

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  315519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/14/2025
NAME OF PROVIDER OR SUPPLIER  Spring Hills Post Acute Hamilton		STREET ADDRESS, CITY, STATE, ZIP CODE  3 Hamilton Health Place Hamilton, NJ 08690	

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>41858</p> <p>Complaint #NJ00176931</p> <p>Based on interviews, record review and pertinent facility documents, it was determined that the facility failed to investigate an allegation of poor nursing care for 1 of 4 residents (Resident #232) reviewed for abuse. This deficient practice was evidenced by the following:</p> <p>A review of the facility provided Reportable Event Record Report dated 3/19/2024, revealed the facility reported an event alleging that the resident had poor nursing care while at the facility to the New Jersey Department of Health (NJDOH).</p> <p>The surveyor reviewed the electronic medical record (EMR) for Resident #232.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; Type 2 Diabetes Mellitus with Diabetic Chronic kidney disease (a condition in which the body has trouble controlling blood sugar that can affect the kidneys) and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety (a mental disorder that can cause a person to lose the ability to learn, remember, think, solve problems, and make decisions).</p> <p>A review of the admission Minimum Data Set, an assessment tool dated 12/27/23, revealed the resident had a Brief Interview for Mental Status of 13 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the individual comprehensive care plan (ICCP) revealed a focus of potential for a mood issue related to [their] recent admission to the center. Date Initiated: 12/28/2023 with Interventions: Educate the resident/family/caregivers regarding expectations of treatment, concerns with side effects and potential adverse effects, evaluation, maintenance, Date Initiated: 12/28/2023.</p> <p>A review of the progress notes did not revealed any notes or allegations of the above mentioned event.</p> <p>On 2/5/25 at 2:24 PM, the surveyor interviewed Licensed Practical Nurse (LPN) #1, who stated examples of abuse was neglect in care, physical, rough care, and hitting. She stated she would ask what happened and then notify the Director of Nursing (DON). LPN #1 stated an incident report would be done, and written statements would be obtained.</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/5/25 at 12:31 PM, the surveyor interviewed LPN/Unit Manager (UM) #1, who stated examples of abuse was physical, verbal, neglect, from anyone punching, pulling, or yelling at someone. She stated she would have to report it immediately to the DON and the Licensed Nursing Home Administrator (LNHA). LPN/UM #1 stated it would have to be reported to the state (NJDOH), an incident investigation would be done and statements would be obtained.</p> <p>On 2/5/25 at 12:36 PM, the surveyor interviewed Certified Nursing Assistant # 1, who stated I would go to DON and have to give a statement.</p> <p>On 2/5/25 at 12:39 PM, the surveyor interviewed the DON, who stated types of abuse was resident to resident, staff to resident, sexual, financial abuse, mental manipulation, neglect, not feeding someone, or just not caring for the patient. She stated she would interview the resident ask for more information date and time. The DON stated an overall investigation would be done which included going back 72 hours and interview from all the nurses and aides that took care of patient. She stated she would report the event to Ombudsman and the NJDOH within 2 hours. She added definitely a written investigation would be done and the investigation would be kept.</p> <p>On 2/5/25 at 12:50 PM, the surveyor interviewed LPN/Nursing Supervisor (LPN/NS) #1, who stated types of abuse was elder abuse, financial, physical and emotional. She stated she would report it to the DON and the LNHA, a grievance would be taken and statements would be taken from all parties involved. LPN/NS #1 stated the purpose of the investigation was to get to the bottom of the situation and to make sure they feel safe in the building. She stated she remembered Resident #232 but did not remember the resident or their son complaining about anything.</p> <p>On 2/5/25 at 12:55 PM, the surveyor conducted a follow up interview with the DON, who stated the purpose of an investigation was to substantiate the claim, every claim should be taken seriously to see what was going on, to help us to know our patients and our staff and to follow through to make sure the concerns were addressed.</p> <p>On 2/05/25 at 1:02 PM, the surveyor interviewed the LNHA, who stated he was the abuse officer. He stated types of abuse was sexual, verbal, physical, monetary abuse and neglect. He stated, I would call the state (NJDOH) and complete the form to the Ombudsman. The LNHA stated an investigation would be started that included collecting statements from residents or family members and staff, a summary would be written, and draw up a conclusion. He stated it was important to do an investigation to see if other residents are in harm's way.