

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, record review, and policy review, the facility failed to ensure Practitioner Orders for Life-Sustaining Treatment (POLST) was documented to clarify resident/resident representative the choice between cardiopulmonary resuscitation (CPR) and do not resuscitate (DNR), were thoroughly completed to include a date and physician signature for three of three residents (Residents (R) 9, R1, and R10) of 19 sample residents. This failure had the potential to affect the accuracy of POLST forms used when transferred from the facility to communicate resident/resident representative choice.</p> <p>Findings include:</p> <p>1. Review of R9's admission Record located in the electronic medical record (EMR) under the Profile tab, revealed an admission date in [DATE] with a readmission date in [DATE] and medical diagnoses to including dementia and other cerebrovascular disease.</p> <p>Review of R9'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 three out of 15 which indicated R9 was severely cognitively impaired.</p> <p>Review of the code status located under the header and face sheet in the EMR on [DATE] for R9 documented full code.</p> <p>Review of the paper chart for R9 documented two undated POLST forms. One form stated DNR, allow for natural death and lacked a date and physician signature. The second form stated full code and lacked a date and physician signature.</p> <p>Review of R9's EMR under the Prog Notes tab revealed a note by Social Worker (SW) 3 documented on [DATE] at 12:26 PM, The resident [Family Member (FM) 1] had spoken to the nurse and social services and the resident's [FM1] discussed putting a DNR order in place.</p> <p>During an interview on [DATE] at 2:01 PM SW3 explained the process for completing the POLST form was once the request was made by the resident/resident representative for DNR, the form was to be followed up by nursing to get the physician signature and complete the form with date and signature. SW3 stated the process was not followed and should have been.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:39 PM, Licensed Practical Nurse (LPN) 1, after reviewing the EMR and the paper chart, stated the choice to do CPR or not if R9 stopped breathing was unclear and needed to be verified.</p> <p>During an interview on [DATE] at 3:42 PM, Registered Nurse (RN) 3 reviewed the EMR and paper chart for R9 and stated the POLST documentation was incomplete due to lacking a date and physician signature. RN3 stated the EMR was where to look to know wishes of the resident to be full code or DNR. RN3 stated for R9 it was not clear, therefore if R9 stopped breathing the choice would be to do a full code.</p> <p>2. Review of R1's admission Record located in the EMR under the Profile tab, revealed an admission date in [DATE], readmission date in [DATE], and discharged in [DATE] with medical diagnosis that included chronic obstructive pulmonary disease.</p> <p>Review of R1's annual MDS located in the EMR under the MDS tab with an ARD of [DATE] revealed a BIMS score of 15 out of 15, indicating R1 was cognitively intact.</p> <p>Review of the closed record for the code status located under the header and face sheet in the EMR for R1 documented DNR.</p> <p>Review of the paper chart for R1 revealed an undated POLST form signed by R1 indicating DNR and lacked a date and physician signature.</p> <p>During an interview on [DATE] at 2:01 PM, SW2 confirmed the POLST form was incomplete without a date and physician signature.</p> <p>3. Review of R10's admission Record located in the EMR under the Profile tab, revealed an admission date of [DATE], with a readmission date in [DATE] and medical diagnoses that included pneumonia and chronic obstructive pulmonary disease.</p> <p>Review of R10's quarterly MDS located in the EMR under the MDS tab with an ARD of [DATE], revealed a BIMS score of 15 out of 15, indicating R10 was cognitively intact.</p> <p>Review of the code status located under the header and face sheet in the EMR on [DATE] for R10 documented full code.</p> <p>Review of R10's physician orders located under the Orders tab of the EMR, dated [DATE] at 12:53 PM, documented Full Code/CPR (cardiopulmonary resuscitation). The order was a phone order entered by the Registered Nurse Supervisor and lacked a physician signature in the EMR system.</p> <p>Review of the paper chart for R10 revealed a document titled Advanced Directive/Living Will, signed and dated [DATE], answered the question I do or do not, wish to be resuscitated (CPR) with the words do not circled and document signed by R10, SW3, and one other witness.</p> <p>During an interview on [DATE] at 2:01 PM, SW3 confirmed R10 code status in the EMR was full code and the form dated [DATE] was unfamiliar to SW3 and stated, the code status for R10 was uncertain about the choice of the resident for full code or DNR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 2:10 PM, SW1 confirmed the POLST form for R10 was incomplete unless dated and signed by the physician.