

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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>48423</p> <p>Complaint NJ#175244</p> <p>Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to notify the resident's representative and physician of a change in condition in a timely manner for one (1) of three (3) residents, (Resident #209), reviewed for accidents.</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of the closed medical record for Resident #209 revealed the resident was admitted to the facility in 2023 and discharged from the facility in 2024.</p> <p>A review of the Admission Record (an admission summary) revealed that Resident #209 was admitted to the facility with diagnoses which included but were not limited to: lower back pain, hypertension (high blood pressure), and metabolic encephalopathy (change in how your brain works due to an underlying condition).</p> <p>A review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 6/16/24, reflected the resident had a Brief Interview for Mental Status (BIMS) of 7 out of 15, which indicated the resident had moderate cognitive impairment.</p> <p>A review of the individualized Care Plan (CP) created 9/11/23, reflected a focus area: resident had impaired cognitive function or impaired thought processes impaired decision making and the interventions included but not limited to: Communicate with the resident/family/caregivers regarding resident's capabilities and needs.</p> <p>A review of the nursing Progress Note (PN) reflected the following:</p> <p>-6/24/24 at 23:48 [11:48 PM], at around 11 PM, pt (patient; also known as resident) came to nurses' station stating, my leg hurts, remember I told you earlier I fell yesterday, pt did not tell writer that the resident had sustained a fall yesterday, nor are there any reports of fall. Pt had noted confusion at times, Writer asked pt where specifically it hurts and pt pointed to right thigh, no noted bruising, medicated as ordered for pain.</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: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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>Further review of the PN dated 6/24/24 revealed that the resident's representative (RR) and the physician were not notified of the incident immediately after the incident.</p> <p>-6/25/24 at 16:20 [4:20 PM], Pt noted crying in pain, when asked what happened, patient stated she fell couple days ago and now their right leg hurts, MD [physician] notified, new orders received for right leg and hip x ray ordered STAT (with no delay or immediately), waiting for results, RR called, no answer, left msg. (message) endorsed to oncoming shift to follow up.</p> <p>A review of the June 2024 Grievance log that was provided by Licensed Nursing Home Administrator (LNHA) did not have a Grievance for Resident #209.</p> <p>During an interview with the surveyor on 9/19/24 at 12:54 PM, in the presence of the survey team, the Licensed Practical Nurse (LPN) stated she did not remember if she had notified the RR of resident's fall on 6/24/24 during her shift and had to read her notes to verify if the RR was notified or not. The LPN further stated, I would typically document when I notify the family of any incidents in PN or in incident report.</p> <p>On 9/19/24 at 01:27 PM, the survey team met with Director of Nursing (DON), LNHA, Assistant Director of Nursing /Infection Preventionist (ADON/IP), and Regional Nurse Consultant Nurse #1 (RNC #1). The surveyor notified the facility management of the above findings and concerns. The DON and LNHA acknowledged that the RR and the physician would be notified immediately of incidents or accidents once the residents were assessed. They further stated, Usually that's our process.</p> <p>A review of the facility's Accidents and Incidents- Investigating and Reporting policy dated 4/2024 revealed:</p> <p>Policy Interpretation and Implementation section:</p> <p>2g.) The time the injured person's attending physician was notified, as well as the time the physician responded and his or her instructions;</p> <p>h.) The date/time the injured person's family was notified and by whom.</p> <p>On 9/20/24 at 01:15 PM, the survey team met with DON, LNHA, RNC#1, RNC#2, Regional LNHA for an exit conference. There was no additional information was provided.