

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center at Old Bridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 Marlboro Road Old Bridge, NJ 08857	

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>41858</p> <p>Based on observations, interviews, record review and facility documents, it was determined that the facility failed to report an Injury of Unknown origin to the New Jersey Department of Health (NJDOH), for 1 of 7 residents (Resident #138), reviewed for accidents.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/19/24 at 11:27 AM, during initial tour, the surveyor observed Resident #138 sitting with staff, in the main activity area. The resident was wearing a black helmet.</p> <p>On 08/21/24 at 09:30 AM, the surveyor reviewed the electronic Medical Record (eMR) for Resident #138 which revealed the following:</p> <p>A review of the Admission Record revealed the resident was admitted to the facility with diagnoses which included but were not limited to Alzheimer's Disease, Unspecified and Anxiety Disorder, Unspecified.</p> <p>A review of the quarterly Minimum Data Set, an assessment tool dated 05/07/24, revealed the resident had a Brief Interview for Mental Status (BIMS) of two (2), indicating the resident was severely cognitively impaired. Further review revealed, the resident did not have upper/lower extremity impairment.</p> <p>A review of the Care plan (CP) revealed: Focus: The resident has a behavior problem r/t Dementia:</p> <ul style="list-style-type: none"> - I like to say I'm going to kill you but I don't mean it, I would say it to my children when disciplining them. - I am physically aggressive (hit, bite, twist staff arms, slap) with staff during care. - I may bump into furniture/walls when walk around unit and other residents' rooms - Crawls under bed at times. Sits on nurses station. Redirected. <p>Revision on 8/11/23.</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: 315509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center at Old Bridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 Marlboro Road Old Bridge, NJ 08857	
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>On 08/21/24 at 12:31 PM, during an interview with Licensed Practical Nurses (LPN) #1 and #2, they both stated that an injury of unknown origin should be documented, reported to the supervisor/Director of Nursing (DON) and statements would be taken.</p> <p>A review of the facility provided Skin Injury report, Dated 06/01/2024 08:30 revealed: Incident Description: Nursing Description: Called to room by CNA (Certified Nursing Assistant) at approximately 8am, resident noted with red linear mark, on cheek discoloration to bridge of nose. Further review revealed a Memorandum from LPN #1(who was the assigned nurse at the time) On 5/31/24 (11-7 shift) this writer observed resident leaning on the table resident was redirected and taken back to bedroom.</p> <p>A further review of the Skin Injury report revealed: NOTES: 6/5/2024 IDC(Interdisciplinary Care) team met and concluded the following: LTC (Long Term Care) resident with diagnosis of Dementia. BIM'S 1. With behavior of Fast-paced walking that is uncontrolled on unit and in an out of other rooms. Team met to discuss the discoloration on the bridge of nose and the red linear mark, on cheek. (Red linear mark is kind of a Derm. (dermatitis) mark. The resident has a potential for impairment to skin integrity (bruising, discolorations) r/t (related to) bumping into furniture/walls when ambulating aimlessly on the unit. Will continue to redirect resident as much as possible, and weekly skin checks to continue. CP reviewed. A review of the additional staff statements did not reveal staff had witnessed a behavior or an occurrence that resulted in the linear mark on the bridge of the nose or discoloration under the resident's eye.</p> <p>A review of the progress notes revealed: 6/1/2024 10:19 Nurses Note: Note Text: Skin injury: Called to room at 8am by CNA, resident sitting by bedside, red linear mark/red bruising noted underneath right eye, no swelling or opening seen. None tender to touch, resident confused and unable to verbalize needs or how injury occurred. Notified supervisor on duty, assessed resident in room. Incident report initiated .</p> <p>Further review of the progress notes revealed: 6/1/2024 14:58 Nurses Note: Note Text: NP (Nurse Practitioner) returned phone call regarding unknown skin injury/bruising to face, this writer informed her that the bridge of resident's nose has bruising as well, bruising has spread to the left under eye .