</p> <p>During an interview on [DATE] at 2:17 PM, the Social Services Director (SSD) confirmed the process for the completion of the POLST was to be followed up by nursing for the physician's signature. He stated the date on the form represented the conversation between the resident and/or resident representative and the physician. SSD stated residents with a BIMS 11 or higher could sign for themselves. The SSD acknowledged the stated process was currently not working very well.</p> <p>During an interview on [DATE] at 3:00 PM, the Administrator stated the POLST form was incomplete without the date and physician's signature and the Administrators expectation was the POLST form should be completed with date and physician's signature.</p> <p>During an interview on [DATE] at 3:37 PM, the Director of Nursing (DON) explained that the social workers were to give the POLST to the DON to follow up, have the forms completed by the physician, and update the EMR. The DON confirmed this practice was not consistent and some of the POLST forms had not been presented to the physician for signature. The DON stated the POLST form was incomplete if the date and signature were not on the form.</p> <p>Review of the facility policy titled, Quality of Life - Resident self Determination and Participation, revised on 12/16, revealed [To] gather information about the residents' personal preferences on initial assessment and periodically thereafter, and document these preferences in the medical record.</p> <p>Review of the facility policy titled, Advanced Directives, revised on 12/16, revealed The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive .The definition of Do Not Resuscitate (DNR) - indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life-sustaining treatments or methods are to be used.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interviews, record reviews, and facility policy reviews, the facility failed to resolve grievances for two of three residents (Resident (R) 3 and R5) reviewed for grievances of 19 sample residents. Specifically, the facility failed to resolve grievances related to misappropriation of funds and transportation concerns related to medical appointments. This failure had the potential to violate resident rights for all residents residing in the facility.</p> <p>Findings include:</p> <p>1. Review of R3's admission Record located in the electronic medical record (EMR) under the Resident tab revealed the resident was admitted to the facility in July 2021 with diagnoses including type two diabetes, bipolar disorder, hypertension, and bladder cancer.</p> <p>Review of R3's Resident Concern Form provided by the facility and dated 06/16/24, revealed R3 states that the unit clerk continuously messes up his/her doctor appointment. She gets dates mixed up, she'll forget transporter or transportation. The action section at the bottom of the form was blank.</p> <p>During an interview on 03/25/25 at 1:06 PM, R3 stated that he/she had ongoing concerns regarding his/her medications not being given on time and occasionally staff running out of medications. R3 stated that he/she recently told the Administrator that he/she was not going to talk to anyone else about his/her grievances because nothing ever changes or happens to remedy the problems.</p> <p>2. Review of R5's admission Record located in the EMR under the Resident tab revealed the resident was admitted to the facility in April 2024 with diagnoses including quadriplegia, hypertension, muscle weakness, and benign prostatic hyperplasia.</p> <p>Review of R5's Social Service Intervention form provided by the facility and dated 06/23/24, revealed identified problem: 6:00 PM Pt [patient] called 911 states staff is taking to [sic] long to respond. Refuse [sic] to go out to the hospital. Several attempts were made to attend to pt needs. Follow-up at the bottom of the form was blank.</p> <p>Review of R5's Social Service Intervention form provided by the facility and dated 07/07/24, revealed identified problem: Refusing all staff from 3-11 PM on Sunday evening accusing staff of stealing his/her money and now washing him/her properly. Follow-up at the bottom of the form was blank.</p> <p>During an interview on 03/26/25 at 10:25 AM, the Social Services Director (SSD) stated that he started working at the facility six weeks ago and since that time he started a Grievance Binder. The previous SSD that was employed in June-July 2024 was not available for interview and was terminated in October 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/25 at 12:05 PM, R5 stated that in July he/she had taken a nap and when he/she woke up his/her money was gone. He/She stated he/she notified the police, and they told him/her that since it was a small amount of money to talk to the staff about it. He/She stated he/she notified Social Worker (SW) 5 and no resolution was offered. Regarding the complaint in June, he/she stated that it was not uncommon for staff to take almost an hour to assist him/her when he/she pressed the call light. He/She stated he/she did not know why they wanted to take him/her to the hospital. He/She stated no solution was provided, and no one had spoken with him/her about concerns with staff taking too long to assist him/her.