STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315405	A. Building B. Wing	09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Shady Lane Gloucester CO Home	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observations, interviews, and review of pertinent facility documents, it was determined that the facility failed to develop and implement a comprehensive care plan that identified an assistive device to help maintain the resident's highest practical and physical well-being for a resident who required bilateral foot braces. This deficient practice was identified for 1 of 2 residents reviewed for positioning and mobility (Resident #29), and was evidenced by the following:On 9/2/2025 at 8:04 PM, during the initial tour of the facility, the surveyor observed Resident #29 with their eyes closed. The resident's foot braces were observed on the floor near the window.On 9/3/2025 at 10:16 AM, during a follow-up visit with the resident, they stated that they did not like to wear the braces, but would wear them occasionally. On 9/3/2025 at 10:02 AM, the surveyor reviewed the medical record for Resident # 29. A review of the admission Record, an admission summary, reflected that the resident was admitted to the facility with diagnoses that included but was not limited to; spondylosis with radiculopathy (age-related wear and tear in the spine that leads to nerve compression or inflammation), low back pain, pain in the right hip, and muscle wasting and atrophy (a condition that causes a progressive loss of muscle mass, strength and power). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 4/2/2025, included that the resident had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating the resident's cognition was intact. A review of the resident's individual comprehensive care plan (ICCP) did not include bilateral foot braces. A review of the Physician Orders (PO) included a PO, dated 6/17/2025 at 6:51 AM, to assist the resident in putting on braces and shoes, and assist with removing braces and shoes, and the resident is not to wear braces for more than three hours daily.On 9/3/2025 at 11:33 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM), in the presence of the Director of Nursing (DON), who stated that foot braces should be included in a resident's care plan. At that time, the RN/UM accessed the resident's care plan and stated, I don't see it. She then stated that the Minimum Data Set (MDS) Coordinator (an individual in nursing who helps manage a nursing team in a medical facility, such as a hospital or nursing home), or the occupational therapist would update the care plan for a resident who had foot braces. The RN/UM further stated that it was important for the braces to be on the care plan so the plan of care could be revised if it was not helping the resident. The RN/UM also stated that the care plan should be updated quarterly, annually, and as needed.At that time, the DON also reviewed Resident #29's care plan and confirmed the findings. The DON stated that any Licensed Practical Nurse (LPN) or RN could have updated the resident's care plan to include the foot braces. She further noted that the resident as a whole should be captured in the care plan, as that is how you take care of the resident. On 9/3/2025 at 11:58 AM, the surveyor interviewed the Occupational Therapist (OT), who stated that the resident was admitted with braces, and they should have been included in the resident's care plan. A review of the facility's MDS/Charting Documentation policy, reviewed on 5/25, included, Information from all three shifts will contribute towards a completer [sic.] and more well-rounded IDCP (Interdisciplinary Care Plan). This will give team members a more accurate view of the resident. Interventions and he [sic.] care plan process needed to address the 24 hour needs of the resident.NJAC 8:39-11.1

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