MDS Coordinator (MDSC), who stated that the MDS under section A, which is she completes, for Resident #69 should have indicated discharge to home and that it was an error that it indicated discharge to the hospital.</p> <p>During an interview on 3/25/24 at 12:15 PM, the surveyor brought the above concerns to the attention of the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA).</p> <p>46889</p> <p>2. On 03/20/24 at 11:40 AM, the surveyor observed Resident #9 in bed lying comfortably alert, oriented with confusion, and able to answer the surveyor's inquiry.</p> <p>The surveyor reviewed Resident #9's hybrid (combination of paper and electronic) medical record as follows:</p> <p>A review of the Admission Record (an admission summary) (AR) documented that Resident #9 was admitted to the facility with diagnoses that included but were not limited to essential hypertension (high blood pressure). The resident's most recent Quarterly MDS (QMDS) assessment, dated 2/1/24, reflected that Resident #9 had a Brief Interview for Mental Status (BIMS) score of 8 out of 15, indicating moderate cognition impairment. Section O Special Treatments, Procedures, and Programs revealed that Resident #9, the pneumococcal vaccination (which helps protect against serious illnesses like pneumonia and meningitis), was up to date.</p> <p>There is no record that a pneumococcal vaccine was given to Resident #9.</p> <p>The immunization record shows that the resident's son refused the pneumococcal vaccination on 6/1/23.</p> <p>A review of QMDS dated [DATE], section D Resident Mood Interview (PHQ-9), signed by the social worker on 2/6/24, revealed no record of a PHQ-9 assessment interview done on the ARD of 2/1/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of QMDS dated [DATE], section E Behavioral Symptoms, signed by the social worker on 2/6/24, revealed no Behavioral Symptoms assessment interview on the ARD of 2/1/24.</p> <p>On 3/25/24 at 11:46 AM, the survey team met with the MDSC. The MDSC stated that the pneumococcal vaccination should reflect the accurate status of the resident's vaccination history and that the resident had refused the vaccine.</p> <p>3. On 03/21/24 at 10:47 AM, the surveyor observed Resident #57 sitting in bed, alert and oriented, able to answer the surveyor's inquiry.</p> <p>The surveyor reviewed Resident #57's hybrid medical record as follows:</p> <p>A review of the AR documented that Resident #57 was admitted to the facility with diagnoses that included but were not limited to leukemia (a cancer of the blood). The resident's most recent Admission MDS (AMDS) assessment, dated 12/21/23, reflected that Resident #57 had a BIMS score of 15 out of 15, indicating intact cognition.</p> <p>A review of AMDS dated [DATE], section D PHQ-9, signed by the social worker on 12/23/23, revealed no record of a PHQ-9 assessment interview done on the ARD of 12/21/23.</p> <p>A review of AMDS dated [DATE], section E Behavioral Symptoms, signed by the social worker on 12/27/23, revealed no Behavioral Symptoms assessment interview on the ARD of 12/21/23.</p> <p>On 03/26/24 at 11:11 AM, the surveyor interviewed the Registered Nurse (RN) who worked in the facility for [AGE] years as a charge nurse and works closely with the MDSC. The RN stated that she tried as much as possible to check the MDS assessment before submitting it. She checked and reviewed the look-back period. The surveyor asked the RN where to find the assessment, such as PHQ-9 and Behavioral assessment. The RN showed the surveyor the Evaluations tab in the electronic medical record but could not find PHQ-9 and Behavioral interview assessment for Resident #9 QMDS dated [DATE] and Res. #57 AMDS dated [DATE], respectively.</p> <p>On 03/27/24 at 9:50 AM, the surveyor interviewed the MDSC and stated that the social worker completed MDS assessment sections C, D, E, and Q and that the interview should be conducted on the ARD date, 12/21/23.</p> <p>39885</p> <p>4. On 3/20/24 at 12:22 PM, the surveyor observed Resident #63 seated in a wheelchair in the dayroom eating lunch.</p> <p>The surveyor reviewed Resident #63's electronic medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #63 AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), muscle weakness (decreased strength in the muscles) and dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain).</p> <p>A review of Resident #63's quarterly MDS, an assessment tool used to facilitate the management of care, dated 02/15/24, reflected that the resident had a BIMS score of 03 out of 15, which indicated that Resident #63's cognition was severely impaired. Further review of Section O Special Treatments, Procedures, and Programs indicated that under O0300 Resident #63's pneumococcal vaccine was up to date.</p> <p>A review of Resident #63's electronic medical record under the Immunization tab included the following:</p> <p>Pneumovax Dose 1 (pneumococcal vaccine) Immunization Req.</p> <p>It did not indicate a date that it was given as complete or a date with historical to indicate that the resident had the vaccination in the past.</p> <p>On 3/21/24 at 01:50 PM, in the presence of the survey team, the surveyor requested the LNHA and DON provide information on Resident #63's vaccinations.</p> <p>On 3/25/24 at 11:25 AM, the DON provided the surveyor a document that included the following:</p> <p>Immunization</p> <p>Resident #63- .PNA Vaccine the consent was signed by the daughter, not given.</p> <p>On 3/25/24 at 11:47 AM, in the presence of the survey team, the surveyor interviewed the MDSC regarding the process for MDS. The MDSC stated that she inputted the data and that a Registered Nurse would review the information to make sure it was accurate before the MDSC submitted the MDS. The surveyor asked the MDSC where the vaccination status was located that she entered into the MDS. The MDSC stated that she looked in the electronic medical record under the immunization section. She then stated that if the information was not in the electronic medical record that she would ask the resident or the resident representative. The surveyor then asked the MDSC what req meant on on Resident #63's immunization section. The MDSC stated that it meant request. The surveyor then asked the MDSC the reason Resident #63's MDS was coded up to date for the pneumococcal vaccine when the resident did not receive the vaccination. The MDSC stated that she would have to look into it.</p> <p>On 3/25/24 at 12:31 PM, in the presence of the survey team, the surveyor told the LNHA, DON, Infection Preventionist and Clinical Nurse Consultant the concern that Resident #63 was not offered the pneumococcal vaccination prior to surveyor inquiry and that the MDS was coded inaccurately to indicate that Resident #63's pneumococcal vaccination was up to date when the resident had not received the vaccination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 9:47 AM, in the presence of the survey team and LNHA, the DON stated that the MDSC was in-serviced and that she corrected Resident #63's MDS.</p> <p>A review of the printed MDS that the facility provided indicated that the printed view was different from the electronic view.</p> <p>On 3/26/24 at 11:04 AM, the surveyor showed the MDSC the different codes in the viewable and printed version of the MDS. The MDSC confirmed that the viewable version in the electronic medical record was a 1 and that indicated a yes for up to date and that the printed version indicated a 1 and that indicated a no for up to date. The MDS Coordinator stated that the correct answer that she inputted was a yes for up to date.</p> <p>On 3/26/24 at 02:16 PM, in the presence of the survey team, the surveyor told the LNHA, DON, IP and Clinical Nurse Consultant the concern that the MDS printout was different then the transmitted version in the electronic medical record.</p> <p>On 3/27/24 at 9:13 AM, the LNHA provided an email from the company for the electronic medical record. The email dated 3/26/23 included the following: We believe we have identified a defect affect Section O0300A printing as No on the print version of the MDS, and it is currently under review. We will notify you of any updates via email as they become available. Currently, there is no workaround for this problem. However, it is important to note that while the response from the MDS assessment is appearing correctly.</p> <p>The facility did not provide any additional information.</p> <p>38327</p> <p>5. On 3/21/24 at 11:03 AM, the surveyor observed Resident #24 in the dining area (also known as the activity room) laying in the geri chair (or geriatric chair, which is a large padded chair with wheeled bases and is designed to assist seniors with limited mobility) with eyes closed and the body covered with a blanket.</p> <p>The surveyor reviewed the hybrid medical records of Resident #24 as follows:</p> <p>According to the AR, Resident #10 was admitted to the facility with a diagnosis that included but was not limited to essential hypertension (abnormally high blood pressure that's not the result of a medical condition), unspecified osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain), unspecified glaucoma (a group of eye conditions that can cause blindness), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy) without complications, and unspecified dementia (a group of thinking and social symptoms that interferes with daily functioning) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>The resident's comprehensive MDS (cMDS) with an ARD of 12/13/23 revealed in Section C Cognitive Status with BIMS score of 3 out of 15 which reflected that the resident's cognition was severely impaired. Section O Special Treatments, Procedures, and Programs revealed that Resident #24 was offered and declined the pneumococcal vaccination (which helps protect against serious illnesses like pneumonia and meningitis).