</p> <p>NJAC 8:39-13.1(c)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38327</p> <p>REPEAT DEFICIENCY</p> <p>Complaint #NJ175244</p> <p>Refer to F883</p> <p>Based on interview and record review it was determined that the facility failed to accurately code the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, in accordance with federal guidelines for three (3) of 28 residents, (Residents #62, #148, and #209), reviewed for accuracy for MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the CMS (Centers for Medicare & Medicaid Services) MDS 3.0 RAI (Resident Assessment Instrument) Manual of October 2023, for definitions of the types of therapies listed in this section, please refer to the Glossary in Appendix A.</p> <p>O-23 Coding Instructions:</p> <p>Coding Instructions for Respiratory, Psychological, and Recreational Therapies.</p> <p>o Total Minutes-Enter the actual number of minutes (mins) therapy services were provided in the last 7 (seven) days. Enter 0 if none were provided.</p> <p>o Days-Enter the number of days therapy services were provided in the last 7 days. A day of therapy is defined as treatment (tx) for 15 min or more in the day. Enter 0 if therapy was provided but for less than 15 mins every day for the last 7 days. If the total number of mins during the last 7 days is 0, skip this item and leave blank.</p> <p>1. On 9/16/24 at 10:27 AM, the surveyor observed Resident #148 seated on the bed with breakfast in front of the resident, the nebulizer (neb) mask was hung on the oxygen (O2) regulator attached to the wall.</p> <p>The surveyor reviewed the hybrid (combination of paper and electronic) medical records of Resident #148 and revealed:</p> <p>The Admission Record (AR; an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but were not limited to essential hypertension (elevated blood pressure), anemia (low blood count) in chronic kidney disease, unspecified fall subsequent encounter, and chronic obstructive pulmonary disease (COPD; a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A review of the September 2024 Order Summary Report (OSR) revealed an order for:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Cephalexin (an antibiotic that can treat infections) oral capsule 250 mg (milligrams) give 1 capsule by mouth one time a day for prosthetic joint ppx (prophylaxis) for 27 Administrations-Start Date 8/23/2024.</p> <p>- Incentive Spirometry: Assist resident (as needed) to place the mouthpiece in the mouth, sealing lips around it. Breathe in as slowly and deeply as possible. Try to raise the piston toward the top of the column. Hold breath as long as possible before exhaling for 5 repetitions and 3 sets. Cough between breaths. three times a day for 14 days- Start Date 8/22/2024.</p> <p>The above order for Cephalexin was transcribed to the August 2024 electronic Medication Administration Record (eMAR) and signed by nurses as administered.</p> <p>The above order for incentive spirometry (a handheld medical device used to help patients improve the functioning of their lungs, by training residents to take slow and deep breaths, this simplified spirometer facilitates lung expansion and strengthening) was transcribed to the August 2024 eMAR and signed by nurses from 8/23/24 through 8/29/24 for a total of seven days and 155 mins as follows:</p> <p>Date Minutes</p> <p>8/23/24: AM none</p> <p>Noon 5</p> <p>Evening 15</p> <p>8/24/24: AM none</p> <p>Noon 5</p> <p>Evening 15</p> <p>8/25/24: AM 15</p> <p>Noon 15</p> <p>Evening 15</p> <p>8/26/24: AM none</p> <p>Noon 15</p> <p>Evening 15</p> <p>8/27/24: AM 5</p> <p>Noon 5</p> <p>Evening 15</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8/28/24: AM none</p> <p>Noon 5</p> <p>Evening 5</p> <p>8/29/24: AM none</p> <p>Noon 5</p> <p>Evening blank</p> <p>Total minutes: 155 mins</p> <p>Total days: 7 days</p> <p>The most recent admission MDS with an assessment reference date (ARD) of 8/29/24, under Section C Cognitive Patterns, reflected a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which reflected that the resident was cognitively intact. Section N Medications showed that the resident was not coded for antibiotic (ABT) use. Section O Special Treatments, Procedures, and Programs reflected that the resident received respiratory therapy for 165 mins and six days during the lookback period (the time period over which the resident's condition or status is captured by the MDS assessment).</p> <p>On 9/18/24 at 10:32 AM, the surveyor interviewed Registered Nurse/MDS Coordinator #1 (RN/MDSC#1). The RN/MDSC informed the surveyor that the facility followed the RAI Manual for MDS. She further stated that she gathered the information that was put in the MDS or to answer the MDS from the resident's chart, orders, nurses, and other IDT (interdisciplinary team) notes including doctors and consultants, eMAR, eTAR (electronic Treatment Administration Record), and resident's interview.