

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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>39885</p> <p>NJ#162614</p> <p>Based on observations, interviews, review of medical records, and other pertinent facility documentation, it was determined that the facility failed to report as required to the New Jersey Department of Health (NJDOH) within two hours an allegation of abuse for one (1) of two (2) residents (Resident #156) reviewed for abuse.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/13/24 at 11:20 AM, the surveyor reviewed a Reportable Event Record (RER) for a resident to resident abuse that indicated the RER was submitted to the NJDOH by the facility's Administrator at that time, on 3/20/23.</p> <p>A review of the RER included the following:</p> <p>Today's Date: 3/20/23</p> <p>Date of Event: 3/18/23</p> <p>Time of Event: 11:00 PM</p> <p>The section that the facility can document if the incident was a significant event and if the event was called in was blank.</p> <p>Further review of the RER indicated that Resident #156 was hit by an unsampled resident on 3/18/23.</p> <p>On 6/13/24 at 12:30 PM, the surveyor requested from the Licensed Nursing Home Administrator (LNHA) the facility's complete documentation of the RER for Resident #156.</p> <p>On 6/14/24 at 9:39 AM, the surveyor reviewed the facility provided Full QA (Quality Assurance) Report (facility's incident report) for Resident #156 which included the following:</p> <p>Incident Date/Time: Saturday March 18, 2023 11:00 PM</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: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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>Conclusion: Resident #156 AAO x 3 (awake, alert and oriented to time, place and person) .Resident woke up, while getting hit by roommate, unsampled resident, who was a confused resident and has occasional aggressive behaviors to caregivers. No injury noted. Resident #156 verbalized, I am okay, I am not pressing charges. Patient transferred to another room immediately.</p> <p>Notifications:</p> <p>Administrator 3/18/23 11:00 PM (phone)</p> <p>Director of Nursing 3/18/23 11:00 PM (phone)</p> <p>Ombudsman 3/20/23 3:00 PM (phone)</p> <p>NJDOH 3/20/23 3:00 PM (phone)</p> <p>Further review of the above information, the facility did not report the allegation of abuse within two hours.</p> <p>Resident #156 and the unsampled resident no longer resided at the facility.</p> <p>On 6/17/24 at 11:03 AM, the surveyor interviewed the Director of Nursing (DON) regarding an allegation of abuse. The DON stated that any allegation of abuse should be reported within two hours whether the abuse was substantiated or not. The surveyor then asked the DON about the incident between Resident #156 and the unsampled resident and when it should have been reported. The DON stated that she had been at the facility for only three weeks. She added that the incident should have been reported within two hours.</p> <p>On 6/17/24 at 12:47 PM, in the presence of the survey team, the surveyor notified the LNHA, DON, Regional Director of Operations/Registered Nurse (RDoO/RN) and Administrator in Training (AIT), the concern that the facility did not report an allegation of abuse within two hours of the incident.</p> <p>On 6/18/24 at 10:00 AM, in the presence of the survey team and LNHA, the DON stated that the incident should have been immediately, within two hours reported and that she inserviced everyone in the facility about abuse reporting.</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility provided policy titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating with a revised date of September 2022, included the following:</p> <p>Policy Statement</p> <p>All reports of resident abuse .are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management.</p> <p>Policy Interpretation and Implementation</p> <p>Reporting Allegations to the Administrator and Authorities</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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>1. If resident abuse is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.</p> <p>2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <p>a. The state licensing/certification agency responsible for surveying/licensing the facility; .</p> <p>3. Immediately is defined as:</p> <p>a. within two hours of an allegation involving abuse or result in serious bodily injury; or</p> <p>b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury.</p> <p>N.J.A.C. 8:39-5.1(a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>48423</p> <p>COMPLAINT # NJ171657</p> <p>Based on interview, review of medical records and other pertinent facility documentation, it was determined that the facility failed to thoroughly investigate an injury of unknown origin. This deficient practice was identified for one (1) of two (2) residents reviewed, Resident # 157.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/17/24 at 12:10 PM, the surveyor in the company of another surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Regional Director of Operations/Registered Nurse (RDoO/RN) who explained that the investigation involves a look back of 48 hours, including statements from staff who cared for the resident.</p> <p>The surveyor reviewed the medical records of Resident #157 and revealed the following:</p> <p>The Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to essential (primary) hypertension (elevated blood pressure), unspecified dementia (a group of symptoms that affects memory, thinking and interferes with daily life), unspecified severity, without behavioral disturbance, psychotic disturbance (serious illnesses that affect the mind), mood disturbance, and anxiety.</p> <p>A review of the Significant change in status Minimum Data Set, an assessment tool used to facilitate the management of care, dated 01/12/24, reflected that Resident #157 had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which indicated that Resident #157 had severe cognitive impairment.</p> <p>The facility reportable event (FRE) documenting an injury of unknown origin to Resident #157 on 02/20/24. The FRE described that Resident #157 was identified by a family member as having a swollen discolored left thumb. The family member informed a facility staff member (nurse) of the resident's injury.</p> <p>The surveyor reviewed the Employee Statement (ES), provided by RDoO/RN, which was an incident investigative form used to document 48 hours of staff interviews prior to any incident. The Employee Statement form included interviews from 02/18/24 shift 3-11 to 02/20/24 7-3 shift when the injury was identified.</p> <p>Further review of the above provided ES, there were two blank interview spaces marked for 02/19/24 11-7 Nurse and 02/19/24 11-7 CNA (Certified Nursing Assistant) (the shift prior to the identified injury) missing any documented statements.