

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315524	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2023
NAME OF PROVIDER OR SUPPLIER Laurel Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3718 Church Road Mount Laurel, NJ 08054	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45622</p> <p>Complaint #: NJ165714</p> <p>Based on observations, interviews, a review of the medical record, and other pertinent facility documents on 10/3/23, it was determined that the facility failed to provide documented evidence of care provided to a resident (Resident #2). The facility also failed to follow the Certified Nursing Assistant's job description and its policies titled, Activities of Daily Living (ADL), Supporting for 1 of 4 residents (Resident #2) reviewed. This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) was as follows:</p> <p>According to the AR Resident #2 was admitted to the facility on ,d+[DATE]/23 with diagnoses which included but were not limited to Obstructive Sleep Apnea, Difficulty Walking, Major Depressive Disorder, Hypertension, and Muscle Wasting.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 7/6/23, Resident # 2 had a BIMS score of 15/15, which indicated the Resident #2 was cognitively intact. The MDS also showed Resident #2 had unstageable sacral pressure ulcer, needed total assistance and two-person physical assistance with most Activities of Daily Living (ADLs) and total dependence with locomotion on and off the unit.</p> <p>Review of Resident #2's ADL (Activity of Daily Living) Documentation, a form utilized for documentation of ADLs care by the Certified Nursing Assistants (CNAs) for July 23, showed blank spaces indicating the tasks were not completed as follows:</p> <p>Bathing on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the evening shift.</p> <p>Bed Mobility on 7/5/23 and 7/7/23 on the day shift. On 7/4/23, 7/6/23,7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/9/23 on the night shift.</p> <p>Bladder Continence on 7/5/23 and 7/7/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Booster up in Bed/Wheelchair on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23, 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Bowel Continence on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>CNA Skin Check on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Dressing on 7/5/23, 7/7/23 and 7/10 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Locomotion off Unit on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>Locomotion on Unit on 7/5/23, 7/7/23 and 7/10/23 on the day shift.</p> <p>On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>Mobility: Lifting legs into Bed on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>Mobility: Lying to Sitting on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>Personal Hygiene including mouth/denture care on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Preventive Skin care with moisture Barrier after each incontinence episode on 7/7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Stop and watch on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Toilet Use on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Transferring on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>Turning and Positioning on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/6/23, 7/8/23 and 7/9/23 on the evening shift. On 7/8/23, 7/9/23 and 7/10/23 on the night shift.</p> <p>Walk in Corridor on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>(continued on next page)</p>

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Walk in Room on 7/5/23, 7/7/23 and 7/10/23 on the day shift. On 7/4/23, 7/6/23, 7/8/23 and 7/9/23 on the evening shift.</p> <p>During an interview on 10/3/23 at 10:50 A.M., the Certified Nursing Assistant (CNA) stated, If the ADLs sheet is not signed off [not initialed], it does not necessarily mean the job [task] was not done, maybe the person [CNA] did not have the time to document. When presented with the printed copy of the ADLs sheets and asked if the ADL sheets should be signed, the CNA stated, Yes, the ADL sheets should be signed off every day by the CNA at the end of each shift. There should be no blank spaces.</p> <p>During an interview on 10/3/23 at 2:17 P.M., the Director of Nursing (DON) stated, The CNAs provide ADLs for the residents, and it is documented on the ADL (Activity of Daily Living) sheet at the end of each shift. She further stated, There should be no blank spaces on the ADL sheets. When presented with the printed ADLs sheets, the DON stated, Looking at the ADL sheets with the blank spaces, that means the tasks were not completed.</p> <p>Review of the facility's document titled Certified Nurse Aide Job Description reveals under Duties and Responsibilities: Record all entries on flow sheets, notes, charts, computers etc., in an informative and descriptive manner. Assist residents with bowel and bladder functions (i.e., take to bathroom, offer bedpan/urinal, portable commode, etc.). Assist residents to walk with or without self-help devices as instructed. Assist with lifting, turning, moving, positioning, and transporting residents into and out of beds, chairs, bathtubs, wheelchairs, lifts, etc.</p> <p>Review of the facility's policy last revised 3/2018, titled Activities of Daily Living (ADLs), Supporting, under Policy Statement Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Under Policy Interpretation and Implementation 2. Appropriate care and services will be 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: a. hygiene (bathing, dressing, grooming, and oral care); b. mobility (transfer and ambulation, including walking); c. elimination (toileting).</p> <p>NJAC 8:39-35.2 (a)(g)1</p>		