STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315497	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allendale Rehabilitation and Healthcare Center	85 Harreton Road Allendale, NJ 07401

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews, and reviews of facility policies, the facility failed to ensure Infection Control measures were maintained 1. during incontinent care for one resident (Resident (R) 5) of one resident reviewed for incontinent care in a total sample of 29 residents, 2. during separation of clean and soiled laundry, and 3. in a water management program for Legionella bacteria. These failures placed residents at risk of cross-contamination of bacteria and increased health complications.Findings include: 1. Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed that R5 was admitted to the facility on [DATE] with a diagnosis of a non-traumatic brain injury. Review of the significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/29/25 revealed R5 was assessed by staff to be severely impaired in cognition and was incontinent of bowel and bladder. During an observation on 11/24/25 at 9:57 AM, Certified Nursing Assistant (CNA) 3 entered R5's room to provide morning cares. After CNA3 removed a urine-soaked brief and provided peri care she did not remove her soiled gloves or use hand hygiene before continuing on to clean her legs. During an interview on 11/24/25 at 10:18 AM, CNA3 was asked if she had changed her gloves or used hand hygiene after providing incontinent care to R5. CNA3 stated, No, I didn't. During an interview on 11/25/25 at 8:44 AM, the Director of Nursing (DON) was informed of the lack of hand hygiene and change of gloves when performing incontinent care for R5. The DON stated, CNA3 is very aware of infection control and incontinent care. I have in-services all the time, she knows better. 2. Observation on 11/25/25 at 3:35 PM with Laundry Aide (LA)1, the Housekeeping Supervisor, and Director of Environmental Services, revealed that the laundry room was one large room with the three washing machines located nearest the door and the two dryers were located at the back of the room. The folding area was located across the hall in another room. The Housekeeping Supervisor stated, The soiled laundry is sorted on the unit and then brought to the laundry room and then placed into the washer. After washing, the laundry then goes to the dryer area at the back of the room. After the laundry is dried, it is placed into a bin and then transferred across [the soiled area] to the folding room across the hall. In addition, the soiled area of the laundry room did not contain gowns, gloves, or masks and the bottle of disinfectant, used to clean the bins and doors to the washing machines, was located in a bin, under clean items and on top of clean linen. When asked about having to go across a soiled area with clean laundry, the Housekeeping Supervisor and the Director of Environmental Services stated they understood this could be an issue. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 11/25/25 at 4:30 PM, Infection Preventionist (IP) was asked if she was aware of the situation in the laundry with the clean linen having to pass the soiled linen area to go to the folding area. The IP stated, No, I was not aware. 3. On 11/25/25 at 6:18 PM, the Maintenance Director was asked for his water management plan including documentation of a floor plan which indicated where the water from the city entered the facility and how the water moved through the facility and areas where standing water may pool and any testing being done. The Maintenance Director stated he did not designate potential sites of pooling water or water sources to be tested if needed. Review of the facility procedure titled, Departmental (Environmental Services)-Laundry and Linen dated January 2014 revealed, .The purpose of this procedure is to provide a process for the safe and aseptic handline, washing, and storage of linen .Employee sorting or washing linen must wear a gown and gloves .Keep soiled and clean linen, and their respective hampers and laundry carts, separate at all times . Review of the facility policy titled, Legionella Water Management Program dated September 2022 revealed, .Our facility is committed to the prevention, detection and control of water-borne contaminants, including Legionella .The water management program includes the following elements .A detailed description and diagram of the water system in the facility, including the following: Receiving; Cold water distribution; Heating; Hot water distribution; and Waste .The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including the following: Storage tanks; Water heaters; Filters; Aerators; Showerheads and hoses; Misters, Atomizers, Air washers, and Humidifiers .and Medical devices such as CPAP machines . NJAC 8:39-19.4

