

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 11/19/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>51144</p> <p>Complaint#: NJ00176792</p> <p>Based on interviews, medical record review, and review of other pertinent facility documents on 11/19/2024, it was determined that the facility failed to notify a resident's physician of unavailable medication, follow facility policies regarding unavailable medication, and charting and documentation. This deficient practice was identified for 1 of 1 resident (Resident # 3) reviewed for physician notification.</p> <p>This deficient practice was evidence by the following:</p> <p>According to the Admission Record (AR), Resident #3 was admitted to facility with diagnoses which included but were not limited to aftercare following joint replacement, unspecified atrial fibrillation (an irregular, rapid heart rhythm that can lead to blood clots in the heart and increase the risk of stroke), and anxiety.</p> <p>A review of the Resident #3's most recent Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 05/15/2024, reflected the resident had a Brief Interview for Mental Status (BIMS) of 14 out of 15, which indicated the resident's cognition was intact.</p> <p>A review of Resident #3's Order Summary Report revealed medication orders, with an order date of 05/12/2024, that included but were not limited to the following:</p> <p>Cartia XT Oral Capsule Extended Release 24 Hour (Diltiazem HCl Coated Beads) Give 90 mg by mouth two times a day for Hypertension with a start date of 05/12/2024.</p> <p>Azathioprine Oral Tablet 75 MG (Azathioprine) Give 1 tablet by mouth in the morning for Ulcerative colitis with a start date of 05/13/2024.</p> <p>Azelastine HCl Nasal Solution 137 MCG/SPRAY (Azelastine HCl) 1 spray in each nostril two times a day for nasal dryness with a start date of 05/13/2024.</p> <p>Sotalol HCl AF Oral Tablet 80 MG (Sotalol HCl (AFIB/AFL)) Give 1 tablet by mouth two times a day for arrhythmia with a start date of 05/13/2024.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #3's Medication Administration Record (MAR) revealed that the Chart Code 22 was entered on Resident #3's MAR for the following medication dose on 05/12/2024:</p> <p>Cartia XT Oral Capsule Extended Release 24 Hour, 90 milligrams (mg) at 9:00 PM.</p> <p>The Chart Code 22 was also entered on Resident #3's MAR for the following medications at 9:00 AM on 05/13/2024:</p> <p>Cartia XT Oral Capsule Extended Release 24 Hour, 90mg.</p> <p>Azathioprine Oral Tablet 75 mg.</p> <p>Azelastine HCl Nasal Solution 137 MCG/SPRAY.</p> <p>Sotalol HCl AF Oral Tablet 80 mg.</p> <p>Further review of the MAR revealed that the Chart Code 22 was used to indicate Drug/ Treatment Not Administered.</p> <p>An interview was conducted with the Director of Nursing (DON) on 11/18/2024 at 2:13 PM. The DON confirmed that the code 22 on the MAR indicated that a drug or treatment was not administered.</p> <p>An interview was conducted with a Registered Nurse (RN) on 11/18/2024 at 1:05 PM. The RN stated that if a resident's ordered medications did not arrive from the pharmacy timely, the nurse should have checked the facility's Pyxis (automated medication dispensing system) and then followed up with the pharmacy. The RN stated that if a nurse was not able to obtain a medication there should have been a note in the MAR. The note in the MAR should have indicated why a medication was not given and that a provider was notified.</p> <p>A review of Resident #3's Progress Notes (PN) on 11/18/2024 revealed Medication Administration Notes that read awaiting delivery or awaiting phx (pharmacy) for the unadministered doses of Cartia XT Oral Capsule Extended Release 24 Hour, 90 mg; Azathioprine Oral Tablet 75 mg; Azelastine HCl Nasal Solution 137 MCG/SPRAY; and Sotalol HCl AF Oral Tablet 80 mg. Further review of Resident #3's PN for 05/12/2024 and 05/13/2024 revealed no documentation of provider notification of unavailable or unadministered medications.</p> <p>During the interview conducted on 11/18/2024 at 2:13 PM, the DON stated that if a resident's medications were not available in the facility's Pyxis, the physician should have been notified. During a follow-up interview at 4:14 PM, the DON further stated that the resident's physician should have been notified of unavailable medications because an alternative medication may have been ordered. The DON stated that it was their expectation that physician notifications should have been documented. The DON stated that they were unable to find documentation that a physician was notified of Resident #3's unavailable medications.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled Unavailable Medication, adopted June, 2021, showed In the event that a medication ordered for a resident is noted to be unavailable near or at the time it is to be dispensed, nursing staff shall . Contact the pharmacy regarding the unavailable medication. Attempt to obtain the medication from the facility's automated medication dispensing system .Notify the physician of the unavailable medication, explain the circumstances, report the date of expected availability, and provide the alternative medication(s) recommended by pharmacy . or . Obtain a hold order for the unavailable medication.</p> <p>A review of the facility policy titled Charting and Documentation, revised July 2017, showed The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. The policy further showed Documentation of procedures and treatments will include care-specific details, including . notification of family, physician or other staff, if indicated.</p> <p>NJAC 8:39-29.2 (d)</p>