

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Shady Lane Gloucester CO Home		STREET ADDRESS, CITY, STATE, ZIP CODE 256 County House Road Clarksboro, NJ 08020	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>38079</p> <p>Based on observation, interview, record review, and review of pertinent documentation, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH) and the State Ombudsman, an unwitnessed fall which resulted in fractures to multiple right foot metatarsal heads (bones located in the mid-foot). This deficient practice was identified for 1 of 3 residents (Resident #22) reviewed for accidents and was evidenced by the following:</p> <p>A review of the facility provided policy and procedure, Incident and Accident Report/Falls reviewed 03/2024, which included but was not limited to; to accurately record any incident or accident when it occurs in accordance with legal liabilities and state and federal regulations. Procedure 1. Incidents or accidents include but are not limited to . any happening or experience which may be traumatic or inflict bodily injury . witnessed or un-witnessed. 4. Incidents and Accidents are . investigated to see if it is a reportable event. 12. Accidents or incidents that endanger the mental or physical health or safety of the resident in cases of abuse must be reported to . the Ombudsman Office and the NJDOH. Points of Emphasis 1. cases of abuse must be reported to the NJ State Ombudsman's Office and NJDOH .</p> <p>On 04/01/24 at 10:14 AM, the surveyor observed Resident #22 in his/her bed and observed there was a protective boot on the right lower extremity.</p> <p>A review of the facility provided, Accident report regarding Resident #22's incident dated 02/13/24, included but was not limited to; Severity: incident resulted in treatment and temporary harm. Type: fall. Injury Foot. Accident Reason: Not following Care Plan. Contributing Factors: resident sat [her/himself] on the side of the bed when CNA (Certified Nursing Assistant) went to get [name redacted] mechanical lift. When CNA returned, resident was on the floor landing on [his/her] right leg and foot under [his/her] body. Resident stated [he/she] heard their leg snap twice.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/02/24 at 11:42 AM, in the presence of two surveyors, the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) were interviewed. The DON was asked what would a reportable event be considered. The DON gave an example that if staff used a [name redacted] mechanical lift without two staff members, and there was a fall with major injury like a fracture, it would be a reportable because the staff failed to follow the policy. The LNHA stated that the facility would do an investigation and if we determine what happened, that would not be reported. The DON further stated that if staff left a resident room and returned to find the resident on the floor, that would be considered an unwitnessed fall. The LNHA and DON both confirmed that the unwitnessed fall which resulted in multiple fractures of the right foot for Resident #22, was not reported to the NJDOH or Ombudsman. When asked if the facility had a policy specific for the staff to follow regarding reportable events, the LNHA stated no and that the only area regarding reporting an event was in the policy and procedure for Incident and Accident Report/Falls that had been provided.</p> <p>NJAC 8:39-9.4(e), 27.1(a)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27193</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to ensure medications were dated upon opening and all medications were secured inside the medication cart. This deficient practice was identified in 1 of 2 medication carts observed and was evidenced by the following:</p> <p>1. On [DATE] at 7:35 am, the surveyor observed the Licensed Practical Nurse (LPN) in an adjacent hallway. The surveyor approached the LPN and informed her that she would be observed for medication administration. The LPN had a Bingo card of medication in their hands. The LPN placed the Bingo card on top of the medication cart and wheeled the medication cart to the next hallway.</p> <p>On [DATE] at 7:57 AM, the LPN entered Resident #29's room and left the Bingo card on top of the medication cart. The LPN informed the resident that she would be coming with their medications. The LPN went to the bathroom and washed their hands. The Bingo card was left unattended on top of the medication cart. The LPN did not have a line of sight to visualize the medication cart while inside the bathroom. The surveyor remained at the door and observed ancillary staff in the hallway while the Bingo card was on top of the medication cart. The LPN returned to the medication cart, prepared medications for Resident #29, went back to the room and administered the medications.</p> <p>On [DATE] at 08:11 AM, the LPN returned to the medication cart to sign for the medications administered and proceeded with the narcotic count at the surveyor's request. The nurse opened the narcotic book and the first page indicated Tramadol 50 milligrams tablet (medication used to alleviate pain) a specific type of narcotic medicine for Resident #26. The Bingo card was not in the narcotic drawer. The LPN then attempted to pull the Bingo card from underneath the narcotic book on top of the medication cart. The surveyor asked to see the label on the Bingo card. The Bingo card was the missing the Tramadol that was not locked with the other narcotic and had belonged to Resident #26.</p> <p>On [DATE] at 8:25 AM, during an interview with the LPN, she stated that the Tramadol was discontinued and she wanted to remove the medication from the narcotic drawer. The surveyor then inquired regarding the process for the storage of controlled substances. The LPN indicated that all controlled substances should be double locked.