</p> <p>During that same interview, the LNHA confirmed that there was no investigation for the above mentioned reportable event for Resident #232. He stated they (the facility) looked through the files and no one could not find anything else (for the event). He added the event should have had an investigation but we (the facility) could not find one.</p> <p>On 2/7/25 at 12:59 PM, the survey team met with the LNHA, DON, Regional LNHA, and the [NAME] President of Nursing and presented the above concerns.</p> <p>No additional information or investigations were presented.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy Abuse, Neglect, Exploitation and Misappropriation Prevention Program revised April 2021, revealed Policy Statement: Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Policy Interpretation and Implementation: .8. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. 9. Investigate and report any allegations within timeframes required by federal requirements. 10. Protect resident from any further harm during investigation.</p> <p>A review of the facility's policy Grievances/Complaints, Record, and Investigating revised April 2017, revealed Policy Statement: All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). Policy Interpretation and Implementation: 1. The administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer. 2. Upon receiving a grievance and complaint report, the grievance office will begin an investigation into the allegations .4. The investigation and report will include, as applicable: .b. the circumstances surrounding the alleged incident .9. A copy of the resident Grievance/Complaint Investigation Form: must be attached to the Resident Grievance/complaint form and filed in the business office. 10. Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident.</p> <p>NJAC 8:39 4.1 (a) (5)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41858</p> <p>Complaint # NJ 183474</p> <p>Based on interviews, record review, and review of other facility documentation, it was determined that the facility failed to document the circumstance for which randomly selected residents, from the facility provided discharge list from 9/1/24 to 2/14/25, were discharged to another long-term care (LTC) facility, for 7 of 7 residents (Resident #182, #183, #184, #185, #186, # 187, #188) reviewed.This deficient practice was evidenced by the following:</p> <p>1.The surveyor reviewed the electronic medical record (EMR) for Resident #182.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; Polyosteoarthritis, unspecified (a condition that involves break down of [NAME] in multiple joints leading to pain, stiffness, and reduced mobility).</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 8/24/24, revealed the resident had a Brief Interview for Mental Status (BIMS) of 14 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the individual comprehensive care plan (ICCP) revealed a focus of resident wants to stay at facility, dated 8/16/23.</p> <p>A review of the progress notes revealed the following:</p> <p>-On 9/17/2024 at 22:16 (10:16 PM), A Social Service Note, Late Entry: Note Text: SW met with resident and discussed with POA (power of attorney) regarding LTC transfer. Provided options would like to proceed with [name redacted] transfer next week.</p> <p>-On 9/24/2024 at 9:18 AM, Social Service Note, Note Text: Resident scheduled for LTC transfer today to [name redacted]. Resident, POA still in agreement with this plan.</p> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>2.The surveyor reviewed the EMR for Resident #183.</p> <p>A review of the Admission Record (AR) revealed the resident was admitted to the facility with diagnoses which included but were not limited to;</p> <p>Type 2 Diabetes Mellitus with Diabetic polyneuropathy (a condition in which the body has trouble controlling blood sugar and can cause nerve damage) and dysphagia, unspecified (difficulty swallowing).</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the quarterly MDS dated [DATE], revealed the resident had a BIMS score of 10 out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of the resident is LTC at facility, Date initiated: 12/20/23.</p> <p>A review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> <li>- On 9/4/2024 at 14:03 (2:03PM), Social Service Note. Late Entry: Note Text: SW met with resident and spoke with POA via phone to discuss LTC transfer. Requested records be sent to [2 LTC facility names redacted].</li> <li>-On 9/6/2024 at 14:04 PM, Social Service Note. Late Entry: Note Text: SW spoke with resident and family who want to proceed with LTC transfer to [name redacted]. Set up transport for p/u between 11-2 on 9/12 per their request . All parties in agreement with this plan.