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to ensure an abnormal involuntary movement scale (AIMS-a scoring system which uses a 0-4 rating scale for 12 items to assess the severity of the abnormal involuntary movements) was accurate and completed timely for three residents (Residents (R)10, R15, and R4) reviewed in a sample of29 residents. This failure placed residents at risk of not receiving care and services related to their psychiatric illnesses.Findings include: 1. Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R10 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental health condition characterized by extreme shifts in mood, energy, activity levels, ranging from manic highs to depressive lows), major depressive disorder, and anxiety disorder. Review of a significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 11/01/25 revealed, R10 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated R10 was cognitively intact, had rejection of care for four to six days out of seven days, and had been administered an antipsychotic medication during the seven-day observation period. Review of the Order Summary located in the Orders tab of the EMR revealed that R10 was prescribed, Olanzapine [an antipsychotic medication] 20mg [milligrams] at bedtime for bipolar disorder. Review of the 04/25/25 AIMS evaluation, provided by the Director of Nursing (DON) revealed Licensed Practical Nurse (LPN) 1 had signed that he had performed the evaluation for R10. Section EP (examination procedure) revealed no documentation that LPN 1 had assessed R10 for Tardive Dyskinesia (TD-a drug-induced movement disorder characterized by involuntary movements, most commonly affecting the face, tongue, and limbs) as the EP was blank. In addition, there was no documentation to show that the November AIMS evaluation had been completed per the Evaluations tab in the EMR. During an interview on 11/24/25 at 5:29 PM, the DON stated, When I reviewed the Evaluations tab in the EMR, I found no AIMS evaluations for November as it was not triggered to be completed by the nurse assigned as the form was marked that R10 was not administered an antipsychotic medication. After reviewing the 04/25/25 AIMS the DON confirmed that the evaluation was not complete. During an interview on 11/24/25 at 5:56 PM LPN 1 confirmed that he had not received any training on how to perform the AIMS evaluations. LPN 1 further stated, I should have completed the full assessment. 2. Review of the admission Record located in the Profile tab of the EMR revealed that R15 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder, anxiety disorder, major depressive disorder, and dementia. Review of the annual MDS located in the MDS tab of the EMR with an ARD of 11/20/25 revealed, R15 had a BIMS score of four out of 15 which indicated R15 was severely impaired in cognition, had no behaviors, and was administered an antipsychotic medication during the seven-day observation (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	period. Review of the Order Summary located in the Orders tab of the EMR revealed the following antipsychotic medications for R15:Quetiapine [an antipsychotic medication] 100 mgs daily every 12 hours for bipolar disorder.Quetiapine 300 mgs at bedtime for bipolar disorder. Review of an 04/18/24AIMS located in the Evaluations tab of the EMR revealed that R15 was evaluated for TD. The score documented on the assessment was 21 (the higher the score on a 0-28 score the greater the impact of the movements on the resident). Review of the Order Summary located in the Orders tab of the EMR revealed, Austedo [a medication that helps manage TD symptoms, though it does not cure the TD symptoms] twice daily for TD, dated 04/27/24. Review of the 11/16/23 Comprehensive Care Plan located in the Care Plan tab of the EMR did not show a focus, goal, or interventions for the use of Austedo for R15's abnormal movements. Review of the 09/11/25 AIMS evaluation, provided by the DON revealed Registered Nurse (RN) 1 had signed that he had completed the AIMS evaluation for R15. Review of the EP section of the AIMS revealed R15 was assessed to have had no TD symptoms and the score of 0. During an interview on 11/24/25 at 5:29 PM, the DON stated, I reviewed the AIMS and it appears that in April 2024 an AIMS was performed and the score was 21. September 2024 AIMS was not completed. After January 2025, the AIMS evaluations were moved to the quarterly assessments and were completed. During an interview on 11/24/25 at 6:05PM, RN 1 was asked if the September 2025 AIMS evaluation, which showed that R15 had no TD symptoms despite the previous evaluations and being administered a medication for TD, was correct. RN 1 stated, Yes. RN 1 was asked if he had any training on performing AIMS assessments. RN 1 stated, No, I have not. RN 1was directed to Section F #14 in which he documented that the TD movements did not disappear in her sleep. RN 1 was asked if R15 had no TD movements, why was this marked a No. RN 1 stated, That was wrong. 