

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34423</p> <p>Based on interview and review of other facility documentation, it was determined that the facility failed to issue the required beneficiary notices for 2 of 3 residents reviewed for Beneficiary Protection Notification, (Resident #32 and Resident #73). This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the SNF (Skilled Nursing Facility) SNF Beneficiary Protection Notification Review (SNFBPNR) completed by the facility for Resident #32. The SNFBPNR indicated the residents last covered Medicare day was 02/29/2024 and the resident remained in the facility. The SNFBPNR further revealed that a Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage Form CMS-10055 was given to Resident #32. When the surveyor requested a copy, the Administrator in Training (AIT) provided the surveyor with a copy of Resident #32's signed Admission Agreement.</p> <p>The surveyor reviewed the SNF (Skilled Nursing Facility) SNF Beneficiary Protection Notification Review (SNFBPNR) completed by the facility for Resident #73. The SNFBPNR indicated the residents last covered Medicare day was 02/29/2024 and Resident #73 remained in the facility. The SNFBPNR further revealed that a Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage Form CMS-10055 was given to Resident #73. When the surveyor requested a copy, the AIT provided the surveyor with copy of Resident #73's signed Admission Agreement.</p> <p>During an interview with the surveyor on 04/24/2024 at 12:32 PM, the AIT said this comes up every year at survey as we use section 5 of the admission agreement as the SNFABN. When the surveyor asked the AIT do you use the CMS -10055 form, the AIT said no. Historically we only use the admission agreement. The surveyor reviewed the form with the AIT, and she said yes, I know about that form. We are waiting to see if we are told to change our practice.</p> <p>During a follow-up interview with the AIT on 04/24/2024 at 12:41 PM, the AIT clarified that we are waiting to see if it ever came up with survey and that we are not able to utilize this (admission agreement). Every survey we are questioned but it never comes up as an issue.</p> <p>NJAC 8:39-4.1(a)(7)</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: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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>40041</p> <p>Based on observation, interview, and review of the medical record and other facility documentation, it was determined that the facility failed to follow a physician order for weekly weights on 1 of 3 residents 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 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 wellbeing, and executing medical regimes 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>According to the Face Sheet, Resident #54 was admitted to the facility with diagnoses including but not limited to: Encounter for surgical aftercare following surgery on digestive system and Major depressive disorder.</p> <p>On 04/24/24 at 11:47 AM, Resident #54 was observed seated in the dining room eating lunch. Resident #54's lunch consisted of a mechanical soft diet that included roasted turkey, grilled zucchini, stuffing, gravy, cheesecake, juice, protein shake, and high protein jello.</p> <p>A review of the Resident Physician Orders with a start date of 3/19/2024 revealed a physician order for Weekly weights on Monday before breakfast or any intake.</p> <p>A review of the Medication Administration Records (MAR) for the months of March 2024, and April 2024, showed the physician order for weekly weights. The blocks for March 25, 2024 and April 15, 2024 were blank. There was no documentation to indicate that the weights had been completed as ordered.</p> <p>A review of the Electronic Medical Record (EMR), in the weight section, there was no documentation of the weight for the aforementioned.