

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 05/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>NJ Complaint: NJ176627</p> <p>Based on observation, interview, and review of pertinent facility documents, it was determined that the facility failed to a.) administer medication according to the physician's orders and b.) ensure a resident received care and services for the provisions of observation, documentation, measurements and dressing changes to a midline catheter (peripherally inserted catheter (PIC)) site consistent with a physician's order and professional standards of practice. This deficient practice was identified for 2 of 27 residents reviewed for professional standards of practice (Resident #60 & Resident #241), and was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>1. On 5/19/25 at 9:50 AM, the surveyor reviewed Resident #241's medical record and the following was observed:</p> <p>A review of the admission Record face sheet (an admission summary) indicated that Resident #241 was admitted to the facility with diagnosis which included but was not limited to; malignant neoplasm of left renal pelvis (malignant cancer of the left kidney) and retention of urine.</p> <p>A review of the physician's Order Summary Report included an order with a start date of 8/28/24, for lidocaine hydrochloride (HCl) external gel 1% (a medication used to treat pain) to be applied topically twice daily for herpes.</p> <p>A review of the August 2024 MAR indicated that the following doses were not signed off by nursing staff as having been applied as ordered:</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: 315463	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/28/24, the 5:00 PM dose.</p> <p>On 8/30/24, the 9:00 AM and 5:00 PM doses.</p> <p>A review of the resident's individualized comprehensive care plan (ICCP) included a focus area for potential for pain initiated 8/27/24. Interventions which included but was not limited to; administer analgesia (pain medication) as per orders.</p> <p>On 5/19/25 at 11:03 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that nurses should sign the MAR when medication was administered as ordered to indicate it was administered. She further acknowledged that that if it was not documented, it was not done.</p> <p>On 5/19/25 at 11:49 AM, the surveyor interviewed the Director of Nursing (DON), who after reviewing Resident #241's MAR, stated the blank portions of the August MAR indicated that it was not administered based on documentation. The DON further acknowledged that there was no other documentation in the medical record to indicate those three doses of lidocaine gel were administered as ordered and that the nurses should have documented whether the medication was administered or not by signing the MAR or creating a progress note.</p> <p>A review of the facility's Administering Medications policy with a revision date of April 2025, included but was not limited to: .21. if a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones .</p> <p>2. On 5/15/25 at 12:12 PM, the surveyor observed Resident #60 had a PIC located in their left forearm. The surveyor observed the dressing was not labeled or dated.</p> <p>On 5/19/25 at 12:04 PM, the surveyor reviewed the medical record for Resident #60.</p> <p>A review of the admission Record face sheet (an admission summary) reflected Resident #60 was admitted to the facility with medical diagnoses which included but was not limited to; chronic respiratory failure (CRF; lungs are unable to adequately exchange oxygen and carbon dioxide in the blood.), anoxic brain damage (damage to the brain due to lack of oxygen), and neurogenic bladder (caused by damage to the brain, spinal cord, or nerves that control bladder function).</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool, reflected the resident had a Brief Interview for Mental Status (BIMS) score of 99, which meant the resident was unable to complete interview. The assessment identified the resident to have a cognitively impaired cognition.</p> <p>A review of the Medication Administration Record (MAR) dated 5/1/25-5/31/25, included an order with a start date of 4/18/25 at 3:00 PM, for a PIC line site check.</p> <p>(continued on next page)</p>		

