

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Meadowbrook Respiratory and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 38 Freneau Avenue Matawan, NJ 07747	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50913</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 02/20/25, 02/21/25, and 02/24/25, it was determined that the facility failed to accommodate a residents' need and preference related to activities for 2 of 3 residents (Resident #2 and Resident #4). This deficient practice is evidenced by the following:</p> <p>1. According to the Admission Record, Resident #2 was admitted ,d+[DATE] to the facility with diagnoses which included but were not limited to: Acute and Chronic Respiratory Failure, Tracheostomy Status (a hole a surgeon makes through the neck and into the windpipe, where a tube is placed to help with breathing), and Dependence on Respirator (Ventilator) Status.</p> <p>The Minimum Data Set (MDS), an assessment tool, dated 12/31/24, revealed that Resident #2 had severely impaired cognition, and was dependent on staff with Activities of Daily Living (ADLs) and transfers.</p> <p>Resident #2's Care Plan (CP), revealed a focus that was initiated on 6/12/24, that showed [Resident #2] was dependent on staff for activities, cognitive stimulation, social interaction. The interventions included but were not limited to: All staff to assist [Resident #2] to participate in activities program and invite [Resident #2] to scheduled activities.</p> <p>On 02/20/25 at 1:30 PM, Resident #2 was sent to the hospital for a change in condition and was not available to provide an interview, so a record review was conducted.</p> <p>2. According to the Admission Record, Resident #4 was admitted [DATE] to the facility with diagnoses including but not limited to: Chronic Respiratory Failure, Tracheostomy status, Dependence on Respirator (Ventilator) Status.</p> <p>The MDS dated [DATE] revealed Resident #4 had severely impaired cognition and was dependent on staff for ADLs and transfers.</p> <p>Resident #4's CP, with a focus that was initiated on 04/09/24, showed [Resident #4] was dependent on staff for activities, cognitive stimulation and social interaction. Interventions included but not limited to: Invite [Resident #4] to scheduled activities.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/20/25 at 10:19 AM, both Resident #4 and the family member stated, Resident has not left the room to participate in any of the scheduled activities, nor are any activities provided while Resident #4 is in his/her room.</p> <p>On 02/20/25 at 12:44 PM, interview was conducted with Activities Director (AD). AD stated that activities are completed 2-3 times a week for residents that are bed bound. The AD stated that they offer bingo, or socialization opportunities with the residents and the documentation is handwritten on paper.</p> <p>At 2:14 PM, during an interview with the AD, she provided copies of the activity documentation for Residents #2 and #4. The copies revealed, the last documented activity for Resident #2 was on 01/03/25, for greetings and the last documented activity for #4 was on 09/04/24 for music therapy. The AD stated that activities are important for residents for socialization and engagement and just overall well-being of the residents. She stated the staff sometimes did not have time to document the encounters, but the residents were still being offered activities. She further stated that there should probably be some form of documentation.</p> <p>On 2/20/25, at 3:07 PM, the AD provided a document titled Vent Activities Visit Schedule. The document revealed that Resident #2 had activity visits scheduled on Tuesdays between 2-5 PM and Resident #4 had activity visits scheduled on Thursdays between 2-5 PM. However, no further documentation was provided regarding the visits.</p> <p>NJAC: 8:39-8.1</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50913</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to ensure that residents' call bells were answered in a timely manner. This deficient practice was identified for 1 of 8 (Resident #4) sampled residents and was evidenced by the following:</p> <p>According to the Admission Record, Resident #4 was admitted on ,d+[DATE] with diagnoses including but not limited to: Chronic Respiratory Failure, Tracheostomy status (a hole a surgeon makes through the neck and into the windpipe, where a tube is placed to help with breathing), and Dependence on Respirator (Ventilator) Status.</p> <p>The Minimum Data Set (MDS), an assessment tool, dated 11/30/24 revealed that Resident #4 had severely impaired cognition and was dependent on staff for Activities of Daily Living (ADL) and transfers.</p> <p>The Physician order dated 11/14/2024, revealed Resident #4 had order for Tracheostomy Suctioning to be completed every shift and as needed.</p> <p>Resident #4's Care Plan (CP), had a focus that was initiated on 11/29/23, showed Resident #4 had a Tracheostomy related to Respiratory Failure. The interventions included but were not limited to: Suction as ordered and as needed.</p> <p>On 2/20/25 at 10:19 AM, Resident #4 was observed in bed watching TV with a family member at bedside. A Soft touch call light was observed on the pillow next to the resident's head. At 10:37 AM, Resident #4 turned on the call light to show surveyor that call light was within reach. At 10:46 AM, resident began coughing, and stated they needed suctioning; call light was still on. At 10:48 AM, the surveyor stepped out into the hallway and observed, a nurse by the medication cart outside resident's door, and other staff in the hallway. The surveyor further observed, the light indicator for call light was lit up in hallway and the call light alarm was sounding in the nurses' station. Surveyor requested for nurse to suction resident. Nurse stated she would get the Respiratory Therapist (RT). At 10:52 AM RT came into the room and suctioned resident. Resident stated feeling relieved. Resident denied having shortness of breath. Stated that his/her throat felt irritated, which would cause him/her to keep coughing.</p> <p>During an interview with a Certified Nursing Aide (CNA) on 2/20/25 at 11:42 AM, they stated that a call bell should be answered immediately, as soon as it turns on. She further stated, that if she was not able to answer a call bell right away, that anyone can answer a call bell.</p> <p>During an interview with a Licensed Practical Nurse (LPN) on 2/20/25 at 12:01 PM, she stated call bells should be answered as soon as possible, because you must see what the resident needs, there could be an emergency.</p> <p>(continued on next page)</p>

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<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 with DON, Regional DON and Administrator on 2/20/25 at 3:15 PM, Regional DON stated that the CNA did not want to enter the room, because she knew the surveyor was in the room and wanted to provide privacy. She further stated that the reason she did not enter Resident #4's room was not acceptable.</p> <p>A review of the facility's policy Call System, Residents indicated that, .6. Calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately. staff should answer the call light and go to the room to turn the light off.</p> <p>NJAC 8:39-4.1</p>		