STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 52323 Based on record reviews and interviews with residents and staff, the facility failed to ensure one of 34 sample residents (Resident (R) 68) was provided with the opportunity to review her care plan, medication list and express her concerns and needs during a quarterly care conference. This failure has resulted in care not being tailored to R68's needs, as the care plan was not updated accordingly. Findings include: Review of the facility's policy titled Interdisciplinary (IDT) Care Plans, revised 03/08/23, outlined the care planning guidelines for the IDT team. These guidelines aim to address the individual physical, mental, emotional, psychological, social, spiritual, and medical needs of each resident. The policy details the following procedures: - An interdisciplinary approach will be followed during the formulation of the comprehensive care plan. The resident and/or family and, /or significant other and the whole interdisciplinary team will meet to discuss problems identified, formulate goals that are measurable and attainable and identify approach to be followed in attaining the goals set forth for the resident during an interdisciplinary care plan meeting. - The care plan will be individualized and will include problems, goals, and approaches that reflect the resident's uniqueness and idiosyncrasies. - IDT meeting is then scheduled with resident and or/family member per their preference, plan of care is reviewed; quarterly meetings will be scheduled thereafter or as requested/needed. - Care plans will be viewed and adjusted as needed and on a quarterly basis by any member of the IDT to ensure that the most current and comprehensive plan of care is followed. Per R68's undated Admission Record, located in the resident's electronic medical record (EMR) under the Profile tab revealed the facility admitted the resident on 04/20/21. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R68's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/09/25, located in the resident's EMR under the MDS tab, revealed the facility assessed R68 to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. The MDS also revealed R68 did not present behavior symptoms, was always incontinent with bowel and bladder did not walk, required set up or clean up assistance (helper sets up or cleans up, resident completes activity) for oral hygiene, substantial to maximal assistance (help does more than half of the effort) for roll left and right on bed, and dependent (helper does all the effort) for sit to lying on bed, chair to bed transfer, dressing and toileting. Review of R68's Care Plan Report, located in the resident's EMR under the Care Plan tab, revealed The resident has an ADL [Activities of Daily Living] self-care performance deficits as evidenced by requiring: (including bed mob, transfer, toileting, eating, dressing, personal hygiene and ambulation,) initiated 05/02/22, included the following interventions: - Provide/Encourage assist in ADL's with (specify: 2 person). Hoyer lift for transfers. Initiated 05/02/22. - Resident prefers to be washed/showered and changed/toileted at 10 am at times refuses to be changed at this time despite encouragement. Staff will reattempt until resident ready to perform morning ADLs. Initiated 05/02/22. - Resident refuses to be toileted/changed during the night shift. Prefers door closed at all times, does not want staff in her room at night. Initiated 05/02/22. R68's Care Plan Report included a care plan for Personalized Care, Initiated 08/02/22, the care plan included all the following interventions: - Choosing bedtime: Very important to Resident. Initiated 08/05/22. - Resident prefers to not be changed/refuses care between the hours of 9pm /bedtime & 9am/after breakfast. Initiated 08/05/22. - Resident prefers/refuses to not have anyone enter her room between the hours 9pm/bedtime and 8am. Initiated 08/05/22. - Resident requests that anyone who wishes to enter her room knocks first, state their name, and wait for the resident to say it is ok to enter the room. Initiated 08/05/22. - Resident wishes for the Nursing Aides to schedule and coordinate times with the resident when care can be provided. Initiated 08/05/22. - Resident would like to be part of the discussion and decision making regarding her care and her mediations. Initiated 08/05/22. R68's records included an IDT -Team Conference note, dated 01/13/25 at 10:03 AM, under the EMR Assessment tab. The quarterly IDT- Team conference note documented the participants included R68, Unit Nurse 3, Social Service Assistant (SSA,) Activity Director, and a therapist from the rehabilitation department, included the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The conference note under nursing, documented Resident remains stable this quarter. Full code with POLST [Physician Orders for Life-Sustaining Treatment] in place. No recent hospitalization s, no change in medications. Skin remains intact, no falls. Lorazepam available as needed when resident request it during anxiety episodes. Does not report pain in the past 5 days. Resident requires extensive assistance for ADLS. Resident is currently taking Bactrim DS 800-160mg for UTI [urinary tract infection] for 3days. - The conference note under family/patient concerns documented No concerns at this time. On 03/06/25 from 3:32 PM to 4:00 PM, during the interview with the unit manager (Unit Nurse 3) and R68 in R68's room: Unit Nurse 3 reminded R68 about her quarterly care conference on 01/13/25. R68 stated that she thought the conference was meant to address her concerns, she was not aware it was her quarterly care conference, and she felt that the entire conference was full of arguments about her concerns. R68 stated she would like all the opportunities to discuss her care and goals, including the care conference. R68 would like to know what medication