</li> <li>-On 9/11/2024 at 14:05 (2:05 PM), Social Service Note, Late Entry: Note Text: SW spoke with resident, family and [name redacted] to confirm d/c (discharge)for tomorrow.</li> <li>-On 9/12/2024 at 15:25 (3:25 PM), Nursing Note, Narrative: Resident escorted by family and was discharged to another facility.</li> </ul> <p>On 02/14/25 at 11:38 AM, the surveyor interviewed Resident #183's the resident's representative (RR)on the phone. The RR stated Resident #183 told the RR's spouse that they have to leave because the facility was bought out and the permanent (LTC) residents had to leave. The RR informed the surveyor that the resident was in that facility because it was local to the family. The RR added that everyday a family member would go to the facility. Resident #183 told the RR they (the facility) called a meeting with the suit. They gathered in the lunch area and told all the permanent residents that they had been bought out and they (the LTC residents) have to find a dwelling elsewhere and the facility will help as much as they can.</p> <p>The RR stated, we were not given a choice, all LTC had to leave immediately. We were completely shocked. The RR stated the SW was a great help to them.</p> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>3. The surveyor reviewed the EMR for Resident #184.</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to; unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety (a mental disorder that can cause a person to lose the ability to learn, remember, think, solve problems, and make decisions) and difficulty walking, not elsewhere classified.</p> <p>A review of the comprehensive MDS dated [DATE], revealed the resident had a BIMS score of 8 out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of resident wishes to remain LTC. Date initiated: 5/8/2024.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the progress notes revealed the following:</p> <p>-On 8/12/2024 at 12:42 PM. Social Service Note.Late Entry: Note Text: Annual care conference held with resident and POA, alongside team .continues with long term care status under MLTSS. Does not wish to be asked about return to the community .has no unwanted behaviors and is pleasant and cooperative with care, reports satisfaction overall.</p> <p>-On 9/11/2024 at 14:24 (2:42PM), Social Service Note.Late Entry: Note Text: SW spoke with resident and POA regarding LTC transfer. Requested records be sent to [name redacted for 2 LTC facilities].</p> <p>-On 9/16/2024 at 14:24 (2:24 PM). Social Service Note. Late Entry: Note Text: Resident has been accepted to both facilities and would like to proceed with transfer to [name redacted] on 9/20.</p> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>4. The surveyor reviewed the EMR for Resident #185.</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to; Parkinsonism, unspecified (a disorder of the central nervous system that affects movement, often including tremors) and dysphagia, unspecified (difficulty swallowing).</p> <p>A review of the quarterly MDS, an assessment tool dated 9/24/24 revealed the resident had a BIMS score of 14 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the ICCP revealed a focus of resident wishes to remain at facility. Date initiated: 6/6/2023.</p> <p>A review of the progress notes revealed the following:</p> <p>- On 11/21/2024 at 18:04 (6:04PM). Physician / Medical Provider Progress Notes . discharge planning to long-term care facility; Meds reviewed, continue current medication on discharge.</p> <p>- On 12/23/2024 at 12:33 PM. Nursing Note. Narrative: Pt (patient) was picked up . discharging to [name of LTC facility redacted].</p> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>5. The surveyor reviewed the EMR for Resident #186.</p> <p>A review of the AR, revealed the resident was admitted to the facility with diagnoses which included but were not limited to; amyotrophic lateral sclerosis (a nervous system disease that weakens muscles and impacts physical function) and muscle wasting and atrophy not elsewhere classified, unspecified site.</p> <p>A review of the comprehensive MDS, an assessment tool dated 11/10/24, revealed the resident had a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the ICCP revealed a focus of the resident wishes to return home alone with private HHA (home health aide), Date Initiated: 11/03/2024 with an intervention of establish a pre-discharge plan with the resident/family/caregivers and evaluate progress, Date Initiated: 11/03/2024.</p> <p>A review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> <li>- On 1/14/2025 at 20:17 (8:17PM) Physician / Medical Provider Progress Notes, revealed a Note Text: Pt is doing ok .will be transferred to a long-term facility soon.</li> <li>-On 1/15/2025 at 19:05 (7:05 PM), Nursing Note Narrative: At 5:34 pm, resident was discharged and transported to another nursing facility.