</p> <p>At that same date and time, the surveyor notified the RN/MDSC of the above findings and concerns that the MDS on 8/29/24 did not show that the resident received ABT even though the nurses signed the eMAR from 8/23/24 through 8/29/24 for Cephalexin. The surveyor also notified the RN/MDSC of the concern regarding Section O respiratory therapy. The surveyor asked why the 8/29/24 MDS was not coded for ABT, what happened why there was a discrepancy between what was coded in Section O of the MDS, and the RN/MDSC stated that she would get back to the surveyor.</p> <p>On 9/18/24 at 11:39 AM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Assistant Director of Nursing/Infection Preventionist (ADON/IP), and Regional Nurse Consultant #1 (RNC#1). The surveyor notified the facility management of the above concerns with the accuracy of MDS for ARD 8/29/24.</p> <p>46049</p> <p>2. On 9/16/24 at 9:06 AM, the surveyor observed Resident #62 in their room, lying in bed with the head of the bed elevated. The resident was alert, verbally responsive, and could not recall how long they were at the facility. Resident #62 verbalized no concerns with their care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The surveyor reviewed the hybrid medical record of Resident #62.</p> <p>The AR documented that the resident had diagnoses that included but were not limited to, dementia, and hypertension.</p> <p>A Significant Change in Status Assessment (SCSA) MDS assessment, dated 6/08/24, indicated the facility assessed the resident's cognition using a BIMS test. Resident #36 scored a 11 out of 15, which indicated the resident had moderate cognitive impairment.</p> <p>A review of a social services' note dated 6/10/24 read Annual review- SW[social worker] and IDT met with [resident representative] earlier last week .No significant changes noted cognitively, socially or physically. [Resident #62] appears to be adjusting well to facility and routine with no mood indicators</p> <p>There was no additional documentation found that the IDT reviewed and determined there was a significant change with the resident. Additionally, a review of the resident's care plan (CP) revealed there was no documentation to indicate a significant change in the resident's status.</p> <p>On 9/18/24 at 10:42 AM, the surveyor interviewed RN/MDSC#1, about the SCSA completed for Resident #62. The RN/MDSC stated she was not MDS coordinator at the time and would have to review why the SCSA was completed for the resident.</p> <p>On 9/19/24 at 9:10 AM, RN/MDSC#1 met with the surveyor and stated the SCSA was completed as the resident was on hospice and believed the IDT at the time assessed the resident who showed a decline in status for a significant change. The surveyor stated the notes from June 2024 do not reflect a significant change in resident and requested additional supportive documentation for the SCSA of Resident #62.</p> <p>On 9/19/24 at 02:15 PM, the survey team met with the LNHA, DON, ADON/IP, and RNC#1. The surveyor informed the facility of the concern for the SCSA. The documentation did not reflect reason for SCSA was completed and the RN/MDSC did not provide any additional information. The LNHA stated they would follow up to provide additional information.</p> <p>Additional review of the SCSA dated 6/8/24 revealed:</p> <p>Under Section E, E1100, Change in Behavior or Other Symptoms, it was coded 3. N/A (not applicable) because no prior MDS assessment. A review of the resident's MDS assessments revealed there were previous MDS assessments.</p> <p>Under Section O, O0300, Pneumococcal Vaccine it was coded the resident had not received the vaccine because it was offered and declined.</p> <p>There was no documentation in the medical record found to indicate the resident was offered and declined a pneumococcal vaccine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/20/24 at 9:54 AM, the surveyor interviewed RN/MDSC#1 about Section E, E1100 coding of the SCSA. The surveyor reviewed the entry with the RN/MDSC. She stated she believed the N/A coding would not be appropriate if the resident had a previous MDS. She further stated she would like to review Resident #62's medical record to verify if E1100 was coded inaccurately.</p> <p>On 9/20/24 at 11:21 AM, the survey team met with the LNHA, the DON, the RNC#1, and the Regional LNHA who were made aware of concern with coding of E1100 and O0300. There was no additional information provided by facility.