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/18/24 at 12:09 PM, the surveyor interviewed the Director of Nursing (DON) and RDoO/RN who acknowledged that they could not find any interviews from the shift prior to the incident being identified for 02/19/24 11-7 shift. The RDoO/RN stated that staff interviews were important factors to completing an investigation of unknown origin. The RDoO/RN acknowledged that the facility should have interviewed and gotten a written statement from the 02/19/24 11-7 CNA and nurse, who had cared for Resident #157 prior to the shift in which the injury was identified.</p> <p>A review of the facility's undated policy titled Investigating Resident Injuries included: 7. If the nursing and medical assessment determines an injury of unknown source, interviews/ statements from staff over the prior 48 hours will be obtained and the investigation will follow the protocols set forth in our facility's established abuse reporting and investigation guidelines.</p> <p>A review of the facility policy titled Accidents and Incidents- Investigating and Reporting was revised on 7/2017, under Policy Statement included: All accidents or incidents involving residents, employees, visitors, vendors, etc., occurring on our premises shall be investigated and reported to the administrator.</p> <p>A review of the facility policy titled Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating was revised on 9/2022, under Policy Statement included:</p> <p>All reports of resident abuse (including injuries of unknown origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported.</p> <p>Under Section Investigating Allegations of Abuse, Neglect, Exploitation or Misappropriation- Reporting and Investigating included: 7e.) interviews any witnesses to the incidents; h.) interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incidents; i.) interviews the resident's roommate, family members, and visitors. 8d.) Witness statements are obtained in writing, signed, and dated. The witness may write his/her statement, or the investigator may obtain a statement.</p> <p>On 6/18/24 at 01:09 PM, the surveyor interviewed the RDoO/RN who acknowledged that the investigation of Resident #157's injury of unknown origin was incomplete and should have included the staff interviews missing from the 11-7 shift on 02/19/24. No further information was provided.</p> <p>NJAC 8:39-5.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>39885</p> <p>Based on interviews and record review, it was determined that the facility failed to provide the resident or resident representative appropriate written notification of the facility's bed hold and reserve payment policy upon transfer to the hospital for two (2) of two (2) residents (Resident #69 and #85) reviewed for hospitalization s.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. A review of Resident #69's hybrid (combination of paper and electronic) medical record revealed the following:</p> <p>Resident #69's two discharge assessment-return anticipated Minimum Data Set's (DRAMDS), an assessment tool used to facilitate the management of care, reflected that the resident was transferred to the hospital.</p> <p>A review of Resident's hybrid medical record did not include a written notification of the facility's bed hold policy to the resident or resident representative (RR) prior to the transfer to the hospital.</p> <p>On 6/14/24 at 10:24 AM, the surveyor interviewed the Business Office Manager (BOM) regarding the facility's written notification of the bed hold policy process. The BOM stated that she would leave a message and mail a letter. She showed the surveyor a copy of the facility's bedhold policy and stated that she mailed out a copy of the policy. She then showed the surveyor a binder and stated that she kept a list of the residents that she mailed the policy to.</p> <p>On that same date and time, the surveyor asked if any additional information was provided each transfer to the hospital. The BOM stated that no additional information was given and that all residents were given the daily rate of the bed within 24-48 hours of their initial admission. The surveyor reviewed the document titled Bed Hold & Emergency Transfer Policy. The document included Date, Resident, To and Payor. The first three sections were filled out and the fourth section labeled Payor was blank.</p> <p>On 6/17/24 at 12:46 PM, in the presence of the survey team, the surveyor notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations/Registered Nurse (RDoO/RN) and Administrator in Training (AIT), the concern that the facility did not provide Resident #69 written notification of the bed hold policy which included the reserve bed payment and other information.</p> <p>On 6/18/24 at 9:50 AM, in the presence of the survey team and the DON, the LNHA stated that she inserviced the BOM to include the rate on the information given to the resident and to include it on her log.</p> <p>The facility did not provide any additional information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46049</p> <p>2. On 6/14/24 at 11:50 AM, the surveyor reviewed the hybrid medical records for Resident #85 which revealed the following:</p> <p>According to the Admission Record (an admission summary), Resident #85 had diagnoses that included but were not limited to, atherosclerotic heart disease (damage or disease in the heart's major blood vessels), hyperlipidemia (high levels of fat particles in the blood), and hypertension (high blood pressure).</p> <p>A New Jersey Universal Transfer Form and nurse progress notes documented Resident #85 was transferred to an acute care hospital on 3/21/24.</p> <p>A physician's order dated 3/21/24 read: Transfer to ER (emergency room) for eval (evaluation).</p> <p>On 6/14/24 at 12:12 PM, the surveyor interviewed the Social Worker (SW) who stated the business office provided bed hold policy notifications to residents and/or RR.</p> <p>On 6/14/24 at 12:57 PM, the surveyor interviewed the BOM who confirmed she mailed the facility's bed hold policy and would also call RR. The BOM provided a list of residents in which bed hold policy notification was provided. Resident #85 was on the list. The BOM confirmed the facility's Bed-Holds and Returns bed policy was what was sent to all the residents or RR upon a resident's transfer.</p> <p>A review of the undated facility provided policy titled, Bed-Holds and Returns, included the following:</p> <ol style="list-style-type: none"> 1. Residents may return to and resume resident in the facility after hospitalization or therapeutic leave as outlined in this policy. 2. The current bed-hold and return policy established by the state (if applicable) will apply to Medicaid resident in the facility. 