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The immunization record in the electronic medical record (eMR) revealed that Resident #24 had the pneumococcal vaccine on 6/02/23.</p> <p>The above pneumococcal vaccine was signed as administered in the June 2023 electronic Medication Administration Record (eMAR).</p> <p>On 3/25/24 at 11:46 AM, the survey team met with the MDSC. The MDSC informed the surveyors that the facility had no specific policy regarding MDS, the facility follows the RAI Manual. The MDSC stated that the pneumococcal vaccination on 12/13/23 should reflect the accurate status of the resident's vaccination history that the resident had received the pneumococcal vaccine.</p> <p>On 3/25/24 at 12:27 PM, the survey team met with the LNHA, DON, Infection Preventionist Nurse (IPN), and Clinical Nurse Consultant (CNC). The surveyor notified the facility management of the above findings and concerns.</p> <p>On 3/26/24 at 02:15 PM, the survey team met with the CNC, LNHA, DON, IPN, and MDSC. The facility management did not respond to the above findings and concerns.</p> <p>NJAC 8:39-11.2(e)1</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>39885</p> <p>Based on observation, interview and review of the medical record and review of other facility documentation, it was determined that the facility failed to maintain professional standards of clinical practice by failing to assess the fall risk for a resident that was at risk for falls and had a fall according to the facility policy for 1 of 2 residents reviewed for falls (Resident #63).</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statues, Annotated Title 45, Chapter. Nursing Board The Nurse Practice Act for the State of New Jersey states; The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and well being, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities with in the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>A review of Resident #63 Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), muscle weakness (decreased strength in the muscles) and dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain).</p> <p>A review of Resident #63's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/15/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated that Resident #63's cognition was severely impaired. Further review of Section J Health Conditions indicated that under J1800 Resident #63 had a fall since admission/entry or reentry or the prior assessment.</p> <p>A review of Resident #63's electronic medical record under the evaluations section indicated that the last Fall Risk Evaluation was done on 11/1/23. There was not another quarterly Fall Risk Evaluation done which would have been due to be done on 2/1/24. The surveyor was unable to open or view the 11/1/23 Fall Risk Evaluation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/21/24 at 11:40 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding fall risk assessments (evaluations). The LPN stated that the fall risk was done on admission and then quarterly. She added that the admission nurse did the admission fall risk and that the night nurse did the quarterly. The LPN stated that the fall risk assessment would be in the electronic medical record.</p> <p>On 3/21/24 at 12:59 PM, the surveyor interviewed the Director of Nursing (DON) and asked where the fall risk assessment was located. The DON, in the presence of the Assistant DON (ADON), stated that the fall risk assessment should be under the evaluations section in the electronic medical record.</p> <p>On 3/21/24 at 01:52 PM, in the presence of the survey team, the surveyor requested the Licensed Nursing Home Administrator (LNHA) and the DON print Resident #63's fall risk assessments since the last recertification survey that was in September 2023. The surveyor told the LNHA and DON that the surveyor could not open or view the actual fall risk assessment.</p> <p>On 3/22/24 at 8:40 AM, the LNHA provided the surveyor a copy of 2 fall risk evaluations with effective dates of 11/01/23 and 02/01/24. The surveyor reviewed the last one which had an effective date of 02/01/24 but it did not have a created date on it. The surveyor then reviewed Resident #63's electronic Progress Notes that were linked to the fall risk evaluation. The 02/01/24 Fall Risk Evaluation had a created date of 3/21/24. The 02/01/24 Fall Risk Evaluation was created after surveyor inquiry.</p> <p>On 3/22/24 at 9:45 AM, in the presence of another surveyor, the surveyor asked the DON when the 02/01/24 Fall Risk Evaluation was created. The DON viewed Resident #63's electronic medical record and stated that the LPN assigned to the resident created the Fall Risk Evaluation yesterday (3/21/24). The surveyor asked the DON if the Fall Risk Evaluation should have been done prior to surveyor inquiry. The DON stated that it should have been done prior.</p> <p>On 3/25/24 at 12:31 PM, in the presence of the survey team, the surveyor told the LNHA, DON, Infection Preventionist and Clinical Nurse Consultant the concern that Resident #63's fall assessment was not done in February when it was due to be done quarterly.</p> <p>On 03/26/24 at 9:38 AM, in the presence of the survey team, the surveyor asked the LNHA and DON if the fall risk assessment should have been done prior to surveyor inquiry. The LNHA stated it was still in the quarter. The facility provided additional printed fall risk evaluations.</p> <p>A review of the additional documents indicated a fall risk assessment that had an effective date of 12/23/23 and 3/23/24 (dated after surveyor inquiry). The surveyor reviewed Resident #63's electronic Progress Notes that were linked to the fall risk assessment. The 12/23/23 Fall Risk Evaluation had a created date of 3/23/24 (dated after surveyor inquiry).</p> <p>On 3/26/24 at 11:40 AM, in the presence of the survey team, the surveyor asked the DON when the additional fall risk evaluations with effective date of 12/23/23 and 3/23/24 were done. The DON stated that they both were created in March 2024. The DON added that it was a late entry.</p> <p>The facility did not provide any additional information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility provided policy titled Falls, Resident: Prevention Program with a revised date of 3/20/24, included the following:</p> <p>Policy: All residents will be assessed for fall risk on admission. All residents will be reassessed at least quarterly in conjunction with their MDS evaluation, or in the event of change in status.</p> <p>Procedure:</p> <p>1. The licensed nurse will complete a Fall Risk Assessment for each new admission and quarterly in conjunction with their MDS evaluation.</p> <p>N.J.A.C. 8:39-27.1 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>48781</p> <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to implement an intervention timely that was recommended by the wound physician. This deficient practice was identified for one of one resident (Resident #28) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/18/24 at 11:02 AM, the surveyor observed the Resident #28 lying in bed on an air mattress. The resident responded to questions in a faint voice. The resident gave permission to speak with the spouse who was in the room. The spouse stated, [The resident] came here because of a stroke about six months ago.</p> <p>On 3/18/24 at 11:26 AM, the surveyor interviewed the daughter who stated, [the resident] was in the hospital in New York for gastrointestinal bleed and has renal cancer that metastasized to the brain. The resident also had another brain bleed and had radiation therapy recently in the hospital. [the resident] has a sacral wound, stage four, from the hospital from a year ago.</p> <p>On 3/20/24 at 11:25 AM, observed the resident lying in bed, on an air mattress. The resident stated, I am fine for now, I have no complaints.</p> <p>On 3/20/24 at 11:28 AM, interviewed License Practical Nurse (LPN) #1 from Unit A, who worked in the facility for seven years. The LPN stated, The resident gets out of bed (OOB) M-W-F between 1-4 PM with Hoyer (mechanical lift) transfer. The resident gets therapy. The sacral wound has not declined, it's stable.</p> <p>On 3/21/24 at 12:49 PM, observed the resident lying in bed. The resident stated, I ate good today and I feel fine. The resident's daughter who was in the room stated, They mentioned yesterday that the wound team will look into a wound VAC (vacuum assisted closure, to remove excess exudate and promote healing). The nursing supervisor spoke to me on Monday and mentioned at this point that they are keeping the wound sterile for possible application of a wound VAC. I spoke to the wound doctor's office on Monday, and they said there's no indication of infection and would determine soon for possible wound VAC. I am waiting to hear back when that would be applied.</p> <p>On 3/21/24 at 12:57 PM, interviewed LPN #1, who stated, The sacral treatment order is cleaning and packing with Dakin's solution, doctor [name redacted] and his assistant did wound rounds yesterday. The wound is improving, and the treatment orders are the same. I haven't got any orders yet about the wound VAC.</p> <p>On 3/21/24 at 1:02 PM, interviewed Registered Nurse (RN), Director of Nursing (DON), who stated, The resident is being followed by a wound care team. The wound report comes to me every week and I review it. If there's a new treatment, I am updating the orders for anything new. I haven't seen anything yet for an order of a wound vac.