3.Review of R4's admission Record, located in the EMR under the Profile tab, revealed R4 was readmitted to the facility on [DATE] with diagnoses that included major depressive disorder, altered mental status, catatonic disorder, generalized anxiety disorder, bipolar disorder, and post-traumatic stress disorder (PTSD). Review of R4's Care Plan, dated 01/10/25 and located under the Care Plan tab in the EMR, revealed a focus of alteration in neurological status related to tardive dyskinesia (TD). Interventions included administering medications as ordered, monitoring and documenting for side effects and adverse reactions, and reporting findings to physicians or designees as clinically indicated. Review of R4's Physician Order, dated 03/13/25 and located under the Orders tab in the EMR, revealed R4 was to receive Latuda (Lurasidone HCL, an atypical antipsychotic) oral tablet 40 milligrams (mg), give one tablet mouth one time a day for bipolar disorder. Review of R4's Quarterly Evaluation, dated 07/08/25 and 10/08/25 and located under the Evaluations tab in the EMR, revealed no documented evidence R4 was monitored for tardive dyskinesia (a (continued on next page)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	possible and well-known adverse reaction to the use of Latuda). Both evaluations were marked that the resident did not receive an antipsychotic medication and the AIMS section of both forms was left blank. Review of R4's quarterly Minimum Data Set (MDS), located in the EMR under the MDS tab and with an ARD of 10/17/25, revealed R4 had a BIMS score of 11 out of 15, which indicated R4 was cognitively moderately impaired. The MDS recorded R4 received an antipsychotic medication daily. During an interview on 11/25/25 at 10:49 AM, the Assistant Director of Nursing (ADON) confirmed the AIMS evaluations should be completed for residents receiving antipsychotic medications, and those evaluations should be documented on the Quarterly Evaluation form. The ADON confirmed the AIMS evaluation had not been completed for R4 and should have been done since the resident was on Latuda. Review of an undated facility policy titled, Abnormal Involuntary Movement Scale (AIMS) revealed, .Residents using antipsychotic medications will be monitored for side effects and adverse consequences. The Abnormal Involuntary Movement Scale (AIMS) examination procedure may be used as an adjunct to periodically evaluate patients for signs of tardive dyskinesia (TD), to evaluate the effectiveness of treatment for TD, and to follow the severity of TD over time. NJAC 8:39-4.1(a)6

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of facility policy, the facility failed to ensure the admission PASARR (Pre-Admssion Screening and Resident Review-a mandatory review prior to admission to screen for mental illness and intellectual disabilities) was accurate for one resident (Resident (R)10) of two residents reviewed for PASARR in a total sample of 29 residents. This failure placed residents at risk of not receiving the appropriate mental health services.Findings include:Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R10 was admitted to the facility on [DATE] with diagnoses that included bipolar disorder (a mental health condition characterized by extreme shifts in mood, energy, activity levels, ranging from manic highs to depressive lows), major depressive disorder, and anxiety disorder. Review of the 04/22/25 Level I PASARR located in the Miscellaneous tab of the EMR and completed by the hospital social worker, revealed that in Section II Mental Illness Screen stated, Does the individual have a diagnosis or evidence of a major illness limited to the following disorders.mood (bipolar and major depressive type). the section was marked No.Review of a significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 11/01/25 revealed, R10 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicated R10 was cognitively intact, had rejection of care for four to six days out of seven days, and was administered an antipsychotic medication, anti-anxiety medication and anti-depressant medications during the seven-day observation period. During an interview on 11/23/25 at 12:57 PM, R10 stated, I have bipolar disorder and have been in and out of psychiatric hospitals multiple times, but