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 05/20/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Treatment Administration Record (TAR) dated 5/1/25-5/31/25, included a treatment order with a start date of 4/28/25 at 11:00 PM, for PIC line dressing change and date dressing every night shift on Mondays. A further review of the TAR revealed a signature on 5/12/25, for the completion by nursing, and on 5/19/25, there was no signature at the time of observation.</p> <p>A review of the individualized comprehensive care plan (ICCP) included a focus area dated 4/23/25, for a peripheral catheter. Interventions included to monitor and change according to policy.</p> <p>On 5/19/25 at 12:25 PM, the surveyor interviewed the Infection Preventionist, who stated the staff nurse was to follow the order on the TAR and date the dressing as per facility policy to prevent infection or a prolonged dressing.</p> <p>On 5/19/25 at 12:55 PM, the surveyor interviewed the Director of Nursing (DON), who stated that all dressings were to be dated to allow all staff know exactly when the dressing was changed to prevent infection and incompleteness of the treatment.</p> <p>On 5/19/25 at 12:16 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and DON, who all acknowledged the surveyor's concerns and had nothing more to provide.</p> <p>A review of the facility's Peripheral and Midline IV Dressing Change policy, dated 10/2024, which included steps in procedure . Label dressing with date and time of dressing change with initials.</p> <p>NJAC 8:39-27.1(a)</p>

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 05/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Complaint #NJ184589, NJ184632</p> <p>Based on interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to a.) follow the Wound Care Practitioner's (WCP) treatment recommendations for a newly identified wound and document accurate measurements after a wound was identified and b.) obtain a treatment order for a skin tear identified on the left wrist from 11/29/24 until 12/6/24. This deficient practice was identified for 1 of 4 residents reviewed for accidents (Resident #141), and was evidenced by the following:</p> <p>A review of the admission Record face sheet (admission summary) reflected that Resident #141 was admitted to the facility with the diagnoses which included but was not limited to; peripheral vascular disease (PVD; is a slow and progressive disorder of the blood vessels), atherosclerotic cardiovascular disease (ASCVD; is caused by plaque buildup in arterial walls), and cellulitis of the right lower limb (skin infection).</p> <p>A review of the comprehensive Minimum Data Set (MDS) an assessment dated [DATE], indicated that the Resident #141 scored a 3 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated that the resident had severe cognitive impairment. The MDS indicated that the resident required substantial assistance with activities of daily living (ADLs). The MDS also revealed that the resident had one arterial ulcer and had the application of non-surgical dressings (with or without topical medications) other than the feet and the application of ointments/medications other than to feet.</p> <p>The resident was not able to be interviewed and was discharged [DATE].</p> <p>1. A review of the Incident Accident Report (IAR) #785 dated 11/8/24 at 9:30 AM, indicated that during morning care, a Certified Nursing Assistant (CNA) discovered an open area to the resident's right lower leg. The right foot had plus one pitting edema (swelling in the body caused by excess fluid and if you press on a swollen area and an indentation or pit remains) and redness to the right lower leg. Resident #141 indicated that they were not sure how the wound happened. The IAR revealed that the treatment consisted of cleaning the right lower leg with Dakin's solution (antiseptic), application of calcium alginate (wound care dressing), and cover with an abdominal dressing (ABD; functioning as absorbers of wound discharge) then wrap with kling (gauze bandages that are soft and conform easily). The IAR reflected that the wound measured 2.5 by (x) 2.5. The depth of the wound was not documented. The IAR indicated that on 11/2/24, a skin assessment was completed, and the resident's skin was intact, and staff reported that skin was intact on 11/7/24 (based on the facility's staff interviews).</p> <p>A review of the Nurses Notes (NN) dated 11/8/24 at 9:49 AM, indicated that Resident #141 had a scheduled skin check and findings reflected a new skin impairment was observed on the outer right ankle with classification of venous leg ulceration (VLU) measuring 5.0 centimeters (cm) x 4.0 cm. No depth of wound was documented. The NN indicated that the supervisor and wound care nurse were made aware of the skin findings.</p> <p>(continued on next page)</p>		