</p> <p>A review of the latest version of the CMS - RAI 3.0 Manual (updated October 2023), Chapter 2-page 2-24, under SCSA (A0310A = 04) it read, The SCSA is a comprehensive assessment for a resident that must be completed when the IDT has determined that a resident meets the significant change guidelines for either major improvement or decline . 'significant change' is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered 'selflimiting'; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the CP.</p> <p>A review of the latest version of the CMS - RAI 3.0 Manual (updated October 2023), Chapter 3-page E-22, under E1100 Steps for Assessment read: 1. Review responses provided to items E0100-E1000 on the current MDS assessment. 2. Compare with responses provided on prior MDS assessment. 3. Taking all of these MDS items into consideration, make a global assessment of the change in behavior from the most recent to the current MDS. 4. Rate the overall behavior as same, improved, or worse. Under Coding Instructions, it read: .Code 0, same: if overall behavior is the same (unchanged) .Code 1, improved: if overall behavior is improved .Code 2, worse: if overall behavior is worse .Code 3, N/A: if there was no prior MDS assessment of this resident .</p> <p>A review of the latest version of the CMS - RAI 3.0 Manual (updated October 2023), Chapter 3-page O-17, under O0300B Coding Instructions it read: Code 2, Offered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine .</p> <p>48423</p> <p>3. A review of the closed medical record for Resident #209 revealed:</p> <p>The AR showed that Resident #209 was admitted to the facility with diagnoses which included but were not limited to: lower back pain, hypertension (high blood pressure), and metabolic encephalopathy (change in how brain works due to an underlying condition).</p> <p>A review of the resident's Quarterly MDS (QMDS) dated [DATE], reflected the resident had a BIMS of 7 out of 15, which indicated the resident had moderate cognitive impairment.</p> <p>The QMDS with an ARD (is the last day of that period of time that the MDS assessment covers for that particular assessment for that particular resident) of 6/16/24 Section J - Health Condition (J0100 - Pain Management), signed by RN/MDSC#2 on 6/24/24, revealed the assessment was done eight (8) days after the ARD of 6/16/24. This interview is conducted during the look-back period of the ARD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/19/24 at 10:30 AM, in the presence of second surveyor, the surveyor interviewed RN/MDSC#1 about the process for completing section J- pain assessment. RN/ MDSC#1 stated that she would check eMARs/eTARs, interview the residents and the staff. She further explained the interview should be conducted during five (5) day look back period.</p> <p>The surveyor asked RN/MDSC #1 if the Section J- pain assessment interview should be conducted prior to or after the ARD date. The RN/MDSC did not provide verbal response to the question.</p> <p>On 9/19/24 at 01:27 PM, the survey team met with DON, LNHA, ADON/IP and RNC#1. The surveyor notified the facility management of the above findings and concerns.</p> <p>On 9/20/24 at 11:21 AM, the survey team met with DON, LNHA, RNC #1, Regional LNHA for responses. No responses were provided.</p> <p>On 9/20/24 at 01:15 PM, the survey team met with DON, LNHA, RNC #1, RNC #2, Regional LNHA for an exit conference. No additional information was provided by the facility.</p> <p>A review of the latest version of CMS- RAI 3.0 Manual (updated October 2023), Chapter 3, page J-5, Under tips and Special Populations, it read, Attempt to conduct the interview with all residents. This interview is conducted during the look-back period of the ARD and is not contingent upon item B0700, Makes self-Understood.</p> <p>NJAC 8:39-11.1; 11.2(e)(1); 33.2 (d)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>39885</p> <p>Complaint #NJ 174669</p> <p>Based on interview, record review and review of other documents provided by the facility, it was determined that the facility failed to obtain a physician's order for discharge and document the response of an approval or acceptance for the referral of home care/visiting nurse services post discharge to ensure a safe discharge for one (1) of two (2) residents reviewed for discharge (Resident #308).</p> <p>The deficient practice was evidenced by the following:</p> <p>On 9/17/24 at 12:55 PM, the surveyor reviewed the closed hybrid (paper and electronic) medical record for Resident #308 which revealed the following:</p> <p>Resident #308's Admission Record (or face sheet; admission summary) indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to pressure ulcer of sacral region (a wound that forms when prolonged pressure is applied to the sacrum, tailbone, or lower back), abnormal posture (rigid body movements and chronic abnormal positions of the body) and cognitive communication deficit (a difficulty with communication caused by a disruption in cognitive processes, such as memory, attention, or problem solving).