she was taking and why. R68 stated, for example, a few weeks ago, she was on three different kinds of bowel regimen medication, which caused her to have lots of diarrhea. R68 said if someone explained to her what medication she was taking, her diarrhea would be prevented. R68 reviewed her Personalized Care care plan and stated she did not know there was a care plan for her; she stated the care plan was accurate, that she wanted to have a good night's sleep, and did not want her brief changed after 9:00 PM and before 9:00 AM because of her personal preference. However, she said the Certified Nursing Assistant (CNA) usually set her up to self-clean her upper body after breakfast, but by the time they came back to change her briefs and clean her bottom, it usually was around noon or sometimes not until 2:00 PM. R68 said she did not want to be in a wet diaper the whole night until the next day noon or 2PM each day. R68 stated she would like to add to her care plan the following: - Get her brief change after breakfast first before setting up for her to self-clean her upper body. - Have a nurse to go through her medication list to explain to her what she is taking. - Change her social service from Social Service Assistant (SSA) to Social Service Director (SSD). - Have a counsel for her life trauma about once or twice a week for longer time. Unit Nurse 3 stated during each care conference the medication list and care plans should be reviewed, and the resident's care, goals, special needs or if any issues or changes should be discussed, and the care plan should be updated based on the changes after care conference. Unit Nurse 3 apologized to R68, that they did not go through the medication list and care plan review include updating her care plan for Personalized Care during the last quarterly care conference on 01/13/25. Unit Nurse 3 reviewed R68's personalized care plan and confirmed it had not been revised since it started on 08/05/22. She stated the care plan would be revised at least quarterly during the care conference to meet R68's needs. Unit Nurse 3 stated she would revise it to address R68's needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-11.2(e)(f)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 52323 Based on observations, record reviews, and interviews, the facility failed to ensure one of five residents (Resident (R) 68) reviewed for Activities of Daily Living (ADL) out of 34 sampled residents received timely incontinence care. This failure placed the resident at an increased risk for skin breakdown, urinary tract infections, or an undignified existence. Findings include: Review of the facility's policy titled, ADL [activity daily living] policy, revised 09/01/13, reviewed 01/23/25, instructs care givers refer to the nurses' instructions on resident's electronic record for ADL needs and assistance required. Per R68's undated Admission Record, located in the resident's electronic medical record (EMR) under the Profile tab revealed the facility admitted the resident on 04/20/21. Review of R68's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/09/25, located in the resident's EMR under the MDS tab, revealed the facility assessed R68 to have a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident was cognitively intact. The MDS also indicated the resident was assessed to not have any behaviors, was always incontinent with bowel and bladder, did not walk, required set up or clean up assistance (helper sets up or cleans up, resident completes activity) for oral hygiene, substantial to maximal assistance (help does more than half of the effort) for roll left and right on bed, and dependent (helper does all the effort) for sit to lying on bed, chair to bed transfer, dressing and toileting. Review of R68's Care Plan Report located in the resident's EMR under the Care Plan tab revealed The resident has an ADL self-care performance deficits as evidenced by requiring: (including bed mob [mobility], transfer, toileting, eating, dressing, personal hygiene and ambulation,) initiated 05/02/22, included the following interventions: - Provide / Encourage assist in ADL's with (specify: 2 person). Hoyer lift for transfers. - Resident prefers to be washed/showered and changed/toileted at 10 am. at times refuses to be changed at this time despite encouragement. Staff will reattempt until resident ready to perform morning ADLs. - Resident refuses to be toileted/changed during the night shift. Prefers door closed at all times, does not want staff in her room at night. R68's Care Plan Report included a care plan for Personalized Care, Initiated 08/02/22, the care plan included all the following interventions: - Choosing bed time: Very important to Resident. - Resident prefers to not be changed/refuses care between the hours of 9pm /bedtime & 9am/after breakfast. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Resident prefers/refuses to not have anyone enter her room between the hours 9pm/bedtime and 8am. - Resident wishes for the Nursing Aides to schedule and coordinate times with the resident when care can be provided. Observation and interview on 03/04/25 at 12:29 PM, R68 was observed sitting on bed with a facility gown on, and she had face make up on. R68's tray table in front of her had a pink square plastic container with a small white towel and soapy water inside. R68 stated staff changed her brief last night at around 8:00 PM to 8:30 PM, and she had not been changed since. The resident stated she had a wet brief on (during the interview) and she had been sitting in the wet brief since last night. R68 further stated I was done with this basin from ten o'clock until now it is still sitting here.this is really typical every day and no one comes in to get me changed. I have to wear a diaper because I cannot walk, and I can't get to the bathroom. In the morning, I am sitting in a soaked diaper, I am on diuretics, so