STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315456	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mystic Meadows Rehabilitation and Nursing Center	151 Ninth Avenue Little Egg Harbor Tw, NJ 08087

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 41260 Based on interview and record review, it was determined that the facility failed to issue the required Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN) and Notice of Medicare Non-Coverage (NOMNC) for 1 of 3 residents (Resident #56) reviewed for Beneficiary Protection Notification. The deficient practice was evidenced by the following: On 07/01/24 at 9:25 AM, the Regional Director of Case Management (RDCM) provided the SNF Beneficiary Protection Notification Review form for Resident #56, which indicated the resident started on Medicare Part A Services on 11/13/23 and was discharged from Medicare Part A Services on 12/26/23. The form further indicated the resident did not receive the SNF ABN or NOMNC beneficiary notices because he/she did not want to participate in therapy. The RDCM stated that the resident should have received the SNF ABN and NOMNC when the resident was discharged from Medicare Part A Services and remained in the facility. On 07/01/24 at 10:45 AM, the Director of Social Services (DSS) stated that residents on Medicare Part A Services were reviewed at the weekly Utilization Review meetings. The DSS further stated that when a resident was discharged from Medicare Part A Services, the resident would receive a NOMNC which notified the resident that they are being cut from Medicare Part A Services and provided information on how to appeal the decision. The DSS further stated that if the resident remained in the facility, the resident would also receive the SNF ABN which notified the resident of the private pay costs of services not covered by Medicare Part A Services if the resident chose to continue those services in the facility. The DSS also stated that if a resident initiated the discharge from Medicare Part A Services, it would be documented in the resident's progress notes, therapy notes, or on the NOMNC form. On 07/01/24 at 10:55 AM, the Director of Rehabilitation (DOR) stated that she leads the weekly Utilization Review meeting which reviews the residents' current progress in therapy so that the interdisciplinary team can decide as a team when a resident will be discharged from therapy services. The DOR further stated that the Social Worker was responsible for issuing the NOMNC and then setting the resident's discharge date . When asked about Resident #56, the DOR stated that the resident was discharged from Physical Therapy (PT) services on 12/08/24 because the resident had met his/her prior level of functioning, but continued on Occupational Therapy (OT). The DOR added that OT discharge was decided as a team for 12/26/23 because [Resident #56] had reached his/her maximum potential at that time. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #56's progress notes, dated 11/13/23 through 12/26/23, did not indicate the resident initiated a discharge from Medicare Part A Services or that the SNF ABN or NOMNC beneficiary notices were provided when the resident was discharged from Medicare Part A Services. Review of the Service Log Matrix, dated 06/28/24, revealed Resident #56 refused PT one time on 11/17/23, and OT one time on 12/22/23. There were no other refusals documented from 11/13/23 through 12/26/23. Review of the PT Discharge Summary, for Dates of Service 11/14/23 through 12/08/23, included, D/C [discharge] Reason: Highest Practical Level Achieved. Further review revealed, Patient has reached maximum potential with skilled services. Review of the Speech Therapy Discharge Summary, for Dates of Service 11/14/23 through 12/20/23, included, D/C Reason: Highest Practical Level Achieved. Further review revealed, Patient has reached maximum potential with skilled services. Review of the OT Discharge Summary, for Dates of Service 11/14/23 through 12/26/23, included, D/C Reason: Highest Practical Level Achieved. Further review revealed, Patient has made consistent progress with skilled interventions and patient has reached maximum potential with skilled services. Review of the facility's Advance Beneficiary Notices policy, reviewed/revised 08/2022, included, For Part A items and services, the facility shall use the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), Form CMS-10055, and, A Notice of Medicare Non-Coverage (NOMNC), Form CMS-10123, shall be issued to the resident/representative when Medicare covered service(s) are ending, no matter if the resident is leaving the facility or remaining in the facility. NJAC 8:39-4.1(a)(8)

