STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315524	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Brook Rehabilitation and Healthcare Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and review of other pertinent facility documents, it was determined that the facility failed to handle potentially hazardous foods and maintain sanitation in a safe and consistent manner to prevent food borne illness. This deficient practice was identified in the facility's kitchen and 2 of 4 nursing unit pantries designated for resident food, and was evidenced by the following:On 1/14/26 at 9:56 AM, the surveyor interviewed the Food Service Director (FSD) who explained the procedures for the dietary staff which included:-Staff must wash their hands at the designated handwashing sink.-Dented or compromised canned goods must be stored in a designated dented can area to be disposed of for credit.-Dishware, utensils, and equipment must be air dried and not wet nested.-Food kept in the nursing unit pantry refrigerators must be labeled, dated, and discarded after three days. On 1/14/26 at 10:23 AM, the surveyor, accompanied by the FSD, observed the following in the kitchen: At the designated handwashing sink: 1.When the surveyor turned the hot water handle, the water that came out of the faucet was not hot. At that time, the FSD let the water run for one minute and checked the temperature. The temperature on the FSD's thermometer read 83 F (degrees Fahrenheit). The FSD then stated that the handwashing sink's hot water should be 105 F. The surveyor inspected the ice machine: 2. Inside of the ice machine, there was residue along the white drip ledge. At that time, the FSD donned a glove and was able to wipe the residue off with his gloved finger. The FSD then stated the ice machine was cleaned monthly and that it should be cleaned due to the residue. In the dry storage area: 3. There was a 63.4-ounce can of sliced potatoes that was dented and stored in the area for cans in rotation. The FSD removed the dented can and stated it should have been placed in the dented can area because it could be contaminated. In the dish drying area, there were: 4. Six 2-inch hotel pans that were wet nested.5. Three 4-inch hotel pans that were wet nested.6. Two 6-inch hotel pans that were wet nested. At that time, the FSD removed the wet nested items to be re-washed. On 1/16/26 at 9:52 AM, the surveyor, accompanied by the FSD, observed the following in the refrigerator designated for resident food in the [NAME] Unit pantry: One half pint of reduced fat milk that was dated 12/29 and two that were dated 1/6.One gallon of whole milk that had a best by date of 12/24.Two single-serve containers of pudding prepared by the facility's dietary staff dated 1/3.One previously frozen factory sealed peanut butter and jelly sandwich which was completed thawed without any label to indicate when the sandwich had been placed in the refrigerator. The packaging on the sandwich included Thaw 30-60 minutes. Eat within 8-10 hours.One opened 46-ounce container of thickened cranberry juice that was not labeled with an opened date. The packaging on the juice included use within 10 days of opening. At that time, the FSD removed the expired items from the refrigerator to be discarded and stated the dietary staff was responsible for maintaining the nursing unit pantry refrigerators and that they should check for expired food. On 1/16/26 at 10:07 AM, the surveyor, accompanied by Licensed Practical Nurse/Unit Manager (LPN/UM) #2, observed the following in the refrigerator designated for resident food in the North 1 Unit pantry: One hard-boiled egg in a sandwich bag that was not labeled or dated.One sandwich wrapped in aluminum foil that was not labeled or dated.One opened 46-ounce container of nectar thickened liquids that was not labeled with an opened date. The packaging on the container (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	included, use within 10 days of opening.One Styrofoam food container that was labeled with a resident's name and the date 1/12. At that time, LPN/UM #2 removed the expired items from the refrigerator to be discarded and stated leftover food was only good for 48 hours. On 1/21/26 at 10:21 AM, the surveyor informed the Licensed Nursing Home Administrator (LNHA) of the above concerns. The LNHA stated the following:-In regard to the handwashing sink, maintenance needed to install a new mixing valve to correct the water temperature.-In regard to the ice machine, it was cleaned monthly, and any visible residue should be rectified immediately.-In regard to dented cans, they should be removed out of rotation and put in a separate area designated for dented cans.-In regard to wet nesting, dishware and equipment should be dried thoroughly before stacked.