</p> <p>During an interview on 03/27/25 at 6:38 PM, the DON stated that she was aware of R3's concerns and that SW5 should have addressed the grievance and then the interdisciplinary team (IDT) should have resolved the concerns.</p> <p>Review of the facility's policy titled, Grievances/Complaints, Filing, revised 04/17, revealed .The Administrator has delegated the responsibility of grievance and/or complaint investigation to the Grievance Officer who is Social Worker .Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations and submit a written report of such findings to the Administrator within 5-10 working days or review immediately depending on the nature of the grievance .The Administrator will review the findings with Grievance Officer to determine what corrective actions, if any, need to be taken .The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record reviews, and facility policy reviews, the facility failed to report three allegations of abuse for three of six residents (Resident (R) 12, R13, and R16) reviewed for abuse allegations and one allegation of misappropriation for one of three residents (R5) reviewed for misappropriation of property to the state survey agency within two hours out of a total sample of 19 residents. This had the potential to allow continued abuse and misappropriation of property for all residents in the facility.</p> <p>Findings include:</p> <p>1. a. Review of R12's admission Record located in the resident's electronic medical record (EMR) under the Profile tab revealed the resident was admitted to the facility in June 2024 with diagnoses which included paranoid schizophrenia and major depressive disorder. R12 was discharged from the facility in September 2024.</p> <p>b. Review of R13's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in March 2023 with diagnoses which included legal blindness, diabetes mellitus, end stage renal disease, and dependence on renal dialysis.</p> <p>Review of the facility Accident and Incident Log provided by the facility did not include an incident between R12 and R13 on 06/20/24.</p> <p>Review of a facility document titled Investigation Report Sheet, dated 06/19/24, Registered Nurse (RN) 3 stated I was working Wednesday 06/19/24 when [R12] who don't see well and his/her roommate [R13] ask [R13] too [sic] get his/her urinal and he/she was trying to help and I intervened and [AA2] from activities saw and I was able to assist [R13] with urinal. I asked [R12] what was he/she doing, he/she said the man/woman ask for urinal to pee.</p> <p>Review of a facility document titled Investigation Report Sheet, dated 06/19/24 by Social Worker (SW) 3, stated The social worker was making rounds on the unit and stopped in to see residents. Both residents were fine. One resident says he/she had asked for help with urinal because he/she had to pee. Both residents are blind. Nursing staff stated that they intervened when they saw this occurring.</p> <p>Review of a document provided by the facility titled, Investigation Report Sheet by Activities Assistant (AA) 2, dated 06/20/24, revealed I Activities Assist [AA 2] witnessed [R12] inappropriately touching [R13] on top of his/her clothes between his/her legs. I reported it to a CNA (unknown) to witness what I was seeing. He/She was then separated from [R13] by the CNA. Happened 06/19/24.</p> <p>Review of an untitled document provided by the facility dated 06/20/24 by Social Worker (SW) 4 stated, Hello [SW5], I went to investigate the complaint about [R13] and [R12]. The Activities [NAME] informed that she saw [R12] touching [R13] on his/her two laps. I took [R13] to his/her room, and he/she stated that [R12] touched him/her on his/her two laps. [R13] requested that he/she or [R12] should be moved to another room as soon as possible. SW4 and SW5 no longer worked at the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility document titled, Reportable Event Record/Report, dated 06/20/24 at 3:30 PM by SW5, stated that an unspecified event occurred in the residents [sic] room. A description of the event stated, CNA shared that she saw [R12] touching [R13] inappropriately.</p> <p>c. Review of the facility Accident and Incident Log provided by the facility included an incident between R12 and R16 on 08/02/24.</p> <p>Review of R16's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in November 2011 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction and unsteadiness on feet.</p> <p>Review of R12's Progress Notes located in the EMR under the Progress Notes tab, dated 08/02/24 at 10:13 PM, indicated at 9:00 PM on 08/02/24, R16 was heard yelling out, assigned nurse arrived at the room noting R12 standing by the roommate and yelling. The nurse attempted to redirect the R12 became more aggressive, hostile, and using profanity.