</p> <p>During an interview with the surveyor on 4/29/24 at 9:48 AM , Licensed Practical Nurse (LPN #2) said that weights are usually done by the Certified Nursing Assistants (CNA) at 6 AM prior to breakfast. We (the nurses) would let the aides know who is popping up for weights. If they were to refuse weekly weights the Unit Manager would be notified and then it is replotted for the next morning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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>During an interview with the surveyor on 4/29/24 10:10 AM, Unit Manager/Licensed Practical Nurse (UM/LPN) revealed that weekly weights are done on Mondays between 7 AM and 3 PM. It is done for 4 (four) weeks after the resident is admitted , then monthly. The dietician will review the weight. If there is no stop date (on the physician order), the weights should continue. UM/LPN also stated that nursing usually weighs the resident and the weight should be documented in the resident's Medication Administration Record (MAR). During the interview the UM/LPN accessed Resident # 54's electronic medical record and stated, Yeah, he/she's weekly (weights) since 3/19. The UM/LPN confirmed that the MAR was blank for 3/25/24 and 4/15/24. The UM/LPN replied yes when asked, is it fair to say that if there is no documentation, the wt (weight) was not done.</p> <p>During an interview with the surveyor on 4/29/24 at 1:08 PM, the Director of Nursing (DON) revealed that the CNAs are usually tasked to weigh the residents and it is the nurses responsibility to make sure the task is delegated to the CNA. The DON continued to say that due to staffing challenges, the nurses weigh the residents and the weight should be documented in the MAR. The DON further stated, there should be documentation if the resident refuses to be weighed.</p> <p>A review of a the facility policy titled Weight Monitoring, undated, under the procedure for monitoring weights section revealed Weekly weights will be done when ordered by the physician, recommended by the Dietician, or as a nursing intervention.</p> <p>A review of a facility policy titled Physician's Orders, undated, under the note section revealed Each Physician order shall be executed by the nursing, Dietary, Social Work, Activities, Rehab, or Pharmacy service as appropriate in accordance with professional standards of practice. If the order cannot be carried out within 24 hours, the reason for this must be documented in the medical record and the Physician notified.</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 - Few</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** 40039</p> <p>Based on observation, interview, and review of the medical record and other facility records, it was determined that the facility failed to consistently assess or measure SPO2 (blood oxygen saturation) for a resident with an order for PRN (as necessary) supplemental oxygen use. This deficient practice occurred for 1 of 4 residents (Resident #46) reviewed for respiratory care. This deficient practice was evidenced by the following:</p> <p>On 04/23/2024 at 11:05 AM, the surveyor observed an oxygen concentrator against the wall in Resident #46's room. The oxygen concentrator was not observed to be in use and according to nursing staff Resident #46 didn't use it (oxygen) regularly.</p> <p>According to the Resident Face Sheet Resident #46 was admitted with diagnoses including but not limited to: Chronic obstructive pulmonary disease (a type of progressive lung disease characterized by long term respiratory symptoms and air flow limitation), acute respiratory failure with hypoxia (a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level), and congestive heart failure (when your heart can't pump enough blood to provide your body with the blood and oxygen it needs).</p> <p>A review of the most recent Minimum Data Set (MDS), an assessment tool, dated 1/30/2024, revealed a Brief Interview for Mental Status score of 4/15, indicating severely impaired cognition. According to Section J Resident #46 did not have shortness of breath. Section O did not indicate that Resident #46 received oxygen therapy.</p> <p>A record review for Resident #46 was initiated on 4/23/2024 at 1:53 pm and continued 4/24/2024 upon arrival to the facility. The medical record included the following physician order:</p> <p>Administer O2 at 2 Liters per minute via nasal cannula PRN (as necessary) for spO2 less than 91% room air or visible shortness of breath. Start Date: 4/24/2024.