

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  10/02/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to accurately reflect the resident status in the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care in accordance with the federal guidelines for one (1) of 18 residents (Resident #71) reviewed for the accuracy of MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 09/25/24 at 11:05 AM, the surveyor observed Resident #71 seated in bed with the indwelling catheter (closed sterile system with a catheter and retention balloon that is inserted either through the urethra or suprapubically to allow for bladder drainage) inside a privacy bag, draining yellowish urine. The resident was able to respond to surveyor's inquiry.</p> <p>On 09/30/24 at 09:35 AM, the surveyor reviewed Resident #71's electronic medical record, which revealed the following information:</p> <p>The resident's Admission Record (an admission summary) (AR) documented that Resident #71 was admitted with diagnoses that included but were not limited to Neuromuscular Dysfunction of the bladder unspecified (inability to control when to urinate).</p> <p>The Admission MDS (A/MDS), dated [DATE], indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which stated that the resident had intact cognition. Further review of the A/MDS Section H Appliances C. Ostomy (including urostomy, ileostomy, and colostomy) was coded Yes.</p> <p>A review of the Order Summary Report from July 2024 does not reflect ostomy care (managing a surgical opening created in the body to redirect waste when the digestive or urinary system is damaged including, colostomy, ileostomy and urostomy).</p> <p>A review of Resident #71's person-centered interdisciplinary care plan does not reflect that the resident had a urostomy, ileostomy, or colostomy.</p> <p>A review of the Physician's Progress Notes (PPN) dated 7/22/24 does not reveal the resident had a urostomy, ileostomy, or colostomy in the assessment.</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:  315492	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/02/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A review of nursing progress notes from 7/19/24 to 7/25/24 did not reflect documentation that the resident has a urostomy, ileostomy, or colostomy.</p> <p>On 09/30/24 at 10:55 AM, the surveyor interviewed the MDS Coordinator/Registered Nurse (MDSC/RN), who stated it was a coding error when she indicated that the resident had ostomy. The MDSC/RN also added that the resident had no previous history of presence of ostomy documentation in the medical records.</p> <p>According to the CMS (Centers for Medicare &amp; Medicaid Services) MDS 3.0 RAI (Resident Assessment Instrument) Manual of October 2024, The RAI manual revealed under Version 3.0 Manual, page H-3, under H0100: Appliances (Cont.) Suprapubic catheters and nephrostomy tubes should be coded as an indwelling catheter (H0100A) only, not as an ostomy (H0100C).</p> <p>Further review of the A/MDS, dated [DATE], revealed under Section O0250. Influenza vaccine A. Did the resident receive the influenza vaccine in this facility for this year's Influenza vaccination season? Was coded -Not assessed/no information. C. If influenza vaccine not received, state reason: and was coded -Not assessed. And Section O0300. Pneumococcal vaccine A. Is the resident's Pneumococcal vaccination up to date? was coded -Not assessed/no information. C. If pneumococcal vaccination not received, state reason: and was coded -Not assessed.</p> <p>On 09/25/24 at 11:05 AM, the surveyor interviewed Resident #71, who stated that they received the influenza vaccination yearly but could not recall the date when he received the pneumonia vaccination.</p> <p>On 09/30/24 at 11:53 AM, the surveyor interviewed the facility's Infection Preventionist (IP). The IP stated that Resident #71 had history of receiving Influenza and Pneumonia vaccine five years ago. The IP also stated they obtained a consent from the resident to receive the Influenza vaccine. The resident refused to get a pneumonia vaccine.</p> <p>A review of the immunization record revealed the following: PCV-20 Consent Required, Influenza vaccine, quadrivalent, adjuvanted Consent Required, Moderna's Spikevax Vaccine 24-25 Consent Required.</p> <p>On 09/30/24 at 10:55 AM, the surveyor interviewed the MDSC/RN, who stated that one of the processes of gathering assessment was through interview of the resident or family members. The MDSC/RN also stated that she does not remember why the data was not assessed or no information for both influenza and pneumonia vaccines. The MDSC/RN stated they followed the RAI Manual.</p> <p>According to the CMS (Centers for Medicare &amp; Medicaid Services) MDS 3.0 RAI Manual of October 2024, The RAI manual revealed under Version 3.0 Manual, page O-12, under O0250: Influenza Vaccine. Steps for assessment 2. Ask the resident if they received an influenza vaccine outside the facility for this year's influenza vaccination season. If vaccination status is still unknown, proceed to the next step. On page O-16, under O0300: Pneumococcal Vaccine. Steps for assessment 2. Ask the resident if they received any pneumococcal vaccines outside of the facility. If the vaccination status is still unknown, proceed to the next step.</p> <p>On 10/01/24 at 09:57 AM, the survey team met with the Licensed Nursing Home Administrator and the Director of Nursing to discuss the above concerns. There was no further information provided.</p> <p>(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  10/02/2024