</p> <p>Review of the facility document titled, Reportable Event Record/Report, dated 08/02/24 at 10:00 AM [sic], stated [R12] had a psychotic episode and room mate [R16] was in the same room at the time .[R12] psychotic episode and threw objects around room causing resident to be fearful and curtain to brush against his/her shoulder .[R16] was present [sic] in the room .yelled for help due to room mates behavior as he/she was scaredhe [sic] may hurt him/her. He/She informed that he/she just wanted to get out from the room aide moved him/her out and supervisor assessed no injures [sic] and upon interview stated he/she never hit me but when he/she was throwing things around only the privacy curtain touched my shoulder.</p> <p>During an interview on 03/26/25 at 3:35 PM, the Director of Nurses (DON) stated that the incident between R12 and R13 was a staff-to-staff issue and not necessarily something between the residents. She stated she was not aware that the incident was alleged sexual abuse and stated that she would report the incident at that time. The DON stated she was not aware that AA2 had reported R12 had inappropriately touched R13 in the private area. The DON confirmed that any suspected abuse should be reported to the State Agency immediately/within two hours. The DON stated the previous Social Worker (SW5) was the Abuse Coordinator up until October 2024, since that time she (DON) was the Abuse Coordinator.</p> <p>During an interview on 03/26/25 at 4:51 PM the Quality Assurance department confirmed that the State Agency had not received any reportable incidents from the facility since 05/24/24.</p> <p>During an interview on 03/27/25 at 12:17 PM the Social Services Director (SSD) stated that he was not aware that he was the Abuse Coordinator and was unfamiliar with the requirements of being the Abuse Coordinator. The SSD stated this was the first time that it was his responsibility as the Abuse Coordinator role. He stated the above incidents occurred prior to this SSD's employment at the facility. The SSD began employment six weeks ago.</p> <p>2. Review of R5's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in April 2024 with diagnoses which included quadriplegia and hypertension.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R5's Progress Note, dated 07/07/24 at 6:21 PM and located in the EMR under the Progress Notes tab, stated .Uncooperative with assigned CNA [Certified Nursing Assistant] accusing staff of stealing his money and not caring for him properly .</p> <p>During an interview on 03/27/25 at 6:30 PM, Licensed Practical Nurse (LPN) 6 stated that she did not know who the abuse coordinator was, but that any suspected abuse should be reported immediately to a supervisor.</p> <p>During an interview on 03/27/25 at 6:40 PM, LPN5 stated that she did not recall the abuse coordinator's name, but if she suspected abuse it should be reported to the unit manager, a nurse, Social Worker, or the Ombudsman immediately.</p> <p>During an interview on 03/27/25 at 6:22 PM, the DON stated that she was not aware of R5 having any money missing or accused staff of taking his/her money. When the DON was made aware of a grievance dated 07/07/24 made by R5 with concerns of staff taking his/her money, she stated that should have been documented as a behavior, and that she wasn't sure if he/she had money in the first place to be taken. Her expectation was that staff should present this information at the morning meeting. The DON felt that staff needed to have more education regarding addressing resident behaviors.</p> <p>Review of the facility's policy titled, Abuse Investigation and Reporting, revised 07/17, revealed All reports of resident abuse, neglect, exploitation, misappropriation of resident property, and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported . All alleged violations involving abuse .and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility .2. An alleged violation of abuse . or misappropriation .will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interviews, record reviews, and facility policy review, the facility failed to properly investigate two allegations of abuse for three out of seven residents (Resident (R) 12, R13, and R16) reviewed for abuse and one incident of misappropriation of property for one of three residents (R5) reviewed for misappropriation of property of 19 sample residents. This failure had the potential for ongoing abuse and misappropriation of property.</p> <p>Findings include:</p> <p>1. a. Review of R12's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in June 2024 with diagnoses which included paranoid schizophrenia and major depressive disorder. R12 was discharged from the facility in September 2024.</p> <p>b. Review of R13's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in March 2023 with diagnoses which included legal blindness, diabetes mellitus, end stage renal disease, and dependence on renal dialysis.