3. Prior to a transfer, written information will be given to the residents and the resident representatives that explains in detail: <ol style="list-style-type: none"> a. the rights and limitations of the resident regarding bed-holds; b. the reserve bed payment policy as indicated by the state plan (Medicaid residents); c. the facility per diem rate required to hold a bed (non-Medicaid residents), or to hold a bed beyond the state bed-hold period (Medicaid residents); and d. the details of the transfer (per the notice of transfer). 4. Medicaid residents who exceed the state's bed hold limit and/or non-Medicaid residents who request a bed-hold are responsible for the facility's basic per diem rate while his or her bed is held <p>N.J.A.C. 8:39-5.1 (a); 5.2 (a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39885</p> <p>Based on observation, interview, and record review it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for three (3) of twenty four (24) residents, Resident #69, Resident #105 and Resident #306 reviewed for accuracy for MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 6/13/24 at 10:31 AM, Surveyor #1 (S#1) observed Resident #69 seated in a wheelchair calling for the nurse. The Licensed Practical Nurse (LPN) stated to the surveyor that Resident #69 had just returned from dialysis.</p> <p>On 6/13/24 at 01:00 PM, S#1 reviewed Resident #69's medical record.</p> <p>A review of Resident #69's Admission Record (AR, an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but were not limited to end stage renal disease (final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own), dependence on renal dialysis (dependence on renal dialysis) and anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body).</p> <p>The Discharge assessment-return anticipated Minimum Data Set (DRAMDS), dated [DATE], did not indicate Resident #69 received dialysis treatment.</p> <p>On 6/13/24 at 01:42 PM, S#1 requested the MDS Coordinator (MDSC) to print Resident #69's DRAMDS dated [DATE] section O which indicated if a resident received dialysis treatments. The printed copy did not indicate the resident received dialysis treatment.</p> <p>On 6/14/24 at 10:09 AM, S#1 interviewed the MDSC regarding Resident #69's DRAMDS. The MDSC stated that she had modified the DRAMDS after surveyor inquiry. She added that the DRAMDS should have been coded to indicate Resident #69 received dialysis treatment. She added that she followed the RAI (Resident Assessment Instrument) manual.</p> <p>On 6/17/24 at 12:46 PM, in the presence of the survey team, S#1 notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Director of Operations/Registered Nurse (RDoO/RN) and Administrator in Training (AIT), the concern that the Resident #69's MDS was coded incorrectly.</p> <p>On 6/18/24 at 10:09 AM, in the presence of the survey team and DON, the LNHA confirmed that the MDS not coded correctly and that the MDSC was inserviced and modified the MDS.</p> <p>38327</p> <p>2. On 6/13/24 at 01:41 PM, S#2 reviewed the closed medical records for Resident #105 and revealed the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The quarterly MDS and the modified MDS with an assessment reference date of 4/07/24 did not identify the resident as a hospice resident, and the flu vaccine was offered and declined.</p> <p>The immunization record showed that Resident #105 received the flu vaccine on 12/06/23.</p> <p>The Universal Transfer Form dated 3/13/24 revealed that the resident had flu vaccine on 12/06/23.</p> <p>A review of the physician's order showed an order for hospice on 3/22/24.</p> <p>On 6/14/24 at 02:13 PM, S#2 in the presence of two other surveyors interviewed the MDSC and the Regional Case Manager/Registered Nurse (RCM/RN). The MDSC stated that the facility followed the RAI Manual for MDS and there was no separate policy for MDS. The surveyor notified the facility management of the above findings and concerns regarding the accuracy of coding the MDS for hospice and vaccination. Both facility management stated that they would get back to the surveyor.</p> <p>On 6/17/24 at 10:49 AM, Surveyor #3 interviewed the MDSC and the RCM/RN. The MDSC stated that it was missed to check off and indicated that the resident was under hospice care.</p> <p>39399</p> <p>3. On 6/17/24 at 11:53 AM, S#3 reviewed the discharge medical records for Resident #306 and revealed the following:</p> <p>The DRAMDS for Resident #306 dated 02/02/24 which revealed that the resident was discharged to an acute hospital.</p> <p>The Interdisciplinary Progress Notes dated 02/02/24 which documented that Resident #306 was discharged to home.</p> <p>On 6/17/24 at 12:56 PM, the survey team met with the facility's LNHA, DON, RDoO/RN, and AiT. S#3 discussed the above concern.</p> <p>A review of the facility provided policy titled, Discharge Assessments dated October 2023, included the following:</p> <ol style="list-style-type: none"> 1. A discharge assessment is completed when: <ul style="list-style-type: none"> a. a resident is admitted to an acute care hospital; b. a resident has a hospital observation stay greater than 24 hours; . <p>A review of the facility provided policy titled, Electronic Transmission of the MDS with a revised date of November 2019, included the following:</p> <ol style="list-style-type: none"> 1. All staff members responsible for completion of the MDS receive training on the assessment, data entry, and transmission processes, in accordance with the MDS RAI Instruction Manual <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. The MDSC is responsible for ensuring that appropriate edits are made prior to transmitting MDS data and that feedback and validation reports from each transmission are maintained for historical purposes.</p> <p>On 6/18/24 at 9:46 AM, the facility's LNHA stated that the MDS was coded in incorrectly and acknowledged that Resident #306 was discharged to home. No further information was provided.</p> <p>NJAC 8:39-11.1, 11.2(e)(1)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>46049</p> <p>Based on observation, interviews, and record review, it was determined that the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) was completed for one (1) of one (1) resident (Resident #3) reviewed for PASRR.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/13/24 at 10:20 AM, the surveyor observed Resident #3 lying in bed in their room. The resident was alert and oriented.</p> <p>The surveyor reviewed the hybrid (paper and electronic) medical records of Resident #3 which revealed the following:</p> <p>According to the Admission Record (AR, an admission summary), Resident #3 had diagnoses that included but were not limited to, heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), anxiety disorder, major depressive disorder, and paranoid schizophrenia (a type of delusion that usually involves persecution).