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)
F 0641  Level of Harm - Potential for minimal harm  Residents Affected - Some	NJAC 8:39-33.2(c)2, (d)

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  10/02/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46889</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan (CP) for one (1) of 18 residents (Resident #75) reviewed for comprehensive person-centered CP.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 09/25/24, at 10:20 AM, the surveyor observed Resident #75 in their room seated in bed wearing a nasal cannula (a medical device to provide supplemental oxygen therapy to people who have lower oxygen levels) (NC) connected to an oxygen (O2) concentrator at three (3) lpm which reflected on the O2 regulator.</p> <p>On 09/26/24 at 10:19 AM, the surveyor reviewed Resident #75's electronic medical record, which revealed the following information:</p> <p>The resident's Admission Record (an admission summary) revealed that Resident #75 was admitted with diagnoses that included but were not limited to Respiratory failure unspecified by Hypoxia (lack of oxygen).</p> <p>The Quarterly Minimum Data Set (Q/MDS), dated [DATE], indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status score of 15 out of 15, which indicated that the resident was cognitively intact. Further review of the Q/MDS under Section O Special Treatments, Procedures, and Programs C1. Oxygen therapy B. While a Resident was coded Yes.</p> <p>A review of the September 2024 Order Summary Report (OSR) revealed the following Physician's Order (PO) dated 05/15/24 for O2 at 2 lpm continuously via NC to maintain O2 saturation above 92% every shift. Further review of the September 2024 OSR revealed a PO for Restorative Nursing Program (RNP) dated 07/04/24 to perform passive range of motion (PROM) exercise to both lower extremities (BLE) as tolerated.</p> <p>The above PO for O2 administration was transcribed to the September 2024 electronic Medication Administration Record and was signed by the nurses which indicated that the O2 was administered to the resident every shift.</p> <p>A review of Resident #75's comprehensive person-centered CP did not reflect the resident's use of continuous O2 and for the RNP exercises.</p> <p>On 10/01/24 at 09:40 AM, the surveyor interviewed the Director of Rehabilitation/Occupational Therapy (DOR/OT), who confirmed that the resident had a PO for PROM exercise to BLE.</p> <p>On 10/01/24 at 09:57 AM, the surveyor team met with the Licensed Nursing Home Administrator and the Director of Nursing to discuss the above concern. There was no further information provided.</p> <p>(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  10/02/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled Care Plans, Comprehensive, Person-Centered with a revision date of 1/2024 reflected under: Policy Statement, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Under Policy Interpretation and Implementation, k. Reflect treatment goals, timetables, and objectives in measurable outcomes; m. Aid in preventing or reducing decline in the resident's functional status and/or functional levels; n. Enhance the optimal functioning of the resident by focusing on a rehabilitative program.</p> <p>NJAC 8:39-11.2(e) thru (i); 27.1(a)</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  10/02/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46889</b></p> <p>Based on observation, interview, and record review, it was determined that the facility failed to administer oxygen therapy according to the physician's order for 2 of 2 residents (Resident #30 and #75) reviewed for Oxygen use.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 09/25/24 at 11:35 AM and on 09/26/24 at 11:30 AM, the surveyor observed on both days that Resident #30 was lying in bed, wearing a nasal cannula (a medical device to provide supplemental oxygen therapy to people who have lower oxygen levels) (NC) connected to an oxygen (O2) concentrator at two (2) liters per minute (lpm) on the regulator.</p> <p>On 09/25/24 at 12:01 PM, the surveyor reviewed Resident #30's electronic medical record, which revealed the following information:</p> <p>The resident's Admission Record (an admission summary) (AR) documented that Resident #30 was admitted with diagnoses that included but were not limited to unspecified Dementia (impairment of memory).