</p> <p>Review of the facility document titled, Reportable Event Record/Report, dated 06/20/24 at 3:30 PM, by Social Worker (SW) 5 revealed that an unspecified event occurred in the residents [sic] room. A description of the event revealed CNA shared that she saw R12 touching R13 inappropriately.</p> <p>Review of the incident packet documentation between R12 and R13 provided by the facility included witness statements by Registered Nurse (RN) 3 dated 06/19/24, SW3 dated 06/19/24, Activities Assistant (AA) 2 dated 06/20/24, SW4 dated 06/20/24, and SW5 dated 06/20/24. There were no investigation notes or investigation summary indicating that a full investigation had been completed related to suspected sexual abuse.</p> <p>2. Review of R5's admission Record located in the resident's electronic medical record (EMR) under the Profile tab, revealed the resident was admitted to the facility in April 2024 with diagnoses which included quadriplegia and hypertension.</p> <p>Review of R5's Progress Notes located in the EMR under the Progress Notes tab indicated the resident had concerns with staff taking his money.</p> <p>Review of R5's documentation provided by the facility included a Grievance, dated 07/07/24, revealed that R5 accused staff of stealing his money. No further investigation was provided by the facility.</p> <p>3. Review of R16's admission Record located in the resident's EMR under the Profile tab, revealed the resident was admitted to the facility in November 2011 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction and unsteadiness on feet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility document titled, Reportable Event Record/Report, dated 08/02/24 at 10:00 AM [sic], revealed [R12] had a psychotic episode and room mate [R16] was in the same room at the time .[R12] psychotic episode and threw objects around room causing resident to be fearful and curtain to brush against his/her shoulder .[R16] was present [sic] in the room .yelled for help due to room mates behavior as he/she was scared he/she [sic] may hurt him/her. He/She informed that he/she just wanted to get out from the room aide moved him/her out and supervisor assessed no injures [sic] and upon interview stated he/she never hit me but when he/she was throwing things around only the privacy curtain touched my shoulder.</p> <p>During an interview on 03/26/25 at 3:35 PM, the Director of Nurses (DON) confirmed that investigations were not completed by the previous Abuse Coordinator for the incidents on 06/19/24, 07/07/24, or 08/02/24 but should have been. The DON stated that the new Social Services Director (SSD) was the Abuse Coordinator and was responsible for reporting concerns to her so she could report and assist in completing investigations.</p> <p>Review of the facility's policy titled, Abuse Investigation and Reporting, revised 07/17, revealed All reports of resident abuse .misappropriation of resident property .shall be reported .and thoroughly investigated by facility management .The individual conducting the investigation will, as a minimum: a. Review the completed documentation forms .interview person(s) reporting incident .any witnesses to the incident .staff members . other residents .Witness reports will be obtained in writing .5. Upon conclusion of the investigation, the investigator will record the results of the investigation on approved documentation forms and provide the completed documentation to the Administrator .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, record reviews, and facility policy review, the facility failed to ensure that a medical appointment was identified and implemented following a surgical procedure according to professional standards of practice for one of three residents (Resident (R) 8) reviewed for medical appointments of 19 sample residents. This failure had the potential to negatively impact on the residents' health status.</p> <p>Findings include:</p> <p>Review of R8's admission Record located in the electronic medical record (EMR) under the Resident tab indicated he/she was admitted to the facility in August 2022 with a primary diagnosis of acute cerebrovascular insufficiency.</p> <p>Review of R8's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 02/06/25 included a Brief Interview for Mental Status (BIMS) score of six out of 15 indicating R8 was severely cognitively impaired.</p> <p>Review of R8's Care Plan located in the EMR under the Care Plan tab and revised 04/11/24 included cholecystectomy status.</p> <p>Review of R8's Progress Notes located in the EMR under the Progress Notes, dated 04/05/24, revealed Pt [patient] disoriented sent to [Hospital Name] per MD [Medical Doctor] request .</p> <p>Review of R8's Progress Notes located in the EMR under the Progress Notes, dated 04/10/25, revealed readmission received from [Hospital Name] via stretcher @ 710pm [sic], Alert/Responsive, S/P [status post] Laparoscopic [sic] Cholecystectomy [gall bladder removal], Abd [abdominal] anterior surgical incision x4 . on PO [oral] Abt [antibiotic] ciprofloxacin and metronidazole x12 days d/t [due to] cholecystitis, total dependence with all ADL's [activities of daily living] .