</p> <p>A review of the physician progress notes revealed: 6/4/2024 07:49, Physician/NP Note .Pt (patient) seen and examined. Pt w/ (with recent unexplained facial bruising followed by witnessed fall w/o (without) apparent change in neurologic status .SKIN: . (+) (positive) facial bruising along forehead and bridge of nose to under b/l (bilateral) periorbital (around the eyes) area- now yellowish in color .</p> <p>On 08/23/24 at 10:54 AM, during an interview, the Risk Manager (RM) stated abuse could be physical, mental, financial, denying care, forcing care, ignoring a patient, or an injury of unknown origin. She stated any allegation would be investigated and the facility would do a look back (review of staff working and caring for the resident) for the last 3 days and take statements from them to see if they witnessed anything. She stated the purpose of an investigation was to rule out abuse and to see if there is a trend.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center at Old Bridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 Marlboro Road Old Bridge, NJ 08857	
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>On 08/23/24 at 11:47 AM, during an interview with the DON, the DON stated that if there is an injury of unknown origin an investigation would be done to find out if there was a root cause. She stated statements would be done to see if somebody saw something. The DON stated it was a reportable event if they were unable to rule out abuse and it would be reported to the NJDOH) within 24 hours. The DON reviewed the facility provided above-mentioned investigation in the presence of the surveyor and confirmed that it was the complete investigation. She then stated the resident's behaviors were the cause of the injury.</p> <p>On 08/23/24 at 12:55 PM, during an interview with the Licensed Nursing Home Administrator (LNHA), the LNHA stated he was the abuse coordinator. He stated an injury of unknown would be reported to the NJDOH within 2 hours. He then stated they would err on the side of caution and report it (to the NJDOH). At that time, in the presence of the surveyor, the LNHA reviewed the above-mentioned incident investigation. After reading the investigation, the surveyor asked the LNHA what the cause of the injury was? The LNHA stated he would have to look into it further. The surveyor asked if the completed investigation ruled out abuse, the LNHA stated, I want to get back to you. The LNHA confirmed that the above-mentioned incident was not reported to the NJDOH.</p> <p>On 08/26/24 at 10:26 AM, the surveyor interviewed the [NAME] President of Clinical (VPC), the DON, and LNHA. The surveyor asked the cause of the injury. The VPC stated, The resident has the behavior of walking into walls and climbing under furniture. She then confirmed the staff statements did not reveal the staff witnessed the injury. The LNHA stated, the preliminary did not show a cause. The LNHA and the VPC both acknowledged that the incident should have been reported to the NJDOH but it was not.</p> <p>A review of the facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated 9/2023, revealed: Policy Statement: 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. Finding of all investigations are documented and reported .Reporting Allegations to the Administrator and Authorities 1. If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to the state law. 2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies; a. The state licensing/certification agency responsible for surveying/licensing the facility; b. The local/state ombudsman . 3. 'Immediately' is defined as: a. within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury. 4. Verbal/written notices to agencies are submitted via carrier, fax, e-mail, or by telephone .</p> <p>NJAC 8:39-9.4 (f)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center at Old Bridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 Marlboro Road Old Bridge, NJ 08857	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>41858</p> <p>Based on observations, interviews, record review and review of other facility documentation, it was determined that the facility failed to ensure heel booties (minimize the risk of pressure damage to heels) were consistently applied to prevent skin breakdown. This deficient practice was identified for Resident #89, 1 of 2 residents reviewed for position and mobility.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 08/19/24 at 12:14 PM, during initial tour, the surveyor observed Resident #89 sitting in a reclining chair in the main activity area. The resident was wearing blue socks with their heels resting on the footrest.