</p> <p>Further review of the AR revealed the diagnosis of paranoid schizophrenia had an onset date of 01/18/23 during the stay of the resident at the facility.</p> <p>A quarterly Minimum Data Set (qMDS) assessment, a tool used to facilitate the management of care, dated 3/19/24, indicated the facility assessed the resident's cognition using a Brief Interview for Mental Status (BIMS) test. Resident #3 scored a score of 14 out of 15 which indicated the resident was cognitively intact. The qMDS in Section I, Active Diagnosis for Resident #3 included depression, anxiety disorder, and schizophrenia.</p> <p>There was no documentation found in the hybrid medical records of a PASRR (is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care) level I screen being completed for Resident #3 during their time at the facility.</p> <p>On 6/14/24 at 12:12 PM, the surveyor interviewed the Social Worker (SW) in the presence of the Licensed Nursing Home Administrator (LNHA) about PASRR processes. The SW stated a PASRR level I screen was completed for residents prior to admission to screen for mental disorders (MD), or intellectual disabilities to ensure a resident received appropriate care and services.</p> <p>On that same date and time, the SW further stated that if a Level I screen indicated a resident may meet the criteria, they would be referred for a PASRR Level II evaluation screening to determine if specialized services were needed. The SW stated a resident who had a new onset of a possibly serious mental disorder during their stay at the facility, a PASRR screen should be completed. The SW confirmed schizophrenia would be considered a serious mental disorder.</p> <p>At that time, the surveyor notified the SW that there was no PASRR found for Resident #3. The SW stated she would review and provide the surveyor with further information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/14/24 at 01:44 PM, the Director of Social Services (DSS) provided the surveyor with a PASRR Level I for Resident #3. The DSS stated the PASRR provided was done today after surveyor inquiry and the resident did not trigger for requiring a PASRR Level II. She further stated that any prior PASRR for Resident #3 could not be found in their medical record or in the facility records. The DSS stated Resident #3 when admitted to the facility in 2021 had a diagnosis of schizophrenia and the PASRR should have been completed previously.</p> <p>On 6/17/24 at 10:45 AM, the surveyor interviewed the MDS Coordinator (MDSC) and the Regional MDSC about the resident's medical diagnoses. The MDSC and Regional MDSC stated the resident was admitted with unspecified schizophrenia and on 01/18/23 the diagnosis was updated to specify the resident's schizophrenia diagnosis to paranoid schizophrenia. Both the facility management acknowledged a PASSR should have been completed for the resident at the time of their admission.</p> <p>On 6/17/24 at 12:45 PM, the surveyor informed the Director of Nursing (DON), the LNHA, the Administrator in Training, and the Regional Director of Operations of the above concerns.</p> <p>The surveyor reviewed the facility provided policy titled Behavioral Assessment, Intervention and Monitoring, with a revised date of 3/2019. Under Policy Interpretation and Implementation, Assessment, it read: .a. All residents will receive a Level I PASRR screen prior to admission .b. If the level I screen indicates that the individual may meet the criteria for a mental disorder, intellectual disability, or related condition he or she will be referred to the state PASRR representative for the Level II (evaluation and determination) screening process .</p> <p>The surveyor reviewed the facility provided policy titled Admission Criteria, with a revised date of 3/2019. Under Policy Interpretation and Implementation, it read: .8. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process .a. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID, or RD .</p> <p>On 6/18/24 at 10:10 AM, the DON and LNHA met with the survey team. There was no additional information provided by the facility.</p> <p>NJAC 8:39-11.2(i), 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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>46049</p> <p>Based on observation, interview, and record review it was determined the facility failed to consistently follow standards of clinical practice with regards to accurately: a) documenting medication administration for one (1) of 24 residents, Resident #18, reviewed for insulin medications, b) complete dialysis post assessment forms for one (1) of one (1) resident, Resident #69, reviewed for dialysis, and c) complete behavior monitoring sheets for one (1) of five (5) residents, Resident #50, reviewed for unnecessary medications.</p> <p>This 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 casefinding, 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 casefinding; 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 6/13/24 at 01:40 PM, the surveyor observed Resident #18 sitting in a wheelchair (w/c) in their room. The Resident was alert, oriented, and verbally responsive.</p> <p>Resident #18 stated they were diabetic and had no concerns with their care.</p> <p>The Surveyor reviewed the electronic health record (EHR) of Resident #18 which revealed the following:</p> <p>According to the Admission Record (AR, an admission summary), Resident #18 had diagnoses that included but were not limited to, type 2 diabetes mellitus, urinary tract infection, depression, and hypotension (low blood pressure).</p> <p>A quarterly Minimum Data Set (qMDS) assessment, a tool used to facilitate management of care, dated 4/29/24, indicated the facility assessed the resident's cognition using a Brief Interview Mental Status (BIMS) test. Resident #18 scored a 15 out of 15, which indicated the resident was cognitively intact.</p> <p>Resident #18 had a care plan with a focus that read I have Diabetes Mellitus, initiated on 11/09/23. An intervention of the care plan read Diabetes medication as ordered by doctor. Monitor and document side effects and effectiveness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 physician's order (PO) dated 3/16/24 read: Insulin Lispro Injection Solution (Insulin Lispro) Inject 15 unit subcutaneously before meals for DM [Diabetes Mellitus].</p> <p>A PO dated 3/25/24 read: blood sugar checks AC/HS [before meals and at bedtime], document in [EHR], no SS[sliding scale] coverage AC and at HS for DM2 [Diabetes Mellitus Type 2].</p> <p>A PO dated 3/19/24 read: [brand name] Autocover Pen Needle Miscellaneous 30 G X 8 MM (Insulin Pen Needle) Inject 1 pen needle subcutaneously AC and at HS for DM</p> <p>A review of the April 2024 Medication Administration Record (MAR) revealed Insulin Lispro Injection entries were not signed by the nurses and left blank on 4/24/24 at 1600 [4 PM] and 4/27/24 at 1600.