</p> <p>Review of [Hospital Name] document titled, Discharge Education, dated 04/10/24, revealed .Please call . to make an appointment in the ACC [ambulatory care center] Clinic in two weeks .</p> <p>Review of [Hospital Name] document, dated 11/07/24, titled, After Visit Summary revealed .Return in about 3 (three) months (around 02/07/25) .Today's Visit you saw [Name] on Thursday November 7, 2024. The following issue was addressed: Abnormal weight loss .</p> <p>During an interview with R8's Complainant (C) 8 on 03/26/25 at 5:05 PM stated that R8 had his/her gall bladder removed in April 2024 and did not receive his/her follow up visit two weeks after the surgery. She notified the facility, and the visit was never scheduled.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/25 at 1:00 PM, the Unit Clerk (UC) stated she was not employed with the facility in April 2024 and did not know why the surgical follow up appointment was not scheduled. UC stated that the facility protocol was for the Clerk to review the packet of information that returned with the resident after hospitalization or a physician appointment. UC reviewed the Log Book that was kept by staff of all resident medical appointments and stated C8 did not have any appointments in late April 2024 or early May 2024 that would have correlated with the needed follow up visit. UC confirmed that R8 was to have a follow up visit in February 2025 per the hospital visit notes, dated 11/07/24. UC stated she called the physician's office that confirmed that no follow up visit had been made for February 2025 and no pending appointments were noted.</p> <p>During an interview on 03/27/25 7:15 PM, the Director of Nursing (DON) reviewed the hospital discharge documents for R8 dated 04/10/24 and stated she did not see any physician orders that would indicate that an appointment was to be scheduled. Her expectation was for the nurse re-admitting the resident after hospitalization or an appointment should review the documentation with recommendations for any appointments. The DON stated the recommendation should have been then relayed to the physician to ensure that they wanted it scheduled. She stated a progress note would have been made as to what was determined. She stated in the absence of the Clerk; the nurse would be responsible for ensuring appointments were scheduled.</p> <p>During an interview on 03/27/25 at 7:21 PM, Registered Nurse Supervisor (RN Sup) confirmed that R8 had been discharged from the hospital on [DATE] and documentation recommended that he/she have a follow-up appointment in two weeks status post gall bladder removal. RN Sup stated that she had not seen the documentation nor was she aware that the resident had missed follow-up appointments.</p> <p>Review of the facility policy titled, Health, Medical Condition and Treatment Options, Informing Residents of, revised 12/16, did not include information regarding ongoing treatment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview, record review, and review of facility policy, the facility failed to maintain a complete and accurate medical record for one of 19 sampled residents (Resident (R) 3). Specifically, the nursing staff failed to document the completion of physician orders on the resident's medication administration records. This failure had the potential to affect accuracy of records.</p> <p>Findings include:</p> <p>Review of R3's admission Record located in the electronic medical record (EMR) under the Resident tab indicated he/she was admitted to the facility in July 2021 with a primary diagnosis of diabetes mellitus. Comorbidities included bipolar disorder, benign prostatic hypertrophy, hyperlipidemia, malignant neoplasm of the bladder, and major depressive disorder (MDD).</p> <p>Review of R3's quarterly Minimum Data Set (MDS) located in the EMR under the MDS tab with an Assessment Reference Date (ARD) of 01/13/25 included a Brief Interview for Mental Status (BIMS) score of 14 out of 15 indicating R3 was cognitively intact. Medications included antipsychotics, antidepressants, antihypnotics, and anticoagulants.</p> <p>Review of R3's Care Plan located in the EMR under the Care Plan tab and initiated 07/22/21 included administration of medications as ordered.</p> <p>Review of R3's Order Summary located in the EMR under the Orders tab included orders for -Atorvastatin calcium oral tablet 10 MG (milligram) one tablet to be given by mouth (PO) at bedtime (HS) for hyperlipidemia starting 04/10/24,</p> <p>-Eszopiclone oral tablet 1 MG one tablet PO at HS starting 07/15/24,</p> <p>-Gabapentin oral capsule 100 MG one capsule PO four times per day (QID) starting 05/15/24,</p> <p>-Omeprazole capsule delayed release (DR) 20 MG one capsule PO every morning (AM) for gastroesophageal reflux disease (GERD) starting 04/10/24, -hydroxyzine pamoate oral capsule 25 MG one capsule PO at HS for anxiety, eszopiclone oral tablet 1 MG one tablet PO at HS for insomnia starting 07/15/24,</p> <p>-Seroquel oral tablet 100 MG one tablet PO at HS for bipolar disorder starting 04/13/24,</p> <p>-Tamsulosin HCL oral capsule 0.4 MG capsule one capsule PO in AM and one capsule in the afternoon starting 04/10/24, and</p> <p>-Trazodone HCL oral tablet 50 MG one tablet PO at HS for depression starting 02/13/25.