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37547 Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to handle potentially hazardous food and maintain kitchen sanitation in a safe and consistent manner in order to prevent food borne illness. This deficient practice was evidenced by the following: On [DATE] from 09:29 AM until 10:17 AM, the surveyor observed the following in the presence of the Food Service Director (FSD): 1.) The surveyor requested to view the dish machine that was in service at that time. The FSD stated that the wash cycle gauge was broken, and the temperature was obtained manually. The FSD then placed a manual thermometer in the water in the base of the dish machine after the wash cycle to demonstrate the wash cycle temperature which was 178 degrees Fahrenheit (F) (manufacturers instructions that were posted on the front of the dish machine indicated expected parameters for the wash cycle temperature was 160 F and the rinse cycle temperature was 180 F). The rinse cycle gauge reading was 180 F during the rinse cycle. The surveyor requested to view the dish machine temperature log at that time. Review of the Record of Dish Machine Temperature log revealed that the breakfast reading for the wash cycle temperature was recorded at 162 F and the rinse cycle was recorded at 183 F. Further review of the log revealed that the lunch service was already filled in with a wash cycle of 162 F and 183 F for the rinse cycle. The FSD stated that only the breakfast dish machine cycle should have been recorded at that time as lunch had not yet been served. 2.) The surveyor asked the Dietary Aide/Dishwasher (DA/DW) to demonstrate the sanitizer level in the three-compartment sink. The FSD proceeded to place a test strip into the sanitizer compartment and held it in the water for two seconds. The FSD stated that the color of the test strip when compared to the test strip legend was orange, which indicated an insufficient sanitizer level. The DA/DW who was present stated that the test strip was required to be submerged in the sanitizer for fifteen to thirty seconds. The DA/DW then placed the test strip into the sanitizer level for 15 seconds and stated the test strip was still orange which indicated the sanitizer level was zero and that he needed to add more sanitizer. The DA/DW stated the desired sanitation level was between 200 and 400 PPM (parts per million). The surveyor requested to view the Sanitizing Sink Testing log which revealed the following: Procedure: 1. Fill sink to marked level 2. Add Sanitizer 3. Take a piece of the test strip and hold it under water for ten (10) seconds 4. Read immediately 5. Chart results below 6. Range must be between 100 and 200. When the surveyor reviewed the legend on the side of the vial of test strips used to test the sanitizer level, there were color coded numeric readings in PPM of 0 orange, 150 brown, 200 dark brown, 400 green and 500 dark green). Review of the Sanitizing Sink Testing log revealed that the breakfast meal sanitizer level was documented as 187 PPM (not reflected as a possible value on the test strips) and the lunch result had already been recorded at 200 PPM, prior to the lunch meal service. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.) In the food preparation area, the surveyor observed a meat slicer that was covered with plastic. The surveyor asked the FSD to remove the plastic. The surveyor noted that there was debris on the base of the food slicer. The FSD stated the meat slicer was used last night and there should not have been anything on there. 4.) In the food preparation area, the surveyor observed a free-standing mixer that was not covered with plastic. The FSD stated that the mixing bowl was replaced this morning and should have been covered. 5.) In the galley of the kitchen, the surveyor observed a table mounted can opener. The surveyor asked [NAME] #1 to remove the can opener from its sheath to expose the blade. At that time, the surveyor observed a dried brown substance on the blade. [NAME] #1 stated that she just used it that morning. [NAME] #1 then proceeded to scrape the brown matter off with her fingernail. The FSD stated that if the blade of the can opener were not cleaned prior to use, it could have resulted in cross-contamination. 6.) In the dry storage area, the surveyor observed a three-pound container of vanilla frosting that was previously opened and was dated ,d+[DATE]. The FSD stated the date indicated the month and year the item was received. The surveyor asked when the vanilla frosting was opened and what the use-by date was and the FSD stated, That is a good question. The FSD was unable to describe the facility policy for labeling and dating when asked. The FSD then proceeded to discard the frosting. 7.) In the walk-in refrigerator, on the top shelf of a three-tiered wire rack, the surveyor noted a pan of leftover meatloaf that was not fully covered with clear wrap that was exposed to air. The FSD stated that the meatloaf should have been fully covered. 8.) In the food prep area, the surveyor asked the FSD to remove the cover of the cap that covered the juice machine gun. When the FSD removed the cap, the surveyor noted a brown substance. The FSD stated she did not know what the brown substance was. The FSD further stated that the juice gun should have been soaked in boiling water and cleaned nightly. 9.) The table refrigerator temperature was confirmed by the FSD on two separate thermometers with a reading of 70 F. The FSD stated that the temperature should have been below 40 F. The FSD further stated the refrigerator held multiple potentially hazardous foods such as: egg salad sandwiches, lunch meat sandwiches, and dairy items such as milk and supplements which were made this morning and needed to be thrown out. 10.) The surveyor returned to the three-compartment sink and interviewed the DA/DW who demonstrated the sanitizer level. The DA/DW dipped the test strip into the sanitizer for eight seconds. The DA/DW then proceeded to place the test strip up against the vial of test strips and compared the test strip to the legend on the side of the bottle and stated that the color indicated that the sanitizer level had reached the desired level of sanitation, between ,d+[DATE] PPM. The DA/DW stated that he ensured that he dipped the test strip into the sanitizer level for ten seconds by counting from ten to fifteen. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	After the kitchen tour, the surveyor interviewed the FSD regarding her hair net which did not fully cover her hair. The surveyor noted that strands of her hair hung from both the right side and the back of her hair net during the tour. The FSD stated that if her hair were not fully covered, there was a potential for the hair to go into someone's food. When the surveyor asked the FSD to explain why both the dish machine and the three-compartment sink logs were filled in prior to the lunch meal, the FSD stated she did not know why the logs were filled in for lunch when it was not completed. The FSD stated she thought that the staff were nervous because the surveyor was there. The FSD stated the logs for the dish machine must not be pre-filled in because things could change. The FSD stated if the sanitizer strip was not maintained in the sanitizer within the three-compartment sink for the required 10 seconds per manufacturer directions, then it may not show the correct amount of sanitizer level. 11.) On [DATE] at 10:23 AM the surveyor observed the nourishment room in the Harbor Unit in the presence of the Regional Director of Nursing (RDON). The surveyor observed a jar of French onion dip that had an expiration date of [DATE], that was only marked with someone's initials, and was not labeled or dated. The RDON stated the item should have been properly labeled and dated. She further stated that she was not sure if the items were required to be discarded after 48 or 72 hours. 12.) On [DATE] at 10:33 AM the surveyor observed the nourishment room in the [NAME] Unit in the presence of Licensed Practical Nurse/Unit Manager (LPN/UM) #1. The surveyor observed that the freezer temperature was 20 F and the refrigerator temperature was 51 F. LPN/UM #1 stated the temperatures were too warm. The surveyor observed two resident take-out containers that were stored on the bottom shelf of the refrigerator. LPN/UM #1 stated that the containers should have been marked with the resident's room number and date because food was not permitted to be kept in the refrigerator for more than three days. LPN/UM #1 then opened the door to the microwave and the surveyor noted that the microwave was heavily soiled with dried, brown matter on all sides. The LPN/UM #1 stated the microwave looked like it needed to be cleaned as it appeared that something exploded inside and was not wiped afterward. LPN/UM #1 was not sure who was responsible to clean the microwave. 13.) On [DATE] from 11:23 AM until 11:49 AM during a follow-up visit to the kitchen, the surveyor observed the following in the presence of the FSD: The surveyor observed [NAME] #1 who washed his hands and dried them with a paper towel. [NAME] #1 then proceeded to lift the lid to the trash can with his bare hands and discarded the paper towel rather than using the trash can beside the sink which had a foot pedal. [NAME] #1 then donned (put on) gloves and proceeded to the food preparation area. When interviewed at that time, [NAME] #1 stated he should have used the trash can with the foot pedal instead of touching the lid of the trash can. The surveyor observed the tray line during the meal service and noted a Dietary Aide (DA) who had both a mustache and beard but only covered his beard with a beard restraint, and left his mustache exposed as he plated food. When interviewed, the DA stated that he normally worked on the evening shift. The FSD was present at that time, stated that she had not noticed the DA's mustache was not covered. The FSD stated that there was a potential for hair to get into the food if all the DA's facial hair was not covered. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On [DATE] at 12:22 PM, the surveyor interviewed the Licensed Practical Nurse/ Infection Preventionist (LPN/IP) who stated that all hair should be pulled back to the best of their ability to ensure that it did not fall into the food. The LPN/IP further stated that if the cook opened the trash can with his bare hands before he donned gloves, then his hands were contaminated. The LPN/IP also stated that if both the dish machine temperature log and the three-compartment sink logs were filled in prior to meal service, the temperature may not be accurate, and the sanitizer level may not be up to par. Review of the facility policy, Food Safety Requirements (Reviewed/Revised ,d+[DATE]) revealed the following: Food safety practices shall be followed throughout the facility's entire food handling process .Elements of the process include the following: .Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms, Preparation of food ., Equipment used in the handling of food, including dishes, utensils, mixers, grinders, and other equipment that comes in contact with food. Employee hygienic practices. .Monitoring food temperatures and function of the refrigeration equipment daily and at routine intervals during all hours of operation; .Labeling, dating and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and Keeping foods covered or in tight containers . .All equipment used in handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination. Staff shall follow facility procedures for dishwashing and cleaning fixed equipment. .Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. .Dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. Review of the facility policy, Date Marking for Food Safety (Reviewed/Revised [DATE]) revealed the following: .Refrigerated, ready-to-eat, time/temperature for food safety (i.e. perishable food) shall be held at a temperature of 41 F or less for a maximum of 7 (seven) days. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. The individual opening or preparing the food shall be responsible for date marking the food at the time the food is opened or prepared. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility policy, Sanitation Inspection (Reviewed/Revised [DATE]) revealed the following: It is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. .Daily: Food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily. Review of the facility policy, Dietary Employee Personal Hygiene (Reviewed/Revised [DATE]) revealed the following: It is the policy of this facility to utilize the following guidelines for employee personal hygiene to prevent contamination of food by foodservice employees. .Hands must always be washed after .engaging in other activities that contaminate the hands . Review of the facility policy, Dishwasher temperature (Reviewed/Revised ,d+[DATE]) revealed the following: It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures. All items cleaned in the dishwasher will be washed in water that is sufficient to sanitize any and all items. .Water temperatures shall be measured and recorded prior to each meal and/or after the dishwasher has been emptied or re-filled for cleaning purposes. Review of the facility policy, Use and Storage of Food Brought in by Family or Visitors (Reviewed/Revised , d+[DATE]) revealed the following: It is the right of the residents of this facility to have food brought in by family or other visitors, however, the food must be handled in a way to ensure the safety of the resident. .All food items that are already prepared by the family or visitor brought in from home must be labeled with content and dated. The facilty may refrigerate labeled and dated prepared items in the nourishment refrigerator. The prepared food must be consumed by the resident within 3 (three) days. If not consumed within 3 (three days), food will be thrown away by facility staff. Review of the facility policy, Nourishment Room Procedures (Revised February 2024) revealed the following: To promote the health of residents and staff by maintaining clean and sanitary conditions. The Housekeeping and Dietary Department cleans nourishment rooms as determined by the cleaning log. The area includes all nourishment rooms throughout the building. The items included are all kitchen appliances, cabinets, counter tops and high touch areas. .Storage: All food items in the Nourishment room must be labeled with content and dated .It is the responsibility of the facility representative to check and discard undated and expired food items. NJAC 8:,d+[DATE].2 (g)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 43308 Complaint #: NJ169593 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to accurately document in the medical records. This deficient practice was identified for 1 of 23 resident (Resident #248) medical records reviewed and was evidenced by the following: The surveyor reviewed the medical record for Resident #248. A review of the Admission Record face sheet reflected that the resident had diagnoses that included, but were not limited to, cramp and spasm, urinary tract infection, and chronic pain. A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated 12/30/224, included the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident had an intact cognition. Further review of the MDS included in Section H: Bladder and Bowel, that the resident had an indwelling catheter (urinary catheter) and in Section J: Health Conditions, under pain management, that the resident received scheduled pain medications. A review of the Order Summary Report (OSR) for December 2023, reflected the following: -Start date 06/30/23: Flush catheter with 10 milliliters (ml) normal saline (NS) every shift to prevent catheter blockage. -Start date 04/14/23: Diazepam 10 milligrams (mg) give 1 tablet by mouth every 8 hours for spasms. -Start date 10/17/23: Tizanidine 4 mg give 3 tablets by mouth every 8 hours for muscle spasms. A review of the Care Plan for Resident #248 revealed, a focus area of the resident to use anti-anxiety medication Valium [Diazepam] for muscle spasms, date initiated 03/30/23, with interventions that included to give anti-anxiety medication ordered by physician. Further review revealed a focus area of an alteration in bladder elimination related to neurogenic bladder (lack of bladder control) with indwelling urinary catheter, date initiated 3/30/23, with interventions that included catheter care per protocol, and another focus area for risk for a urinary tract infection (UTI) related to urinary catheter use, date initiated 5/15/23, with an intervention of keep urinary catheter patent and intact at all times. A review of the November 2023 Treatment Administration Record (TAR) revealed the physician's order, Flush [urinary] catheter with 10ml NS every shift to prevent catheter blockage, was not signed as completed and left blank on: -11/02/23 evening shift (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-11/21/23 day shift A review of the December 2023 TAR revealed the physician's order, Flush [urinary] catheter with 10ml NS every shift to prevent catheter blockage, was not signed as completed and left blank on: -12/17/23 day shift -12/20/23 day shift -12/24/23 day shift -12/26/23 day and evening shifts -12/27/23 day shift -12/28/23 day shift A review of the December 2023 Medication Administration Record (MAR) revealed the physician's order for, Tizanidine 4 mg give 3 tablets by mouth every 8 hours for muscle spasms, was not signed as administered and left blank on: -12/06/23 2200 (10pm) A review of the Progress Notes for November 2023 and December 2023 reflected there was no documentation related to the blanks on the MAR and TAR. On 07/02/24 at 09:39 AM, the surveyor interviewed the Certified Nursing Assistant (CNA) who stated that she was responsible for emptying the urinary bag the bag and to ensure it was clean. Shen then stated that she documented the urinary output in electronic medical record (EMR), which was documented every shift. The CNA stated that she was not sure if the nurses had to flush the catheter. On 07/02/24 at 09:30 AM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who stated that she was responsible to empty the urinary bag, to ensure it does not get full, and ensure the resident was comfortable. LPN #1 stated that the nurse or the CNA would document the urinary output. She further stated that the nurses were responsible to document the urinary output in the TAR, monitor the output and document the care. LPN #1 explained that flushes depended on the resident but there would be an order for it and if there was an order then the nurse would document in the TAR to indicate that the catheter was flushed. LPN #1 stated that it was important to flush the catheter because it could back flow and could cause too many complications if it was not flowing properly. She then stated if there was an order the nurses should follow the order and flush the catheter. At that time, the surveyor asked what the numbers on the MAR and TAR indicated, and LPN #1 stated that if the nurses document a number 5 then it meant hold and the number 9 meant other and was followed up with a progress note. LPN #1 stated that the MAR and TAR should not be left blank because there needs to be an explanation of why. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/02/24 at 09:59 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated, in the presence of the survey team, that for catheter care, the CNAs were responsible for emptying the catheter, changing the bag to a leg bag if the resident was getting out of bed, and ensuring that the privacy cover was in place The LPN/UM stated that the nurses were responsible for changing the catheter and explained catheter care included ensuring that the catheter worked appropriately and observing the catheter bag to ensure there were no sediment in the bag. The LPN/UM further stated that the nurses flushed the catheter depending on the physician's order and that it was important to flush catheters to prevent infections. The LPN/UM stated that the nurses document in the MAR or TAR because it would be an order to flush the catheter. At that time, the surveyor asked what the numbers on the MAR and TAR indicated and the LPN/UM stated that the number 5 indicated the physician's order was held and number 9 indicated other which prompted the nurse to write a progress note on it. The LPN/UM stated that the blanks on the MAR and TAR indicated that it was not filled out and not done. She stated the expectation was for staff to document on the MAR and TAR or to write a progress note. On 07/02/24 at 10:22 AM, the surveyor interviewed the Director of Nursing (DON) who stated that the CNAs were responsible to ensure the catheter was clean, that it was emptied, and that the privacy cover was place. She stated that the CNAs documented the urinary output in the EMR, and they also informed the nurses so the nurse could document it in the TAR. The DON stated that the nurses were responsible to ensure the catheter was flowing correctly, cleaned, checking the urinary output, and that it was documented. The DON stated that flushing the catheter depended on the physician's order. She stated that if the physician ordered for the catheter to be flushed every shift, the expectation would be for the catheter to be flushed as ordered. She then stated that it was important flush the catheter to prevent infections and clogging of the catheter. At that time, the surveyor asked what the numbers on the MAR and TAR indicated and the DON stated that the number 5 indicated to hold, and the number 9 indicted to follow up with a progress note to document the rationale. The DON stated that the blanks on the MAR and TAR indicated the nurse did not sign off on the order. The DON further stated that the expectation was the nurses followed the physician's order and to document, because if it is not documented it's not done. The DON stated that she could not speak to the blanks but then stated that the resident could refuse and was at times noncompliant but the nurse could have not documented it. On 07/02/24 at 11:00 AM, the surveyor interviewed the primary Medical Doctor (MD) for the resident via the phone in the presence of the DON. The MD stated that there was an order to flush the catheter because the resident had a history of blood in it. The MD stated that the expectation would be for the nurses to follow the order of the flushes. He further stated that it was important to flush the catheter to prevent it from getting clogged which could cause pain and kidney issues. He concluded that they wanted to ensure that the catheter was functioning properly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315456	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mystic Meadows Rehabilitation and Nursing Center	151 Ninth Avenue Little Egg Harbor Tw, NJ 08087