</p> <p>A review of the April 2024 MAR revealed blood sugar check entries were not signed by the nurses and left blank on: 4/24/24 at 1600, 4/24/24 at 2100 [9 PM], 4/27/24 at 1600, 4/27/24 at 2100, and 4/29/24 at 2100.</p> <p>A review of the April 2024 MAR revealed Insulin Pen Needle entries were not signed by the nurses and left blank on 4/24/24 at 1600, 4/24/24 at 2100, 4/27/24 at 1600, 4/27/24 at 2100, and 4/29/24 at 2100.</p> <p>Further review of the April 2024 MAR revealed the following medication (med) entries had no nurse signature and were left blank:</p> <ul style="list-style-type: none"> - Ezetimibe Tablet 10 MG (milligram) Give 1 tablet by mouth at HS for cholesterol control, on 4/24/24 at 2100. - Lidocaine External Patch 4 % (Lidocaine) Apply to right knee topically one time a day for pain management remove at HS and remove per schedule, which was scheduled for removal on 4/27/24 at 2100. - Lidocaine External Patch 4 % (Lidocaine) Apply to right upper arm topically one time a day for strain remove at HS and remove per schedule, which was scheduled for removal on 4/27/24 at 2100. - Calcium Carbonate Oral Tablet (Calcium Carbonate) Give 1250 mg by mouth two times a day for supplement, on 4/24/24 and 4/27/24 at 1600. - Docusate Sodium Capsule 100 MG Give 1 capsule by mouth two times a day for constipation, on 4/24/24 and 4/27/24 at 1700 [5 PM]. - Famotidine Tablet 20 MG Give 1 tablet by mouth two times a day for acid indigestion, on 4/24/24 at 1700. - Active Liquid Protein two times a day for 30 ml po [oral] supplement, on 4/24/24 and 4/27/24 at 1700. <p>A review of the May 2024 MAR revealed Insulin Lispro Injection entries were not signed by the nurses and left blank on 5/11/24 at 1100 [11 AM], 5/12/24 at 1100, and 5/12/24 at 1600.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 May 2024 MAR revealed blood sugar check entries were not signed by the nurses and left blank on 5/11/24 at 1100, 5/12/24 at 1100, 5/12/24 at 1600, 5/12/24 at 2100, and 5/26/24 at 2100.</p> <p>A review of the May 2024 MAR revealed Insulin Pen Needle entries were not signed by the nurses and left blank on 5/11/24 at 1100, 5/12/24 at 1100, 5/12/24 at 1600, 5/12/24 at 2100, and 5/26/24 at 2100.</p> <p>Further review of the May 2024 MAR revealed the following med entries had no nurse signature and were left blank:</p> <ul style="list-style-type: none"> - Ezetimibe Tablet 10 MG Give 1 tablet by mouth at HS for cholesterol control, which was scheduled for 5/12/24 and 5/26/24 at 2100. - Lidocaine External Patch 4 % (Lidocaine) Apply to right knee topically one time a day for pain management remove at HS and remove per schedule, which was scheduled for application on 5/11/24 at 0900 and 5/12/24 at 0900; and scheduled for removal on 5/26/24 at 2100. - Lidocaine External Patch 4 % (Lidocaine) Apply to right upper arm topically one time a day for strain remove at HS and remove per schedule, which was scheduled for application on 5/11/24 at 0900 and 5/12/24 at 0900; and scheduled for removal on 5/26/24 at 2100. - Calcium Carbonate Oral Tablet (Calcium Carbonate) Give 1250 mg by mouth two times a day for supplement, on 5/12/24 at 1600. - Docusate Sodium Capsule 100 MG Give 1 capsule by mouth two times a day for constipation, on 5/12/24 at 1700. - Famotidine Tablet 20 MG Give 1 tablet by mouth two times a day for acid indigestion, which was scheduled for 5/12/24 at 1700. - Active Liquid Protein two times a day for 30 ml po [oral] supplement, which was scheduled for 5/12/24 and 5/29/24 at 1700. <p>A review of the June 2024 MAR revealed an Insulin Lispro Injection entry was not signed by the nurse and left blank on 6/9/24 at 1100.</p> <p>A review of the June 2024 MAR revealed a blood sugar check entry was not signed by the nurse and left blank on 6/9/24 at 1100.</p> <p>A review of the June 2024 MAR revealed an Insulin Pen Needle entry was not signed by the nurses and left blank on 6/9/24 at 1100.</p> <p>Further review of the June 2024 MAR revealed the following med entries had no nurse signature and were left blank:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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>- Lidocaine External Patch 4 % (Lidocaine) Apply to right knee topically one time a day for pain management remove at HS and remove per schedule, which was scheduled for application on 6/9/24 at 0900.</p> <p>- Lidocaine External Patch 4 % (Lidocaine) Apply to right upper arm topically one time a day for strain remove at HS and remove per schedule, which was scheduled for application on 6/3/24 at 0900.</p> <p>On 6/14/24 at 11:16 AM, the surveyor interviewed Licensed Practical Nurse (LPN) #1 about documentation of med administration. LPN #1 stated the MAR should be signed by the nurses at the time of med administration. LPN #1 further explained entries should not be left blank, nurses were to document when a med was administered and to document the reason why a med was not administered to a resident.</p> <p>On 6/14/24 at 11:20 AM, the surveyor informed the Director of Nursing (DON) of the concerns for missing signatures of nurses on the April 2024, May 2024, and June 2024 MARs. The DON stated she would review and provide further information.</p> <p>On 6/17/24 at 11:25 AM, the DON met with the surveyor. The DON acknowledged there were unsigned entries on the MARs of Resident #18. The DON could not respond to why there were blank entries and was following up with the nurses to determine what happened. The DON stated it was expected for the nurses to complete their MAR documentation at the time medications (meds) were administered and there should be no unsigned entries. The DON further explained if meds were administered or not, nurses had to sign the MAR and document the reason why a med was not administered.</p> <p>On 6/17/24 at 12:45 PM, the surveyor informed the DON, Licensed Nursing Home Administrator (LNHA), Regional Director of Operations (RDO/RN), and Administrator in Training (AIT), about the concerns of the missing nurse signature for the April 2024, May 2024, and June 2024 MARs of Resident #18.</p> <p>The surveyor reviewed the facility provided policy titled Administering Med, with a revised date of 04/2019. Under Policy, it read: Meds are administered in a safe and timely manner, and as prescribed. Under Policy Interpretation and Implementation, it read: .4. Meds are administered in accordance with prescriber orders, including any required time frame .22. The individual administering the med initials the resident's MAR on the appropriate line after giving each med and before administering the next ones .</p> <p>On 6/18/24 at 9:47 AM, the DON and LNHA met with the survey team. The DON stated she was following up with nurses regarding the unsigned MAR entries and was providing education to nursing staff. There was no additional information provided by the facility.