

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure kitchen staff thoroughly cleaned and air-dried pots and pans prior to storage. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 128 of 132 residents who received dietary services. Findings include: Review of the facility's policy titled, Cleaning and Storage of Pots/Pans in Dietary, dated 02/28/25 revealed, Policy: To ensure pots and pans are cleaned, sanitized, and stored in a sanitary manner that prevents contamination and complies with state and federal regulations. Procedure: 1. Cleaning and Drying: Cookware should be properly cleaned and dried after use using available methods approved for kitchen sanitation. Staff should ensure items are appropriately dry before putting them away. 3. Stacking and Nesting: Staff should use good judgment when stacking or nesting cookware to avoid trapping moisture or introducing contaminants. During an observation and interview on 08/04/25 at 9:55 AM, the Dietary Manager (DM) confirmed six pans, 12 inches by 12 inches by 6 inches deep, three pans 8 inches by 12 inches by 6 inches deep that had been cleaned and stacked for use and were still wet when they were stacked. The pans were found to have been stacked wet and not allowed to properly air dry prior to being stacked. Interview with the DM at this time, stated, they should be dry before being put away, they weren't dry before they were stacked. Being put away wet increases the risk of contamination. NJAC 8:39-17.2(g) NJAC 8:39-19.7		

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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and review of the Resident Assessment Instrument (RAI) manual, the facility failed to ensure that one (Resident (R) 13) out of four residents reviewed for Minimum Data Set (MDS) assessments was transmitted in a timely manner, out of a sample of 32 residents. This had the potential for the resident's progress not to be monitored and potential for decline. Findings include: Review of the RAI manual version 1.191 dated 10/24 revealed . Chapter 2: Assessments for the Resident Assessment Instrument, 2.6: Required OBRA Assessments for the MDS. RAI OBRA-required assessment summary for admission. MDS completion date (Z0500B) no later than 14th calendar day of the resident's admission (admission date + 13 calendar days) . Transmission date no later than care plan completion date + 14 calendar days. Along with, Discharge Assessment. MDS completion date (Item Z0500B) no later than discharge date + 14 calendar days. Transmission date no later than MDS completion date +14 days. Review of R13's Face Sheet provided by the facility revealed R13 was re-admitted to the facility on [DATE]. Review of the resident's Census Data located in the electronic medical record (EMR) under the Census tab revealed R13 discharged to the hospital on [DATE]. The EMR also revealed a discharge return not anticipated Minimum Data Set (MDS) with an assessment reference date (ARD) of 03/08/25 was started, however the status did not indicate that it had been completed or accepted. During an interview on 08/07/25 at 1:58 PM with the Regional Nursing Director (RND) she confirmed that the MDS team submitted the assessment late on 08/07/25 (five months after the MDS was started). When asked why the assessment was not submitted timely, she stated that it was overlooked. NJAC 8:39-11.2		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **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		