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 07/02/24 at 11:59 AM, the surveyor interviewed the Interim Licensed Nursing Home Administrator (LNHA), who also identified as a Registered Nurse (RN), who stated the agency nurses would get backed up and so she would go and flush Resident #248's catheter, but that she was not on the cart, so did not sign off on the order. She stated that she did not write a progress note or sign the TAR and that it was on me. The interim LNHA stated that she should have signed the TAR and wrote a progress note that she did it. She stated that the resident would ask why the nurse was not doing it and she stated that she would inform the resident that she was assisting the nurse with the catheter care since the nurse was behind. She stated as a nurse it was in her nature to help. The Interim LNHA then stated it was during the holidays and that was why she remembered the blanks in the TAR because they had agency staff, and they were falling behind because the resident needed a lot of care. She stated the importance of flushes was prevent the catheter from getting clogged because the resident had a history of blockage and granulates, and sediment would get into it. The Interim LNHA stated the importance of documentation was to validate that it was done. She again stated she should have documented in the EMR that she flushed the urinary catheter but since she was generally not on the floor, it was not done. The Interim LNHA concluded she was generally good for documenting and should have done it. On 07/03/24 at 10:54 AM, the DON, in the presence of the LNHA, the interim LNHA, the Regional Director of Case Management, and the survey team, stated that an incident report was done related to the blank on the MAR. She stated that the nurse informed her she gave the medication, but did not remember not signing the MAR. The DON acknowledged that staff should be signing the MAR and TAR and not leave it blank. On 07/03/24 at 10:57 AM, the Interim LNHA acknowledged, in the presence of the LNHA, the DON, the Regional Director of Case Management, and the survey team, that there were blanks on the MAR and TAR that should not have been left blank. A review of the facility's Charting and Documentation policy, dated reviewed 5/2024, included, 2. The following information is to be documented on the resident medical record: b. Medications administration, c. Treatment or services performed. 7. Documentation of procedures and treatments will include care-specific details, including: g. the signature and title of the individual documenting. NJAC 8:39-35.2 (d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315456	A. Building B. Wing	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 40041 Based on observation, interview, and review of facility documents it was determined that the facility failed to practice proper hand hygiene for 1 of 2 nurses observed during medication administration. The deficient practice was evidenced by the following: On 6/27/24 at 8:36 AM, the surveyor observed Licensed Practical Nurse (LPN #2) take the Blood Pressure (BP) of an unsampled resident. LPN #2 then cleaned the BP cuff with a disinfectant wipe, removed his gloves, and proceeded to the medication cart to prepare the unsampled resident's medication. At that time, LPN #2 did not perform hand hygiene. On 6/27/24 at 9:08 AM, LPN #2 donned (put on) gloves, administered the unsampled resident's medication and then doffed (removed) his gloves. At that time, LPN #2 did not perform hand hygiene. On 06/27/24 at 09:39 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated that hand hygiene should be performed when donning and doffing gloves. When asked, when should hand hygiene be performed? The LPN/UM stated it should be before and after all care. She then explained it should be performed before and after donning and doffing gloves. When asked should hand hygiene be performed after cleaning equipment. The LPN/UM replied, definitely, yes. On 6/28/24 at 11:17 AM, the surveyor interviewed the Licensed Practical Nurse/Infection Preventionist (LPN/IP) regarding hand hygiene. The LPN/IP stated that staff should perform hand hygiene anytime they are in contact with the resident. She explained staff should performed hand hygiene before donning gloves and after doffing gloves. She further stated that staff could either use alcohol-based hand rub (ABHR) or perform handwashing. A review of facility's policy titled Hand Hygiene, Date Reviewed/Revised 6/2023, included, 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. N.J.A.C 8:39-19.4(a)