

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Preferred Care at Cumberland		STREET ADDRESS, CITY, STATE, ZIP CODE 154 Sunny Slope Drive Bridgeton, NJ 08302	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and policy review, the facility failed to ensure the baseline care plan included sufficient information to provide person-centered care for one of three sampled residents (Resident (R) 161) reviewed for new admission in a total sample of 32 residents. This failure had the potential for the resident to have unmet care needs. Findings include: Review of the facility policy titled, Baseline Care Plan created 01/2025 revealed, .The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards. The baseline care plan will .include the minimum healthcare information to properly care for the resident .but not limited to .Physician Orders. Review of R161's Face Sheet located in the electronic medical record (EMR) under the Profile tab revealed that R161 was admitted to the facility on [DATE] with diagnoses that included pneumonia, obstructive sleep apnea (OSA), chronic obstructive pulmonary disease (COPD), dependence on oxygen, and chronic bronchitis. Review of the Physician Orders dated 03/12/25 located in the EMR under the Orders tab revealed, apply BiPAP (Bilevel Positive Airway Pressure machine to improve breathing during sleep) machine at the following settings at bedtime for sleep apnea and remove in the morning per schedule. Review of the Baseline Care Plan dated 03/12/25 located in the EMR under the Care Plan tab failed to reveal that R161's conditions of pneumonia, obstructive sleep apnea, chronic obstructive pulmonary disease, dependence on oxygen, chronic bronchitis, and use of BiPAP were included in the baseline plan of care. Review of the five day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/16/25 identified a Brief Interview for Mental Status (BIMs) score of 15 out of 15 that indicated R161 was cognitively intact, had shortness of breath when lying flat, required continuous oxygen, and utilized a non-invasive mechanical ventilator- BiPAP. During an interview on 08/07/25 at 1:09 PM, the Regional Nursing Director (RND) reviewed R161's Baseline Care Plan and confirmed the resident's respiratory conditions of COPD, OSA, pneumonia, dependence on oxygen, and order for BiPAP were not included in R161's Baseline Care Plan. NJAC 8:39-11.2</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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