</li> </ul> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>6. The surveyor reviewed the EMR for Resident # 187</p> <p>A review of the AR revealed the resident was admitted to the facility with diagnoses which included but were not limited to; urinary tract infection, site not specified, Sepsis unspecified organism, and Methicillin resistant staphylococcus aureus infection as the cause of diseases classified elsewhere.</p> <p>A review of the comprehensive MDS, dated [DATE], revealed the resident had a BIMS score of 11out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of [name redacted] wishes to remain at facility, Date initiated 8/3/23, a goal of [name redacted] will be long term placement in the facility, Date initiated 8/3/2023.</p> <p>A review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> <li>- On 8/19/2024 at 14:08 (2:08 PM). Social Service Note, Late Entry: Note Text: Quarterly IDCP (interdisciplinary care plan) meeting held with resident and family via phone alongside team. Resident continues with LTC status, private pay.</li> <li>- On 9/20/2024 at 09:55 AM, Social Service Note, Late Entry: Note Text: SW spoke with resident and family regarding LTC transfer. They would like referrals sent to [names redacted of 5 LTC facilities]. Family will be touring the facilities in the upcoming days.</li> <li>-On 9/30/2024 at 09:56 AM, Social Service Note, Late Entry: Note Text: SW spoke with resident and [resident representative]. They are requesting LTC transfer on 10/2 to [name redacted] . set up transportation for 4:30 pick up.</li> </ul> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>7. The surveyor reviewed the EMR for Resident #188.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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; Type 2 Diabetes Mellitus without complications (a condition in which the body has trouble controlling blood sugar) and cellulitis of right lower limb (a serious bacterial skin infection).</p> <p>A review of the quarterly MDS dated [DATE], revealed the resident had a BIMS of 15 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the ICCP revealed a focus of resident wishes to remain LTC, Date Initiated: 06/30/2024 with a goal of will be long term placement in the facility, Date Initiated: 09/22/2023.</p> <p>A review of the progress notes revealed the following:</p> <ul style="list-style-type: none"> <li>- On 9/4/2024 at 14:19 (2:19 PM), Social Service Note, Late Entry: Note Text: SW met with resident regarding LTC transfer. [identifier redacted] request I send records to [name redacted] and [name redacted].</li> <li>- On 9/11/2024 at 14:20 (2:20 PM), Social Service Note, Late Entry: Note Text: Resident has been accepted to [name redacted] for LTC transfer and would like to proceed with d/c (discharge) on 9/18.</li> </ul> <p>Additional review of the EMR did not reveal documentation to support the reason for the transfer to another long-term care facility.</p> <p>On 2/14/24 at 10:28 AM, the surveyor interviewed Resident #188 on the telephone. The resident was agreeable to speak to the surveyor and confirmed that they were at another long-term care facility. The resident stated when they were admitted to the facility in 2023, they (the facility) didn't know what my plan (LTC) was. The facility suggested LTC and I was going to stay there (Springhills). The surveyor asked when did the facility tell you that you couldn't stay, They did not tell us that I could stay. The resident asked the surveyor to hold because someone was there helping them get out of bed, the call was disconnected. The surveyor tried multiple times to call the resident back but there was no answer.</p> <p>On 2/14/25 at 12:49 PM, the surveyors interviewed the Social Worker (SW), who stated she meets with residents and their family within 72 hours of admission for a care conference to talk about discharge planning. She stated upon request by a resident or their family would be a situation where a resident would leave the facility to another LTC facility. The SW stated if the resident transitions to LTC, she would assist or refer them with Medicaid planning, financial planner and/or elder care advisors. She stated the facility has always been both short term and LTC. The SW stated the new company came in September and the companies regional spoke to the staff that the company was geared more towards short-term rehab. The SW stated between her and the Licensed Nursing Home Administrator (LNHA) they met with residents and educated them on the change in management with the focus of short term rehabilitation and discussed their (the residents) options. She could not recall any facility-initiated discharges but stated she absolutely would be involved in a transfer to another facility. The SW stated a 30 day notice letting them (the resident) know their rights and she would look to the administrator to guide me with that process. She added, I can't force someone out, depending on the reason we would try to work with them. The SW stated, if it (transfer to another LTC facility) was a request it would be documented.