</p> <p>A review of Resident #308's individualized care plan included a focus area that was related to discharge (d/c) planning and included but were not limited to the following interventions:</p> <p>Make arrangements with required community resources to support independence post-d/c (specify: homes care, PT (Physical therapy), OT (Occupational therapy), MD (Medical Doctor or physician), Wound Nurse)</p> <p>[homecare services] will be arranged prior to d/c</p> <p>RX (Prescription) will be obtained from MD</p> <p>Rehab will order recommended equipment</p> <p>A review of Resident #308's Discharge assessment-return not anticipated Minimum Data Set (DRNAMDS), an assessment tool used to facilitate the management of care, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated that Resident #308 cognition was severely impaired. Further review reflected that Resident #308 had a planned d/c to home/community and that a referral was not made to the Local Contact Agency and the reason was the referral was not wanted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident #308's Progress Note (PN) included the following note written by SWD (Social Worker Director) on 5/19/2024: Resident #308 was dc yesterday per [resident's representative or RR] request. SS (Social Services) visited [resident] routinely to monitor adjustment. Resident #308 appeared comfortable and participated in care and services. RR updated on Resident #308's wellbeing throughout stay. RR was aware of need for 24 hour care. Community resources/options reiterated and info was provided on pvt (private) help, LTC (long term care), respite stay, Medicaid. RR plans on hiring pvt help to assist upon dc home. Wound vac was ordered via [name redacted] and referral was made to [name redacted of HCSA #1] for continuum of care. Transportation arranged per request.</p> <p>There was no documentation that HCSA #1 (Home Care Service Agency #1) approved or accepted the referral.</p> <p>A review of Resident #308's Physician's Order (PO) Recap Report did not include a PO for d/c.</p> <p>There was no documentation in Resident #308's of an acceptance or approval from the home care service agency or a PO for d/c.</p> <p>On 9/17/24 at 01:23 PM, in the presence of a Social Worker, the surveyor interviewed the SWD regarding the process for d/c and d/c planning. The SWD stated that the process started at admission with the resident and their family and then the facility had a weekly internal meeting and the family was updated. The SWD stated that the insurance company would notify the facility of the d/c date. She added dependent on the type of the insurance, the notification could be three days to twenty four hours before the date. The SWD stated that when the d/c date was known, the facility would call the physician, rehab would order equipment and she would set up the home care services. She added that she would send a referral to the home care services agency (HCSA) and they would say yes we can take it. The SWD stated that sometimes the HCSA may have staffing issues and then the HCSA would communicate to me that they could not take the referral and then she would refer to a different agency. The SWD stated that the HCSA would text her and that she would document the referral in the medical record.</p> <p>On that same date and time, the surveyor asked the SWD about Resident #308's d/c planning. The SWD stated that if she remembered that she sent the referral to HCSA#1 and that they accepted the referral. She stated that after the resident went home, HCSA #1 called her a few days later and told her the agency could not take the resident and that HCSA #1 referred the resident to HCSA #2. The SWD stated that they would have kept Resident #308 at the facility longer or referred the resident to a different HCSA if she had known. The SWD stated that she called RR when she found out and that the RR told her that when HCSA #2 had reached out to RR to set up the home care visit that RR had already taken Resident #308 to the hospital. The surveyor asked the SWD if she received an email from the HCSA or documented the acceptance or approval from the HCSA. The SWD stated that she only received an email if the HCSA refused the referral. The surveyor asked the SWD to provide any documented evidence that the HCSA accepted or approved the referral.