it's been more than two years since I was last admitted . During an interview on 11/24/25 at 4:00 PM, Licensed Social Worker (LSW) was asked if she reviews new admission PASARR's for complete documentation. The LSW stated, Yes, I typically do that. The LSW further stated, Her previous PASARR was correct by this most recent PASARR, now that I am looking at it, it is inaccurate. The psychiatric diagnoses are not documented on the page and R10's psychiatric treatment was not included, and she just had a significant change assessment, though it was not related to her mental illness. The LSW confirmed that a new PASARR should have been done as the one from the hospital was incorrect. Review of the facility policy titled, admission Criteria dated 2001, revealed, .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. NJAC 8:39-5.1(a)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to ensure hair washing was provided during showers for one resident (Resident (R) 49) of four residents reviewed for ADLs (Activities of Daily Living) in a total sample of 29 residents. This failure placed the residents at risk of a diminished quality of life.Findings include:Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R49 was admitted to the facility on [DATE] with diagnoses that included dementia, major depressive disorder, and anxiety disorder. Review of the annual Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 10/06/25 revealed R49 had a Brief Interview of Mental Status (BIMS) score of three out of 15 which indicated R49 was severely impaired in cognition and required moderate assistance with bathing/showering. Review of the 09/29/23 ADL Self Care Performance Care Plan located in the Care Plan tab of the EMR revealed, I have an ADL Self Care Performance Deficit r/t limited mobility secondary to (L) [left] hip fracture. The Care Plan did not contain documentation of approaches/interventions for bathing/shower or hair washing assistance. During an observation on 11/23/25 at 2:52 PM, R49 was observed to have significant greasy hair in which it was separated and hung down across her face. R49 was asked if staff wash her hair when they give her a shower. She stated, Yes, they wash my hair. During an interview on 11/23/25 at 2:55 PM, Certified Nurse Aide (CNA) 2 was asked if R49 was receiving ADL assistance. CNA2 stated, When I shower her, she is pleasant, but you have to explain what you are doing with her. I can't speak to anyone else though. CNA2 further stated, They [CNAs] are supposed to wash hair when a shower is given. During an interview on 11/25/25 at 5:15 PM, the Director of Nursing (DON) stated, After you told me about R49's greasy hair, I went to check on her. The DON confirmed that R49's hair had not been washed. The DON further stated, Some of the aides use grease in the residents' hair, even though they are not African American. R49 is white and does not need grease in her hair. Review of the facility policy titled, Activities of Daily Living (ADLs), Supporting dated 2001 revealed, .Residents who are unable to carry out activities of daily living independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene.Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with .hygiene (bathing, dressing, grooming, and oral care) . NJAC 8:39-4.1(a)22

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and review of facility policy, the facility failed to provide timely repositioning for one (Resident (R)5) of two residents reviewed for positioning in a total sample of 29 residents. This failure placed the resident at risk of skin breakdown.Findings include:Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] with diagnoses that included non-traumatic brain injury, aphasia (language disorder caused by damage to the parts of the brain that control language, speech and understanding language), and respiratory failure. Review of the significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/29/25 revealed R5 had a Brief Interview of Mental Status (BIMS) score of three out of 15 which indicated R5 was severely impaired in cognition, had no pressure ulcers, and was always incontinent of bowel and bladder. Review of the 02/14/25 ADL [activities of daily living] Self-Care Performance Deficit Care Plan revealed, I have an ADL Self Care Performance Deficit related to impaired mobility. During an interview on 11/23/25 at 2:29 PM, Family Member (FM) 1 was asked if staff were repositioning R5 regularly. FM1, who asked to remain anonymous, stated . I do not believe they are repositioning her every 2-3 hours. During an observation on 11/24/25 at 8:52 AM, R5 was lying on her back with her eyes closed. On 11/24/25 at 9:57 AM, Certified Nursing Assistant (CNA) 3 entered R5's room with