</p> <p>On 04/25/2024 at 09:55 AM the surveyor reviewed the electronic medical record (EMR) for Resident #46. The March 2024 Medication Administration Record (MAR) revealed that Resident #46 had the following order:</p> <p>Administer O2 at 2 Liters per minute via nasal cannula PRN (as needed) if oxygen drops below 92% Start Date: 06/02/2023 03:21 PM. There is no evidence on the March 2024 MAR to indicate that the facility was monitoring SPO2 for Resident #46. The surveyor then requested a copy of SPO2 monitoring for March/April 2024. In addition, the surveyor requested from the facility Director of Nursing (DON) copies of the MAR and Treatment Administration Record (TAR) for the following: March/April 2024 and June 2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 - Few</p>	<p>On 04/25/2024 at 11:05 AM the surveyor spoke with facility DON. The surveyor asked if Resident #46 only had SPO2's for the dates of 4/24 and 4/25/2024 and no SPO2's for the previous 23 days of April 2024. The DON then proceeded to go into Resident #46's EMR to bring up Resident #46's SPO2's for March 2024. The DON was unable to find any SPO2's for the month of March 2024 in the electronic health record. The surveyor utilized the EMR to get SPO2 monitoring from 6/3/2023 up to 4/25/2024. The following results were obtained:</p> <p>Oxygen Saturation 94 % 06/03/2023 08:00 am Administration Record</p> <p>Oxygen Saturation 97 % 06/03/2023 10:05 pm Administration Record</p> <p>Oxygen Saturation 98 % 06/04/2023 08:42 am Administration Record</p> <p>Oxygen Saturation 93 % 06/05/2023 12:18 am Administration Record</p> <p>Oxygen Saturation 97 % 06/05/2023 01:01 pm Administration Record</p> <p>Oxygen Saturation 97 % 06/06/2023 12:02 am Administration Record</p> <p>Oxygen Saturation 97 % 06/06/2023 09:26 am Administration Record</p> <p>Oxygen Saturation 94 % 06/06/2023 11:48 pm Administration Record</p> <p>Oxygen Saturation 96 % 04/24/2024 08:04 am Administration Record</p> <p>Oxygen Saturation 96 % 04/24/2024 08:42 pm Administration Record</p> <p>Oxygen Saturation 94 % 04/25/2024 01:15 am Administration Record</p> <p>Oxygen Saturation 95 % 04/25/2024 08:00 am Administration Record</p> <p>There was no documented spO2 from 06/07/2023 until 04/24/2024 when a new order for PRN O2 was written on 4/24/2024.</p> <p>At the time of entrance to the facility on [DATE], Resident #46 had an active order from 6/2/2023 for the following:</p> <p>Administer O2 at 2 Liters per minute via nasal cannula PRN if oxygen drops below 92% Start Date: 06/02/2023 03:21 PM.</p> <p>On 04/26/2024 at 09:56 AM, the surveyor conducted an interview with the 1st Floor Unit Manager/Registered Nurse (UM/RN). The surveyor asked the UM/RN what is the facility policy for the use of PRN oxygen? The UM/RN replied, I think everybody has an order for PRN oxygen for SPO2 less than 91% or visible shortness of breath. We do vitals every shift for subacute residents, and we do vitals for long term resident's weekly unless otherwise stated. The surveyor asked UM/RN if Resident #46 was considered long term care. UM/RN stated, yes, he/she is. We put him/her on vitals recently because he/she had issues with their breathing, but they are fine now. The UM/RN further mentioned we do vital signs weekly and of course we can see when he/she is short of breath.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 - Few</p>	<p>According to the facility policy titled Pulse Oximetry, undated, the procedure section revealed that All residents on oxygen use must have a Pulse Oximeter check. Residents on continuous oxygen will have their Pulse Oximeter check every shift, and for PRN, will have a Pulse Oximeter check at 9:00 p.m. daily. In addition, the facility Oxygen Administration policy revealed that All orders for oxygen therapy, either continuous or PRN, shall also have an order for pulse oximetry tests (SPO2) at least once daily, but more often if appropriate for the resident's condition and need for use of oxygen therapy. See Policy: Pulse Oximetry.</p> <p>On 04/30/2024 at 09:58 AM, the surveyor interviewed the facility Director of Nursing (DON). The DON explained to the surveyor that During COVID we were checking everyone's symptoms. We actually changed our policy to reflect the new guidance after COVID. We revised the policy (Pulse Oximetry) on May 11, 2023. Up until that point the policy did include checking the SPO2 daily at 9 PM. That was my predecessor's policy.