STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure kitchen staff thoroughly cleaned and air-dried pots and pans prior to storage. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 143 of 145 residents who received dietary services. Findings include:Review of the facility's undated policy titled, Pot Washing revealed, Policy: Kitchen will wash, rinse, and sanitize, all pots, pans, and cook ware and small wares following each meal. Procedure. 10. Air dry all clean and sanitized pots and wares. Do not wipe dry. Review of the facility's undated policy titled, Wet Nesting dated Oct.22 revealed, Policy: When ware washing plates, cups, bowls, eating utensils, kitchen utensils, cooking ware, and equipment they must be air dried completely before being placed into storage for use. Procedure. Place items on drying rack and allow them to air-dry. Do not stack. Do not wipe dry any items; they must be allowed to air dry. Once items have dried completely, they can be properly stored. All coffee pots and air pots must be allowed to dry inverted (upside down) so that there is no standing water left inside.During an observation and interview on 08/25/25 at 10:20 AM, the Dietary Manager (DM) confirmed two pans, 12 inches by 24 inches by 4 inches deep; two pans 12 inches by 24 inches by 3 inches deep; one 12 inches by 24 inches; two pans, 10 inches by 12 inches by 4 inches had been cleaned and stacked for use, were still wet when they were stacked. The pans were found to have been stacked wet and not allowed to properly air dry prior to being stacked. Interview at this time, the DM stated, They should be dry. They shouldn't be wet. They weren't dry before they were stacked. When they are put away wet, it increases the risk of contamination. NJAC 8:39-17.2(g)

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
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure a residents who self-administered medication was assessed for self-administration, had a physician's order for self-administration, and ensure the interdisciplinary care planning team was involved in the decision for the resident to self-administer for one of one residents (Resident (R) 40) reviewed in the sample of 33 residents. As a result of this deficient practice the residents had the potential for harm by self-medicating without the knowledge of the physician or nursing staff.Findings include: Review of the facility's policy titled Administering Medications revised 04/19 revealed, Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely. Review of R40's admission Record located in the electronic medical record (EMR) under the Profile tab revealed an admission date of 10/07/24 and a readmission on [DATE] with medical diagnoses that included bilateral osteoarthritis of knees, muscle weakness, and depression. Review of R40's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 07/15/25, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating R40 was cognitively intact. Observation on 08/25/25 at 11:09 AM, in R40's room on the bedside table were two cans of Tinactin spray, one almost empty, the second can about half full. During an interview on 08/25/25 at 11:09 AM, R40 confirmed using the Tinactin spray on her feet when they felt itchy. R40 confirmed the Tinactin spray had been brought by her daughter. Review of R40's Physician orders under the Orders tab in the EMR lacked an order for the Tinactin foot spray. Review of R40's Progress Notes under the Prog Note tab in the EMR lacked documentation of interdisciplinary meeting concerning self-administration of medications. Review of the Assessments tab in the EMR lacked an assessment for R40's self-administration of medications. Review of R40's Care Plan under the Care Plan tab in the EMR lacked documentation that R40 had been assessed for self-administration of medications. During an interview on 08/28/25 at 11:07AM, Registered Nurse (RN) 2 confirmed the two cans of Tinactin on R40's bedside table should not be there and that they were brought in by the daughter. During an interview on 08/28/25 at 11:09 AM, the Unit Manager/Licensed Practical Nurse (LPN) 2 confirmed that R40 had not been evaluated for self-administration and there was no physician's order for Tinactin. During an interview on 08/28/25 at 1:33 PM, the Director of Nursing (DON) confirmed residents' medications were not supposed to be left at the bedside unless they were assessed for self-administration of medications and there was a physician's order for the medication. NJAC 8:39-29.2(c)6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. Based on document review, interview, and facility policy review, the facility failed to provide written quarterly statements within 30 days of the end of the quarter to residents and/or resident representatives to inform them of the residents' balance in their personal funds accounts. This failure had the potential to affect 10 residents (R)64, R153, R104, R83, R85, R96, R93, R29, R94, and R61) of 55 residents who had a personal funds account in the second quarter (April - June 2025) to be uninformed of the balance in their account. Findings include:Review of the facility's policy titled, Accounting and Records of Resident Funds dated April 2021 revealed, Policy Statement: Our facility maintains accounting records of resident funds on deposit with the facility. Policy Interpretation and Implementation: 1. The business office maintains a record of all financial transactions involving the resident's personal funds on deposit with the facility. 