I urinate more. R68 looked and sounded upset and stated one activity staff came to invite her to join a lunch celebration on the second-floor activity room today. R68 stated Look at me, I cannot go like this. R68 stated it was a big problem to get ready in the morning and this was not the first time she missed activities, and she also had missed doctor's appointments in the past because no one assisted her to be ready on time. R68 stated she was always the last one the aides came to assist in cleaning up and to get dressed. R68 stated she had a small abrasion near her buttock, thigh area. When wet, sometimes she felt a bit of pain before. Staff gave her a pad to protect it from getting wet in the past. On 03/04/25 at 1:18 PM, Certified Nursing Assistant (CNA) 5 was observed to answer R68's call light, CNA5 and another CNA entered R68's room for a long time. On 03/04/25 at 4:49 PM, R68 was observed dressed and sitting in her wheelchair in her room near the window. When asked, R68 stated CNA5 came to respond to her call light and changed her when this surveyor left her room on 03/04/2025 at 1:17 PM. R68 stated however she did not get help to be dressed and transferred to her wheelchair until around 2:30 PM. R68 stated her day had just begun from then. When asked, R68 stated she did not press call light again after CNA5 left around 1:30 PM, she just waited, she thought the aides were busy. And when they have time, they would come and help her to get dressed. R68 was in her wet brief from the night before her bedtime until the next day on 03/04/25 at 1:17 PM. R68 did not get dressed until 2:30 PM. Observation was conducted on 03/05/25 from 9:25 AM to 12:20 PM outside of R68's room. At 9:35 AM, CNA6 knocked on R68's door and asked, are you done with your tray? CNA6 entered R68's room and brought out breakfast tray. At 11:03 AM, R68 had a female visitor. At 11:10 AM, R68's visitor left. At 11:44 AM, CNA5 knocked on R68's door to answer the call light instantly, and CNA5 was at R68's doorway and told R68 that she would be back in 15 minutes. At 11:46 AM, CNA5 and CNA6 knocked on R68's door and entered to change her. At 12:07 PM, CNA5 and CNA6 exited R68's room. During an immediate interview with both CNAs, CNA5 stated she delivered breakfast to R68 around 8:30 AM and she prepared a basin to set R68 up for oral and face hygiene at 10:30 AM. CNA5 stated she came back to change R68's brief and provide peri care around 11:15 AM to 11:30 AM. CNA 5 stated R68 usually likes to sit in her wheelchair after cleaning up, but she preferred to stay in bed that day. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R68 was in her wet brief from the night before bedtime until the next day 03/05/25 at 11:46AM. During an interview on 03/06/25 at 10:00 AM, CNA4 confirmed R68 had not been changed since last night. CNA4 stated she delivered breakfast to R68 at 8:00 AM and R68 told her she had a doctor's appointment that day at 9:00 AM. When asked, it was already 10:00 AM now, did R68 miss her appointment? CNA4 said, Yes, that is what she said but she could still go. During an observation on 03/06/25 at 10:04 AM, CNA4 knocked on R68's door and entered to change her and CNA1 entered the room one minute later. At 10:19 AM, CNA1 and CNA4 came out of R68's room and talked to Licensed Practical Nurse (LPN) 6. During an observation in R68's room on 03/06/25 at 10:21 AM, LPN6 applied Dermaseptin Ointment (barrier cream) and formed patch to R68's left buttock to her inner thigh area. R68's skin had a patch of scattered redness and whiteness around 10 centimeters (cm) by 10 cm. It presented with a history of open and healed skin. LPN6 stated R68 currently had no skin opening, the care was for prevention. LPN6 stated R68 used to have scattered open rashes in that area about a month ago, because R68 had diarrhea related to her bowel regiment, and the physician already changed the order. During the observation when asked, R68 said her doctor's appointment was at 11:30 AM that day. On 03/06/25 at 10:37AM, CNA1 and CNA4 completed the care and left R68's room. Review of R68's Progress Note, under EMR Progress Note, included an APN [advance practice nurse] PROGRESSNOTES, dated 01/30/25 at 2:43 PM. The progress note documented the physicians - attending visited R68 to follow up chief complaint of blood on wash cloth. The after-visit progress note documented the following: . Patient was requesting to reevaluate her again for possible perineal bleed. She reports taking shower today and no bleeding noted. Upon eval [evaluation], noted small skin opening at her sacrum. Foam patch was applied by unit manager. She does have rash in her perineal, currently uses antifungal. No additional skin opening or discharge noted. Interventions: Sacral ulcer: noted small skin opening, foam patch applied, rx [prescription] wound team to follow, monitor sx [symptoms] Candidiasis: continue nystatin 100000 U/gm [units per gram] q [every] bid [two times a day], monitor sx [symptoms] During an interview on 03/06/25 from 3:32 PM to 4:00 PM with Unit Nurse 3 and R68 in R68's room, R68 stated that the CNAs usually set her up to self-clean her upper body after breakfast, but by the time they came back to change her briefs and clean her bottom, it was around noon or sometimes 2:00 PM. R68 stated she did not want to be in a wet diaper the whole night until the next day until noon or 2:00 PM each day. R68 stated she preferred to get changed after breakfast before setting up for upper body hygiene cleaning. Unit Nurse 3 stated she would revise R68's personalized care plan for the care for the next day. NJAC 8:39-4.1(a)22 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315425	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Foothill Acres Rehabilitation & Nursing Center	39 East Mountain Road Hillsborough, NJ 08844

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-27.1(a) NJAC 8:39-27.2(h)