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At that time the surveyors reviewed the transfers of the above-mentioned residents with the SW, her responses were as follows:</p> <ul style="list-style-type: none"> <li>-Resident #182 requested a transfer because the [resident's representative] or family lives near there.</li> <li>-Resident #183 requested to go there because I think they knew someone who went there in the past and I think it was closer to the [resident representative] who had a family member in ocean county. She stated, there should be a note from me about why the transfer.</li> <li>-Resident #184 requested a local transfer because [identifier redacted] was happy here and we were offering transfers to stay here or transfer out and the resident wanted more of a long term care environment.</li> <li>-Resident #185 requested the transfer.</li> <li>-Resident # 186 requested the transfer because their primary care physician works in that facility. She stated if a resident requested a transfer it would be in my progress note.</li> <li>-Resident #187 requested a transfer because they were working with their family with multiple places. She stated, I think [identifier redacted] was content here. I think the place they went was smaller and the resident would get more individualized care. The SW added, we could have provided care for the resident here but that was their preference.</li> <li>-Resident #188 requested the referral because they knew someone that was going there.</li> </ul> <p>During that same interview, the SW stated, the facility did not tell them (the above residents) they could not stay. She could not speak to if a resident was happy here (the facility), in their home, why they (the facility) would give them (the residents) an option to leave. She added, it was a conversation, kind of a change in management, we (the facility) educated them (the residents) on their options . At that time the surveyors asked the SW to provide the above mentioned documentation.</p> <p>On 2/14/25 at 1:23 PM, the surveyors interviewed the LNHA, who stated the facility was licensed for Medicare and Medicaid and accepted both short term and long-term care residents. He added, most people come here for therapy.</p> <p>At that time, the surveyors reviewed the transfers of the above-mentioned residents with the LNHA. The LNHA stated he could only speak to the residents that were transferred since he started at the facility in November of 2024. His responses for 2 of the above mentioned residents that were transferred after he started at the facility:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Spring Hills Post Acute Hamilton		STREET ADDRESS, CITY, STATE, ZIP CODE  3 Hamilton Health Place Hamilton, NJ 08690	
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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #186 was undecided on LTC or going home. I don't remember if the resident was told they could stay here. We (the facility) spoke to the resident about other facilities and recommended [name redacted] (the facility's sister facility) but the resident's doctor did not practice there. [Identifier redacted] was happy here, no complaints. I am not sure when the conversation started but once the resident's skilled part finished, then next step was LTC. The LNHA was unable to speak to whether the resident wanted to go to another LTC facility on their own. He added, [identifier redacted] just decided on their own, [identifier redacted] they wanted to go there. I didn't kick [identified redacted] out. He stated, I don't usually get involved in discharges.</p> <p>-Resident #185 was transferred probably because they were finished with rehab. He could not say she wasn't happy here.</p> <p>During this interview, the LNHA could not speak to why put a resident through a transfer if they were happy there. He added, they could technically stay here.</p> <p>On 2/14/25 at 1:42 PM, the surveyors interviewed the Director of Nursing (DON), who confirmed the facility accepts LTC residents and could not recall any facility-initiated discharges. At that time, the surveyors reviewed the transfers of the above-mentioned resident's with the DON, her responses were as follows:</p> <p>-Resident # 182 was a LTC resident but she did not know the reason the resident was transferred to another facility. She added the facility was able to care for the resident and that they seemed happy, nothing jumps out.</p> <p>Resident # 183 was a LTC resident but she did not know the reason the resident was transferred to another facility. She stated the facility was able to meet all [identifier redacted] needs, they seemed happy and never voiced complaints.