</p> <p>On 04/30/2024 at 10:57 AM, the surveyor conducted an interview with the facility DON. The surveyor explained to the DON that Resident #46 had an order dated 6/2/2023 at 3:21 PM for the following: Administer O2 at 2 Liters per minute via nasal cannula PRN if oxygen drops below 92% Start Date: 06/02/2023 03:21 PM. The surveyor explained that there is no order to check for shortness of breath. The order specifically stated to apply oxygen at 2 liters per minute via nasal cannula PRN if oxygen drops below 92%. The DON agreed that the physician order from 6/2/2023 up until changed on 4/24/2024 would require checking the residents pulse oximetry to assess if it was 92% or less and provide oxygen if necessary. The DON stated, Yes, I understand now that it has a number parameter and would need to be measured as the order is written.</p> <p>NJAC 8:39-27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34423</p> <p>Based on interview, review of the Nurse Staffing Report and the PB&J (Payroll Based Journal) report and other facility documentation, it was determined that the facility failed to ensure there was sufficient nursing staff on a 24-hour basis to provide nursing care to the residents. This deficient practice was evidenced by the following:</p> <p>During the initial tour on 04/23/2024 at 10:30 AM, Resident #32 was just getting morning care. Resident #32 said, They are short of nurses and aides all the time, especially on weekends.</p> <p>On 04/23/2024 at 10:30 AM, Resident #72 stated that they do not have enough aides on the weekends. Resident #72 also stated that he/she did not receive their bed bath yesterday due to being short staffed.</p> <p>During the Resident Council Meeting on 04/24/2024 at 10:00 AM, 3 of 5 Residents reported there is not enough staff, especially at night. Resident #77 said, It seems like they go on break, everyone goes on break.</p> <p>1. For the 2 weeks of Complaint staffing from 07/30/2023 to 08/12/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 1 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-07/30/23 had 8 CNAs for 114 residents on the day shift, required at least 14 CNAs.</p> <p>-07/30/23 had 7.5 total staff for 114 residents on the overnight shift, required at least 8 total staff.</p> <p>-07/31/23 had 11 CNAs for 113 residents on the day shift, required at least 14 CNAs.</p> <p>-08/01/23 had 11 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-08/02/23 had 10 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-08/03/23 had 9 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-08/04/23 had 9.5 CNAs for 112 residents on the day shift, required at least 14 CNAs.</p> <p>-08/05/23 had 8.5 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-08/06/23 had 10.5 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-08/07/23 had 9 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-08/08/23 had 9 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-08/09/23 had 10 CNAs for 115 residents on the day shift, required at least 14 CNAs.</p> <p>-08/09/23 had 10.5 total staff for 115 residents on the evening shift, required at least 11 total staff.</p> <p>-08/10/23 had 10 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-08/11/23 had 9.5 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-08/12/23 had 9.5 CNAs for 116 residents on the day shift, required at least 14 CNAs.</p> <p>2. For the 2 weeks of staffing prior to survey from 04/07/2024 to 04/20/2024, the facility was deficient in CNA staffing for residents on 12 of 14 day shifts, deficient in total staff for residents on 2 of 14 evening shifts, deficient in CNAs to total staff on 2 of 14 evening shifts, and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-04/07/24 had 10 CNAs for 110 residents on the day shift, required at least 14 CNAs.</p> <p>-04/08/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/09/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/11/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/12/24 had 7 CNAs for 108 residents on the day shift, required at least 13 CNAs.</p> <p>-04/13/24 had 7.5 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/14/24 had 8.75 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/14/24 had 10.5 total staff for 107 residents on the evening shift, required at least 11 total staff.</p> <p>-04/14/24 had 4.5 CNAs to 10.5 total staff on the evening shift, required at least 5 CNAs.