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the Admission Record in the Electronic Health Record (EHR) reflected the Resident #28 was admitted to the facility with medical diagnoses which included but not limited to: dysphagia following nontraumatic intracerebral hemorrhage (difficulty swallowing due to bleeding in the brain); protein calorie malnutrition; diabetes mellitus type II with hyperglycemia and chronic kidney disease; gastrostomy tube(feeding tube); dysarthria (difficulty speaking); kidney cancer; secondary lung, and bone cancer; and anemia (low red blood cells).</p> <p>According to the Minimum Data Set (MDS) an assessment tool used to facilitate the management of care, dated 1/15/24 reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 3 out of 15 indicating severe impaired cognition. The assessment further reflected that the resident had a Stage four sacral wound on admission, tube feeding and on a mechanically altered diet and required maximal to total assistance with Activities of Daily Living (ADLs).</p> <p>The resident's care plan initiated on 1/8/24 indicated Resident #28 had a sacral pressure ulcer on admission related to immobility.</p> <p>A review of the Order Summary in the resident's EHR reflected Multivitamin & Mineral Oral Liquid (Multiple Vitamins w/ Minerals) Give 15 ml by mouth one time a day for Supplements, ordered on 3/19/24; Zinc Sulfate Oral Tablet 220 (50 Zn) MG (Zinc Sulfate) Give 1 capsule via G-Tube two times a day for Wound Healing for 14 Days, ordered 3/18/24; Sacral Wound cleanse with wound Dakin's, pack with Dakin's Soaked Kerlix, and foam dressing daily. Zinc Oxide to peri wound, reposition side to side, monitor for changes. every night shift for Wound Healing-Start Date 03/14/2024.</p> <p>A review of the wound consult team notes dated on 1/10/24 reflected sacral wound Stage 4 measuring 2.5x2x1.5cm, 30% slough (dead cells), 60% granulation (new tissue) and 10% muscle; Wound consult notes on 2/14/24 reflected measurements of 2x1.5x2cm, 10% slough, 90% granulation, undermining (extending to the muscle) at 1 o'clock and recommendation for wound VAC protocol; Wound consult notes on 2/21/24 reflected recommendations for wound VAC protocol; Wound notes on 3/13/24 recommended wound VAC for sacral wound; Wound consult notes on 3/20/24 reflected measurements of 3x2x1.8cm, 90% granulation, 10% bone, undermining at 12 o'clock and recommend wound VAC; Updated wound consult notes on 3/20/24 after surveyor inquiry reflected treatment orders clean and pack with Dakin's solution until wound VAC is available. Wound consult notes from 2/14/24 through 3/20/24 (total of four weeks), indicated recommendations for wound VAC for sacral wound with no evidence from the facility of an order or treatment clarification.</p> <p>A review of the 1/8/2024 3:41 PM LPN #2 documented on the Braden Scale for Predicting Pressure Ulcer Risk Evaluation note in the EHR reflected Braden Score of 13 indicating moderate risk for skin impairment. A Braden score of 10 on 3/22/24 indicating high risk for skin impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the RN Health Status Note Text on 3/22/24 at 4:20 PM: Resident lying in bed awake, alert, verbally responsive to simple questions, denied pain or discomfort, no moaning or facial grimacing noted, respiration easy and regular, no distress. Resident's spouse and daughter visiting. Informed resident, spouse, and daughter that I am going to do wound care to sacral wound and apply wound VAC, procedure explained, questions answered, resident, spouse and daughter agreed. Resident positioned on left side, old dressing removed, moderate amount of sero-sanguineous drainage noted, sacral wound cleaned with NS, wound VAC applied at 125 mm/Hg continuous suction, tolerated procedure well, repositioned for comfort, off load wound, no distress. I informed resident's spouse and daughter that state surveyors would like to observe wound care on Monday, and I asked them for their consent, resident's spouse and daughter declined.</p> <p>A review of the RN Health Status Note Text on 3/22/24 at 5:51 PM: I offered resident's spouse and daughter that I can call MD to order pain medication prior to wound care, resident's spouse and daughter declined, they want to continue PRN (as needed) pain management. Will continue to monitor.</p> <p>On 3/25/24 at 9:15 AM, the surveyor interviewed the DON regarding what was the plan of the wound team from February 14, 2024, to current recommendations for wound VAC protocol written on the wound report, the DON stated, It was written on the bottom of the report and the wound doctor never communicated to me about his plan for the wound VAC and there was no order.</p> <p>On 3/25/24 at 10:45 AM, the surveyor observed the resident sleeping on the bed with air mattress and a wound VAC applied to sacral wound. The resident's daughter and spouse were in the room and the daughter stated, The wound VAC application was to start the wound healing, it's now at the point where it's the next step and it was applied last Friday.</p> <p>On 3/25/24 at 10:55 AM, the surveyor interviewed LPN #2, who has been working at the facility for five years stated, The wound VAC was started last Friday, and I didn't hear anything about the wound VAC prior to last Friday.</p> <p>On 3/25/24 at 11:14 AM, the surveyor called the wound doctor [name redacted] regarding recommendation of wound VAC protocol from 2/14/24 and call went into voicemail.</p> <p>On 3/25/24 at 12:02 PM, the surveyor requested permission from the daughter and spouse regarding sacral wound observation and the family refused.</p> <p>On 3/25/24 at 12:15 PM, the surveyor interviewed the assistant medical director, [name redacted] from the wound consultation group, with the survey team present, the doctor stated, I am the one who reviews the wound reports weekly, but I have not seen the resident. The wound VAC was on back order in February 2024. Our doctor should have documented it on the wound report. We should have documented better and done a separate treatment because Dakin's solution can actually impair wound healing if wound has granulation tissue, there's a better wound treatment. The facility did not provide any documentation of the wound VAC being on back order or that the recommendation for wound VAC was clarified by the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 9:46 AM, the surveyor met with the License Home Administrator (LNHA) and the DON in the presence of the survey team and discussed the concern regarding the delay in application of the wound VAC from 2/14/24 through 3/20/24. The surveyor interviewed the DON regarding the wound note on 2/14/24 pertaining to the wound VAC, the DON stated, I should have questioned and followed up with the doctor to clarify what he meant by wound VAC protocol.</p> <p>On 3/26/24 at 10:49 AM, the surveyor interviewed the wound doctor, [name redacted] in the presence of the survey team. The doctor stated, The standard wound VAC needs to be applied for Wound VAC protocol. I believe the resident went to the hospital and came back. The wound has no infection, minimal slough, it's improving. It's the facility's protocol to acquire the VAC but that sometimes takes a couple of days. It's not jeopardizing their treatment until they get the VAC. Continue the same treatment until the VAC comes was the plan. I spoke to my scribe about documentation, and he told me he put that note in the report. Dakin's is the appropriate treatment while waiting for a VAC. We can work on the notes better, I agree with you that it should have been communicated to the facility and documented initially that a VAC was recommended and should have been implemented once the VAC was available.</p> <p>A review of the facility policy and procedure titled Wound Care: Decubitus/Pressure Ulcers with revision date of 2/8/24 revealed, Each resident will have preventative measures instituted to prevent the development of or further deterioration of skin integrity. The wound doctor will recommend treatment based on his assessment during wound rounds.</p> <p>NJAC 8.39-25.2(c); 27.1(e)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>45449</p> <p>Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to ensure a.) implementation of interventions designed by the occupational therapist to stimulate functional performance, and prevent further decline, and b.) the interdisciplinary team provided timely revision to the care plan (CP).</p> <p>This deficient practice was identified for one (1) of one (1) resident reviewed for limited range of motion, Resident #29 and was evidenced by the following:</p> <p>1. On 3/25/24 at 10:33 AM, the surveyor observed the resident with one foot out of the blanket, the chest, and both hands were covered with a blanket.</p> <p>On 3/26/24 at 9:24 AM, the surveyor and the Certified Nursing Assistant (CNA) assigned to the resident, entered the resident's room. The resting hand splint (RHS; a medical device, functional hand brace, wrist, and finger immobilizer) was observed next to the resident's bedside table. The CNA stated that she had fed the resident, who at that time threw the RHS on to the floor.</p> <p>At that time, the CNA described the resident as dependent, required total care, was contracted, and had a splint for the hand which the resident often refused.</p> <p>At 9:30 AM, the surveyor and the CNA reviewed the electronic communication record (eCR; brand redacted) together. The eCR was the system the CNA's used to document tasks associated with activities of daily living (ADL), via touch screen. The eCR did not reflect a task associated with a splint.