supplies to provide morning cares. CNA 3 left the room after providing care and R5 was not repositioned off her back until 10:29 AM when two flat pillows, one on each side, were placed under her upper back however, R5 remained on her back. CNA3 was asked at on 11/24/25 at 10:33 AM why wasn't R5 placed on her side since she was on her back prior to cares. CNA3 stated that there were two pillows one on each side of her prior to starting cares and when she works with her, that is how she is repositioned by just placing pillows behind her. During an interview on 11/24/25 at 11:41 AM, CNA1 entered the room. The two flat pillows were next to R5's right hip, however, R5 was flat on the bed. CNA1 confirmed that R5 had not been repositioned and it should be done every 2 hours. CNA1 repositioned R5 onto her left side with pillows to support her. During an observation on 11/24/25 at 2:50 PM, R5 was observed on her left side, in the same position she was placed in earlier. During an interview on 11/25/25 at 8:44 AM, the Director of Nursing (DON) stated, She is to be repositioned and was aware the survey team had spoken to CNA1 and CNA3 regarding the repositioning needs for R5. The DON further stated, There is no excuse for it. Review of the facility policy titled, Repositioning dated May 2013, revealed, .The purpose of this procedure is to provide guidelines for the evaluation of resident positioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort for all bed-or chair bound residents and to prevent skin breakdown, promote circulation and provide pressure relied for (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents . NJAC 8:39-27.1(a) NJAC 8:39-27.2(b)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, and review of facility policy, the facility failed to utilize the physician ordered hand splints or a hand roll for two of two residents (Residents (R) 5 and R81) reviewed for contractures in a total sample of 29. This failure placed the residents at risk of further decreased range of motion (ROM) and worsening contractures (a condition of shortening and hardening of muscles, tendons, and other tissue, often leading to deformity and rigidity of joints.)Findings include:1. Review of the admission Record located in the Profile tab of the electronic medical record (EMR) revealed R5 was admitted to the facility on [DATE] with a diagnosis that included a non-traumatic brain injury. Review of the Order Summary located in the Orders tab of the EMR revealed an order dated 08/27/25 to Apply bilateral hand splints for 4 hours twice daily. Review of the significant change Minimum Data Set (MDS) located in the MDS tab of the EMR with an Assessment Reference Date (ARD) of 08/29/25 revealed, R5 had a staff assessed Brief Interview of Mental Status (BIMS) of three out of 15 which indicated R5 was severely impaired in cognition. During an observation on 11/23/25 at 11:43 AM, R5 was lying in bed with her arms bent at the elbow and her hands were lying on her chest. There were no hand rolls or hand splints observed. Her right hand was observed to be more contracted than her left. Hand splints were observed on the dresser to the left of R5's bed. During an interview on 11/23/25 at 2:07 PM, Family Member (FM)1, who asked to remain anonymous, stated They do not put any washcloths (hand rolls) in her contracted hands. She has splints but I'm not sure if they are putting them on or not. During an observation and interview on 11/24/25 at 11:48 AM, Licensed Practical Nurse (LPN)2 confirmed that R5 did not have hand rolls or hand splints on. During an observation on 11/25/25 at 7:44 AM, R5 was observed to have a hand roll lying on her chest instead of her hands and the hand splints were on the dresser to the left of R5's bed. 2. Review of the admission Record located in the Profile tab of the EMR revealed R81 was admitted to the facility on [DATE] with a diagnosis of a stroke with right side paralysis. Review of the quarterly MDS located in the MDS tab of the EMR with an ARD of 09/24/25 revealed, R81 had a BIMS score of 12 out of 15 which indicated R81 was moderately impaired in cognition and had range of motion (ROM) impairment on one side. Review of the 04/28/24 Comprehensive Care Plan dated 06/14/24 revealed, I have hemiplegia [paralysis on one side of the body] or hemiparesis [muscular weakness] related to: CVA [cerebral vascular accident-stroke]. Interventions included Right arm trough on the wheelchair. There were no interventions for R81's right hand. During an interview and observation on 11/23/25 at 1:42 PM, R81 was lying in bed with her right arm bent at the elbow and her hand close to her face. There was no hand roll or splint. R81 stated, This is (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315497	A. Building B. Wing	11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Allendale Rehabilitation and Healthcare Center	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.