</p> <p>39885</p> <p>2. On 6/13/24 at 10:31 AM, the surveyor observed Resident #69 seated in a w/c calling for the nurse. The Licensed Practical Nurse (LPN #2) stated to the surveyor that Resident #69 had just returned from dialysis.</p> <p>On 6/13/24 at 01:10 PM, the surveyor asked the Unit Manager North Unit (UM/NU) to view Resident #69's Dialysis Communication Binder (DCB), which is a binder that contains documents that was filled out in three sections; by the facility prior to going to dialysis facility, by the dialysis facility post treatment and lastly by the facility when the resident returned to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 6/13/24 at 01:12 PM, the LPN #2 provided the binder to the surveyor and stated that she had not filled out the document post return yet but that she had assessed the resident and taken vital signs.</p> <p>On 6/13/24 at 01:20 PM, the surveyor reviewed Resident #69's DCB which included the following:</p> <p>Hemodialysis Communication Record (HCR) dated 6/11/24 Section 3. Completed by facility upon return from dialysis was blank.</p> <p>HCR dated 6/6/24 Section 3 was blank.</p> <p>HCR dated 5/21/24 Section 3 was blank.</p> <p>HCR dated 5/16/24 Section 3 was blank.</p> <p>There was a handwritten note dated 3/11/24 in the front of the HCB which included the following:</p> <p>Section 3-Completed by facility (Facility nurse) upon return.</p> <p>On 6/13/24 at 01:22 PM, the surveyor showed the LPN #2 Resident #69's HCRs that were blank. LPN #2 confirmed that Section 3 was blank and that they should have been filled out.</p> <p>On 6/13/24 at 01:30 PM, the surveyor interviewed the UM/NU regarding Resident #69's HCRs. The UM/NU stated that the HCR should be filled out by the nurse and that it was an assessment that was done by the nurse when the resident returned from dialysis treatment. She added that she usually checked the HCRs to make sure they were filled out before she moved them to a larger binder.</p> <p>On 6/13/24 at 01:40 PM, the surveyor reviewed Resident #69's medical record.</p> <p>Resident #69's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to end stage renal disease (final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own), dependence on renal dialysis (dependence on renal dialysis) and anemia (condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body).</p> <p>On 6/17/24 at 12:46 PM, in the presence of the survey team, the surveyor notified the LNHA, DON, RDoO/RN and AIT, the concern that the Resident #69's dialysis communication record post dialysis assessment upon return to the facility was not completed.</p> <p>On 6/18/24 at 9:58 AM, in the presence of the survey team and LNHA, the DON stated that the resident's communication log appeared to be incomplete. She added that she educated the nurses on completing communication log in its entirety.</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility provided policy titled, Dialysis Communication with an adopted date of June 2021, included the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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>Policy Statement</p> <p>The facility and dialysis center will establish a communication and reporting mechanism to promote situational awareness between both facilities.</p> <p>The policy did not contain information on the facility's HCR document.</p> <p>3. On 6/13/24 at 10:52 AM, the surveyor observed Resident #50 seated in a w/c in his/her room.</p> <p>On 6/14/24 at 12:39 PM, the surveyor reviewed Resident #50's medical record.</p> <p>Resident #50's AR reflected that the resident was admitted to the facility with diagnoses which included but were not limited to chronic obstructive pulmonary disease (group of lung diseases that block airflow and make it difficult to breathe), anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and depression (common and serious medical illness that negatively affects how you feel, the way you think and how you act).</p> <p>Resident #50's June 2024 MAR/Treatment Administration Record (TAR)/Behavior Monitoring included the following orders:</p> <p>[BEHAVIORS/INTERVENTION] Monitor for (difficulty falling asleep) .every evening and night shift; 3 of 15 evening shifts were blank.</p> <p>[BEHAVIORS/INTERVENTION] Monitor for (being nervous) .every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>[BEHAVIORS/INTERVENTION] Monitor for (excessive fear about everyday situation) .every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>[BEHAVIORS/INTERVENTION] Monitor for (persistent worrisome) .every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>[BEHAVIORS/INTERVENTION] Monitor for (Sudden feelings of intense anxiety) .every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>[SIDE EFFECTS] Monitor for Side Effects of Anti-Anxiety Meds every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>[SIDE EFFECTS] Monitor for Side Effects of Hypnotic Meds every shift; 9 of 15 day shifts were blank; 3 of 15 evening shifts were blank.</p> <p>On 6/17/24 at 11:46 AM, the surveyor interviewed LPN #2 regarding behavior monitoring and side effect monitoring. LPN #2 stated that there was a PO for monitoring in the computer. She added that each shift would document a yes or no if there was behaviors or side effects. The surveyor showed LPN #2 Resident #50's blanks for behavior monitoring and side effect monitoring. LPN #2 stated that there should not be blanks. The surveyor asked what the importance of behavior monitoring was. LPN #2 stated that it was to know if a med was necessary or if it needed to be changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 6/17/24 at 12:02 PM, the surveyor interviewed the UM/NU regarding behavior monitoring and side effect monitoring. The UM/NU stated that every shift should have documentation and should not see blanks. She added that if the resident was not in the building the nurse should document a code to indicate that.</p> <p>On 6/17/24 at 12:09 PM, the surveyor interviewed the DON regarding Resident #50's blank behavior monitoring and side effect monitoring. The DON stated that it should not be blank.</p> <p>On 6/17/24 at 12:48 PM, in the presence of the survey team, the surveyor notified the LNHA, DON, RDoO/RN and AIT, the concern that the Resident #50 had multiple blanks on the June 2024 MAR/TAR for multiple PO for behavior monitoring and side effect monitoring.</p> <p>On 6/18/24 at 10:07 AM, in the presence of the survey team and LNHA, the DON stated that there was missing behavior monitoring.</p> <p>The facility did not provide any additional information.</p> <p>A review of the facility provided policy titled, Behavioral Assessment, Intervention and Monitoring with a revised date of March 2019, included the following:</p> <p>Monitoring</p> <p>1. If the resident is being treated for altered behavior or mood, the IDT (Interdisciplinary Team) will seek and document any improvements or worsening in the individual's behavior, mood, and function.