</p> <p>At that time, the CNA stated that the documentation of the donning and doffing of the splint was not assigned to her. The CNA stated that she reported to the medication nurse on duty who then documented on the electronic Medical Record (eMR) the donning, doffing and refusals of the medical device [splint].</p> <p>The surveyor reviewed the hybrid medical record for Resident #29.</p> <p>A review of Resident #29's Admission Record (AR; an admission summary) reflected that the resident was admitted to the facility with diagnoses which included unspecified convulsions, cerebellar stroke syndrome (a stroke that can cause problems with movement, vision, speaking, thinking and behavior), and unspecified dementia (memory problems).</p> <p>A review of Resident #29's most recent quarterly Minimum Data Set (qMDS), an assessment tool used to facilitate the management of care, dated 03/05/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score</p> <p>of 0 out of 15, which indicated that Resident #29's cognition was severely impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of section O. 0500 Restorative Nursing Program, under section C for splint or brace assistance was marked, zero. This number indicated the number of days the restorative program was performed, in the last 7 calendar days, for the resident.</p> <p>According to the Occupational Therapy (OT) and Plan of Treatment (PT) dated 12/2/23, the resident was seen for the quarterly assessment. The assessment indicated that the resident presented with left sided weakness, spasticity (stiff or rigid muscle) of the shoulder, elbow and hand and lower left extremity. The patient required total assistance of all aspects of ADL, to mobilize out of bed onto the geri chair (an adaptive chair) and for feeding tasks. The resident received services one to three times per week.</p> <p>A review of the OT Discharge Summary dated 1/8/24, revealed that on 1/2/24, the resident was discharged from receiving rehabilitative services. The discharge recommendations included.</p> <ul style="list-style-type: none"> -safely wear a resting hand splint on left hand, up to 8 hours - an elbow extension splint (a medical device to relieve contracture for those with paralysis or significant unbalanced muscle strength on the left elbow, up to 8 hours -will improve ability to safely, and efficiently perform eating tasks with partial/moderate assistance . <p>A review of the Order Summary Report (OSR), the list of active physician orders (PO) as of 3/25/24, included an order for left wrist extension splint (LWES; a medical device that prevents unwanted flexion and extension of the wrist while allowing movement of the fingers and thumb) - On during day shift. Off during night shift. Check skin integrity every shift, every day, and night shift, started on 10/8/22.</p> <p>Further review of the OSR did not reflect a physician order for the following:</p> <ul style="list-style-type: none"> - resting hand splint (RHS), left hand - elbow extension splint (EES), left elbow <p>On 3/26/24 at 11:07 AM, during an interview with the surveyor, the Certified Occupational Therapy Assistant (COTA)/Director of Rehabilitation (DOR) stated she had no access to the eMR and the eCR. She was unable to view what was donned or doffed by the nursing staff and/or refused by the resident.</p> <p>At that time, the COTA/DOR stated, We don't check the eMR, and that it was the responsibility of the Director of Nursing (DON) to monitor nursing tasks.</p> <p>At 11:41 AM, the surveyor and the COTA/DOR entered the resident's room and confirmed the RHS was in the room and that the elbow splint was not in the room.</p> <p>At 11:44 AM, the surveyor and the COTA/DOR entered the C-wing dining/day room. The surveyor observed the resident seated in a geri chair, reclined, and a hand roll within the left palm. The COTA/DOR assessed the resident and confirmed the resident had a hand roll within the left palm, however the resident was not wearing a left EES, left hand RHS and LWES.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At 11:58 AM, the COTA/DOR stated that the evaluating therapist was part-time and was not in the building at that time. She would reach out to let him know about the missing orders.</p> <p>At that time, the surveyor, and the Licensed Practical Nurse (LPN) reviewed the electronic Treatment Administration Record together for the PO of the LWES - On during day shift. Off during night shift. Check skin integrity every shift, every day, and night shift, started on 10/8/22. The order reflected a check mark for the day shift.</p> <p>At that time, the LPN acknowledged that the order for the LWES and skin check should have been separated, for clarity of tracking. The LPN also confirmed the resident was not wearing the LWES and had a hand roll without an order.</p> <p>A review of the succeeding quarter, OT and PT evaluation dated 3/11/23, under current referral included that Nursing staff had been educated on the continuance of the need to don splints to prevent further contracture . Nursing is managing patient's contracture impairment.</p> <p>2. A review of the quarterly Interdisciplinary Care Plan (IDCP) Care Conference Note of the last two quarters dated 12/7/23, and 3/15/24 under section 10. Restraint/Devices/Side Rail Review did not reflect any documentation relating to medical devices from nursing. The record also did not show a tab where rehabilitative services were able to enter information.</p> <p>On 3/26/24 at 11:07 AM, during an interview with the surveyor, the COTA/DOR stated as part of her responsibilities, she participated in the quarterly IDCP team meetings.</p> <p>At that time, the COTA/DOR informed the surveyor that once a resident was discharged with medical device recommendations, the CNAs were educated by the evaluating therapist. Followed by an evaluation of the CNA's competency of donning and doffing a splint or positioning a wedge or cushion. We then put it on the CP because we want it to carry over.</p> <p>A review of the Treatment Administration Record (TAR) for January 2024, February 2024, and March 2024, did not reflect refusals of the application of the LWES and did not include the tracking of the donning, doffing of the following:</p> <ul style="list-style-type: none"> - resting hand splint (RHS), left hand - elbow extension splint (EES), left elbow <p>A review of the resident's Care Plan (CP) included a focus that indicated the resident was at risk for left hand contracture dated/ revised on 6/12/23; the interventions reflected that the resident would demonstrate increased range of motion of the left hand to increase functional bed mobility and self-care tasks dated/ revised on 6/12/23.</p> <p>Further review of the CP goals included that the resident would wear the left resting hand splint during the PM (nighttime) hours to prevent contracture and increase joint mobility dated/ revised on 3/1/24.</p> <p>The CP did not include the LWES, the EES and the hand roll.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 2:16 PM, in the presence of the survey team the Licensed Nursing Home Administrator (LNHA), the Director of Nursing (DON), the Infection Preventionist (IP), the Nursing Consultant and MDS Coordinator (MDSC), the surveyor discussed the concern regarding the failure to develop and implement the OT's recommendations of promoting functional stabilization and preventing contracture from 1/2/24, including the IDCP team's quarter review of 3/15/24. The concern regarding the failure to ensure revision of the individualized CP was also discussed.</p> <p>On 3/27/24 at 9:33 AM, during a follow- up interview with the surveyor, the COTA/DOR stated she attended the quarterly IDCP team meetings but did not document on the conference note. She instead verbally communicated with the IDCP team and emailed the rehabilitation team of the plan for the resident.</p> <p>At that time, the surveyor asked the COTA/DOR why the omissions of the medical device recommendations were not acted upon on 1/2/24 and at the quarterly meeting on 3/15/24.</p> <p>At that time, the COTA/DOR stated that nursing had not verbalize that the medical devices were missing, and the order for the LWES from 10/8/22, was incorrect. She acknowledged the OT recommendations should have been acted upon at the time of the recommendation on 1/2/24, and the errors including omissions, should have been captured for correction at the quarterly meeting on 3/15/24.</p> <p>At that time, the COTA/DOR stated the communication between nursing and rehabilitation services could be better. We started a QAPI (Quality Assurance and Performance Improvement, a data driven and proactive approach to quality improvement) yesterday.</p> <p>No further information was provided.</p> <p>A review of the facility provided policy, Restorative Program, Resident: Ambulation Function Maintenance dated 3/22/24, included the following under Procedure.</p> <ol style="list-style-type: none"> 1. The therapy Department, in collaboration with Nursing initiates the Functional Maintenance Program for Ambulation. The program goal is set in collaboration with Therapy, Nursing, and the individual resident. 2. As per specific recommendation from therapy .The specific recommendation shall be documented on the resident's plan of care. <p>A review of the facility provided policy, Care Plan, Rehabilitation Services dated 2/8/24, included Procedure under section 9. Care Plans will be updated in a timely manner and necessary revision made when there are changes in condition.