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, activity calendar review, interview, and observation the facility failed to ensure activities were provided in accordance with the resident's preferences for one of two sampled residents (Residents (R) 98) reviewed for activities in a total sample of 32 residents. This failure had the potential for the resident to have a diminished quality of life. Findings include: Review of R98's Face Sheet located in the Electronic Medical Record (EMR) under the Profile tab revealed R98 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke) and dementia. Review of R98's admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/15/25 identified a Brief Interview for Mental Status (BIMS) score of three out of 15 that indicated severe cognitive impairment, total dependence for wheelchair mobility, and the interview for daily and activity preferences should be conducted. The interview for daily activity preferences revealed that the resident indicated it was somewhat important while at the facility to listen to music, keep up with the news, do things with groups of people, go outside, and get fresh air in good weather, and participate in religious activities. Review of the Care Plan dated 03/17/25 and revised on 06/15/25 located in the EMR under the Care Plan tab revealed, [Resident name] enjoys listening to all kinds of music, sitting outside when weather permits, watching tv and movies. [Resident name] will take part in the sensory program. Interventions included to transport to activities of interest, provide supplies/materials for leisure activities as needed/requested and encourage participation in group activities. Review of the July 2025 and August 2025 activity calendars revealed programs included move and music, music performances, coffee socials, religious programs, karaoke, and group activities. Review of R98's July 2025 Record of One-on-One Activities documentation provided by the Interim Activity Director (AD) revealed one on one activities were provided once a day on 07/01/25, 07/03/25, 07/06/25, 07/10/25, 07/14/25, 07/18/25, 07/23/25, 07/27/25, and 07/30/25. The activities provided included snack, chat, mail, card, and reading a book. Review of R98's August 2025 Record of One-on-One Activities documentation provided by the Interim AD revealed one on one activities were provided once a day on 08/01/25, 08/02/25, and 08/05/25. The activities provided included mail, snack, and chat. During an observation on 08/04/25 at 10:00 AM revealed R98 was in bed sleeping and the TV was on and tuned to a talk show. At 2:01 PM R98 was in bed, and the TV was on and tuned to a soap opera drama. At 2:10 PM a music program was taking place in the main dining room/activity room. R98 was not in attendance. At 3:00 PM R98 was in a Broda chair in the hallway alcove area near the nurse's station. The area did not have any form of stimulation, and no activities were being provided. During an observation on 08/05/25 at 10:30 AM revealed R98 was in a Broda chair in the hallway alcove area near the nurse's station. The area did not have any form of stimulation, and no activities were being provided. During an observation on 08/06/25 10:27 AM revealed a music program was taking place in the main dining room/activity room and R98 did not attend. During an interview on 08/07/25 at 9:10 AM, the AD stated recreation staff would bring residents to programs and if they did not go to programs they would provide one on one visits. The AD stated music programs take place at least every Monday and Wednesday and sometimes more often when performers come in. The AD reviewed the R98's activity attendance documentation and stated the resident had not attended any scheduled programs including the music programs in July and August 2025. The AD was unsure of R98's specific activity preferences and stated one to one visits were being provided. The AD confirmed the one on one activities being provided were not based on the resident's activity preferences. NJAC 8:39-7.3		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, Functional Maintenance Program documentation review, and interview, the facility failed to ensure recommendations for passive range of motion (ROM) were implemented for one sampled resident (Residents (R) 98) reviewed for limitation in ROM in a total sample of 32 residents. This failure had the potential for the resident to experience a decline in ROM. Findings include: Review of R98's Face Sheet located in the Electronic Medical Record (EMR) under the Profile tab revealed R98 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke) and hemiplegia (paralysis or weakness on one side of the body) affecting the left side. Review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/15/25 identified R98 had a Brief Interview for Mental Status (BIMS) score of three out of 15 that indicated severe cognitive impairment and limitation in range of motion in the upper and lower extremity on one side. Review of the Occupational Therapy Discharge summary dated [DATE] in the EMR under the Therapy tab revealed, .Discharge Recommendations and Status .Functional Maintenance Program Established/ Trained = Range of Motion Program .Range of Motion Program Established/Trained: PROM [passive range of motion] on Left UE [upper extremity] and LE [lower extremity]. Review of the Functional Maintenance Program (FMP) document dated 04/30/25 located in the Assistant Director of Nursing (ADON) office in a FMP notebook revealed, .Reason why resident recommended to Functional Maintenance Program -maintain gains achieved in therapy .goals for restorative program: maximize available ROM [range of motion] on left UE/LE .approaches/recommendations for implementation of goals: PROM on left UE/LE as tolerated .Modify goal: Gentle ROM as tolerated during AM/PM care. Review of the Care Plan dated 03/28/25 and 06/29/25 located in the EMR under the Care Plan tab revealed the resident had a cerebral vascular accident (stroke) with left sided weakness with interventions that included to monitor/document/report to physician as needed for neurological deficits, level of consciousness, visual function changes, aphasia, dizziness, weakness, restlessness, monitor/document the residents abilities for activities of daily living and assist resident as needed, encourage resident to do what he/she is capable of doing for self, and monitor for contractures. The care plan did not identify that PROM was an intervention being implemented for limitation in range of motion of the left upper and lower extremities. Review of the May, June, July, and August 2025 certified nurse aide (CNA) documentation (Kardex) with the Assistant Director of Nursing (ADON) on 08/07/25 at 1:00 PM did not reveal that PROM was being provided to R98. During an interview on 08/06/25 at 1:00 PM, the Rehab Director (RD) stated Occupational Therapy (OT) in the OT discharge made a recommendation for the resident to receive ROM to the left upper and lower extremities through the FMP (facility restorative rehab program). The RD stated referrals for FMP are made to nursing. During an interview on 08/06/25 at 2:30 PM, the RD confirmed the resident did not receive services by the facility FMP per the OT recommendation. During an interview on 08/07/25 at 10:00 AM, the ADON stated she was the Registered Nurse (RN) that oversaw the FMP in the facility. The ADON stated the FMP committee includes the ADON, Therapy Director, Rehab CNAs, and Unit Managers. The ADON stated at the April (2025) monthly FMP committee meeting, the committee discussed the OT recommendation for the resident to be picked up by the FMP to receive PROM. The ADON stated the FMP committee decided not to pick the resident up for services, but to refer the resident to the unit CNAs for gentle ROM of the upper and lower extremities during morning and evening care. The ADON stated the Unit Manager is responsible to include the intervention in the resident care plan and the CNA Kardex. The ADON reviewed the resident's care plan and CNA Kardex and was unable to find PROM was included as an intervention. The ADON stated the unit the resident resides, had changes in unit managers over the past three months and it must have been missed. NJAC 8:39-27.1(a)		