</p> <p>The Annual Minimum Data Set (A/MDS), an assessment tool used to facilitate the management of care dated 06/25/24, indicated that the facility assessed the residents' cognitive status using a Brief Interview for Mental Status (BIMS) score of zero (0) out of 15, which indicated that the resident had severely impaired cognition. Further review of the A/MDS Section O Special Treatments, Procedures, and Programs C1. Oxygen therapy B. While a Resident was coded Yes.</p> <p>A review of the September 2024 Order Summary Report (OSR) revealed an active Physician Order (PO) with an order date of 09/03/24 for oxygen at three (3) lpm continuously via NC to maintain O2 saturation above 92% every shift.</p> <p>The above PO for O2 was transcribed to the September 2024 electronic Treatment Administration Record (eTAR) and was signed by nurses indicating O2 was administered to Resident #30 every shift.</p> <p>On 09/26/24 at 12:17 PM, the surveyor in the presence of the Licensed Practical Nurse (LPN) checked and confirmed that the O2 was set at 2 lpm from the concentrator regulator. The LPN checked the eTAR and confirmed to the surveyor that the oxygen PO was at 3 lpm via NC.</p> <p>2. On 09/25/24, at 10:20 AM, the surveyor observed Resident #75 inside their room seated in bed wearing an NC connected to an O2 concentrator at three (3) lpm set on the regulator.</p> <p>On 09/26/24 at 12:25 PM, the surveyor observed Resident #75 seated in a wheelchair inside the dining room having their lunch. The surveyor observed Resident #75 receiving O2 via NC at one (1) lpm connected to a portable O2 tank. The LPN confirmed to the surveyor that the resident was receiving 1 lpm of oxygen via NC.</p> <p>On 09/26/24 at 10:19 AM, the surveyor reviewed Resident #75's electronic medical record, which revealed the following information:</p> <p>(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  10/02/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident's AR documented that Resident #75 was admitted with diagnoses that included but were not limited to respiratory failure unspecified by hypoxia (lack of oxygen).</p> <p>The Quarterly Minimum Data Set (Q/MDS), dated [DATE], indicated that the facility assessed the residents' cognitive status using a BIMS score of 15 out of 15, which reflected that the resident was cognitively intact. Further review of the Q/MDS Section O Special Treatments, Procedures, and Programs C1. Oxygen therapy B. While a Resident was coded Yes.</p> <p>A review of the September 2024 OSR revealed an active PO with an order date of 05/15/24 for oxygen at 2 lpm continuously via NC to maintain O2 saturation above 92% every shift.</p> <p>The above PO for O2 was transcribed to the September 2024 electronic Medication Administration Record (eMAR) and was signed by nurses as administered every shift.</p> <p>On 10/01/24 at 09:57 AM, the survey team met with the Licensed Nursing Home Administrator, and Director of Nursing. There were no further information provided.</p> <p>The facility policy titled Oxygen Administration with a revision date of 1/2024 under Preparation. 1. Verify that there is a physician's order for this procedure. Review the physician's order or facility protocol for oxygen administration.</p> <p>NJAC 8:39-25.2(c)</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  10/02/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that a medication was administered according to the physician orders (PO) and acceptable standards of practice in accordance with the New Jersey Board of Nursing. This deficient practice was identified in 1 (one) of 4 (four) residents (Resident #61) observed during the medication observation pass.</p> <p>The deficient practice 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 and 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 regimens 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>On 09/30/24 at 8:45 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse #1 (LPN#1) in the room of Resident #61. The surveyor observed LPN #1 checking the resident's identification bracelet and informed Resident #61 that she would be administering the resident's medications.</p> <p>On 09/30/24 at 8:50 AM, the surveyor observed LPN #1 preparing to administer six (6) medications to Resident #61 which included the following, Norvasc 2.5 mg tablet (medication for lowering blood pressure), Baclofen 10 mg tablet (medication for muscle spasms), Buspar 5 mg (medication for anxiety), Cranberry 450 mg (medication to prevent UTI), Eliquis 5 mg (medication for thinning blood and Flomax 0.4 mg capsule (medication for enlarged prostate). The surveyor observed LPN #1 crushed the Norvasc, Baclofen, Buspar, Cranberry and Eliquis and then adding the crush contents into a medication cup and mixed the contents with apple sauce. The surveyor further observed LPN #1 who opened the Flomax capsule and emptying the contents of the capsule into the apple sauce that contained all the other crushed medications. The surveyor observed LPN#1 administered the medications to Resident #61.