

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Fallsview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Powerville Road Boonton, NJ 07005	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Complaint: 423561 Repeat Deficiency Based on observations, interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that resident's dietary preferences were consistently provided for 5 of 6 residents (Resident #47, #68, #75, #78, and #106) reviewed for dietary preferences during meal observations. This deficient practice was evidenced as follows: 1. On 3/15/26 at 9:20 AM, the surveyor observed Resident #47 in their room, sitting in a wheelchair (WC) eating breakfast. Resident #47 stated they were missing items from their tray. Surveyor observed Resident #47's breakfast tray ticket and tray. Resident #47 was missing a biscuit, one packet (pkt) of pepper and one pkt of ketchup. On 3/16/26 at 1:05 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #47. The admission Record (AR) (a summary of important information about the resident) documented the resident had diagnoses that included but were not limited to protein calorie malnutrition (a severe form of malnutrition characterized by a deficiency of both protein and calories), type 2 diabetes mellitus (a chronic condition characterized by insulin resistance and high blood sugar levels,) and hypertension (high blood pressure). A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 2/5/26, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #68 scored 15 out of 15, which indicated the resident had normal cognitive function. A review of the Physician Order Summary Report (OSR) included a Physician Order (PO) dated 5/5/25 for, No added salt (NAS), Consistent Carbohydrate (CCD) diet, Regular texture, thin liquids consistency. A review of Resident #47 care plan (CP) revealed a nutrition CP with a focus, resident is at risk for malnutrition and other nutritional problems and interventions that included, provide and serve diet as ordered. 2. On 3/15/26 at 9:22 AM, the surveyor observed Resident #68 in their room, sitting bed eating breakfast. Resident #68 stated they were missing items as well as had incorrect items from their tray. Surveyor observed Resident #68's breakfast tray ticket and tray. Resident #68 was missing a 4-ounce (oz) fruit cup, 4oz cranberry juice, a biscuit, 1pkt salt, 1 pkt of pepper and 1 pkt of ketchup. Resident #68 received a 4oz applesauce and a 4oz apple juice both items were not listed on the tray tickets, furthermore the resident's tray ticket indicated No apple products. On 3/15/26 at 9:40 AM, during the kitchen inspection, the surveyor interviewed the cook who stated he did not make enough biscuits for today's breakfast but could not state why the condiments were missing from the resident trays. On 3/16/26 at 8:54 AM, the surveyor observed Resident #68 breakfast tray being delivered. Resident #68's tray ticket had listed 1 pkt salt, 1 pkt pepper and 4oz cranberry juice, all three items were missing. Resident #68's tray contained a 4oz apple juice. On 3/16/26 at 9:15 AM, the surveyor reviewed the EMR of Resident #68. The AR documented the resident had diagnoses that included but were not limited to, multiple sclerosis (an autoimmune disease that affects the central nervous system), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) and tinea unguium (a fungal infection). A review of the quarterly MDS, dated [DATE], indicated the facility assessed the resident's cognition using a BIMS test. Resident #68 scored 15 out of 15, which indicated the resident had normal cognitive function. The MDS further (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:  315492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Fallsview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Powerville Road Boonton, NJ 07005	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>indicated that Resident #68 wears hearing aids and is dependent on staff for oral hygiene.A review of the OSR included a PO dated 6/17/24, Regular diet, Regular texture, thin liquids consistency, Dietary. No apple. Allergy to peach skin.A review of Resident #68's CP revealed a nutrition CP with the focus, Resident is a risk for malnutrition/dehydration and interventions that included, provide me with my food/beverages preferences.3. On 3/16/26 at 12:15 PM, the surveyor observed Resident #75 eating lunch in their room. Resident #75 stated they were missing a can of diet ginger ale. Diet ginger ale was listed on Resident #75's lunch ticket but not provided.On 3/16/26 at 1:10 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #75.The AR documented the resident had diagnoses that included but were not limited to