</p> <p>-04/15/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/16/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/17/24 had 10 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/18/24 had 11 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/19/24 had 9 CNAs for 107 residents on the day shift, required at least 13 CNAs.</p> <p>-04/19/24 had 9 total staff for 107 residents on the evening shift, required at least 11 total staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-04/19/24 had 6 total staff for 107 residents on the overnight shift, required at least 8 total staff.</p> <p>-04/20/24 had 7.75 CNAs to 16.25 total staff on the evening shift, required at least 8 CNAs.</p> <p>During an interview with the surveyor on 04/26/2024 at 09:45 AM, Registered Nurse (RN#1) said, We are challenged a lot for staff, and we have call outs. We try to have at least 1 desk nurse on the weekend as back up for call out. Also, if you call out on weekend you have to make it up.</p> <p>During an interview with the surveyor on 04/26/2024 at 11:02 AM, Certified Nursing Assistant (CNA #1) said, We are always short. We have 3 aides today and I have like 19 residents. When asked how is staffing on weekends, CNA #1 said I work every other weekend and we are always short on weekends. When asked how many aides you should have, CNA #1 replied, we are supposed to have eight (8) aides but may have same as today. There are no hospice aides to help on weekends.</p> <p>During an interview with the surveyor on 04/29/2024 at 10:15 AM, the Staffing Coordinator said she was aware of the minimum staffing requirements for CNA's which is 1 to 8 residents for 7-3 shift, 1 to 10 for 3-11 shift and 1 to14 for 11-7 shift. When asked if the facility meets those requirements, the staffing coordinator said, No.</p> <p>A review of the Facility Assessment last updated 2/15/23 revealed the following:</p> <p>Under 2. Facility Staffing Plan section:</p> <p>Nursing Day Shift 7a-3p</p> <p>1st floor</p> <p>1 Unit manager & desk Nurse</p> <p>3 Nurse</p> <p>7 CNA's</p> <p>Avg. census:56</p> <p>Nursing Evening Shift 3p-11p</p> <p>Supervisor</p> <p>2 Nurses</p> <p>7 CNA's</p> <p>Avg. Census: 56</p> <p>Nursing Night Shift 11p-7a</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Supervisor</p> <p>2 Nurses</p> <p>4CNA's</p> <p>Avg. census: 56</p> <p>2nd Floor</p> <p>Nursing Day shift 7a-3p</p> <p>1 Unit Manager& Desk Nurse</p> <p>3 Nurses</p> <p>8 CNA's</p> <p>Avg. Census:59</p> <p>Nursing Evening Shift 3p-11p</p> <p>Desk Nurse 3p-7p</p> <p>2 nurses</p> <p>7 CNA's</p> <p>Avg. Census: 59</p> <p>Nursing Night Shift 11p-7a</p> <p>2 nurses</p> <p>5 CNA's</p> <p>Avg. Census:59</p> <p>During an interview with the surveyor on 04/29/2024 at 01:11 PM, the Director of Nursing (DON) was asked what the facility staffing plan is for the 1st and 2nd floor. The DON replied with the following:</p> <p>1st floor</p> <p>7a-3p shift</p> <p>1 desk nurse, 1 Unit Manager (UM), 3 nurses and 5-7 CNA's pending census.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3p-11p shift</p> <p>Nurse 12-hour shifts and there are 3 until 7PM then goes to 2 nurses at 7PM, 5-6 CNA's pending census.</p> <p>11p-7a shift</p> <p>2 nurse 1 supervisor and 4 CNA'S.</p> <p>2nd floor</p> <p>7a-3p shift</p> <p>1 desk nurse 1 UM 3 nurses and 7 CNA'S.</p> <p>3p-11p shift</p> <p>Nurse 12-hour shifts and there are 3 until 7PM then goes to 2 nurses at 7PM, and 6 CNA'S.</p> <p>11p-7a shift</p> <p>2 nurses, 1 supervisor, 4 CNA'S.</p> <p>The surveyor asked if this is daily, including weekends? The DON replied, No, we don't have UM's on the weekends, but we do have a desk nurse. When asked are you meeting this plan, the DON replied No.</p> <p>NJAC 8:39-5.1(a), 27.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40039</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to handle potentially hazardous food and maintain sanitation in a safe and consistent manner to prevent food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On [DATE] from 09:23 to 10:04 AM, the surveyor, accompanied by the Food Service Director (FSD), observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. In the dry storage room on a middle shelf a quarter pan contained (7) bottles of Smucker's Breakfast syrup. (6) bottles had a best if used by date of [DATE]. The FSD removed the expired syrups from storage. 