

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 05/06/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>COMPLAINT#: NJ00182326</p> <p>Based on observations, interviews, medical records review, and review of other pertinent facility documentation on 5/6/25 it was determined that the facility failed to report an injury of a severely cognitively impaired resident to the New Jersey Department of Health (NJDOH). This deficient practice was identified for 1 of 2 (Resident #1) residents sampled for falls and was evidenced by the following:</p> <p>Resident #1 was not at the facility at the time of the survey. A closed record review was conducted.</p> <p>The surveyor reviewed Resident #1's admission Record (AR) which revealed that the resident was admitted to the facility with diagnoses which included but were not limited to: Alzheimer's Disease, dementia, and hypertension.</p> <p>The surveyor reviewed Resident #1's annual Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/12/24, revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15, which indicated that the resident's cognition was severely impaired.</p> <p>The surveyor reviewed the resident's medical record, which included an Incident Report (IR), dated 12/26/24. The IR revealed that the resident was observed face down on the floor and had sustained a cut on the top of the head. The IR revealed that the resident fell out of the wheelchair while attempting to reach for a piece of candy. The resident was transferred to the hospital. The IR did not indicate that the NJDOH had been notified of the incident.</p> <p>The surveyor reviewed the hospital discharge paperwork for Resident #1, dated 12/26/24, which indicated that Resident #1 presented with:</p> <ul style="list-style-type: none"> -Fall -Head Injury (without loss of consciousness) -Laceration. <p>The paperwork also indicated that the resident received 7 staples to the forehead.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The surveyor reviewed a facility reportable that was completed by the facility, dated 12/30/24. The IR did not indicate that the NJDOH had been notified of the incident.</p> <p>During an interview on 5/6/25, at 4:55 P.M., with the Regional Nurse, the Assistant Director of Nursing (ADON), and a Nurse Supervisor (NS), the Regional Nurse stated that the incident had been investigated and reported to the NJDOH by the previous Administrator due to the resident having a laceration that required staples. Documentation provided to the surveyor did not indicate that the NJDOH had been notified. She then stated that they would search for it. The surveyor did not receive additional documentation indicating that the NJDOH had been contacted regarding the incident.</p> <p>NJAC 8:39-27.1(a)</p>		