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 05/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Interdisciplinary Care Plan (ICP) dated 11/8/24, indicated that Resident #141 had actual skin breakdown related to venous ulcer on the right lower leg. Interventions included: vascular consult, weekly wound evaluation, Wound Care Consult (WCC) as ordered and treatments to be done as ordered.</p> <p>A review of the venous doppler report completed 11/9/24, reflected that Resident #141 had no deep vein thrombosis (DVT; blood clot) and the veins were patent with positive flow.</p> <p>A review of the arterial doppler report 11/9/24, reflected that Resident #141 had mild stenosis within the common femoral artery.</p> <p>A review of the WCC dated 11/8/24, indicated that the Wound Care Nurse Practitioner (WCP) classified the wound as a venous wound with measurements 2.5 [cm] x 2.5 [cm] x 0.2 [cm] and had mild exudate (drainage). The WCP recommended that the wound be cleansed with Dakin's solution 0.125% (1/4 strength), apply calcium alginate, and cover with ABD and wrap with kling.</p> <p>A review of the physician's orders dated 11/9/24, revealed that the treatment ordered to the right leg venous ulcer was to cleanse the right ankle every day and evening shifts with normal saline solution (NSS) and apply calcium alginate and cover with ABD and wrap with kling.</p> <p>A review of the Medication Administration Record (MAR) dated 11/9/24, reflected a treatment order to cleanse the right ankle VLU every day and evening shift with NSS, apply calcium alginate cover with ABD and wrap with kling.</p> <p>The WCP treatment recommendations dated 11/8/24, indicated that the VLU was to be cleansed with Dakin's solution, not NSS as ordered on 11/9/24.</p> <p>A review of the WCC dated 11/15/24, indicated that the WCP assessed the VLU with measurements documented as 1.8 [cm] x 1.2 [cm] x 0.2 [cm]. The WCP indicated that the wound was improving and recommended that the wound be cleansed with Dakin's solution 0.125% (1/4 strength) calcium alginate and cover with ABD and wrap with kling.</p> <p>A review of the subsequent WCP recommendations dated 11/8/25 and 11/15/24, reflected that the facility did not follow the wound care recommendations to cleanse the right leg venous ulceration with Dakin's solution as recommended and were cleansing the VLU with normal saline solution (NSS).</p> <p>A review of the WCC report dated 11/29/24, indicated that the WCP recommended to change the treatment for the right leg ulceration by cleansing the wound with NSS and applying calcium alginate and collagen sheet. Then an application of a single-layer of xerofoam (is a sterile, non-adhering protective dressing consisting of absorbent, fine-mesh gauze impregnated with a petrolatum blend) followed by ABD and then wrap with kling. These recommendations were not followed, and the physician orders were not updated to reflect the new WCP treatment recommendation.</p> <p>(continued on next page)</p>		

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 05/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/15/25 at 12:06 PM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM), who stated that the WCP classified the wound. The LPN/UM did not have an explanation as to why the WCP treatment recommendations to cleanse the right leg ulceration with Dakin's solution was not ordered as recommended. The LPN/UM reviewed the IAR report as well as the physician's orders and the MAR in the presence of the surveyor, and stated that she could not remember the events that had occurred and did not have an explanation as to why an order for the Dakin's solution was not ordered as recommended. The LPN/UM did not have an explanation as to why the WCP recommendation dated 11/29/24, for a new treatment for the right leg venous ulceration was not followed or ordered for Resident #141. The surveyor asked the LPN/UM why the wound measurements that were documented in the progress notes on 11/8/24 at 9:49 PM, were different from the wound measurements that were documented by the WCP, and the LPN/UM did not have an explanation.</p> <p>On 5/15/25 12:42 PM, the surveyor conducted a telephone interview with the WCP, who explained the process when a wound was identified by the facility. He stated that his responsibilities were to follow-up with new consults and make rounds with existing residents. The WCP stated he was also responsible for evaluating wounds and making classification to as what caused the wound. He then would measure the wound, document description of the wound and make treatment recommendations for the wound care. The WCP stated that he evaluated Resident #141's right leg wound on 11/8/24, and classified the wound as a venous ulcer. The WCP stated that he recommended that the wound was to be cleansed with Dakin's solution 0.125% (1/4 strength), apply calcium alginate, and cover with ABD and kling. The surveyor reviewed the orders dated 11/9/24, with the WCP for the treatment of the right ankle venous ulcer which indicated that the wound was to be cleansed with Dakin's solution. The surveyor explained to the WCP that the facility ordered the wound to be cleansed with NSS, and the WCP stated that the order was not what he had recommended and that it must have been taken off wrong.