</p> <p>NJAC 8:39-11.2 (e)(1)(2), 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38327</p> <p>Based on observation, interview, record review, and review of other pertinent facility provided documentation, the facility failed to a) follow through with the Dietitian's recommendation for one (1) of two (2) residents (Resident #24), b) ensure the Interdisciplinary team (IDT) was aware of the resident's significant weight loss according to the standard of clinical practice for one (1) of two (2) residents (Resident #24), and c) ensure that the re-weigh was done according to the standard of clinical practice and facility policy for two (2) of two (2) residents, Resident #24 and #57, reviewed for nutrition.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>1. On 3/21/24 at 11:03 AM, the surveyor observed Resident #24 in the dining area (also known as the activity room) laying in the geri chair (or geriatric chair, which is a large padded chair with wheeled bases and is designed to assist seniors with limited mobility) with eyes closed and the body covered with a blanket.</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #24.</p> <p>According to the Admission Record (admission summary), Resident #10 was admitted to the facility with a diagnosis that included but was not limited to essential hypertension (abnormally high blood pressure that's not the result of a medical condition), unspecified osteoarthritis (a degenerative disease that worsens over time, often resulting in chronic pain), unspecified glaucoma (a group of eye conditions that can cause blindness), type 2 diabetes mellitus (A long-term condition in which the body has trouble controlling blood sugar and using it for energy) without complications, and unspecified dementia (a group of thinking and social symptoms that interferes with daily functioning) without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident's comprehensive Minimum Data Set (cMDS), and assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 12/13/23 revealed in Section C Cognitive Status Brief Interview for Mental Status (BIMS) score of 3 out of 15 which reflected that the resident's cognition was severely impaired. The cMDS Section K Swallowing/Nutritional Status revealed that the resident had a weight loss of 5% or more in the last month or a loss of 10% in the last six months.</p> <p>The personalized care plan showed a focus on Nutrition that was initiated on 12/15/20 and revised on 3/21/24 with interventions that included but were not limited to monitor my weights and lab (laboratory) as avail (available) initiated on 12/15/20.</p> <p>A review of the Weight Summary revealed that on 12/08/23 the resident's weight was 121.5 pounds (lbs) with warning notes that included the following:</p> <p>-5.0% change [comparison weight 11/10/23, 132.0 lbs, -8%, -10.5% lbs]</p> <p>-7.5% change [comparison weight 11/10/23, 132.0 lbs, -8%, -10.5% lbs]</p> <p>A review of the IDCP (Interdisciplinary)/Care Conference Note with an effective date of 12/21/23 included Nutritional Status that was electronically signed by the Dietitian on 01/05/24 that the resident was triggered for a significant weight loss x 1 (one) month (8%) and the Dietitian recommended for albumin (test measures the amount of the protein albumin in the blood) level.</p> <p>The Clinical Dashboard in the electronic medical record (eMR) for a facility bulletin board showed that on 12/21/23, the Dietitian created documentation for the resident's recommendation for an albumin level.</p> <p>A review of the Order Summary Report (OSR) for December 2023, January 2024 through March 21, 2024, showed that there was no order for an albumin level.</p> <p>The Results tab in the eMR showed that the last lab done was on 10/04/23.</p> <p>The 12/21/23 Nutrition/Dietary Note in the Progress Notes (PN) showed that Resident #24 was triggered for a significant weight loss x 1 month (8%). The PN did not include that the reweigh was planned, attempted, and refused by the resident.</p> <p>Further review of the PN revealed that there was no documentation from the Physician, Nurse Practitioner, and Nurses about the 12/21/23 notes of the Dietitian about the significant weight loss and the albumin level that was recommended. In addition, the PN did not include documentation that the resident was offered and declined the reweigh and albumin level check.</p> <p>On 3/21/24 at 11:14 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) in the presence of two surveyors. The LPN informed the surveyor that Resident #24 was cognitively impaired, at times required assistance from staff with eating, appetite varied, and most of the time appetite was good. The LPN stated that the resident was on Glucerna shake and the resident takes it well.</p> <p>On that same date and time, the LPN stated that she was not aware of the resident's significant weight loss. She further stated that she was not sure if the weight meeting existed at the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At that same time, the surveyor asked the LPN what was the facility's process and standard of practice with regard to weight loss. The LPN informed the surveyor that the Dietitian would notify the nurse verbally of the weight loss and recommendations. The LPN stated that she can also see the Dietitian's recommendations in the Clinical Dashboard in the eMR for weight loss. She further stated it was the nurse's responsibility to call the physician for the recommendation to obtain an order which included an order for lab if that was the recommendation of the Dietitian. The LPN also stated that if the doctor declined the recommendation it was an expectation that the nurse would document it in the PN.</p> <p>At this time, the surveyor asked the LPN why the 12/21/23 recommendation of the Dietitian for an albumin level in the Clinical Dashboard that the LPN showed was not followed. The surveyor also asked why there was no documentation that the physician was called about the recommendation. The LPN responded, I do not know what happened.</p> <p>On 3/21/24 at 11:45 AM, the surveyor interviewed the Registered Dietitian (RD, also known as the Dietitian). The RD informed the surveyor that the facility's process regarding weight loss generally, the RD enters the weight in the eMR specifically in the weight section, and if there was a five (5) pounds plus or minus weight discrepancy, a reweigh will be done. The RD stated that she also verified and assessed the resident on what happened and why there was significant weight change or weight loss. She further stated that the Nurse Practitioner (NP) of the resident's primary physician will be notified via a [name of an app] (a messaging app that uses the internet to send messages, images, audio, or video) of a list of residents with weight changes that included significant weight loss.</p> <p>On that same date and time, the RD informed the surveyor that there was an IDCP weight meeting where the RD, Director of Nursing (DON), and MDS Coordinator (MDSC) participated, and discussed weight loss. The RD stated that there was no specific date when the IDT met and there was no documentation of the meeting. The RD further stated that the nurses would call the doctor and put the orders that included the recommendations for blood work and supplements as applicable. The surveyor then asked the RD if she followed up on her recommendations and if it was documented. The RD responded Yes, I follow up, but I do not document if the recommendations were not followed through, because the RD did not want other people to be blamed.</p> <p>At that same time, the surveyor notified the RD of the above findings and concerns. The RD stated that she knew Resident #24 and that the resident started to trend down with weight. The RD further stated that she liberalized the resident's diet today, and increased the fortified food. The surveyor asked the RD why her recommendation on 12/13/23 to check for albumin level for significant weight loss was not followed, and the RD did not respond.</p> <p>On 3/21/24 at 01:49 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the DON. The surveyor notified the facility management of the above concerns and findings regarding weight loss.</p> <p>On 3/25/24 at 10:19 AM, the surveyor interviewed the NP. The NP informed the surveyor that she was not notified of the resident's significant weight loss and the recommendation to check the albumin level. The NP stated that usually when the RD recommended, the NP and physician approved and they (NP and physician) documented it in the eMR. The NP acknowledged that if it was not documented in the eMR about the significant weight loss, it meant that she was not aware.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At that same time, the NP stated that she was not aware of the facility's policy to reweigh the resident if there was a significant weight loss. The surveyor notified the NP of the above findings and concerns.</p> <p>On 3/25/24 at 10:34 AM, the surveyor interviewed the DON in the presence of the NP. The DON stated that it was an expectation if a resident had a weight loss, the RD would evaluate the resident and provide recommendations, and nursing and physician would be notified. The RD will notify the DON of the significant weight loss and recommendations as well. The DON informed the surveyor that he was not aware of the significant weight loss of Resident #24 that was documented by the RD on 12/21/23 and 02/22/24.