

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  10/24/2025
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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:  315519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/24/2025
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews, medical record review and review of pertinent facility documents on 10/20/2025 and 10/24/2025, it was determined that the facility failed to: a.) ensure that pressure ulcers were initially documented, assessed, and measured weekly as required by professional standards of practice; b.) implement and update care plans (CP) after a change in condition; c.) provide treatment and services to prevent two facility acquired pressure ulcers; one stage 3 and one stage 4. A review of Resident #3's Electronic Medical Record (EMR) revealed the resident arrived to the facility with no evidence of a pressure ulcer. Additional review of the EMR revealed a lack of adherence to physician orders, lack of monitoring, a failure to implement CP, and a lack of assessments resulting in Resident #3 developing a stage 3 and a stage 4 pressure ulcer within 9 days of admission. This deficient practice occurred for 1 of 3 residents reviewed for pressure ulcers (Resident #3). This deficient practice was evidenced by the following: A review of the admission Record (an admission summary) reflected that Resident #3 was admitted to the facility with diagnoses that included but were not limited to; Acute osteomyelitis (bone infection) of the right ankle and foot, and orthopedic aftercare following surgical amputation (removal of body part). A review of the admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care dated 07/22/2025, reflected that Resident #3 had a Brief Interview for Mental Status score (BIMS) of 11 out of 15, indicating that the resident was moderately impaired. Section M0210 revealed no pressure ulcer/injuries. A review of the the universal transfer form dated 07/15/2025 revealed a surgical wound and did not identify any pressure ulcers when Resident #3 transferred to the facility. Review of Resident # 3's admission assessment dated [DATE] revealed that no pressure ulcers were identified on admission to the facility. During an interview on 10/20/2025 at 1:40 P.M., the Unit Manager (UM) stated Resident #3 did not have pressure ulcers on arrival. A review of Resident # 3's CP reveals a focus of Resident has a potential to develop Pressure Injury related to decreased/limited mobility with an initiated date of 7/17/2025 and an intervention of Weekly skin assessment and document. Report any changes. A review of Resident #3's EMR showed no evidence of weekly skin assessments. During an interview on 10/20/2025 at 1:40 P.M., the UM stated [Resident #3] does not have a completed skin assessment weekly like he should. A facility document labeled #1636 Pressure Skin Injury Date 7/24/2025 11:30 revealed [Resident #3] has a pressure wound to [their] bilateral buttock. A review of Resident #3's EMR showed no evidence of an initial wound assessment. During an interview on 10/20/2025 at 1:40 P.M., the UM stated there is no skin only eval [evaluation] from 7/24, when the wound was found. During an interview on 10/20/2025 at 2:18 P.M., the Director of Nursing (DON) stated that if a wound is found the nurse should complete a skin eval [evaluation] every time. if it's not documented, it's not done. A review of Resident #3's Progress Notes (PNs) from admission revealed no communication regarding a pressure injury until a PN dated 07/24/2025 at 2:40 P.M., when LPN #4 documented Writer was notified by nursing aide [certified nursing assistant] that resident [Resident #3] has wounds on [their] buttock that needed to be dressed. [Resident #3] does not have any current orders to administer wound care. Writer went to assess patients' buttock. [Resident #3] has a pressure wound to [their] bilateral buttock. MD notified of wounds. In an interview with UM on 10/20/2025 at 1:40 P.M., the UM said it's rare for a person to find a stage 4 wound for the first time and that Resident #3 did not have a pressure ulcer on arrival. A review of Resident #3's Order Summary Report (OSR) from 07/15/2025 through 08/12/2025 showed an order placed on 7/25/2025 for Secura Protective External Cream 10% (Zinc Oxide (Topical)). Apply to right buttock topically every shift for Skin integrity and Medihoney Wound/Burn Dressing External Gel (Wound Dressings) Apply to left buttock topically every day shift for wound care cleanse wound with NSS [normal saline solution], pat dry. Apply medihoney and cover with optifoam dressing. The OSR revealed an order placed on 7/27/2025 for Medihoney Wound/Burn Dressing External Gel. Apply to bilateral buttock topically every day shift for wound care cleanse wound with NSS, pat dry. Apply medihoney and cover with optifoam dressing. A review of Resident #3's EMR showed no evidence of daily wound assessments or daily wound care was provided. A review of the PN dated 8/09/2025 at 5:08 A.M., revealed Dressing done to sacral wound. There was no further evidence that daily wound assessments or daily wound care was provided. In an interview on 10/20/2025 at 11:34 A.M., Licensed Practical Nurse (LPN) #1 stated wound care is done daily. In an interview on 10/24/2025 at 10:06 A.M., the UM stated that nurses should document every wound care daily in the nurses' notes or the Treatment Administration Record (TAR) The UIM further stated no I don't see daily wound</p>		

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  10/24/2025
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Complaint #: 2638834Based on interview and review of facility documents on 10/20/25, it was determined that the facility failed to ensure a Registered Nurse (RN) worked for at least eight consecutive hours a day for 2 of 14 days reviewed. This deficient practice was evidenced by the following: Review of the Nurse Staffing Reports completed by the facility for the weeks of 09/28/25 through 10/11/2025, revealed that the facility failed to provide RN coverage for all shifts on 09/28/25 and 10/06/2025. The surveyor reviewed the facility's policy titled Staffing updated October 2017 which indicated under Policy Statement: Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plans and the facility assessment and under Policy Interpretation and Implementation 1. Licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.NJAC 8:39-25.2(h)</p>		