</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: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>44605</p> <p>Based on observation, interviews, record review, and review of facility policies, it was determined that the facility failed to identify and accurately address an Enteral Feeding (EF) order discrepancy. This deficient practice was identified for one (1) of two (2) residents reviewed for EF (Resident #27).</p> <p>The deficient practice was evidenced by the following:</p> <p>On 6/13/24 at 10:24 AM, the surveyor interviewed Resident #27 in the resident's room. The resident stated he/she does not take eat by mouth and receives a tube feeding (TF, an EF, is a way of delivering nutrition directly to stomach or small intestine).</p> <p>On 6/14/24 at 9:04 AM, the surveyor reviewed Resident #27's hybrid (paper and electronic) medical record which revealed the following:</p> <p>Resident #27's Admission Record (an admission summary) documented that the resident was admitted to the facility with diagnoses that included but were not limited to: dysphagia (difficulty swallowing) following cerebral infarction, encounter for attention to gastrostomy and unspecified severe protein-calorie malnutrition.</p> <p>The Minimum Data Set (MDS), an assessment tool used for the management of care dated 4/05/24, documented the resident had a Brief Interview for Mental Status (BIMS) and scored a 12 out of 15, indicating that Resident #27 had moderately impaired cognition. The MDS also showed that Resident #24 was receiving >51% of total calories from a TF.</p> <p>A review of the June 2024 Physician Orders (PO) included a PO dated 4/10/24, Enteral Feed, five times a day Jevity 1.5 Cal 237 ml (milliliters) 6 times per day via gravity bolus.</p> <p>The Medication Administration Record (MAR) revealed from 4/10/24 through 6/14/24, Resident was receiving bolus feeding (Bolus tube feeding is a method of delivering formula through a feeding tube. It is used for people who can tolerate a normal amount of food at one time. The formula is given every 4 to 6 hours) of Jevity 1.5, 237 ml five times daily.</p> <p>On 6/14/24 at 9:41 AM, the surveyor interviewed Licensed Practical Nurse #1 (LPN#1), who regularly oversees Resident #27's care. LPN #1 stated, Resident #27 receives a bolus feeding five times daily which was confirmed when LPN #1 checked the MAR.</p> <p>On that same date and time, the Surveyor asked LPN #1 to review the PO for the bolus feeding. LPN #1 acknowledged that the order for bolus feeding should had been clarified because the order states five and six times daily bolus feeding. LPN #1 further stated they have not previously observed the error and would contact the Registered Dietitian (RD) for correction.</p> <p>On 6/14/24 at 11:59 AM, the surveyor interviewed the RD, who stated the bolus feeding order should have been for six times daily but could not state why the error occurred and was not caught by themselves or facility staff. No further comments provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/24 at 9:04 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a facility policy titled, Enteral Feeding with a revised date of November 2018. Under the policy interpretation and implementation, it states, 4. Enteral nutrition is ordered by the provider based on recommendations of the dietitian. 8. The dietitian monitors residents who are receiving enteral nutrition and make appropriate recommendations to enhance tolerance and nutritional adequacy of enteral feeding. 11. The nurse confirms that orders for enteral nutrition are complete. Complete orders include: a. the enteral nutrition product; d. administration method (continuous, bolus); e. volume and rate of administration.</p> <p>On 6/17/24 at 12:46 PM, the survey team met with the LNHA, Director of Nursing (DON), Regional Director of Nursing (RDON), Administrator in Training (AIT). The Surveyor notified the facility management of the above findings and concerns. The facility management did not provide any comments at that time.</p> <p>On 6/18/24 at 9:46 AM, the LHNA and DON met with the survey team with responses to the survey teams concerns. The DON stated, we were not compliant, the resident had been receiving five bolus feedings a day when they should have been receiving six. The resident's doctor and family were notified, the resident did not have any weight loss. The RD completed an audit on all residents who were NPO (nothing by mouth), and the completed an assessment on the resident and the TF order was corrected. An audit was completed on all tube feeding residents.</p> <p>NJAC 8:39-11.2(e), 17.1(c), 27.1(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>44605</p> <p>Based on observation, interview, and record review, it was determined that the Consultant Pharmacist (CP) failed to clarify medication route for a resident during the monthly medication (med) reviews for one (1) of six (6) Residents, Resident #27.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 6/13/24 at 10:24 AM, the surveyor interviewed Resident #27 in the resident's room. The resident stated he/she does not take any medications (meds) by mouth.</p> <p>On 6/14/24 at 9:04 AM, the surveyor reviewed Resident #27's hybrid (paper and electronic) medical record which revealed the following:</p> <p>Resident #27's Admission Record (an admission summary) documented that the resident was admitted to the facility with diagnoses that included but were not limited to: dysphagia (difficulty swallowing) following cerebral infarction, encounter for attention to gastrostomy and unspecified severe protein-calorie malnutrition.</p> <p>The Minimum Data Set (MDS), an assessment tool used for the management of care dated 4/05/24, documented the resident had a Brief Interview for Mental Status (BIMS) and scored a 12 out of 15, indicating that Resident #27 had moderately impaired cognition.</p> <p>A review of the June 2024 Physician Orders (PO) included a PO dated 3/15/24 that read, Nothing by Mouth (NPO) diet, NPO texture, NPO consistency. Tube feeding. And an addition PO dated 4/15/24, Ascorbic Acid Tablet 500 MG (milligram), Give 1 tablet by mouth two times a day for Facilitate iron absorption Give with Ferrous Sulfate.</p> <p>A review of the CP medication review for April and May 2024 read, the following is a list of residents which were reviewed during the CP's visits but did not require any recommendations. The list included Resident #27 for both April and May 2024.</p> <p>On 6/17/24 at 10:36 AM, the surveyor conducted a phone interview with the CP, who stated, they missed the Ascorbic Acid med written as by mouth not via PEG tube (a percutaneous endoscopic gastrostomy (PEG) is a surgery to place a feeding tube. Feeding tubes, or PEG tubes, allow you to receive nutrition and/or med through the stomach). No further explanation provided.