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to Hypertension (elevated blood pressure), Benign Prostatic Hyperplasia (Prostate enlargement), and Anxiety Disorder (a mental health disorder characterized by feeling worried, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>(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  10/02/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated 7/23/24, reflected that the resident's cognitive skills for daily decision-making score was 13 out of 15, which indicated that the resident's cognition was cognitively intact.</p> <p>A review of the September 2024 Order Summary Report (OSR) revealed a PO dated 10/18/23, for Flomax Capsule 0.4 mg (Tamsulosin HCL) give 1 capsule by mouth two times a day for benign prostatic hyperplasia. Administer 30 minutes after meal. Do Not Crush, open or chew. Swallow capsules whole with water.</p> <p>A review of the September 2024 electronic Medication Administration Record (eMAR) revealed an order dated 10/18/23, for Flomax Capsule 0.4 mg (Tamsulosin HCL) give 1 capsule by mouth two times a day for benign prostatic hyperplasia. Administer 3 minutes after meal. Do Not Crush, open or chew. Swallow capsule whole with water.</p> <p>On 9/30/24 at 11:45 AM, the surveyor in the presence of LPN #1 reviewed Resident #61's physician's orders. After reviewing the resident's PO for Flomax, the surveyor interviewed LPN #1, who acknowledged that the resident's Flomax should have not been opened and that she should have administered the medication whole with water.</p> <p>On 9/30/24 at 1:30 PM, the surveyor discussed the above concern with the Licensed Nursing Home Administrator and Director of Nursing (DON). There was no additional information provided.</p> <p>A review of the facility's policy for Administering Medication dated 6/19/23, which was provided by the DON included the following:</p> <p>Medications must be administered in accordance with the orders, including the required time frames.</p> <p>NJAC 8:39-11.2 (b), 29.2 (d)</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  10/02/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to properly label, store, and dispose of medications in two (2) of four (4) medication carts inspected.</p> <p>This deficient practice was evidenced by the following:</p> <p>On [DATE] at 10:15 AM, the surveyor inspected the first-floor medication cart #2 in the presence of a Licensed Practical Nurse (LPN#1). The surveyor observed an opened vial of Lantus insulin with an opened date of [DATE] and was expired.</p> <p>At that time, the surveyor interviewed LPN#1 who acknowledged that Lantus Insulin vial which was opened on [DATE] and was expired. She stated to the surveyor that Lantus insulin once opened had a 28-day expiration date.</p> <p>On [DATE] at 10:25 AM, the surveyor inspected the 1st floor medication cart #1 in the presence of LPN#2. The surveyor observed an unopened bottle of Xalatan eye drops (medication for pressure in the eye) that was not dated and was stored in the medication cart and an opened vial of Lantus insulin that contained no opened date.</p> <p>At that time, the surveyor interviewed LPN#2 who acknowledged that the opened bottle of Xalatan eye drops should have been stored in the medication refrigerator. LPN #2 also acknowledged that once the Lantus insulin was removed from the refrigerator, it should have been dated.</p> <p>On [DATE] at 11:45 AM, the surveyor inspected the 2nd floor medication cart #2 in the presence of LPN#3. The surveyor observed an opened bottle of Timolol eye drops (medication for pressure in the eye) that was dated [DATE] and was expired.</p> <p>At that time, the surveyor interviewed LPN#3 who stated that the Timolol eye drops were expired and that it should have been removed from the medication cart.</p> <p>A review of the Manufacturer's Specifications for the following medications revealed the following:</p> <ol style="list-style-type: none"> <li>1. Lantus insulin vial once opened has an expiration date of 28-days.</li> <li>2. Unopened Xalatan eye drops once opened should be stored in the refrigerator</li> <li>3. Timolol eye drops once opened has an expiration date of 28-days.</li> </ol> <p>On [DATE] at 1:30PM, the surveyor discussed the above concerns to the Licensed Nursing Home Administrator and Director of Nursing (DON).</p> <p>There was no additional information provided.</p> <p>(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  10/02/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Storage of Medications dated [DATE] and provided by the DON included the following:</p> <p>4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p> <p>5. Medications requiring refrigeration must be stored in a refrigerator in the drug room at the nurses' station or other secured location. Medications must be stored separately from food and must be labeled accordingly.</p> <p>NJAC: 8;d+[DATE].4 (a) (h) (d)</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  10/02/2024