</p> <p>-Resident # 184 was a LTC resident but she did not know the reason the resident was transferred to another facility. She added the facility able to meet all of the residents needs for care.</p> <p>-Resident #185 was a LTC resident but she couldn't recall the reason the resident was transferred to another facility. She added the facility was able to meet all the residents needs and could not recall the resident making any complaints.</p> <p>-Resident #186 was transferred to another facility because of insurance or maybe [identifier redacted] wanted to go. She stated the facility was able to meet all the residents needs and could not recall the resident making any complaints.</p> <p>-Resident #187 was a LTC resident but she couldn't recall the reason the resident was transferred to another facility. She stated the facility was able to meet all the residents need and could not recall the resident making any complaints.</p> <p>-Resident #188 was a LTC resident but she couldn't recall the reason the resident was transferred to another facility. She added the resident did not have any behaviors or skilled needs that the facility could not handle.</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>At that time, the DON stated the discharge process from LTC to another LTC facility would be for the SW to get a list of LTC facilities requested by the resident or their family and send out a referral(s). Once a facility was agreed upon, typically the face sheet, discharge medication list, a transfer form, immunizations and any thing else the facility requested was sent to the receiving facility.</p> <p>During the same interview, the surveyors asked the DON if the above mentioned residents would be accepted back to the facility, she stated, I believe that if a resident wanted to come back, we would accept them back. As a DON, I would take back any or all of those residents from a nursing stand point.</p> <p>On 02/14/25 at 03:05 PM, the DON met with the surveyors and stated the SW only notifies the ombudsman's office of a discharge if the resident went to the hospital. She confirmed that she was unable to provide the surveyors with a written notification of discharge for the above residents.</p> <p>On 2/14/25 at 03:06 PM, during a follow up interview with the surveyors, the SW stated the facility had already provided all the progress notes for the above-mentioned residents which would include any of her documentation. She had nothing else to add.</p> <p>On 2/14/25 at 03:15 PM, the surveyors presented the above concerns to the DON and the [NAME] President of Nursing.</p> <p>40042</p> <p>A review of the facility's Admission Agreement revised 1/2021, revealed 3. Resident Rights .v.)The Resident is entitled to at least thirty (30) days advance notice of transfer or discharge.</p> <p>A review of the facility's policy, Transfer or Discharge Notice revised 3/2021, revealed Policy Statement: Residents and/or representatives are notified in writing, and in a language and format they understand, at least thirty (30) days prior to transfer or discharge. 1. B. discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected. 2. Residents are permitted to stay in the facility and not be transferred or discharged unless: a. the transfer is necessary for the resident's welfare and the resident's needs cannot be met in the facility. 3. Except as specified below, the resident and his or her representative are given thirty (30)-day advance written notice of impending transfer or discharge from this facility. 5. The resident and representative are notified in writing of the following information: a. specific reason for the transfer or discharge; b. the effective date of the transfer or discharge; c. the location to which the resident is being transferred or discharged ; .8. The reason for the transfer or discharge are documented in the resident's medical record.</p> <p>NJAC 8:39-4.1(a)(31) (32)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41858</p> <p>Complaint #NJ00183474</p> <p>Refer to F 622</p> <p>Based on interviews, record review and review of facility documentation, it was determined that the facility failed to provide written notification of the transfer to the Office of the Long-Term Care (LTC) Ombudsman (LTCO) for 7 of 7 residents (Resident #182, #183, #184, #185, #186, # 187, #188) reviewed for transfer to another LTC facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>1.The surveyor reviewed the electronic medical record (EMR) for Resident #182.</p> <p>A review of the Admission Record (an admission summary) revealed the resident was admitted to the facility with diagnoses which included but were not limited to; Polyosteoarthritis, unspecified (a condition that involves break down of [NAME] in multiple joints leading to pain, stiffness, and reduced mobility).