</p> <p>At that same time, the DON stated that the last weight meeting was held late last year, and unable to remember the date because it was informal and not documented. He further stated that he did not remember that in the last weight meeting in December 2023, the resident's significant weight loss was discussed, which was why he was not aware of the resident's weight loss problem.</p> <p>46889</p> <p>2. On 3/21/24 at 10:47 AM, the surveyor observed Resident #57 sitting in bed, alert and oriented, able to answer the surveyor's inquiry.</p> <p>The surveyor reviewed Resident #57's hybrid medical record as follows:</p> <p>A review of the AR documented that Resident #57 was admitted to the facility with diagnoses that included but were not limited to leukemia (a cancer of the blood). The resident's most recent Admission MDS (AMDS) assessment, dated 12/21/23, reflected that Resident #57 had a BIMS score of 15 out of 15, indicating intact cognition. The AMDS Section K Swallowing/Nutritional Status revealed that the resident had a weight of 175 pounds.</p> <p>A review of the Care plan showed a focus on Nutrition, initiated on 12/19/23 and revised on 3/20/24, with interventions that included but were not limited to, monitoring weights and reporting any significant changes to the IDCP team.</p> <p>A review of the Weight Summary revealed the following:</p> <p>On 2/2/24 at 12:55, 165.8 Lbs. (pounds)</p> <p>On 2/1/24 at 16:57, 175.0 Lbs.</p> <p>The 2/20/24 Nutrition/Dietary Note in the PN showed that Resident #57 was triggered for a significant weight loss x 1 month (5.5%). The PN did not include that the reweigh was planned, attempted, and refused by the resident.</p> <p>On 3/26/24 at 10:33 AM, the surveyor, in the presence of the team, interviewed the dietitian over the phone. She stated that the resident should have been weighed when the discrepancy was noted. The dietitian confirmed that there was no re-weigh after 2/2/24 with nine (9) pounds lost. She added that she would tell Nursing to re-weigh the resident. She stated that she informed the NP regarding the weight loss.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/27/24 at 11:23 AM, the surveyor interviewed the NP, who has been working in the facility for a year. She stated that the dietitian or nursing did not inform her of the resident's weight loss; if she does, she will order lab work and re-weigh the resident.</p> <p>A review of the facility's Weighing the Resident Policy with a revision date of 3/21/24 that was provided by the RD included that the weights of residents are taken on admission and monitored monthly. If clinically indicated, weights are monitored more often as needed or as the physician orders. The purpose is to record the actual weight of residents and to keep accurate records of weight gain or loss. Included in the procedure: chart weight on the appropriate form in the chart, any increase or decrease of more than five pounds should be called to the Charge Nurse's attention and reweigh. Document weight and notify the dietitian as needed.</p> <p>On 3/26/24 at 02:15 PM, the survey team met with the Clinical Nurse Consultant, LNHA, DON, Infection Preventionist Nurse, and the MDS Coordinator (MDSC). The facility management did not respond to the above findings and concerns.</p> <p>NJAC 8:39-11.2(d)(e)(1)(f), 17.1(c), 17.2(d), 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48781</p> <p>Based on observation, interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to a.) maintain the necessary care and maintenance of a respiratory equipment and b.) provide a physician's order for respiratory care in accordance with professional standards of practice for one of one resident, (Resident #58) reviewed for respiratory care.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 3/18/24 at 10:35 AM, the surveyor observed the Resident #58 lying in a low bed to the ground. A nebulizer mask was on the bedside table in a bag and the label on the tubing was dated 3/11/24. The resident was pleasant, alert, and oriented to person, place and time. The resident stated, I am here because I have pneumonia (an infection of the lungs) and I need to get my breathing better again.</p> <p>On 3/20/24 at 11:03 AM, the surveyor observed the resident in the therapy gym using the bike with no evidence of difficulty breathing while biking.</p> <p>On 3/20/24 at 11:07 AM, the surveyor interviewed the Registered Nurse (RN), who has been working in the facility for [AGE] years. The RN stated, The resident's pneumonia was treated when the resident was first admitted . The resident's pulse oxygen saturation is good and does not use the oxygen now, only as needed. We generally change the oxygen and nebulizer tubing weekly on Sunday nights.</p> <p>On 3/20/24 at 11:15 AM, the surveyor and the RN entered the resident's room. The surveyor observed the nebulizer mask in the resident's drawer in a plastic bag. The tubing was dated 3/11/24. The RN stated, I was not here on Sunday night, so it was not changed. I will change it now and get an order.</p> <p>The physician order sheet (POS) reflected no order for tubing changes for over nine weeks.</p> <p>The surveyor observed the resident sitting on the bed and the resident stated, I feel a little tired and my breathing is a little hard, I just finished therapy. The RN stated ten minutes later, I checked the resident's oxygen saturation, and it was 97%.</p> <p>On 3/20/24 at 12:06 PM, the Admission Record review in the Electronic Health Record (EHR) reflected medical diagnoses which included but were not limited to pneumonia; centrilobular emphysema (chronic lung disease); chronic obstructive pulmonary disease (copd); lung cancer.</p> <p>A review of the Order Summary revealed:</p> <p>Change nebulizer kits every weekly on Sunday every night shifts every Sunday for nebulizer, ordered 3/20/24 at 12:49 PM, (after surveyor inquiry).</p> <p>Change oxygen tubing (nasal cannula) every weekly while oxygen in use as needed for oxygen change every 7 days, ordered 3/20/24 at 12:53 PM, (after surveyor inquiry).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Budesonide inhalation suspension 0.5 MG/2ML (Budesonide (Inhalation) 1 vial inhale orally via nebulizer two times a day for COPD The resident should rinse mouth after use of Budesonide to decrease the risk of oral fungal infection. ordered 3/4/24.</p> <p>Yupelri inhalation solution 175 MCG/3ML (Revefenacin) 1 vial inhale orally via nebulizer one time a day for COPD, ordered 3/4/24. Formoterol Fumarate inhalation nebulization solution 20 MCG/2ML (Formoterol Fumarate) 1 vial inhale orally via nebulizer two times a day for COPD, ordered 1/14/24.</p> <p>Albuterol Sulfate inhalation aerosol powder breath activated 108 (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally every 6 hours as needed for wheezing, ordered 1/13/24.</p> <p>Cefdinir oral capsule 300 MG (Cefdinir) give 1 capsule by mouth two times a day for pneumonia for 3 Days-Start Date 1/14/2024 and completed 1/17/24.</p> <p>Oxygen @ 2 liters per minute continuously at night.</p> <p>Okay to wean off oxygen during waking hours if saturations above 94% every shift for oxygen-start date 1/14/2024 0700-discharge date [DATE].</p> <p>A review of the resident's Admission/5Day Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 1/20/24 reflected a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating intact cognition.</p> <p>A review of the 2/23/24 plan of care notes from the primary physician on revealed pulmonary-denies cough, shortness of breath, orthopnea (shortness of breath while lying flat in bed).</p> <p>A review of the 3/20/24 Nurse Practitioner's (NP) plan of care notes revealed assessment and plan: COPD-chronic, stable, continue with Formoterol Fumarate Inhalation Nebulization Solution and Albuterol Sulfate Inhalation Aerosol Powder and Budesonide Inhalation Suspension.</p> <p>On 3/21/24 at 11:20 AM, the surveyor observed an oxygen sign on the resident's door, an oxygen concentrator near the bedside and nebulizer tubing dated 3/20/24. The resident was sitting on the bed and stated, I feel fine today, my breathing is better, I use that nebulizer machine for my lungs.</p> <p>On 3/21/24 at 11:28 AM, the surveyor interviewed the License Practical Nurse (LPN), who had been working at the facility for 7 years. The LPN stated, A resident with oxygen will have a sign on the door that says oxygen is in use. We change the tubing for oxygen and nebulizers on Sunday during the night shifts, nebulizer mask goes in a plastic bag. I know she was on antibiotic for a few days on admission and was treated. There is no breathing issue currently, oxygen saturation has been really good.</p> <p>A review of the facility policy and procedure titled Oxygen/Nebulizer Administration: Nasal Cannula or Mask revision date 3/22/23 revealed, Mask/cannula and tubing should be dated upon opening. Change weekly or as needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/21/24 at 01:45 PM, the surveyor and with the presence of the survey team met with the Licensed Home Administrator (LNHA) and the Director of Nursing (DON) and discussed the above observations and concern with the nebulizer maintenance and regulations. The DON acknowledged that the tubing should have been changed weekly as per the facility's policy.</p> <p>NJAC 8.39-25.2(c)3</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>34033</p> <p>Based on observation, interview and record review, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards by ensuring that an expired controlled drug (Lorazepam gel) was removed from active inventory after 1/22/24 and had accurate corresponding documentation for the removal and administration for Resident #39 in one (1) of three (3) medication carts observed during the medication storage inspection.