</p> <p>A review of the Physician Order Sheet (POS) for Resident #26, revealed that the Tramadol was reordered on [DATE] at 06:15 AM. The order was still active.</p> <p>2. On [DATE] at 7:40 AM, in the presence of the Licensed Practical Nurse (LPN) the surveyor inspected the low hall medication cart on the Long Term Care unit. The surveyor observed an open Flexpen of Humalog insulin (a medication used to treat high blood sugar) which was delivered from the pharmacy on [DATE]. The Humalog Flexpen was opened and not dated. Also noted was a Lantus Flexpen Insulin which was open and not dated, three other insulin Flexpens were noted with a date on the bag only not the Flexpen.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 7:50 AM, the surveyor interviewed the LPN responsible for the medication cart and asked about the facility's process for dating multidose vial medication. The LPN stated that the Humalog Flexpen and the Lantus Flexpen Insulin should have been dated when opening.</p> <p>According to the manufacturer's recommendations, Humalog and Lantus Insulin should be discarded 28 days after first use.</p> <p>On [DATE] at 12:30 PM, the surveyor reviewed the facility's Administering Oral/ IV Medications/ Insulin's/ Storage of Medications and Treatment Carts with a revision date of ,d+[DATE], revealed that all stock medications are to be dated upon opening.</p> <p>A review of the facility's Medication Management: Skills Evaluation revealed under Medication Administration Technique</p> <p>Medication should be locked when staff are not on the cart.</p> <p>Medications are not left on top of medication cart or residents bedside.</p> <p>Maintains security of scheduled medication under double lock system.</p> <p>On [DATE] at 9:00 AM, the Director of Nursing (DON) provided a revised policy which included that insulin's should be dated with an open and expired date. The DON added that staff were in-serviced.</p> <p>On [DATE] at 09:39 AM, during an interview with the Nurse Educator regarding the insulin, she stated that the staff were to place the date directly on the Insulin Pen not on the bag that contained the insulin.</p> <p>NJAC 8;d+[DATE].4</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>27193</p> <p>Based on observation, interview, record review and review of pertinent documents, it was determined that the facility failed to ensure that all staff used appropriate hand hygiene and proper disinfection while providing wound care to a resident, and were adhered to infection control practices in accordance with facility policy regarding medication administration. This deficient practice was observed for 1 of 1 resident (Resident #15) investigated for Pressure Ulcers/Injury and during the medication administration observation as evidenced by the following:</p> <p>On 04/01/2024 at 9:38 AM, the surveyor observed Resident #15 lying in bed awake and alert. Resident #15 is noted to be on enhanced barrier precautions (EBP). Resident #15 stated that he/she had a bone infection in the left heel that resulted in a left heel wound. Resident #15 also stated that he/she gets dressing changes done daily and goes to the wound doctor every other week. Resident #15 was observed wearing bilateral heel protectors.</p> <p>A review of Resident #15's Electronic Medical Record (EMR) revealed that Resident #15 was admitted to the facility with the following diagnoses including but not limited to: acute osteomyelitis of left ankle and foot (infection in the bone), pressure ulcer of left heel (injury to skin and underlying tissue resulting from prolonged pressure on the skin), and diabetes mellitus type 2 (a disease of inadequate control of blood levels of glucose).</p> <p>A review of Resident #15's Minimum Data Set (MDS), an assessment tool, dated 02/16/2024, revealed that Resident #15 had a Brief Interview for Mental Status score of 9/15, indicating moderately impaired cognition. Section M of the MDS was reviewed and revealed that Resident #15 has a pressure ulcer and was at risk for pressure ulcers.</p> <p>A review of Resident #15's EMR revealed that he/she had the following physician's order Wound cleansing and dressing. Wash your hands with soap and water. Remove old dressing, discard into practice bag and place into trash. Cleanse the wound with normal saline prior to applying a clean dressing using gauze sponges, not tissues or cotton balls. Do not scrub or use excessive force. Pat dry using gauze sponges, not tissue or cotton balls (or vashe wound solution, if available). Protect peri wound skin with 3M no sting barrier wipes. Apply a nickel thick layer of Santyl to wound bed only, then cover with clean dressing. Santyl ointment - apply to wound bed, followed by calcium alginate (cut to size), and lay over opened area after Santyl ointment application. 4 x 4 gauze, abdominal pads times two (well padded), and yard gauze wrap secured using tape. Change dressing every day or as needed for excessive drainage.</p> <p>A review of Resident #15's care plan revealed that he/she had a comprehensive care plan initiated on 01/29/2024 for: Wound Care: L heel wound. Interventions included: Wound treatment as ordered. Weekly wound measurement with documentation. Assess for pain and medicate before wound treatment. Weekly comprehensive skin assessment and documentation. Pressure relieving device in chair and mattress on bed. PT/OT consult as needed. Protect and off load heels. Prevent skin to skin friction by using pillows and padding. Monitor for symptoms of infection such as redness, warmth, drainage, odor at each dressing change. Use positioning devices e.g., pillow or wedges to maintain proper body alignment. Enhanced Barrier Precaution as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/03/2024 at 9:44 AM the surveyor obtained verbal permission from Resident #15 to observe his/her wound care.