

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315504	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Wedgwood Gardens Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3419 Highway 9 Freehold, NJ 07728	

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 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>20402</p> <p>Based on observation, review of the monthly resident council meeting minutes, interview, and facility policy review, the facility failed to ensure the State survey inspection results were readily accessible to residents and/or family members and posted in areas of the facility that are prominent and accessible to the public. This failure had the potential to affect all 92 residents residing in the facility. This had the potential to cause residents and visitors to be uninformed of survey, certification, and complaint investigation findings.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Resident Rights, revised 02/18/25, indicated, The resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and . The facility must post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. Have reports with respect to any surveys, certifications, and complaint investigations made reports the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available to any individual to review . and post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public .</p> <p>Review of the past three months of the Resident Council Meeting Minutes, dated 11/21/24, 01/23/25, and 02/19/25, revealed no documentation that the State survey inspection results were discussed with residents or where the information was posted for residents to review.</p> <p>During a Resident Council Meeting held on 03/10/25 at 3:03 PM, with the resident council president Resident (R) 15, when asked if the resident knew where the State survey inspection results were posted, R15 stated, No, they do not cover that information with us. I'm not sure where the survey results would be.</p> <p>During an observation on 03/11/25 at 10:36 AM, of the entire Garden Unit, including the entrance way, nursing station, and hallway, there was no evidence of the State survey results posted anywhere.</p> <p>During an observation on 03/11/25 at 10:38 AM, of the front entrance of the facility, including the sitting area, front reception area, activity dining room, family room, and library, there was no evidence of the State survey results posted anywhere.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 03/11/25 at 10:41 AM, of the [NAME] Unit, including the entrance way, nursing station, and hallway, there was no evidence of the State survey results posted anywhere.</p> <p>During an observation on 03/11/25 at 10:50 AM, of the [NAME] Unit, including the entrance way, nursing station, and hallway, there was no evidence of the State survey results posted anywhere.</p> <p>During an interview on 03/12/25 at 3:29 PM, the Director of Nursing (DON) was asked where the State survey inspection results were posted. The DON stated, It's at the front desk.</p> <p>During an observation and interview on 03/12/25 at 3:32 PM, observation was made of the front entrance with the DON, and there was no evidence of the State survey inspection results. At this time, the DON stated to the front receptionist, who was seated behind a large, enclosed plexiglass area at the front entrance where the Survey Book was. The receptionist stated, It's here, indicating the State survey inspections results were located behind the receptionist desk that was enclosed with a large area of plexiglass, on the left side of the reception desk next to the computer. At this time, the DON stated to the receptionist, They should be here [pointing to the front top of the reception desk area] where they are visible. At this time, the DON was asked if she considered the area where the survey inspection results were found behind the reception desk by the computer to be in a prominent location for residents and/or visitors/family members to read. The DON stated, No.</p> <p>During an interview on 03/12/25 at 3:45 PM, regarding the State inspection survey results, the Receptionist (REC1) stated, I've been here since June 2024. I work Monday through Friday, and ever since I've been here, that survey binder has always been right here right next to me. Behind this desk and next to my computer where I sit.</p> <p>During an interview on 03/13/25 at 8:52 AM, regarding the State inspection survey results, the Acting Activity Director/Building Manager stated that he was present at the 02/19/25 Resident Council meeting. He was asked if the information about where the State survey inspection results were posted was discussed with the residents. He stated, No, but we will be doing that in March at our next meeting.</p> <p>NJAC 8:39-9.4(b)</p>		