retention of urine (a condition characterized by the inability to empty the bladder completely or at all), chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood effectively) and protein-calorie malnutrition.A review of the quarterly MDS, dated [DATE], indicated the facility assessed the resident's cognition using a BIMS test. Resident #75 scored 13 out of 15, which indicated the resident had normal cognitive function.A review of the OSR included a PO dated 5/21/25, Regular diet, Regular texture, thin liquids consistency.A review of Resident #75's CP revealed a nutrition CP with the focus, Resident is a risk for malnutrition related to advance age and an intervention that included, honor food preferences.4. On 3/16/2026 12:20 PM, the surveyor observed Resident #106 in their room eating lunch. Resident #106 stated they were given the incorrect vegetables. The surveyor observed chopped carrots on the resident's plate. A review of Resident #106's tray ticket revealed the resident was supposed to receive chopped oriental vegetables.On 3/16/26 at 1:15 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #106.The AR documented that the resident had diagnoses that included but were not limited to muscle weakness (a decrease in strength or power of muscle contractions), chronic obstructive pulmonary disease (a progressive lung disease), muscle wasting and atrophy (a loss or thinning of muscle tissue, leading to decreased muscle mass and strength).A review of the admission MDS, dated [DATE], indicated the facility assessed the resident's cognition using a BIMS test. Resident #106 scored 15 out of 15, which indicated the resident had normal cognitive function.A review of the OSR included a PO dated 3/10/26, Regular diet, chopped consistency, thin liquids consistency.A review of Resident #106's CP revealed a nutrition CP with the focus, Resident is a risk for malnutrition related to advance age and interventions that included, provide and serve diet as ordered and honor food preferences. 5. On 3/16/26 at 12:22 PM, the surveyor observed Resident #78 in their room eating lunch. The resident stated they received gravy on both the roast pork and mashed potatoes, when the tray ticket stated as a food preference, No gravy. Surveyor observed Resident #78's lunch tray with gravy on both the roast pork and mashed potatoes.On 3/16/26 at 1:20 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #78.The AR documented the resident had diagnoses that included but were not limited to cerebral palsy (is a non-progressive neurological disorder caused by abnormal brain development or brain injury that affects movement, muscle tone, and coordination), hyperlipidemia (high cholesterol) and irritable bowel syndrome (a common gastrointestinal disorder).A review of the quarterly MDS, dated [DATE], indicated the facility assessed the residents' cognition using a BIMS test. Resident #78 scored 13 out of 15, which indicated the resident had normal cognitive function. The MDS further indicated that Resident #68 wears hearing aids and is dependent on staff for oral hygiene.A review of the OSR included a PO dated 3/11/26, NAS (No added salt) diet, Regular texture, thin liquids consistency.A review of Resident #78's CP revealed a nutrition CP with the focus, Resident is a risk for malnutrition related to advance age and interventions that included, honor food preferences.On 3/17/26 at 9:45 AM, the surveyor interviewed the Food Service Director (FSD), who stated the resident's tray ticket and meal trays should match, and if the dietary department was to run out of a food item, we should speak to the resident to ask what alternative food item they would like. FSD was unable to state why any meal tray would have had missing condiments.On 3/17/26 at 10:00 AM the FSD provided the surveyor with a facility policy, Food Preferences with a revised date 5/2025. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/19/2026
NAME OF PROVIDER OR SUPPLIER  Fallsview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  199 Powerville Road Boonton, NJ 07005	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The policy explanation and guidelines revealed, 4. The dietary department will provided residents with meals consistent with their preferences as indicated on the tray card.On 3/19/26 at 2:30 PM, the surveyor met with the Director of Nursing (DON) and Licensed Nursing Home administrator (LNHA) to review concerns found during the survey. The DON stated all residents tray tickets should match their meal trays.On 3/20/26 at 11:30 AM, the surveyor met with the DON, LNHA and Regional Registered Nurse (RRN) for exit conference. No further pertinent information was provided.NJAC - 17.4(a)1, (e)</p>		