2. In the walk-in freezer on a middle shelf a plastic bag contained frozen hash brown potatoes. The product inside the bag was covered in ice. The bag had no dates. The FSD removed the frozen hash browns to the trash. On a lower shelf a box contained frozen French fries. The bag of French fries was opened and exposed to the air. The FSD removed the bag of French fries to the trash. <p>A review of a facility policy titled Dating and Labeling Policy, Est: 12.22. revealed:</p> <p>All Cambro (An insulated container for keeping food or drink hot), plastic wrapped, or and foods otherwise stored outside their original containers, must be labeled, and dated at the time it (sic) put into its container. The label must include the item description, the date stored and the use by date. All items are to be dated with an expiration date of 5 days unless otherwise specified.</p> <p>All kitchen staff are responsible for labeling items as they are opened and stored as they work. All dates and labels are monitored and verified at the end of each service day by the Prep cooks and Cooks on duty to ensure items have been dated properly, used by their Use-By-Date, or discarded if necessary.</p> <p>NJAC 18:,d+[DATE].2 (g)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	

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 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>49094</p> <p>Based on observation, interview, review of the medical record and other facility documentation, it was determined that the facility failed to a) change respiratory equipment tubing in a manner to prevent the spread of infection for 1 of 4 resident's (Resident #33) and b) properly store a nasal cannula (tube used to deliver oxygen to a person) in accordance with facility policy and not properly store a nebulizer (small machine that turns liquid medicine into a mist that can be easily inhaled) and nebulizer equipment according to facility policy for 1 of 4 residents (Resident #91) reviewed for respiratory care.</p> <p>This deficient practice was evidenced by the following:</p> <p>A) During the initial tour of the 2nd floor on 04/23/2024 at 09:53 AM, Surveyor #1 observed resident #33 sleeping in bed. Resident #33 was receiving oxygen at 3 liters per minute (lpm) via nasal cannula. Surveyor #1 observed the nasal cannula tubing with a piece of tape attached to the tubing and dated 04/12/2024.</p> <p>According to the Admission Record, Resident #33 was admitted to facility with diagnoses including but not limited to: Chronic Obstructive Pulmonary Disease (COPD) (refers to a group of diseases that cause airflow blockage and breathing-related problems) and Pneumonia (refers to infection in your lungs caused by bacteria, viruses, or fungi).</p> <p>According to the most recent Minimum Data Set (MDS), an assessment tool dated 02/08/2024, Resident #33 had a Brief Interview for Mental Status score of 09/15 indicating moderately impaired cognition.</p> <p>A review of the Physician Orders with active orders as of 03/28/2024 revealed a physician order to administer O2 (oxygen) at 3 liters per minute (lpm) via nasal cannula continuous for chronic obstructive pulmonary disease.</p> <p>The Physician Orders also included a physician order to change and date O2 and nebulizer tubing weekly, every week on Saturday at 7:00pm - 7:00am.</p> <p>On 04/25/2024 at 11:07 AM, Resident #33 was observed in bed sleeping in no distress. Resident #33 was receiving oxygen at 3 lpm via nasal cannula. Surveyor #1 observed the nasal cannula tubing which revealed it was dated 04/12/2024.</p> <p>On 04/26/2024 at 10:31 AM, Surveyor #1 observed resident #33 in bed sleeping. Resident #33 was receiving oxygen at 3 lpm via nasal cannula. Surveyor #1 observed the nasal cannula tubing which revealed it was dated 04/12/2024.</p> <p>During an interview with Surveyor #1 on 04/26/2024 at 10:45 AM, Licensed Practical Nurse (LPN #1) was asked how often oxygen tubing gets changed. LPN #1 responded, The oxygen tubing is to be changed every week and as needed. Surveyor #1 asked who is responsible to change the oxygen tubing. LPN #1 said the nurse on the overnight (7 pm - 7am) shift. Surveyor #1 then asked should the tubing remain on the oxygen concentrator past seven days. LPN #1 stated, No, it should be changed weekly as ordered.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Surveyor #1 on 04/29/2024 at 09:52 AM, the Unit Manager/Licensed Practical Nurse (UM/LPN) said oxygen tubing is to be changed weekly on Saturdays by the overnight nurse. When asked should the tubing remain on the oxygen concentrator past seven days, the UM/LPN said no it should be changed weekly.