</p> <p>On 08/19/24 at 12:31 PM, the surveyor reviewed the electronic medical record (EMR) for Resident #89 which revealed the following:</p> <p>A review of the Admission Record revealed the resident was admitted to the facility with diagnoses including but not limited to: unspecified dementia and anxiety disorder.</p> <p>A review of the annual Minimum Data Set, an assessment tool dated 06/16/24, revealed the resident was unable to be interviewed for Brief Interview for Mental Status (BIMS) due to the resident is rarely/never understood.</p> <p>A review of the Care Plan (CP) revealed a Focus: [name redacted] has risk to skin integrity r/t (related to) fragile skin, Date initiated: 08/18/2020. Goal: I will not experience any skin breakdown, Revision on: 06/24/2024. Interventions: Heel booties to bilateral (both) heels at all times, Date Initiated: 09/02/2022.</p> <p>A review of the Order Summary Report revealed a physician's order (PO) for bilateral heel booties every shift, start date 01/02/2024.</p> <p>On 08/20/24 at 10:34 AM, the surveyor observed the resident sitting in a reclining chair in the main activity area. The resident was wearing pink socks with their heels resting on the footrest.</p> <p>On 08/21/24 at 12:51 PM, the surveyor observed the resident sitting in a reclining chair in the main activity area. There was a staff member sitting with the resident, feeding the resident lunch. The resident was wearing brown socks with their heels resting on the footrest.</p> <p>On 08/22/24 at 11:07 AM, the surveyor observed the resident sitting in a reclining chair in the sensory room. The resident was wearing blue socks with their heels resting on the footrest. There was a staff member sitting with the resident massaging their hand.</p> <p>A review of the August 2024 Treatment Administration Record (TAR) revealed the PO for bilateral heel booties every shift was signed as being completed for Day (7am to 3 pm shift) 08/19/24, 08/20/24, 08/21/24, and 08/22/24. The surveyor did not observe booties on the resident as mentioned above.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Roosevelt Care Center at Old Bridge		STREET ADDRESS, CITY, STATE, ZIP CODE 1133 Marlboro Road Old Bridge, NJ 08857	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/22/24 at 11:35 AM, during an interview with Resident #89s assigned Certified Nursing Assistant (CNA), the CNA stated the resident required total care. The CNA stated she puts heel booties on the resident every time she put the resident in bed. She stated she took the resident's booties off this morning before she assisted the resident out of bed. The CNA took the surveyor to the resident's room and showed the surveyor where the heel booties were located.</p> <p>On 08/22/24 at 11:45 AM, during an interview, the Licensed Practical Nurse (LPN) stated the resident wears heel booties at nighttime. At that time, the LPN reviewed the order in the EMR, in presence of the surveyor. She stated, heel booties every shift, means when in bed. She stated the purpose of heel booties was to prevent skin break down.</p> <p>On 08/22/24 at 11:55 AM, the Registered Nurse/Clinical Coordinator (RN/CC) reviewed the order in the EMR, in the presence of the surveyor. The RN/CC stated the order meant while in bed. The surveyor asked if the heel booties should be placed while the resident was in a recliner. The RN/CC stated, yes. The RN/CC reviewed the resident's CP at that time, which revealed an intervention of heel booties to bilateral heels at all times. He then stated it meant the resident should have had booties on at all times.</p> <p>On 08/22/24 at 12:08 PM, the DON reviewed the PO for bilateral heel booties in the presence of the surveyor. She stated the booties should be worn every time while in bed or while in a recliner. She stated the purpose of the heel booties was to prevent friction to prevent pressure wounds. The DON stated the purpose of the CP was so everyone knew the daily care of the residents.</p> <p>A review of the facility's undated policy, Pressure Injury Prevention Guidelines revealed: Policy: To prevent the formation of avoidable pressure injuries and promote healing of existing pressure injuries, it is the policy of this facility to implement evidence-based interventions for all resident who are assessed at risk or who have a pressure injury present. Policy Explanation and Compliance Guidelines: .3. Interventions will be implemented in accordance with physician orders, including the type of prevention devices to be used and, for tasks, the frequency for performing them.</p> <p>NJAC 8:39-27.1(e)</p>		