</p> <p>On 9/17/24 at 02:15 PM, the SWD provided the surveyor a screen shot of text message conversation between her and HCSA #1 which revealed the following:</p> <p>Mon, May 13</p> <p>SWD-Resident #308 dc Saturday 5/18 Has wound vac from [company name redacted] 4:18 PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Fri, May 17</p> <p>HCSA #1-we need order for .Resident #308 .asked our nurses to try for a verbal. Are you able to get an order for either? 5:26 PM</p> <p>SWD-On Sunday as I'm home now. 5:53 PM</p> <p>SWD-Resident has a vac!! 5:53 PM</p> <p>SWD-Mon wed Friday 5:54 PM</p> <p>Sun, May 19</p> <p>SWD-a picture of a physician's RX which included the following: [name of homecare agency] RN(Registered Nurse)/PT/OT eval (evaluate) and TX (treat); wound mgmt (management)</p> <p>There was no documented evidence that HCSA#1 accepted or approved the referral.</p> <p>On 9/18/24 at 10:55 AM, the SWD stated that HCSA#1 had confirmed and needed a RX. The SWD stated that Resident #308 had commercial insurance and they gave a d/c date for the next day which she thought they found out on 5/13/24. She added that the RR wanted the resident to stay out the facility for a week as respite (planned or emergency temporary care that is not paid for by the insurance company). The SWD stated that she sent the referral to HCSA#1 on 5/13/24 and the resident was d/c on 5/18/24.</p> <p>On 9/18/24 at 12:02 PM, in the presence of the survey team, the surveyor notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Nurse Consultant #1 (RNC #1) and Assistant DON/Infection Preventionist (ADON/IP) the concerns that Resident #308 did not have any documentation that the referral for home care services was accepted or approved by the agency prior to the resident's d/c to home and that there was no PO for d/c.</p> <p>On 9/20/24 at 10:14 AM, the surveyor interviewed, via telephone, the Business Development Coordinator (BDC) for HCSA #1 regarding the process for referrals. The BDC stated that he would call and talk to SWD to get an update of the residents that were being d/c and that he would follow up with the branch of the HCSA#1 to see if there was availability. The surveyor asked the BDC if he sent any documentation that the resident's referral was accepted. The BDC stated not really. The surveyor asked the BDC if he had any documentation regarding Resident #308's referral. The BDC stated that he would check if he had any emails. He added that the communication was mostly verbal and by phone. The BDC stated that he submitted everything for the resident on a Thursday and that over the weekend he was notified that the branch of HCSA#1 could not take the resident. He added that he was not sure if the reason was a nurse callout or not. The BDC stated that he then contacted HCSA#2 to take the resident but that in the meantime the resident went to the hospital. The BDC added that moving forward he may do a specific email regarding the referral.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/20/24 at 11:26 AM, in the presence of the survey team, DON, RNC #1, Regional LNHA (RLNHA), the LNHA stated that the facility documented that a home care referral was made. She added that unless otherwise noted the staff only write a note if the referral was not accepted. The LNHA stated that the resident referral was accepted. She added that it was always an approval unless there was specific documentation of not being approved.</p> <p>The facility did not provide any additional information.</p> <p>A review of the undated facility provided policy titled, Discharge Summary and Plan included the following:</p> <p>Policy Statement</p> <p>When a resident's d/c is anticipated, a d/c summary and post-d/c plan will be developed to assist the resident to adjust to their new living environment.</p> <p>Policy Interpretation and Implementation</p> <p>1. When the facility anticipates a resident's d/c to a private residence, another nursing care facility ., a d/c summary and a post-d/c plan will be developed which will assist the resident to adjust to their new living environment.</p> <p>4. The resident will be evaluated for their d/c needs and will have an individualized post-d/c plan.</p> <p>5. The post-d/c plan will be developed by the care planning/interdisciplinary team (IDT) with the assistance of the resident and their family and will include: .</p> <p>b. arrangements that have been made for follow-up care and services; .