</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 3/25/24 at 10:32 AM, the surveyor, with the Licensed Practical Nurse (LPN), observed in the medication cart, in a controlled drug locked box, a light sensitive bag labeled for Resident #39 that had one (1) oral syringe containing Lorazepam 0.5 milligram (MG)/0.5 milliliter (ML), (an anti-anxiety medication compounded in gel form and stored in an oral syringe to be used topically). The surveyor with the LPN reviewed the Individual Patient's Controlled Drug Record (IPCDR) which corresponded that there was one (1) remaining Lorazepam gel syringe.</p> <p>At that time, the surveyor, with the LPN, reviewed the label on the Lorazepam gel syringe for expiration dating. The LPN stated that the expiration date on the label of the Lorazepam gel syringe was 1/22/24. The surveyor, with the LPN, then observed the label on the light sensitive bag that had the one (1) Lorazepam gel syringe which identified Beyond Use Date: 2024-01-22. The LPN then stated that the Lorazepam gel should have been removed from the medication cart because it was expired. The LPN stated that Resident #39 was administered the Lorazepam gel as needed (PRN) and was used infrequently. Further review of the IPCDR revealed that the Lorazepam gel was removed from inventory on 1/28/24, 2/13/24, 3/3/24, 3/8/24, and 3/11/24.</p> <p>At that time, the LPN explained that she would be removing the Lorazepam gel, along with the IPCDR, and would give it to the Director of Nursing (DON) or the Assistant DON for destruction. The LPN stated that controlled drug inventory counts were completed every shift which was every 12 hours (Q12H) and documented on the Controlled Substance Tally Sheet. The LPN added that expiration dating should be checked during the shift-to-shift count.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Controlled Substance Tally Sheet for March 2024 that was located in the controlled drug logbook on the medication cart revealed that shift to shift counts were completed. There was no recorded evidence that the Lorazepam gel was expired and to be removed from inventory.</p> <p>The surveyor reviewed the medical record for Resident #39.</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 12/15/24, reflected the resident had a brief interview for mental status (BIMS) score of three (3) out of 15, indicating that the resident had a severely impaired cognition.</p> <p>A review of the Admission Record revealed diagnoses which included dementia with agitation and anxiety disorder.</p> <p>A review of the Order Summary Report (OSR) revealed a physician's order (PO) with a start date of 10/2/23 for Lorazepam 0.5 MG/0.5 ML Administer 0.5 MG(0.5 ML) topically Q12H PRN for agitation/anxiety.</p> <p>A review of the January and February electronic medication administration record (EMAR) revealed that there was no documentation that the Lorazepam gel was administered.</p> <p>A review of the March EMAR revealed that the Lorazepam gel was administered on 3/4/24 at 2:58 AM. There were no other entries for administration noted.</p> <p>A review of the electronic progress notes (EPN) revealed an entry dated 3/4/24 at 2:58 AM indicating that the Lorazepam gel was administered. There were no other EPN entries for January or February indicating that the Lorazepam gel was administered.</p> <p>On 3/25/24 at 11:58 AM, the surveyor observed Resident #39 in the activity room in a wheelchair holding a doll and participating in a group activity.</p> <p>On 3/25/24 at 12:14 PM, the surveyor interviewed the LPN who stated that the IPCDR should correspond with the EMAR for the dates and times that the controlled drug was removed from inventory and then administered. The LPN explained that when the EMAR was signed for administration of a PRN medication the EPN would automatically be populated with an entry to indicate the reason for administration. Therefore, for every PRN EMAR administration there should be an EPN. The LPN then stated that she had administered the PRN Lorazepam gel in the past but thought that was two (2) to three (3) months ago. The LPN also stated that she felt that Resident #39 had improved with less anxious behaviors because there were changes in routine medications. The LPN added that the PRN Lorazepam gel was effective when administered.</p> <p>On 3/25/24 at 12:30 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and DON. The surveyor requested that the DON review the resident's EMAR for January, February and March to coincide with the documentation on the IPCDR for removals of Ativan gel.</p> <p>On 3/26/24 at 9:20 AM, the surveyor interviewed the DON who acknowledged that there were no entries on the EMAR that corresponded with the IPCDR for the Lorazepam gel.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 9:37 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and DON. The DON stated that the Lorazepam gel should have been removed after 1/22/24 and thought the label was difficult to read the expiration date. In addition, the DON stated that the EMARs had not reflected the administration of the Lorazepam gel according to the IPCDR. The DON verified that the EMAR and EPN should correspond with the IPCDR. In addition, the DON stated that he spoke with the nurse regarding the March EMAR which reflected an administration date of 3/3/24. The DON explained that the nurse had worked on 3/4/24 and inadvertently wrote 3/3/24 on the IPCDR. The DON added he was continuing to speak with the nurses who signed for the removal of the Lorazepam gel.</p> <p>On 3/26/24 at 10:23 AM, the surveyor interviewed the Consultant Pharmacist (CP) via telephone who stated that he was not the usual CP for the facility but was able to answer any questions. The CP stated that a unit inspection was completed every month by the CP and any expired medications that were found would be reported to nursing for removal. The CP added that controlled medications were spot checked during the unit inspection. The CP also stated that a spot check of the IPCDRs and EMARs were completed and that the documentation of a removal of a controlled drug should match the EMAR whether the controlled drug was administered or refused.</p> <p>A review of the Unit Inspection Reports for the unit completed by a CP dated 1/25/24, 2/27/24, and 3/19/24 revealed that there was no recorded documentation of the expired Lorazepam gel.</p> <p>A review of the current facility policy for Administration of Medications with a revision date of 2/14/24 provided by the DON reflected To administer medication safely and efficiently. In addition, the policy reflected Once resident has been identified: .Re-read label . The policy further reflected to Make appropriate entry on eMAR and Narcotic Control Sheet, if applicable.</p> <p>A review of the current facility policy for Medication: Controlled Drug with a revision date of 2/22/24 provided by the DON reflected When a controlled drug is administered to a resident, in addition to the following the proper procedure for charting medication, the declining inventory sheet must also be signed.</p> <p>NJAC 8:39-11.2(b), 29.2 (a)(d), 29.4(g)(k), 29.7(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49078</p> <p>Based on interview, and record review, it was determined the facility failed to follow professional standards and practices to accurately document in the medical record an ordered medication a resident was being administered. The concern was cited for 2 (Residents #57 and #377) of 19 residents reviewed and is evidenced by the following.</p> <p>483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are (ii) accurately documented.</p> <p>1. On 3/19/24 at 12:51 PM, the surveyor reviewed the medication orders for resident #377 in the electronic medical record (EMR). The medication orders reflected that resident #377 had a physician's order for and was being administered Lantus insulin (Lantus) (a long-acting injectable medication used to treat diabetes).</p> <p>On 03/20/24 at 9:51 AM, the surveyor reviewed the EMR for resident #377. The review included documentation recorded by the attending physician and associated nurse practitioners reflected as Plan of Care (POC) notes, Physician Progress Notes and Chronic Care Management Notes. The surveyor identified six (6) out of eleven (11) instances where the documentation did not accurately reflect the insulin (an injectable medication used to treat diabetes) resident #377 was receiving.</p> <p>The Physician's Progress Notes dated 11/17/23, 1/1/24, 1/19/24 and 2/16/24 reflected Humalog insulin (Humalog) (a short-acting injectable medication used to treat diabetes).</p> <p>The Chronic Care Management Monthly note entered by an NP dated 12/18/23 reflected Humalog sliding scale.</p> <p>The Chronic Care Management Monthly notes entered by an NP dated 1/24/24 and 2/22/24 did not reflect any insulin order.</p> <p>The POC note entered by an NP dated 2/26/24 as a Late Entry reflected Lantus and ISS (insulin sliding scale).</p> <p>The Chronic Care Management Monthly notes entered by an NP dated 12/13/23, 1/17/24 and 3/20/24 reflected Lantus.</p> <p>Humalog is described as a fast-acting insulin that starts to work in fifteen (15) to thirty (30) minutes and lasts three (3) to four (4) hours.</p> <p>Lantus is described as a long-acting insulin that starts to work in one (1) to two (2) hours and continues working in the body for twenty (20) to twenty-four (24) hours.