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from my stroke. R81 was asked if staff provided her with a hand roll. R81 stated, No. Review of the current Order Summary located in the Orders tab of the EMR revealed no order for hand rolls, hand splints, or therapy for the right-hand contracture. During an observation on 11/24/25 at 8:49 AM, R81 was observed in bed. Her right hand did not contain a hand roll or splint. This observation was verified by Certified Nursing Assistant (CNA)1. During an interview on 11/25/25 at 12:45 PM, the DON was told about the lack of splinting and hand rolls for R5 and R18. The DON stated, We need to follow up with this. Review of the facility policy titled, Resident Mobility and Range of Motion dated July 2017 revealed, .Residents with limited range of motion will receive treatment and services to increase and/or prevent further decrease in ROM . NJAC 8:39-27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315497	A. Building B. Wing	11/25/2025

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to ensure residents received alternative measures prior to the installation of side rails; documented discussion related to risk versus benefits; and signed informed consent prior to bed rail use for one of four residents (Resident (R)68) reviewed for side rails out of 29 sampled residents. The lack of alternate side rail measures and proper assessment/consent increased the potential for restraint or side rail entrapment. Findings include: Review of R68's admission Record in the Profile tab of the electronic medical record (EMR) revealed he was admitted to the facility on [DATE] with diagnosis of muscle weakness. Review of R68's admission Minimum Data Set (MDS) assessment under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 09/16/25 revealed a Brief Interview for Mental Status (BIMS), score of eight out of 15 indicating severe cognitive impairment. This MDS revealed that R68 was able to self-transfer. Review of R68's Care Plan located under the Care Plan tab of the EMR dated 09/16/25, revealed no care plan for side rail use. Review of R68's Physician Orders located under the Orders tab in the EMR dated 09/16/25 revealed no order for side/bed rail use. Review of R68's MQS Admission/readmission Evaluation located under Assessments tab in the EMR dated 09/16/25 stated bedrail assessment bed/side rails were not used. Interview and observation on 11/23/25 at 11:40 AM and 11/25/25 at 10:10 AM revealed R68 in bed with side rails up on the right side. R68 stated the side rails had been on her bed since she was admitted , and that the right side was always in the up position, and the left side was at times. R68 stated that she did not use the side rails as an enabler when moving in bed or transferring herself from the bed. During an interview on 11/25/25 at 10:06 AM Licensed Practical Nurse (LPN)5 verified the facility did not get informed consent prior to bedrail use or explore alternatives before implementing bedrail use. During an observation and interview on 11/25/25 at 10:20 AM, Registered Nurse/Unit Manager (RN)1 stated he was unaware that R68 had bedrails on her bed and he was not sure if there was signed informed consent for the resident to have bedrails. He observed R68 in bed with her bedrails. He also stated he was unaware that her admission assessment/bedrail use indicated she did not use bedrails. RN1 stated that he considered bed rails a safety risk. He confirmed there was no signed informed consent for the bedrail use. During an interview on 11/25/25 at 12:33 PM, the Director of Nursing (DON) stated that on the subacute unit where new residents were admitted all beds had bedrails. She stated she expected staff to evaluate and screen any resident prior to implementing bedrails and to obtain informed consent. (continued on next page)

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	315497	A. Building B. Wing	11/25/2025

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled Bed Safety and Bed Rails revised August 2022 revealed, resident beds meet the safety specifications established by the Hospital Bed Safety Workgroup. The use of bed rails is prohibited unless the criteria for use of bed rails have been met. The use of bed rails or side rails (including temporarily raising the side rails for episodic used during care) is prohibited unless the criteria for use of bed rails have been met, including attempts to use alternative interdisciplinary evaluation, resident assessment, and informed consent. NJAC 8:39-27.1(a)