5. Individual accounting records are made available to the resident through quarterly statements and upon request. Quarterly statements include the following information: a. The resident?s balance at the beginning and end of the statement period; b. The total deposits and withdrawals by the resident for the quarter; c. Interest earned on the resident's funds; .Review of the facility's Quarterly Statement for the period of 04/01/25 - 06/30/25 (signature sheet) revealed 10 residents (R)) of 55 residents as having not been provided a copy of their quarterly statements. Quarterly statements for the period of 04/01/25 - 06/30/25 were provided to the remaining 45 residents.During an interview on 08/28/25 at 3:45 PM, the Administrator stated, The residents sign after receiving their quarterly statements. Based on the signature sheet for the second quarter, if there is no signature on the sheet then the statement was not provided to the resident and there is no record of the statement being given to the resident representative. NJAC 8:39-4.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review the facility failed to ensure the code status was in easy access for one of one resident (Resident (R)15) reviewed for Advanced Directive information prominently displayed in the medical record in the sample of 33 residents. As a result of this deficient practice the residents had the potential for receiving cardiopulmonary resuscitation (CPR) when potentially against the wishes of the residents.Findings include:Review of R15's admission Record located in the electronic medical record (EMR) under the Profile tab revealed an admission date of [DATE] and readmission on [DATE] with medical diagnosis that included end stage renal disease requiring dialysis. Review of R15's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 indicating R15 was cognitively intact. Review of R15's Physician orders under the Orders tab in the EMR lacked an order for code status. Review of R15s header in Point Click Care (PCC) next to the heading for code status was blank. Review of the admission Record under the Profile tab in the EMR lacked documentation of code status. Review of R15's Advanced Directive provided by the facility, indicated R15 requested a full code dated [DATE]. Review of R15's Care Plan under the Care Plan tab in the EMR revealed a focus for Advance Directives Code Status: FULL CODE Date Initiated: [DATE], with intervention to ensure Resident has an order from Attending regarding code status Date Initiated: [DATE]. During an interview on [DATE] at 2:53AM, Unit Manager/Licensed Practical Nurse (LPN)2 explained when checking for the code status of a resident, especially in an emergent situation, looked at the header in PCC in the computer, to verify if a resident was a full code or Do Not Resuscitate (DNR) to know what action to take if a resident stops breathing/heart stops beating. If the code status was blank, the Unit Manager/LPN2 would check the hard chart for a Physician Orders for Life-Sustaining Treatment (POLST) form. Unit Manager/LPN2 confirmed the information was also communicated during the shift report. During an interview on [DATE] at 11:25 AM, Unit Manager/LPN2 confirmed the header in PCC should have the code status. The Unit Manager/LPN2 confirmed PCC was missing a physician's order for code status and the header in PCC was blank. During an interview on [DATE] at 1:38PM, the Director of Nursing (DON) confirmed the code status should be prominently displayed on the EMR in the PCC header for quick reference for staff, as needed. Review of the facility's policy titled Advanced Directives revised 12/16 revealed, Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive. NJAC 8:39-4.1(a)NJAC 8:39-9.6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on record review and interview, the facility failed to accurately code the Minimum Data Set (MDS) assessment related to medications for one of 33 sampled residents (Resident (R)4), and a urinary catheter for one of one resident (R138) This deficient practice increased the potential for missed opportunities of care or services. Findings include: 1. Review of R4's admission Record located in the electronic medical record (EMR) under the Profile tab indicated an admission date of 01/05/24 and diagnoses of cerebral infarction, diabetes, and hypertension. Review of R4's quarterly MDS with an Assessment Reference Date (ARD) of 07/16/25 and located in the EMR under the MDS tab revealed that R4 was coded that he received an anticoagulant and an antiplatelet medication. Review of R4's July 2025 physician orders revealed R4 had a current order for Plavix (an antiplatelet medication) 75 milligrams (mg) by mouth daily. R4 does not have an order for an anticoagulated medication. 