</p> <p>A review of the comprehensive Minimum Data Set (MDS), an assessment tool dated 8/24/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the individual comprehensive care plan (ICCP) revealed a focus of resident wants to stay at facility, dated 8/16/23.</p> <p>A review of the progress notes revealed on 9/24/2024 at 9:18 AM, Social Service Note, Note Text: Resident scheduled for LTC transfer today to [name redacted]. Resident, POA still in agreement with this plan.</p> <p>2.The surveyor reviewed the EMR for Resident #183.</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; Type 2 Diabetes Mellitus with Diabetic polyneuropathy (a condition in which the body has trouble controlling blood sugar and can cause nerve damage) and dysphagia, unspecified (difficulty swallowing).</p> <p>A review of the quarterly MDS dated [DATE], revealed the resident had a BIMS score of 10 out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of the resident is LTC at facility. Date initiated 12/20/23.</p> <p>A review of the progress notes revealed on 9/12/2024 at 15:25 (3:25 PM), Nursing Note, Narrative: Resident escorted by family and was discharged to another facility.</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. The surveyor reviewed the EMR for Resident #184.</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; unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety (a mental disorder that can cause a person to lose the ability to learn, remember, think, solve problems, and make decisions) and difficulty walking, not elsewhere classified.</p> <p>A review of the comprehensive MDS dated [DATE], revealed the resident had a BIMS score of 8 out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of resident wishes to remain LTC. Date initiated: 5/8/2024.</p> <p>A review of the progress notes revealed on 9/16/2024 at 14:24 (2:24 PM). Social Service Note. Late Entry:Note Text: Resident has been accepted to both facilities and would like to proceed with transfer to [name redacted] on 9/20.</p> <p>4. The surveyor reviewed the EMR for Resident #185.</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; Parkinsonism, unspecified (a disorder of the central nervous system that affects movement, often including tremors) and dysphagia, unspecified (difficulty swallowing).</p> <p>A review of the quarterly MDS dated [DATE] revealed the resident had a BIMS score of 14 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the ICCP revealed revealed a focus of resident wishes to remain at facility. Date initiated: 6/6/2023.</p> <p>A review of the progress notes revealed on 12/23/2024 at 12:33 PM. Nursing Note. Narrative: Pt (patient) was picked up . discharging to [name of LTC facility redacted].</p> <p>5.The surveyor reviewed the EMR for Resident #186.</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; amyotrophic lateral sclerosis (a nervous system disease that weakens muscles and impacts physical function) and muscle wasting and atrophy not elsewhere classified, unspecified site.</p> <p>A review of the comprehensive MDS, an assessment tool dated 11/10/24, revealed the resident had a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the ICCP revealed a focus of the resident wishes to return home alone with private HHA (home health aide), Date Initiated: 11/03/2024 with an intervention of establish a pre-discharge plan with the resident/family/caregivers and evaluate progress, Date Initiated: 11/03/2024.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the progress notes revealed on 1/15/2025 at 19:05 (7:05 PM), Nursing Note Narrative: At 5:34 pm, resident was discharged and transported to another nursing facility.</p> <p>6. The surveyor reviewed the EMR for Resident # 187.</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; urinary tract infection, site not specified, Sepsis unspecified organism, and Methicillin resistant staphylococcus aureus infection as the cause of diseases classified elsewhere.</p> <p>A review of the comprehensive MDS, dated [DATE], revealed the resident had a BIMS score of 11 out of 15, indicating the resident was moderately cognitively impaired.</p> <p>A review of the ICCP revealed a focus of [name redacted] wishes to remain at facility, Date initiated 8/3/23, a goal of [name redacted] will be</p> <p>long term placement in the facility, Date initiated 8/3/2023.</p> <p>A review of the progress notes revealed on 9/30/2024 at 09:56 AM, Social Service Note, Late Entry: Note Text: SW spoke with resident and [resident representative]. They are requesting LTC transfer on 10/2 to [name redacted] . set up transportation for 4:30 pick up.</p> <p>7. The surveyor reviewed the EMR for Resident #188.</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; Type 2 Diabetes Mellitus without complications (disease (a condition in which the body has trouble controlling blood sugar) and cellulitis of right lower limb (a serious bacterial skin infection.)</p> <p>A review of the quarterly MDS dated [DATE], revealed the resident had a BIMS score of 15 out of 15, indicating the resident was cognitively intact.