-In regard to the pantry refrigerators, all items should be labeled and dated, and any leftover food should be thrown away after three days. A review of the facility's Handwashing/Hand Hygiene policy, dated October 2023, did not include the required hot water temperature for the designated handwashing sink in the facility's kitchen. A review of the facility's Cleaning Instructions: Ice Machine and Equipment policy, undated, included, Ice machine and equipment (scoops and receptacles that are used to hold or transport ice) will be cleaned and sanitized on a regular basis. A review of the facility's Dented Cans Procedure policy, undated, included, During delivery, inspect cans for dents, bulges, and dings by visually inspecting and placing hand around the can while rotating all the way around. Discard into waste area or place into dented can area. A review of the facility's Sanitization policy, dated November 2022, included, Food preparation equipment and utensils that are manually washed are allowed to air dry whenever practical. The facility's policy did not include how to dry items washed in the dishwashing machine. A review of the facility's Foods Brought by Family/Visitors policy, undated, included, Food brought in by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that is clearly distinguishable from facility-prepared food. The policy further included, The nursing staff will discard perishable foods on or before the ?use by' date. A review of the facility's Floor Stock policy, undated, included, The food and nutrition services staff will:. Rotate stock and remove outdated items. NJAC 8:39-17.2(g)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview, record review, and review of facility documents, it was determined that the facility failed to ensure recommendations made by the Consultant Pharmacist were acted upon in a timely manner. This deficient practice was identified for 1 of 5 residents (Resident #17) reviewed for unnecessary medications and was evidenced by the following:On 1/15/26, the surveyor observed Resident #17 sitting in the dining room eating lunch. The surveyor reviewed the medical record for Resident #17. According to the admission Record, an admission summary, the resident had diagnoses which included, but were not limited to, vascular dementia. A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated 10/10/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated the resident's cognition was severely impaired. A review of the individual comprehensive care plan (ICCP), dated 11/13/23, included the resident was at risk for adverse reaction related to polypharmacy. Interventions included: review Consultant Pharmacist recommendations and follow-up as indicated. A review of the Order Summary Report, as of 1/21/26, included the following physician's orders:-Colace 100 milligrams (mg) Give two capsules by mouth one time a day for constipation with a start date of 2/16/24.-Senna-S 8.6-50 mg Give two tablets by mouth at bedtime for constipation with a start date of 9/9/24. A review of the Consultant Pharmacist (CP) Medication Regimen Review (MRR) Recommendations to Prescriber revealed the following:-On 8/24/25, the CP recommended to evaluate the duplicate therapy of Colace and Senna-S and discontinue one order if appropriate. The provider wrote AGREE and signed the recommendation on 9/10/25.-On 10/26/25, the CP recommended to evaluate a possible duplicate therapy of Colace and Senna-S and consider discontinuing one of them. The provider checked off the box Agree and signed the recommendation on 11/10/25. A review of the Medication Administration Record (MAR) for January 2026 included the active orders for the Colace and Senna-S and revealed that both medications were still being administered daily. On 1/21/26 at 9:48 AM, the surveyor interviewed Registered Nurse (RN) #1 who stated the CP came to the facility monthly and made recommendations. The RN further stated that after recommendations were received, the provider was notified and would address the recommendations and document in their physician visit note. The RN explained that it was important to follow the CP's recommendations to prevent harm to the resident. On 1/21/26 at 9:56 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #1 who stated the CP came to the facility at least once a month and made recommendations. The LPN/UM further stated that after recommendations were received, the provider had 72 hours to address the recommendations and document their response in their note and the physician's orders. The LPN/UM explained that it was important to follow the CP's recommendations to prevent medication mistakes. On 1/21/26 at 10:08 AM, the surveyor interviewed the Director of Nursing (DON) who stated the CP came to the facility monthly and as needed. The DON further stated that the physicians reviewed the CP recommendations and documented their response on the recommendation forms. The DON added that if the physician agreed with the recommendation, they would change the physician's order within 48 hours. The DON explained that it was important to follow the CP's recommendations for resident safety. At that time, the surveyor informed the DON of the above concerns, and the DON stated if the physician agreed with the CP's recommendation, the order should have been corrected. A review of the facility's Medication Regimen Reviews policy, revised July 2025, included the following: Upon receiving the MRR, the attending physician reviews and responds to the report. The physician documents in the resident's medical record that the pharmacist's recommendations have been reviewed and what (if any) actions were taken to address them. Irregularities that do not represent a risk to a person's life, health, or safety will be addressed within 30 days of receiving the MRR from the consultant pharmacist. NJAC 8:39-29.3