2. Review of R138's admission Record located in the EMR under the Profile tab indicated an admission date of 06/05/25 and diagnoses of diabetes, hypertension, and difficulty walking. Review of R138's admission MDS with an ARD of 06/12/25 and located in the EMR under the MDS tab revealed that R138 was coded as having an indwelling urinary catheter in place. During an interview on 08/26/25 at 1:30 PM, R138 stated he did not have a urinary catheter at present, or at the time of admission. R138 stated he was able to self-ambulate with the use of his walker to the bathroom or he used his urinal. During an interview on 08/27/25 at 4:45 PM, the Minimum Data Set Coordinator (MDSC) stated that R138 did not have an indwelling urinary catheter at the time of admission. The MDSC confirmed she .misread. hospital documentation and thought R138 had a urinary catheter. During the same interview on 08/27/25, the MDSC confirmed that R4 did not receive an anticoagulant only antiplatelet. The MDSC stated Licensed Practical Nurse (LPN) 1 had completed R4's MDS. The MDSC further stated the facility follows the RAI Manual for guidance and coding and does not have a specific policy related to MDS. NJAC 8:39-33.2(d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure a resident assessed as a smoker had a care plan for smoking for one of six residents (Resident (R)7) evaluated for safety when smoking. As a result of this deficient practice the residents had the potential for harm while smoking.Findings include:Review of R7's admission Record located in the electronic medical record (EMR) under the Profile tab revealed an admission date of 07/18/24 and readmitted on [DATE] with medical diagnoses that included low white blood cell count, chronic viral hepatitis C, and anemia. Review of R7's admission Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 07/01/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R7 was cognitively intact. During an interview on 08/25/2025 at 12:00 PM, R7 confirmed she was a smoker and went out on smoke breaks a couple times a day. Review of R7's Nursing Admission/readmission form under the Assessments tab in the EMR dated 06/24/25 documented R7 was a smoker. Review of R7's Smoking Safety Evaluation under the Assessments tab in the EMR dated 06/24/25 documented R7's use of cigarettes and safety questions for independent smoking. Review of R7's Care Plan under the Care Plan tab in the EMR lacked focus and interventions for smoking. During an interview on 08/27/25 at 11:44AM, Licensed Practical Nurse (LPN)4 confirmed R7 was a smoker and there was no smoking focus or interventions for smoking in R7's care plan and there should be a care plan. During an interview on 08/28/25 at 2:53PM, Behavioral Aide (BA)1 confirmed being the monitor for the residents who smoke and confirmed R7 came to the smoking area three to four times a day to smoke. During an interview on 08/28/25 at 11:30AM, the Unit Manager/Licensed Practical Nurse (LPN) 2 confirmed R7 was a smoker and verified the care plan did not have a focus for smoking and should have one. During an interview on 08/28/25 at 1:38PM, the Director of Nursing (DON) confirmed that all residents who smoke need to have a care plan for smoking in place. Review of the facility's policy titled Care Plans, Comprehensive Person-Centered revised 03/22 revealed, The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Review of the facility's policy titled Smoking Policy - Residents revised 07/17 revealed, Any smoking-related privileges, restrictions, and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues. NJAC 8:39-11.2(e)NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of the facility's policy, the facility failed to clean respiratory equipment for one of one resident (Resident (R)56) reviewed for respiratory care in the sample of 33 residents. The failure to maintain a clean oxygen concentrator filter had the potential to increase the risk of infections for the resident. Findings include: Review of the facility's policy titled, Oxygen Administration dated October 2010 revealed the policy failed to address the need for routine cleaning and/or maintenance of oxygen concentrators, including the need to maintain a clean filter. Review of R56's undated admission Record located in R56's electronic medical record (EMR) under the Profile tab revealed R56 was admitted to the facility on [DATE], with diagnoses which included respiratory failure and emphysema. Review of R56's Physician Order dated 05/27/25 located in the EMR under the Orders tab revealed, oxygen (O2) at 4 lpm [liters per minute] via nasal cannula continuously every shift. Clean O2 concentrator filter weekly every shift every Saturday. Observation on 08/25/25 at 4:34 PM and 08/28/25 at 1:45PM, R56's concentrator filter was dirty and coated with dirt and dust. During observation and interview on 08/28/25 at 2:30 PM, the Assistant Director of Nursing (ADON) confirmed R56's oxygen