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>44605</p> <p>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 implemented and correct diet consistency was followed for 3 of 5 residents (Resident #8, #19, and #51) reviewed for dietary preferences.</p> <p>This deficient practice was evidenced as follows:</p> <p>1. On 9/26/24 at 08:35 AM, the surveyor observed Resident #8 in their room, awake in bed. During the interview, Resident #8 stated their meal trays are usually missing items and/or have incorrect items. Resident #8's breakfast tray arrived during the interview. Resident #8's breakfast ticket stated the resident was on a regular diet with a ground consistency (ground consistency are food that should be soft, moist, and cohesive in texture. Meats should be finely chopped, and vegetables should mash easily with a fork.) The surveyor observed Resident #8's tray were missing a 4 ounce (oz) pureed fruit cup and a 4 oz apple/cran-orange juice as indicated in their meal ticket. The surveyor further observed a piece of coffee cake in a ground consistency. As indicated in the meal ticket, the coffee cake should be served in a pureed consistency (pureed consistency is all food has been ground, pressed, and/or strained to a soft, smooth consistency, like a pudding). The certified nursing assistant #1 (CNA #1), called the kitchen to request for the missing items on the resident's tray and clarified what was the consistency of the coffee cake the resident should receive.</p> <p>A review of the Admission Record (an admission summary) (AR) reflected that the resident was admitted with diagnoses that included but were not limited to; Dysphagia, need for assistance with personal care and muscle weakness.</p> <p>A review of the Quarterly Minimum Data Set (MDS), a tool used to facilitate the management of care, dated 9/10/24, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which reflected that Resident #8 was cognitively intact.</p> <p>A review of the September 2024 Physician's Orders (PO) included a PO dated 7/1/24 for a Regular diet, ground texture, thin liquid.</p> <p>A review of Resident #8's Nutrition progress note form dated 9/26/24 at 8:30 AM, reflected that the Registered Dietitian (RD) documented Food preferences: no new preferences at this time. Specific food preferences were not indicated within the assessment.</p> <p>2. On 9/26/24 at 8:55 AM, the surveyor observed Resident #19 who was in their bed and awake. The resident stated their meal trays are frequently missing some items that they had specifically requested. The surveyor observed, Resident #19's breakfast tray, the breakfast ticket stated the resident is on a Regular diet, regular texture, and thin liquids. The surveyor observed Resident #19's tray was missing a 4 oz cranberry juice. Resident #19 stated they were supposed to receive cranberry juice with each meal. On 9/26/24 at 12:55 PM, the surveyor observed Resident #19's lunch meal tray that didn't have the 4oz cranberry juice was missing.</p> <p>(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  10/02/2024
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>A review of the AR reflected Resident #19 was admitted to the facility with diagnoses that included but were not limited to; Multiple Sclerosis, Vitamin B deficiency and Tinea Unguium.</p> <p>A review of the Quarterly MDS, a tool used to facilitate the management of care, dated 8/27/24, indicated that the resident had a BIMS score of 15 out of 15, which reflected that the resident was cognitively intact.</p> <p>A review of the September 2024 PO included a PO dated 6/1/24 for a Regular diet, regular texture, thin liquid.</p> <p>A review of Resident #19's Nutrition progress note dated 7/5/24 at 8:30 AM, reflected that the Registered Dietitian (RD) documented The resident would also like ginger ale and cranberry juice each meal, reported to FSD (food service director).</p> <p>A review of Resident #19's nutrition care plan dated 7/15/24, under interventions and tasks stated, Provide me with my food/beverage preferences.</p> <p>3. On 9/26/24 at 9:03 AM, the surveyor observed Resident #51 awake in their bed. Resident #51 stated, they had to call the kitchen almost every meal for the missing items in their meal tray. The surveyor observed the breakfast served to the resident on the same day. The meal ticket stated the resident was on a consistent carbohydrate (CCD), no added salt (NAS) diet, Regular texture, thin Liquids consistency. The surveyor observed Resident #51's tray was missing a 4-ounce (oz) prune juice.