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Complaint # 2671178Based on observation, interview, and review of facility documentation it was determined that the facility failed to follow the wound care consultant's treatment recommendations for a resident with pressure ulcers (skin damage caused by pressure). This deficient practice was identified for 1 of 2 residents (Resident # 6) reviewed for pressure ulcers. On 1/14/26 at 10:40 AM, during the initial tour of the facility, Resident #6 was observed in a reclining chair in the dayroom with eyes closed. On 1/15/26 at 11:15 AM, the surveyor entered Resident #6's room and noted a malodorous odor. The surveyor asked the nurse caring for the resident if the resident had any wounds. The nurse stated the resident had multiple wounds and that wound care was completed on the 3:00 PM-11:00 PM shift. A review of the admission Record, an admission summary, revealed Resident #6 had diagnoses which included, but were not limited to, quadriplegia (cannot move arms or legs), kidney failure, depression, and schizophrenia (a condition that can make it hard to tell what is real). A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 10/16/25, included that Resident #6 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated the resident was cognitively intact. Further review revealed that the resident had one stage 3 pressure ulcer (a deep sore where the skin is broken and the tissue underneath is damaged), and two stage 4 pressure ulcers (severe sores that extend down to the muscle or bone). A review of Resident #6's wound care consultant visit note dated 1/6/26 showed that Resident #6 had multiple wounds. The sacral wound was a stage 4 pressure ulcer that measured 10 centimeters (cm) x 11 cm x 2 cm. The right posterior thigh wound was also a stage 4 pressure ulcer that measured 9 cm x 6 cm x 2 cm. The wound consultant recommended packing both wounds with Dakins solution (a liquid used to clean wounds and kill germs) and covering them with a superabsorbent dressing (a bandage that soaks up a lot of fluid). On 1/15/26 at 12:10 PM, the surveyor reviewed the physician orders for Resident #6. The wound care orders for both the sacral wound and the right posterior thigh wound were to cleanse with Vashe solution (a liquid solution, oxygen-based cleaner used to kill germs and helps remove dead tissue), apply Vashe-moistened gauze, and cover with a superabsorbent dressing. These orders were dated 12/4/25 and remained active. Further review revealed the wound care consultant's recommendations dated 1/6/26 and 1/13/26 were not implemented and physician orders were not updated to reflect those recommendations. On 1/16/26 at 9:20 AM, the surveyor reviewed the Treatment Administration Record (TAR) for January 2026. The TAR showed the resident continued to receive Vashe wound treatments to the sacral wound and right posterior thigh every shift from 1/1/26 through 1/14/26. On 1/20/26 at 10:10 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) assigned to the Central Unit regarding wound care consultants and their recommendations. The LPN stated that the Unit Manager rounds with the wound care consultant and that pictures were taken during wound rounds. The Unit Manager then received the recommendations, and either the Unit Manager or the resident's nurse would contact the physician. According to the LPN, the physician always agreed with the recommendations, and the orders were then updated in the computer. The surveyor and the LPN then reviewed the resident's wound care consultant recommendations from 1/6/26 and 1/13/26, which showed a recommendation to use Dakins solution on both wounds. In the LPN's presence, the surveyor reviewed the physician's orders on the Treatment Administration Record (TAR) and found that the treatments had not been updated to reflect the wound care consultant's recommendations. When asked if the recommendations were missed, the LPN replied, Yes. On 1/20/26 at 10:52 AM, the surveyor reviewed the resident's individualized comprehensive care plan (ICCP), initiated 7/28/25, which identified the resident as having pressure ulcers related to immobility. Interventions included administering treatments as ordered and monitoring for effectiveness.On 1/21/26 at 10:33 AM, the surveyor interviewed the Director of Nursing (DON) regarding the wound care consultant process. The DON stated there was a lack of consistency when she arrived at the facility. When asked what should (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	occur following wound care consultant recommendations, the DON stated, They need to be followed. Review of the active physician orders with the DON confirmed the orders were not updated following the wound consultant's