</p> <p>During an interview with Surveyor #1 on 04/29/2024 at 1:19 PM, the Director of Nursing (DON) said that the respiratory tubing gets changed every Saturday on the overnight shift. The DON went on to say that oxygen tubing should not remain on the oxygen concentrator past the seven days for infection control purposes.</p> <p>40039</p> <p>B. On 04/23/2024 at 10:26 AM, during the initial tour of the facility, Surveyor #2 observed Resident #91 seated in their wheelchair in their room. Surveyor #2 observed an oxygen concentrator machine next to the bedside table behind Resident #91, and the nasal cannula draped was over the trash can next to Resident #91's bed with the nasal cannula inside the trash can. The oxygen concentrator was turned on at the time and was set at 2 liters per minute. In addition, observation of the bedside table revealed a humidifier mask lying on top of bedside table attached to a nebulizer machine. The humidifier mask was exposed while not in use with face side facing up. When asked by Surveyor #2, Resident #91 agreed that he/she utilized oxygen to help them breathe.</p> <p>According to the Resident Face Sheet, Resident #91 was admitted to the facility with diagnoses including but not limited to: Pneumonia, sepsis (blood infection), acute respiratory failure with hypoxia (a condition in which the body or a region of the body is deprived of adequate oxygen supply at the tissue level), chronic obstructive pulmonary disease (a type of progressive lung disease), and fever.</p> <p>A review of the most recent MDS, an assessment tool, Resident #91 had a Brief Interview for Mental Status score of 11/15, indicating moderate cognitive impairment. According to Section I, Resident #91 had active diagnoses of chronic obstructive pulmonary disease and respiratory failure. Section O indicated that Resident #91 received continuous oxygen therapy.</p> <p>A review of the Physician's Orders, revealed the following orders for Resident #91:</p> <ol style="list-style-type: none"> Maintain O2 (oxygen) at 2LPM (liters per minute) continuous. Every Day at 7:00 am - 7:00 pm; 7:00 pm - 7:00 am. Original order date: 03/12/2024. Duoneb (medication used to help open the airways in your lungs) 0.5 mg (milligrams) - 3 mg (2.5 mg base)/3 ml (milliliters) solution for nebulization. Inhale 3 ml by nebulization route 3 times per day. Every Day at 9:00 am; 1:00 pm; 5:00 pm. Original Order Date: 03/12/2024. <p>A review of the April 2024 Medication Administration Record (MAR) for Resident #91 revealed that Resident #91 received continuous oxygen on 4/23/2024 at 7:00 am to 7:00 pm and a nebulizer treatment on 4/23/2024 at 9:00 am, as indicated by nursing documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Rose Garden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1579 Old Freehold Road Toms River, NJ 08753	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Surveyor #2 on 04/30/2024 at 09:38 AM, Registered Nurse (RN#3) assigned to Resident #91, was asked if it was facility practice to allow a resident's nasal cannula to be suspended in the trash can and to allow a nebulizer mask to be exposed when not in use. RN#3 responded, He/she constantly plays with his/her stuff. They are on continuous O2 so it should not be off. But it shouldn't have been in the trash can for sure. I'll have to talk to him/her. Surveyor #2 then asked if the nebulizer mask should be left exposed when not in use. RN #3 stated, The nebulizer mask when not in use should be covered for infection control.</p> <p>During an interview with Surveyor #2 on 04/30/2024 at 10:03 AM, the DON stated, The nebulizer mask should be bagged between uses for infection control purposes. It is the responsibility of the nurse or helping hands staff can assist.</p> <p>A review of a facility policy titled Oxygen Administration undated, revealed under the heading NOTE:</p> <p>6. Infection control procedures shall be followed:</p> <p>No oxygen cannulas or tubing touching the floor.</p> <p>Nasal cannulas shall be changed weekly or more often, if necessary.</p> <p>Cannulas, masks, or other respiratory equipment will be covered by plastic bags when not in use.</p> <p>NJAC 8:39-19.4(k)</p>		