</p> <p>On 5/19/25 at 9:37 AM, the surveyor interviewed both the Director of Nursing (DON) and Regional Clinical Services Registered Nurse (RCS/RN), who both agreed that the process that occurred in the facility when a new wound was identified was to notify the physician and family. The facility was also responsible for obtaining treatment orders, measurements the wound, and obtain a wound consult from the WCP. The DON stated that she was not sure why the nurses did not follow the WCP treatment recommendation to clean the wound with Dakin's solution and used NSS to clean the wound instead. The also stated that she was not sure why there was a discrepancy in the wound measurements in the IAR, nursing progress notes, IDCP and WCP notes. She stated it would have been important to write the accurate measurements to assure that the wound was healing properly.</p> <p>2. A review of the ARI dated 11/29/24 at 9:30 AM, which indicated that Resident #141 was observed scratching their hand causing a small skin tear to the left wrist measuring 2.0 cm x 1.0 cm. The physician and wound care team were notified and ordered the area too be cleaned with NSS and apply a xeroform dressing. The surveyor reviewed the physician's orders, Treatment Administration Record (TAR), and MAR, and the surveyor could not find treatment orders for the skin tear to the resident's left wrist.</p> <p>A review of the WCC dated 11/29/24, reflected that Resident #141 had a skin tear on the left wrist that measured 2.0 [cm] x 1.0 [cm] x 0.1 [cm] and treatment recommendations were to cleanse the area with NSS and apply a single layer xeroform and wrap with kling. This recommendation was not addressed by the facility.</p> <p>(continued on next page)</p>		

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 05/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a late entry progress note dated 11/29/24 at 2:58 PM, and documented on 12/5/24 at 2:59 PM, indicated that the resident had a skin tear on the left wrist measuring 2.0 cm x 1.0 cm. The note indicated that the supervisor and WCP were made aware.</p> <p>A review of physician's orders dated 11/29/24, revealed that treatment orders were not implemented for the left wrist skin tear at the time of discovery however, a review of the physician's orders dated 12/6/24, (8 days after identification of the wound) revealed an order to cleanse the left wrist skin tear with NSS and apply a xeroform dressing and wrap with kling.</p> <p>On 5/19/25 at 10:26 AM, the surveyor interviewed the LPN/UM, who reviewed the TAR in the presence of the surveyor and could not find a treatment order for the skin tear that was identified on the resident's left wrist on 11/29/24. The LPN/UM reviewed the TAR for December 2024, and the treatment for the left wrist skin tear was not ordered until 12/6/24. The LPN/UM stated that the treatment should have been ordered right away on 11/29/24, and did not have explanation as to why there was delay in the treatment order.</p> <p>A review of the WCR dated 12/6/24, indicated that the skin tear on the right wrist did not deteriorate and the WCP recommendation was to apply skin prep to the area.</p> <p>A review of the WCR dated 12/13/24, indicated that the skin tear on the right wrist resolved.</p> <p>On 5/20/25 at 1:00 PM, the DON, RCS/RN, and Licensed Nursing Home Administrator (LNHA) and LNHA in training did not provide any additional information.</p> <p>The facility provided the surveyor an undated form that the facility used as a teaching tool and quality improvement interventions titled, Immediate wound order transcription and prompt follow-up on Wound Consultation recommendations which indicated that it was the urgent responsibility of all licensed nurses to transcribe wound care orders immediately once a wound was identified , and ensure timely implementation of wound consult recommendations to prevent delays in treatment, avoid complications and maintain compliance with regulatory and reimbursement standards.</p> <p>A review of facility policy dated 4/2018, and titled, Pressure Ulcers/Skin Breakdown-Clinical Protocol indicated the nursing staff, and practitioner will assess and document an individual's significant risk factors and in addition the nurses shall describe and document/report location, stage, length, width and depth as well as the presence of exudate or necrotic tissue. The policy indicated that the physician wound order pertinent wound treatments, wound cleansing, dressing and topical agents.</p> <p>A review of the facility policy dated 7/2024, and titled, Charting and Documentation indicated that all services provided to the resident, progress toward care plan goals, or any changes in the resident's medical, physical, functional and psychological condition shall be documented in the resident's medical record. Documentation of procedures and treatments would include care-specifics including date and time of treatment or procedure. Documentation in the medical record will be objective, complete and accurate.</p> <p>NJAC 8:39-27.1(a)</p>		