STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315451	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Elms Rehab and Healthcare Center of Cranbury	61 Maplewood Avenue Cranbury, NJ 08512

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 0604 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Complaint #: 2720895Based on interviews and review of pertinent facility documents on 1/27/26 and 1/29/26, it was determined that the facility failed to ensure that a resident (Resident #1) who had severely impaired cognition, behaviors, and underlying medical infection was free from physical restraints imposed for purposes of care convenience and not required to treat the resident's medical symptoms. On 01/16/26, around 6:30 PM, Resident #1's family member walked into the resident's room and found the resident alone in their room. The resident was seated in a wheelchair with dinner on the overbed tray table in front of them, and a white bed sheet wrapped around their waist and tied behind the resident's wheelchair. This deficient practice occurred for 1 of 4 sampled residents (Resident #1).The facility's failure to ensure a resident with severe impaired cognition, behaviors, and an underlying medical infection was free from physical restraints placed Resident #1 as well as other residents at risk for harm and injury. This resulted in an immediate jeopardy (IJ) situation. The IJ began on 1/16/26 at 5:30 PM when CNA #1 served dinner to the resident and put a sheet around the resident's lap to prevent the resident from removing their pants or tampering with their brief during mealtime.The facility's Administration was notified of the IJ on 1/29/26 at 1:30 PM. The facility submitted an acceptable Removal Plan (RP) on 2/4/26 at 2:38 PM. The surveyor verified the implementation of the RP on-site during the continuation of the survey on 2/12/26. This deficient practice is evidence by: A review of the facility's policy on Use of Restraints, with a revision of date April 2017, included under Policy Statement: Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls. Under Policy Interpretation and Implementation: Physical Restraints are defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. A review of the Reportable Event Record/Report (FRE) submitted by the facility to the New Jersey Department of Health (NJDOH) on 01/17/26, included the date and time of event: 01/16/26 at 6:30 PM. The FRE further revealed under Narrative that on 01/16/26 at approximately 6:30 PM, the facility leadership was notified by Resident #1's family of a concern involving the resident being seated in their wheelchair with a sheet wrapped around their waist and tied behind the resident's wheelchair. The resident was immediately assessed with no injuries identified. A review of the facility's Investigative Summary Report (ISR) dated 01/17/26 revealed an allegation was reported by Resident #1's family who stated that upon entering the resident's room they observed the resident seated in their wheelchair with a sheet over their lap that was loosely secured behind their back. Upon notification, the nursing staff responded immediately and at that time, the resident was observed sitting upright in their wheelchair with a sheet over their lap and loosely secured behind their back. The nursing supervisor (NS) immediately removed the (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

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