</p> <p>A review of the AR indicated that Resident #51 was admitted to the facility with diagnoses that included but were not limited to; Heart Failure, Muscle Weakness and Tinea Unguium.</p> <p>A review of the Annual MDS, a tool used to facilitate the management of care, dated 9/3/24, revealed that the resident's BIMS was not completed due to the resident's interview was not able to be conducted at that time.</p> <p>A review of the September 2024 PO included a PO dated 4/2/24 for a CCD/NAS diet, regular texture, thin liquid.</p> <p>A review of Resident #51's Nutrition Progress note dated 8/7/24, reflected that the Registered Dietitian (RD) documented noted order for prune juice in the morning for prevention of constipation.</p> <p>A review of Resident #51's nutrition care plan dated 7/5/24, under interventions and tasks stated, Provide and serve diet as ordered.</p> <p>On 9/27/24 at 9:46 AM, the surveyor interviewed the Food Services Director (FSD) who stated, they were not aware of the missing items on the resident's trays and weekly tray audits were completed by the FSD together with the RD. The FSD also stated Resident #8 was served the correct consistency coffee cake, but unable to provide information as to why the tray ticket stated pureed.</p> <p>(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  10/02/2024
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>On 9/30/24 at 12:41 PM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a facility policy titled, Tray identification/Accuracy policy with a revision date of 4/24/24. Under the policy interpretation and implementation, it states, 1. To assist in setting up and serving the correct food trays/diets to residents, the food Service Department shall use appropriate identification (e.g., color coded or computer-generated diet cards) to identify the various diets. 2. The Food Services manager or supervisor shall check trays for correct diets before the food carts are transported to their designated areas. 3. Nursing staff shall check each food tray for the correct diet before serving the residents. 4. If there is an error, the Nurse Supervisor shall notify the Dietary Department immediately by phone so that the appropriate food tray can be served.</p> <p>On 9/30/24 at 1:16 PM, the surveyor interviewed the FSD, who stated the kitchen staff placed pitchers of juice on the tray carts that goes to the nursing units to be served. The FSD further stated that the nursing staff on the units were supposed to pour the juices into the cups and pass them out to the residents.</p> <p>On 9/30/24 at 1:33 PM, the survey team met with the LNHA and Director of Nursing to discuss the above concerns. The LNHA stated the missing tray items were not acceptable. There were no further information provided.</p> <p>NJAC - 17.4(a)1, (e)</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  10/02/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44605</p> <p>Based on observation, interview, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner that would prevent food borne illnesses.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 9/25/24 at 09:41 AM, the surveyor in the presence of the Food Service Director (FSD) observed the following during the kitchen tour:</p> <ol style="list-style-type: none"> <li>1. The juice dispensing machine was observed with 3 of 6 juice plastic tubes that lead from the juice concentrate to the juice dispenser, with a sticky substance covering the tubes. The FSD stated the tubing should always be clean and free of any debris.</li> <li>2. In walk-in refrigerator #1, the surveyor observed the fans, fan grates and panels with a dark colored dust like debris.</li> <li>3. In the walk-in freezer, the surveyor observed large ice and frost build up on the fans, walls, and ceiling. The FSD could provide an information why the frost build up occurred.</li> </ol> <p>On 9/26/24 the Licensed Nursing Home Administrator (LNHA) provided the surveyor with two undated facility policies, titled, Dietary Cleaning and Food Storage The dietary cleaning policy stated under the procedure section, I. The dietary manager will develop a cleaning schedule that includes the frequency of which equipment, and areas will be cleaned. A. The cleaning schedule will be posted weekly. B. The cleaning schedule includes tasks assigned to specific positions within the dietary department. C. Dietary staff will initial next to the assigned task once it is completed. The dietary manager monitors the cleaning schedule to ensure compliance. The LNHA also provided a blank copy of the weekly deep cleaning list which included the tasks of cleaning the freezers and refrigeration. The FSD and LHNA unable to provide the most recent copy of the weekly deep cleaning list.</p> <p>On 9/30/24 at 1:33 PM, the survey team met with the LNHA and Director of Nursing to discuss the above concerns. There were no further information provided.</p> <p>NJAC 8:39-17.2(g)</p>