</p> <p>On 6/17/24 at 11:00 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a facility policy title, CP with a revised date of August 2021. Under the policy interpretation and implementation section of the policy it states, 1. The facility will arrange for the provision of a CP who shall direct pharmaceutical services and provide consultation as needed. 3. The pharmacist shall assist the facility with: d. Reviewing med administration records (MAR) on a quarterly basis documenting any concerns, proposing solutions to identified concerns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/24 at 12:46 PM, the survey team met with the LNHA, Director of Nursing (DON), Regional Director of Nursing (RDON), Administrator in Training (AIT). The Surveyor notified the facility management of the above findings and concerns. The facility management did not provide any comments at that time.</p> <p>On 6/18/24 at 9:46 AM, the LHNA and DON met with the survey team with responses to the survey teams concerns. The DON stated, we were not compliant with the meds, an audit was completed on all residents who were NPO, and the CP will be developing a Quality Assurance and Performance Improvement (QAPI) to assure this does not happen again. No further comments made.</p> <p>NJAC 8:39- 29.3 (a)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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, record review, and review of facility policies, it was determined that the facility failed to maintain proper kitchen sanitation practices in a manner to prevent food borne illness.</p> <p>This deficient practice was observed and evidenced by the following:</p> <p>On 6/13/24 at 9:15 AM, the surveyor in the presence of the Food Service Director (FSD) observed the following during the kitchen tour:</p> <p>Upon entering the kitchen the surveyor observed the FSD and Dietary Aide #1 (DA#1) both wearing earrings that hung more than one inch (in) from their earlobes. The FSD acknowledged both she/he and DA#1 were wearing jewelry that was prohibited in the kitchen area.</p> <p>On 6/17/24 at 9:04 AM, the Licensed Nursing Home Administrator (LNHA) provided the surveyor with a kitchen policy titled, Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices, with a revised date of November 2022. Under the policy interpretation and implementation section it states, Fingernails/Jewelry, 17. Jewelry will be kept to a minimum. Hand jewelry and wrist jeweler are covered with gloves during food handling.</p> <p>On 6/17/24 at 12:46 PM, the survey team met with the LNHA, Director of Nursing (DON), Regional Director of Nursing (RDON) and Administrator in Training (AIT) to discuss the above findings and concerns. There were no comments from facility staff.</p> <p>On 6/18/24 at 9:46 AM, the LHNA and DON met with survey team to provide explanations for previous concerns. The LNHA provided a copy of an in-service for the dietary staff for jewelry and hygiene. No further comments provided.</p> <p>NJAC 8:39-17.2(g)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>39885</p> <p>Based on interview and review of pertinent facility provided documentation, it was determined that the facility failed to ensure that the employed designated Infection Preventionist (IP) had completed specialized training in infection prevention and control per Centers for Medicare & Medicaid Services (CMS) guidance prior to assuming the IP role for one (1) of one (1) employee reviewed for IP.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 6/14/24 at 12:10 PM, the surveyor reviewed the facility provided signed job description for the IP which listed the date of hire as 6/10/21. The IP's job description included the following Educational and Certification Requirements: The IP's job description included the following acknowledgement that was signed by the IP and dated 6/10/21: I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position (unless otherwise noted in Column 2). I hereby accept the position of Infection Preventionist and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the Center's established procedures.</p> <p>At that same time, the surveyor reviewed the facility provided IP's specialized training certificates for which were dated from. The surveyor then reviewed the facility provided specialized training certificates for 15 modules that had different completion dates from 8/07/21 to 8/23/24. The IP did not have the specialized training prior to assumption of the IP role.</p> <p>On 6/17/24 at 10:49 AM, in the presence of the Director of Nursing (DON), the surveyor interviewed the IP. The IP confirmed that her date of hire as the facility's IP was 6/10/21. The IP confirmed that the specialized training certificates were done in August 2021. She added that she had done some [name redacted] training but had not finished the certification. The IP did not provide documentation of any additional training.</p> <p>On 6/17/24 at 12:47 PM, in the presence of the survey team, the surveyor notified the Licensed Nursing Home Administrator (LNHA), DON, Regional Director of Operations/Registered Nurse (RDoO/RN) and Administrator in Training (AIT), the concern that the IP did not have specialized training prior to assuming the role of IP.</p> <p>On 6/18/24 at 9:55 AM, in the presence of the survey team and DON, the LNHA stated that the IP started as the IP after the date of hire that was on the job description. She added that when the facility was acquired by a new company the staff had new job descriptions done. The surveyor asked the LNHA that if the 6/10/21 IP job description dated 6/10/21 was not for function of IP then should the job description signed indicate a different job description. The LNHA added that she was not the LNHA at that time.</p> <p>On 6/18/24 at 12:32 PM, the surveyor reviewed a timeline for IP that the facility provided. The timeline did not reflect the same information that the signed IP job description dated 6/10/21 by the current IP that the facility provided prior to the timeline.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Allendale Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 85 Harreton Road Allendale, NJ 07401	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility provided policy titled Infection Preventionist with a revised date of September 2022, included the following:</p> <p>Specialized Training</p> <ol style="list-style-type: none"> 1. The infection preventionist has obtained specialized IPC training beyond initial professional training or education prior to assuming the role 2. Evidence of training is provided through a certificate(s) of completion or equivalent documentation. <p>N.J.A.C. 8:39-19.1(b)</p>