</p> <p>Review of R3's Medication Administration Record (MAR) provided by the facility for the month of November 2024 included</p> <p>-Atorvastatin calcium oral tablet 10 mg, eszopiclone oral tablet 1 mg, hydroxyzine pamoate oral capsule 25 mg,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Seroquel oral tablet 100 mg tablet, and trazodone HCL oral capsule 100 mg were documented on 11/29/24 as 9 indicating the nurse should enter a progress note regarding medication availability/medication administration,</p> <p>-Omeprazole capsule delayed release 20 mg documented as blank on 11/08/24, 11/23/24, and 11/29/24,</p> <p>-Tamsulosin hydrochloride (HCL) oral capsule 0.4 mg capsule documented as 9 on 11/29/24 at 9:00 AM, documented as 9 on 11/29/24, and</p> <p>-Gabapentin oral capsule 100 mg documented as blank on 11/14/24 and 11/18/24 for 10:00 PM dose, 10/23/24 documented as blank for 6:00 AM dose, and documented as 9 on 11/29/24 for 10:00 PM dose.</p> <p>Review of R3's MAR provided by the facility for the month of December 2024 included omeprazole capsule delayed release 20 mg documented as blank on 12/14/24, tamsulosin hydrochloride (HCL) oral capsule 0.4 mg capsule documented as 9 on 12/05/24 at 9:00 AM, 12/07/24 at 6:00 PM, 12/09/24 at 6:00 PM, 12/10/24 at 9:00 AM, 12/11/24 at 9:00 AM, 12/12/24 at 9:00 AM, 12/30/24 at 9:00 AM, and 12/31/24 at 9:00 AM.</p> <p>Review of R3's MAR provided by the facility for the month of February 2025 included atorvastatin calcium oral tablet 10 mg, eszopiclone oral tablet 1 mg, hydroxyzine pamoate oral capsule 25 mg, and Seroquel oral tablet 100 mg, trazodone HCL oral tablet 50 mg tablet, and gabapentin oral capsule 100 mg on 02/07/25 documented as blank and omeprazole capsule delayed release 20 mg documented as blank on 02/01/25.</p> <p>Review of R3's MAR provided by the facility for the month of March 2025 included eszopiclone oral tablet 1 mg on 03/11/25 documented as 9, omeprazole capsule delayed release 20 mg documented as blank on 03/06/25 and 03/22/25, tamsulosin HCL capsule 0.4 mg documented as 9 on 03/12/25, and gabapentin oral capsule 100 mg documented as blank on 03/06/25 6:00 AM, 03/13/25 10:00 PM and 03/21/25 10:00 PM.</p> <p>During an observation on 03/27/25 at 1:35 PM of the medication cart containing R3's medications, it was confirmed that all medications prescribed for R3 were available on the medication cart.</p> <p>During an interview on 03/25/25 at 1:06 PM, R3 stated that sometimes staff told him/her medications had been ordered and then he/her went without his medications. Specifically, he/she recalled being out of tamsulosin, Seroquel, and eszopiclone.</p> <p>During an interview on 03/27/25 at 1:35 PM, Licensed Practical Nurse (LPN) 8 stated that she currently had R3's medications available but sometimes he/she would run out of tamsulosin because the health insurance was holding up authorization. When this happened, she would put in a progress note and also document on the 24-hour nursing report. LPN8 stated she thought this had happened at least three times that she was aware of but could not recall the dates.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/27/25 at 7:14 PM the Director of Nurses (DON) stated that R3 worried about his/her Seroquel and eszopiclone running out. In the past she had checked the medication cart to confirm that the medications were on hand. After reviewing the MARs for November-December 2024 and February-March 2025, the DON stated that she was not sure why there were blank spaces in the MAR other than they had experienced their internet down in the past. She stated she wasn't sure what the dates were when the incident occurred. She stated regarding MAR's having 9 documented; this typically meant that the medication wasn't available, or medication was possibly pending insurance approval for payment. The DON stated that it was the expectation that if a medication was not available or not given the nurse should have entered a progress note, notified the physician, and documented if the medication could be given late or held until the medication was available. The DON confirmed that documentation was not available in the EMR to determine if medications were administered, held, or were unavailable. The DON stated additionally, the pharmacy performed MAR audits and had identified documentation issues as of the facility's annual survey in February 2024. She stated she was not aware that documentation errors were still occurring.