</p> <p>On the same date at 10:12 AM, the surveyor observed the Licensed Practical Nurse (LPN) begin to perform wound care to the left heel. The LPN performed hand hygiene prior to donning (putting on) gloves at the start of the wound care. The surveyor then observed the LPN doffing (removing) gloves from both hands after removing the old wound dressing and placing it in the trash. At that time, the LPN did not perform hand hygiene. The LPN then donned (applied) a new pair of gloves, cleansed the wound with wound wash, removed both gloves without performing hand hygiene. The LPN then donned a new pair of gloves and applied skin prep to the wound edges. The surveyor then observed the LPN remove the gloves, then donned a new pair of gloves to perform the rest of the wound care treatment without performing hand hygiene. The LPN removed both gloves once the wound care treatment was completed and performed hand hygiene.</p> <p>During the wound care treatment this surveyor observed the LPN cut the prescribed wound dressing with scissors located directly on top of the treatment cart. Prior to the use of the scissors, the LPN did not disinfect the scissors.</p> <p>On the same date at 10:25 AM during an interview with the LPN, the surveyor asked when should you perform hand hygiene during wound care, the LPN said, I would perform hand hygiene before starting the treatment and once I am done with the treatment. The surveyor asked the LPN if hand hygiene should be performed between glove changes. The LPN stated, yes, it should be done but I didn't do it every time.</p> <p>The surveyor asked when providing wound care should the scissors be cleaned prior to using them, the LPN stated, yes, but I did not wipe them before cutting the [name redacted], but I should have.</p> <p>On 04/04/2024 at 9:55 AM, the surveyor asked the Director of Nursing (DON) what were the expectations for staff regarding hand hygiene while performing wound care. The DON said, They should wash their hands before and after the procedure, if they are visibly soiled and in between glove changes. If they remove their gloves, they need to also do hand hygiene with either hand sanitizer or by washing them. The surveyor asked the DON should hand hygiene be done in between glove changes. The DON stated, Yes, they should be cleaned with either hand sanitizer or hand washing. This surveyor then asked the DON, when providing wound care should instruments such as scissors be cleaned prior to use. The DON said, Yes, they must wipe the instruments prior to using them with wipes.</p> <p>On 04/04/2024 at 12:40 PM, a review of the facility policy and procedure for Dressing Change, reviewed on 03/2024, revealed the following under the Policy section: To ensure proper application of treatments. To prevent cross contamination and infection.</p> <p>Under the Procedure section it included the steps of the procedure as follows,</p> <ol style="list-style-type: none"> 1) Wash hands prior to patient contact or use of ABHS (alcohol-based hand sanitizer) 3) Apply gloves 4) Remove soiled dressing and dispose of it in a plastic bag on treatment cart. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5) Either: a) wash hands, or b) use ABHS</p> <p>6) Don new gloves after hand washing or use of ABHS</p> <p>7) Assess wounds for exudates (drainage) before applying treatment. If necessary, clean wound with 4 x 4 dressing and normal saline solution or wound solution. Dispose of dressings in plastic bag.</p> <p>8) Remove gloves, wash hands or use of ABHS, and apply new gloves.</p> <p>9) Apply ordered medication</p> <p>13) All tools ie: bandage scissors that are reusable must be cleaned with antimicrobial wipes prior to placing back in treatment cart and moving to next resident.</p> <p>b. On 4/3/24 at 7:57 AM, the surveyor observed the Licensed Practical Nurse (LPN) administered Fluticasone Propionate nasal spray suspension (a medication used to relieve seasonal and year- round allergies) which was delivered from the pharmacy on 03/24/24. The nasal suspension was observed in a bag and not protected with a cap. The LPN did not wipe the nasal applicator prior to administering the nasal spray. After use, the LPN returned the nasal spray in the bag without cleansing the nasal applicator, and then stored the nasal spray in the medication cart along with other medications.</p> <p>On 04/03/24 at 8:05 AM, the surveyor inquired regarding the missing cap that was not observed when the LPN removed the bottle from the the bag. The LPN stated that the cap had been missing and would not elaborate further.</p> <p>The surveyor asked the LPN if she had received in-service on how to administer nasal spray. The LPN stated that she had not received any in-service regarding how to administer nasal spray but she would read the recommendations on the product box. The surveyor then inquired regarding infection control protocol. The nurse then stated that she should have used a tissue to wipe the nasal applicator before and after administration to prevent the spread of germs. The manufacturer recommendations revealed the nasal applicator should be wiped with a clean tissue after being used and the nasal applicator should be protected with a translucent cap.</p> <p>On 04/08/24 at 9:39 AM, the surveyor interviewed the Registered Nurse Educator regarding the infection control concerns observed during the medication administration. The RN stated that if the cap from the nasal spray had been missing, the LPN should have called the pharmacy and requested another nasal spray to prevent the spread of infection. The RN confirmed that she had not provided in-service to the staff on how to administer nasal spray.</p> <p>A review of the facility's policy titled, Infection Control-Standards Precautions provided by the DON on 04/04/24, indicated that employees will be in-serviced annually on infection control issues, including hand washing and gloves use, standards precautions and epidemiological significant pathogens.</p> <p>N.J.A.C 8:39-19.4(a)</p> <p>49094</p>		