concentrator filter to be dirty and coated with dirt and dust. The ADON stated, The filter should be cleaned regularly. A dirty filter can increase the risk of infections for the resident.NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure the care of a dialysis resident with a fistula was checked for the patency daily, and document in the medical record for one of five residents (Resident (R)15) reviewed for dialysis care. As a result of this deficient practice the residents had the potential for clotting of the access point for dialysis treatments.Findings include:Review of R15's admission Record located in the electronic medical record (EMR) under the Profile tab revealed an admission date of 04/21/22 and readmission on [DATE] with medical diagnosis that included end stage renal disease requiring dialysis. Review of R15's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 06/05/24 revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating R15 was cognitively intact. Observation on 08/25/25 at 1:53PM, R15 held out her left arm to point to the shunt used by the dialysis treatment center for dialysis treatment. Review of R15's Care Plan under the Care Plan tab in the EMR revealed the focus Resident has end stage renal disease and was on hemodialysis (HD). Date Initiated: 06/30/25, with an intervention Check for Bruit and Thrill every shift and document in Medication Administration Record (MAR). Site of the arteriovenous (AVF) shunt left arm. Date Initiated: 06/30/25. Review of R15's MAR and Treatment Administration Record (TAR) for August 2025 lacked documentation that R15's AVF was checked for bruit and thrill through the fistula on the left arm every shift. Review of the TAR revealed, document AVF site for bleeding or signs and symptoms of infection every shift, notify Medical Doctor (MD) of changes every shift -Start Date- 07/18/25. During an interview on 08/27/25 at 11:23AM, the Unit Manager/Licensed Practical Nurse (LPN) 2 confirmed that the thrill and bruit on any dialysis resident with an AVF should be checked and documented every shift and that R15 did not have an order in place to document the thrill and bruit. There should be an order to document. The site was being checked for bleeding every shift. During an interview on 08/27/25 at 11:32AM, LPN4 stated that R15's AVF was checked when resident returned from dialysis treatment and documented on the form. LPN4 stated the AVF should be checked more often, however, there was no place on the MAR or TAR to document the thrill or bruit. LPN4 confirmed there was not a physician order to check the AVF for thrill and bruit. During an interview on 08/28/25 at 1:27PM, the Director of Nursing (DON) confirmed there should be documentation on any dialysis resident receiving treatments using AVF to check for the bruit and thrill every shift and document in the EMR and not just checking when resident returned from dialysis treatment. Review of the facility's policy titled Hemodialysis Access Care revised 09/10 revealed, To prevent infection and/or clotting: . Check the patency of the site at regular intervals. Palpate the site to feel the thrill, or use a stethoscope to hear the whoosh or bruit of blood flow through the access. NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315455	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avant Rehabilitation and Care Center	1314 Brunswick Avenue Trenton, NJ 08638

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and review of facility policy, the facility failed to ensure the daily nurse staffing information was posted in a manner that residents and visitors had access to the information. This deficient practice has the potential to affect all residents and visitors. Findings include: Upon entrance to the facility on [DATE] at 9:00 AM, the daily nurse staffing information was observed in a glassed bulletin board, behind the main reception desk at the upper left corner, approximately six feet high. The posting was current for the day, all three shifts, however, was not readable, or accessible, for residents in a wheelchair or with vision problems. Observations on the subsequent survey days of 08/26/25 at 3:30 PM, 08/27/25 at 1:00 PM and 08/28/25 at 11:15 AM revealed the daily nurse staffing information was in a glassed bulletin board, behind the main reception desk at the upper left corner, approximately six feet high. The posting was current for the day, all three shifts, however, would not be readable, or accessible, for residents in a wheelchair or with vision problems. During an interview on 08/28/25 at 12:00 PM the Staffing Coordinator (SC) stated the daily nurse staff information has .always been posted in the glass bulletin board. She also stated that residents do not come behind the receptionist desk and that the nurse staffing posting was not accessible, or visible, to residents in a wheelchair. During an interview on 08/28/25 at 12:15 PM, the Administrator stated that the daily nurse staffing information was not posted in any other location other than behind the reception desk. NJAC 8:39-41.2