</p> <p>On 3/25/24 at 12:25 PM, the surveyor discussed this concern with facility administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 3/26/24 at 9:38 AM the Director of Nursing provided documentation in the form of a Physician's progress note reflecting that the physician corrected the record to reflect the resident receiving Lantus. The surveyor asked the administration team if the physician gave any reason for the discrepancies. The administrator stated, there was no specific reason other than human error. No further evidentiary information was provided by the facility.</p> <p>46889</p> <p>2. On 03/21/24 at 10:47 AM, the surveyor observed Resident #57 sitting in bed, alert and oriented, able to answer the surveyor's inquiry.</p> <p>The surveyor reviewed Resident #57's hybrid (combination of paper and electronic) medical record as follows:</p> <p>A review of the AR documented that Resident #57 was admitted to the facility with diagnoses that included but were not limited to leukemia (a cancer of the blood). The resident's most recent Admission MDS (AMDS) assessment, dated 12/21/23, reflected that Resident #57 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Section O Special Treatments, Procedures, and Programs revealed that Resident #57, the influenza vaccine (which helps protect against the influenza viruses) was received outside of the facility, and pneumococcal vaccination (which helps protect against serious illnesses like pneumonia and meningitis), was up to date.</p> <p>A review of Resident #57's electronic medical record under the immunization tab did not show that the Influenza and Pneumovax dose did not indicate a date given as complete or a date with historical to indicate that the resident had the vaccination in the past.</p> <p>On 3/21/24 at 01:50 PM, in the presence of the survey team, the surveyor requested the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) to provide information on Resident #57's vaccinations.</p> <p>On 3/25/24 at 11:25 AM, the DON provided the surveyor with a document stating, Immunization Resident #57 PNA - resident verbalized received vaccine in the community but could not remember when. Flu-per wife received Flu vaccine at primary MD's office.</p> <p>On 03/26/24 at 09:55 AM, the DON asked for a copy of the resident's immunization record from a family member. He added that the immunization tab was updated and that the immunization record copy was uploaded to the miscellaneous tab of the electronic record after the surveyor's inquiry.</p> <p>NJAC 8:39-35.2(d)9</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>48781</p> <p>Based on interview and record review it was determined that the facility failed to submit their Payroll Based Journal (PBJ) Report to the Centers for Medicare and Medicaid Services (CMS) within a timely manner. This deficient practice was identified for the PBJ Report submission for Fiscal Year (FY) Quarter 1 2024 (October 1-December 31) and was evidenced by the following:</p> <p>A review of the PBJ Staffing Data Report CASPER Report 1705D reflected a triggered area indicating the facility failed to submit data for the first Fiscal Year Quarter to CMS. The dates of the first quarter included October 1, 2023, through December 31, 2023.</p> <p>On 3/19/24 at 10:00 AM, the Licensed Home Administrator (LNHA) informed the survey team that the facility used a third party to submit the PBJ Staffing Data Report to CMS. The third party did not provide a CMS validation or any proof of submission to CMS for staffing reported for the FY Quarter 1 2024.</p> <p>On 3/27/24 at 11:15 AM, the surveyor interviewed the LNHA, in the presence of another surveyor, regarding communication of staffing with CMS and he stated, We submitted everything with this third party, and they communicate with CMS. I don't have any documentation or proof on hand to reflect that CMS received the data for the FY Quarter 1 2024. The survey team explained the concern to the LNHA that CMS did not have the data. The LNHA was not able to provide additional proof of documentation indicating the third party communicated to CMS.</p> <p>On 3/27/24 at 12:00 PM, the surveyor requested the policy and procedure from the LNHA for PBJ submission/communication to CMS.</p> <p>The facility's policy and procedure were received from the LNHA on 3/27/24 at 12:30 PM, the policy titled PBJ Reporting, with the revised date of 2/8/24 did not indicate the timeframe of submitting data to CMS and who was responsible for submission.</p> <p>NJAC 8:39-41.3(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>39885</p> <p>Based on interview, medical record review, and review of other pertinent facility documents, it was determined that the facility failed to offer a resident a pneumococcal vaccine for 1 of 6 residents reviewed for immunizations (Resident #63).</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed Resident #63's medical record.</p> <p>A review of Resident #63 Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), muscle weakness (decreased strength in the muscles) and dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain).</p> <p>A review of Resident #63's quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 02/15/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated that Resident #63's cognition was severely impaired. Further review of Section O Special Treatments, Procedures, and Programs indicated that under O0300 Resident #63's pneumococcal vaccine was up to date.</p> <p>A review of Resident #63's electronic medical record under the Immunization tab included the following:</p> <p>Pneumovax Dose 1 (pneumococcal vaccine): Immunization Req.</p> <p>It did not indicate a date that it was given as complete or a date with historical to indicate that the resident had the vaccination in the past.</p> <p>On 3/21/24 at 11:40 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) regarding pneumococcal vaccination. The LPN stated that the nurse would request proof of the vaccination. She added that if the resident did not receive the vaccination then she would get an order from the physician and give the vaccination.</p> <p>On 3/21/24 at 01:50 PM, in the presence of the survey team, the surveyor requested the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) provide information on Resident #63's vaccinations.</p> <p>On 3/21/24 at 02:08 PM, the surveyor reviewed the hybrid medical record. There was a Resident Consent Form Influenza (FLU)/Pneumococcal Vaccines which included the resident's representative signature under I consent to receive the pneumococcal vaccine. There was no date next to the signature. On the top of the form was the resident's representative signature under I consent to receive the flu (influenza) vaccine. There was 11- -23 (November 2023) written on the date line.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2024
NAME OF PROVIDER OR SUPPLIER Cranford Park Care		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Lincoln Park East Cranford, NJ 07016	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/22/24 at 10:31 AM, the surveyor reviewed Resident #63's electronic medical record. The Misc (Miscellaneous) section contained a Resident Consent Form Influenza (FLU)/Pneumococcal Vaccines that included per phone conversation with resident's representative dated 01/09/24 I consent to receive the pneumococcal vaccine.</p> <p>On 3/25/24 at 11:25 AM, the DON provided the surveyor a document that included the following:</p> <p>Immunization</p> <p>Resident #63- .PNA (Pneumococcal) Vaccine the consent was signed by the daughter, not given.</p> <p>On 3/25/24 at 11:47 AM, in the presence of the survey team, the surveyor interviewed the MDS Coordinator (MDSC) regarding what req meant on Resident #63's immunization section. The MDSC stated that it meant request.</p> <p>On 3/25/24 at 12:31 PM, in the presence of the survey team, the surveyor told the LNHA, DON, Infection Preventionist (IP) and Clinical Nurse Consultant the concern that Resident #63 was not offered and given the pneumococcal vaccination prior to surveyor inquiry.</p> <p>On 3/26/24 at 9:47 AM, in the presence of the survey team and LNHA, the DON stated that the vaccination should have been offered and given. The DON stated that he was not sure why it was not given.</p> <p>On 3/26/24 at 10:56 AM, in the presence of the survey team, the surveyor interviewed the IP regarding the process for pneumococcal vaccination. The IP stated that the admitting nurse would find out if the resident was up to date with the vaccination. She added that if not sure of the status then they would check with the physician if the resident would benefit from receiving it and get an order to give it.</p> <p>The facility provided the surveyor a document that indicated Resident #63 received the pneumococcal vaccination on 3/22/24 which was after surveyor inquiry.</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility provided policy titled, Immunization Protocol, Resident with a revised date of 3/21/2023, included the following:</p> <p>Policy: All residents will be offered the opportunity to be immunized for both influenza and pneumococcal disease. The influenza vaccine will be offered to the resident on an annual basis. The pneumococcal disease vaccine will be offered per physician order.</p> <p>Procedure: Upon admission, all residents will be interviewed as to their current immunization status. This information will be recorded on the resident's Immunization Record and in red ink within the Nursing History. The information will be maintained in the resident's medical record. All residents not immunized will be reviewed quarterly at the Infection Control Meeting and will be offered appropriate vaccinations.</p> <p>N.J.A.C. 8:39-19.4(i)</p>		