</p> <p>A review of the ICCP revealed a focus of [name redacted] wishes to remain LTC, Date Initiated: 06/30/2024 with a goal: [name redacted] will be long term placement in the facility, Date Initiated: 09/22/2023</p> <p>A review of the progress notes revealed on 9/11/2024 at 14:20 (2:20 PM), Social Service Note, Late Entry: Note Text: Resident has been accepted to [name redacted] for LTC transfer and would like to proceed with d/c (discharge) on 9/18.</p> <p>On 02/14/25 at 12:43 PM, the surveyor requested the written discharge transfer notices that were given to the above 7 residents from the License Nursing Home Administrator (LNHA) for review.</p> <p>On 02/14/25 at 3:05 PM, the Director of Nursing (DON) met with the surveyors and stated the Social Worker (SW) only notified the ombudsman's office of a discharge if the resident went to the hospital. She confirmed that she was unable to provide the surveyors with a written notification of discharge for the above residents.</p> <p>(continued on next page)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/14/25 at 3:06 PM, during an interview with the surveyors, the SW stated the facility had already provided all the progress notes for the above-mentioned residents which would include any of her documentation. She had nothing else to add.</p> <p>No additional information was presented to the surveyors.</p> <p>On 2/14/25 at 3:15 PM, the surveyors presented the above concerns to the DON and the [NAME] President of Nursing.</p> <p>40042</p> <p>A review of the facility's policy, Transfer or Discharge Notice revised 3/2021, revealed Policy Statement: Residents and/or representatives are notified in writing, and in a language and format they understand, at least thirty (30) days prior to transfer or discharge. 3. Except as specified below, the resident and his or her representative are given thirty (30)-day advance written notice of impending transfer or discharge from this facility. 5. The resident and representative are notified in writing of the following information: a. specific reason for the transfer or discharge; .6. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</p> <p>NJAC 8:39-5.3; 5.4</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>40042</p> <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on interview and review of facility documentation, it was determined that the facility failed to ensure that all Certified Nursing Assistants (CNAs) received 12 hours of mandatory in-service training as required for 3 of 5 randomly selected CNA (CNA # 3, #4, #5) files reviewed for in-service training.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 2/07/25 at 9:17 AM, the surveyor reviewed in-service education hours for five randomly selected CNA files which were provided by the Director of Nursing (DON). The surveyor reviewed the following for the 2023 to 2024 calendar year, corresponding with the CNA hire dates:</p> <p>CNA #3 was hired on 4/1/22, CNA #4 was hired on 6/15/23, and CNA #5 was hired on 1/19/23. The facility could not provide evidence of in-service education training for the current 12-month period from hire date.</p> <p>On 2/07/25 at 2:01 PM, the Licensed Nursing Home Administrator (LNHA), in presence of survey team, stated that the facility cannot find the education for CNAs # 3,4 and 5. The LNHA stated the responsibility for ensuring the annual education on the regulatory topics, such as abuse, were completed by himself as well as with assistance from the corporate team as needed. He stated that the annual education should be reviewed when the annual evaluation was completed. He stated he was not versed on the exact topics, but he knew 12 hours were required. The LNHA stated the CNA education was important to make sure they (the CNAs) have their skills to know what they are doing. He further stated that the CNA in-service files were maintained by the Human Resource department.</p> <p>A review of the facility policy In-service Training Program, Nurse Aide dated May 2019, included Annual in-services . are no less than 12 hours per employment year.</p> <p>A review of an undated facility job description for Human Resource Director included Ensure training and in-services are provided on a regularly scheduled basis ., and Ensure that appropriate training records are maintained for staff personnel.</p> <p>A review of an undated facility job description for Director of Nursing Services included Develop and participate in the planning, conducting, and scheduling of timely in-service training classes ., and assist in developing annual in-service training programs for the nursing staff and ensure these programs meet the continuing education requirements.</p> <p>A review of an undated facility job description for Certified Nursing Assistant included Attend and participate in scheduled training and educational classes.</p> <p>NJAC 8:39-43.17 (b)</p>		