</p> <p>During an interview on 03/27/25 at 7:36 PM, Registered Nurse Supervisor (RN Sup) stated that it was her expectation that all nurses documented whether medications were administered and if 9 was entered, a progress note should be entered in the EMR indicating the circumstances.</p> <p>Review of the facility policy titled, Documentation of Medication Administration, revised 04/07, revealed .A Nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's medication administration record (MAR) .reason(s) why a medication was withheld, not administered, or refused (as applicable) .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and policy review, the facility failed to ensure enough linen supplies were available for staff to provide resident care including towels and washcloths for resident use for two of two residents (Resident (R) 4 and R10) and to include all 262 census residents in the facility. As a result of this deficient practice the facility had the potential of not meeting basic cleanliness needs of the residents to maintain a homelike environment.</p> <p>Findings include:</p> <p>During a phone interview on 03/25/25 at 4:17 PM, Complainant (C) 4 stated, spoke to a staff member who explained there was not enough linen provided for the staff to provide the necessary care after C4 found the R4 in a soiled brief, so then R4 could not be changed.</p> <p>During an interview on 03/26/25 at 9:30 AM, the Director of Building Services explained linen disappeared when sent up to the floors, ended up in the garbage, hidden by staff, or staff were giving it to families.</p> <p>During an interview on 03/26/25 at 1:10 PM, Certified Nursing Assistant (CNA) 1 and CNA 4 verbalized there were not enough linens to provide care for all of the residents on the floor. They stated sometimes, the CNA's needed to go to another unit to get enough linen supplies or call downstairs for laundry to get more. They stated if the laundry staff answered the phone, they would request 10 towels, and the linen staff brought six. They stated many times; they did not answer the phone when calling to request more linen.</p> <p>During an interview on 03/25/25 at 1:25 PM, Licensed Practical Nurse (LPN) 5 verbalized hearing a lot of complaints from the CNAs that they often ran out of needed linen to provide basic resident care.</p> <p>During an interview on 03/27/25 at 1:50 PM, LPN5 explained there was not enough linen to meet the needs of the residents. LPN5 stated residents would request an extra towel or washcloth, and the CNA must tell them No due to the supply needed for other residents. LPN5 stated sometimes the residents took the towels off the cart to meet their needs. LPN5 stated when calls were made to laundry to request more linen, the phone was not answered so CNAs were not supported for what was needed. She stated there was never enough when the supply was one towel per resident. LPN5 stated the average census on unit 3E (East) was 46-47 residents and 90 percent (%) of the residents used briefs and towels; and washcloths were needed for each brief change. LPN5 stated brief changes were made at least twice a shift and as needed for the residents. She stated when the unit was cold, like today, the residents asked for blankets and there were not enough blankets for the residents' needs.</p> <p>During an interview on 03/26/25 at 5:44 PM, R10 stated that staff were short on linen and not enough gowns or towels. R10 reported the facility only gave the CNAs two towels for nine residents. R10 stated this happened on all shifts and on all days of the week.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  New Vista Nursing & Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Broadway Newark, NJ 07104	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/27/25 at 2:50 PM, the Staffing Office Scheduler (SCH) confirmed the average census on each nursing unit was for the third floor, E and W (West), about 46-47 residents on each side, for fourth floor, E and W, 46-48 residents on each side, and on fifth floor, E and W, 47 on one side and about 38 on the other side.</p> <p>During an interview on 03/27/35 at 1:34 PM, the Housekeeping Aide (HKPG) 2 working with the linen explained a large cart was filled for each nursing unit with 40 towels and 40 sheet sets for each cart. She stated a cart was sent to each unit on each shift.</p> <p>During an interview on 03/27/35 at 3:37 PM, the Director of Nursing (DON) stated the expectation was there was enough linen supplied to the CNA staff to provide the needed and necessary resident care. The DON confirmed the linen use was high on the day shift since the shift usually bathed some of the residents each day, there were two meals on the shift and residents wearing briefs needed changing more often on the day shift.</p> <p>Review of the facility policy titled, Quality of Life - Homelike Environment, revised on 05/2017, revealed The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include .Clean bed and bath linens that are in good condition.</p>