recommendations. On 1/21/26 at 10:00 AM, the surveyor reviewed the facility's policy titled, Wound Meeting and Wound Rounds dated February 2022. The policy did not address the process for implementing wound consultant recommendations. NJAC-8:39 27.1 (a)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. Based on interview, record review, and review of facility documents, it was determined that the facility failed to consistently follow medication hold parameters according to the physician's order and Consultant Pharmacist's recommendations. This deficient practice was identified for 1 of 5 residents (Resident #17) reviewed for unnecessary medications and was evidenced by the following:On 1/15/26, the surveyor observed Resident #17 sitting in the dining room eating lunch. The surveyor reviewed the medical record for Resident #17. According to the admission Record, an admission summary, the resident had diagnoses which included, but were not limited to, vascular dementia and hypertension (high blood pressure). A review of the quarterly Minimum Data Set (MDS), an assessment tool, dated 10/10/25, included the resident had a Brief Interview for Mental Status (BIMS) score of 0 out of 15, which indicated the resident's cognition was severely impaired. A review of the individual comprehensive care plan (ICCP), dated 11/1/24, included the resident had hypertension related to lifestyle. Interventions included: Give anti-hypertensive medications as ordered and obtain blood pressure readings as ordered. A review of the Order Summary Report, as of 1/21/26, included the following physician's order:Hydralazine 50 milligrams (mg) Give one tablet by mouth three times a day related to essential hypertension, hold for SBP (systolic blood pressure) less than 130, with a start date of 7/3/25. A review of the Consultant Pharmacist (CP)'s Nursing Recommendations revealed the following:-On 9/17/25, the CP documented that hydralazine was administered outside of the hold parameters on 9/5/25 and 9/13/25 and to follow up with nursing if appropriate. Under the comments, the facility responded that nurses were provided one on one education, and the physician was made aware.-On 12/18/25, the CP documented that hydralazine was administered outside of the hold parameters on multiple days and to follow up with nursing if appropriate. Under the comments, the facility responded that an in-service was completed, and the physician was made aware. A review of the Staff In-Service & Education, dated 12/23/25, revealed the nursing staff was in-serviced on Medications with parameters should be given as ordered. Vitals outside of parameters should be documented. Notify MD [medical doctor] of medications given outside. A review of the Medication Administration Record (MAR) for December 2025 and January 2026 included the above hydralazine order was documented as administered outside of the hold parameters on the following dates after the nurses received in-servicing:On 12/26/25 at 5:00 PM with a SBP of 127On 12/27/25 at 9:00 AM with a SBP of 123On 12/29/25 at 5:00 PM with a SBP of 105On 1/15/26 at 9:00 AM with a SBP of 126On 1/16/26 at 9:00 AM with a SBP of 118On 1/16/26 at 1:00 PM with a SBP of 118On 1/18/26 at 9:00 AM with a SBP of 124 On 1/21/26 at 9:48 AM, the surveyor interviewed Registered Nurse (RN) #1 who stated if an anti-hypertensive medication had a hold parameter, the nurse should check the resident's blood pressure and if it was outside of the parameter, the nurse should hold the medication. The RN further stated it was important to follow blood pressure parameters to prevent the resident from bottoming out. On 1/21/26 at 9:56 AM, the surveyor interviewed Licensed Practical Nurse/Unit Manager (LPN/UM) #1 who stated if an anti-hypertensive medication had a hold parameter, the nurse should check the resident's blood pressure before giving the medication and hold the medication if the blood pressure was outside of the parameters. The LPN/UM further stated certain nurses received on the spot in-servicing on following parameters in September 2025 and then all nurses were in-serviced on following parameters in December 2025 due to the CP's recommendations after medications were still being administered outside of the hold parameters. On 1/21/26 at 10:08 AM, the surveyor interviewed the Director of Nursing (DON) who stated if an anti-hypertensive medication had a hold parameter, the nurse should assess the resident's blood pressure prior to administration. The DON added that if the medication was held due to parameters, the nurse would code it as held on the MAR. The DON explained it was important to follow blood pressure parameters to prevent a crisis and prevent the resident from bottoming out. At that time, the surveyor informed the DON of the above concerns and the DON stated (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that the nurses should have followed the hold parameters for the hydralazine. A review of the facility's Administering Medications policy, revised April 2019, included, When indicated, validate physician ordered parameter prior to medication administration. NJAC 8:39-27.1(a)