</p> <p>8. Residents will be asked about their interest in returning to the community. If the resident indicates an interest in returning to the community, they will be referred to local agencies and support services that can assist in accommodating the resident's post-d/c preferences.</p> <p>A review of the facility provided policy titled, Discharge Procedures with an adopted date of February 2023, included the following:</p> <p>Purpose</p> <p>To ensure that each patient d/c proceeds in an orderly fashion and that appropriate preparation and/or referral to community resources has been accomplished .</p> <p>Procedure</p> <p>2. When the Interdisciplinary patient care team determines that the patient has reached their maximum potential appropriate for an inpatient stay, a projected d/c date will be established.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. The Social Worker will discuss the patient's d/c date with the patient/family including community resource involvement</p> <p>6. The IDT will maintain communication with the patient and family relative to the d/c planning .</p> <p>8. Prior to d/c the nurse will check that the physician has written the d/c order and has completed the RX, if any.</p> <p>N.J.A.C. 39.4 (f)(h)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>39885</p> <p>Complaint # NJ174669</p> <p>Based on the interview, review of the medical record, and review of other facility documentation, it was determined that the facility failed to document a discharge summary which included a recapitulation of the resident's stay and a final summary of the resident's status for one (1) of two (2) residents reviewed for discharge (Resident #308).</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/17/24 at 12:55 PM, the surveyor reviewed the closed hybrid (paper and electronic) medical record for Resident #308 which revealed the following:</p> <p>Resident #308's Admission Record (or face sheet; admission summary) indicated that the resident was admitted to the facility with medical diagnoses that included but were not limited to pressure ulcer of sacral region (a wound that forms when prolonged pressure is applied to the sacrum, tailbone, or lower back), abnormal posture (rigid body movements and chronic abnormal positions of the body) and cognitive communication deficit (a difficulty with communication caused by a disruption in cognitive processes, such as memory, attention, or problem solving).</p> <p>A review of Resident #308's Discharge assessment-return not anticipated Minimum Data Set (DRNAMDS), an assessment tool used to facilitate the management of care, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of 03 out of 15, which indicated that Resident #308 cognition was severely impaired. Further review reflected that Resident #308 had a planned discharge (d/c) to home/community.</p> <p>A review of Resident #308's Progress Notes reflected that the resident was d/c home.</p> <p>A review of Resident #308's hybrid medical record did not include a d/c summary.</p> <p>On 9/20/24 at 11:33 AM, in the presence of the survey team, the surveyor notified the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON), Regional Nurse Consultant (RNC#1) and Regional LNHA (RLNHA) the concern that Resident #308 did not have a d/c summary in their hybrid medical record. The LNHA confirmed that the paper medical record did not contain a d/c summary. The DON stated that she was looking in the electronic medical record and that she observed a d/c instructions and d/c planning review. The surveyor asked if the facility could confirm that there was no d/c summary in the electronic medical record. The facility administration did not respond.</p> <p>The facility did not provide any additional information.</p> <p>A review of the undated facility provided policy titled, Discharge Summary and Plan included the following:</p> <p>Policy Statement</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When a resident's d/c is anticipated, a d/c summary and post-d/c plan will be developed to assist the resident to adjust to their new living environment.</p> <p>Policy Interpretation and Implementation</p> <p>1. When the facility anticipates a resident's d/c to a private residence, another nursing care facility , a d/c summary and a post-d/c plan will be developed which will assist the resident to adjust to their new living environment.</p> <p>2. The d/c summary will include a recapitulation of the resident's stay at this facility and a final summary of the resident's status at the time of the d/c in accordance with established regulations governing release of resident information and as permitted by the resident. The d/c summary shall include a description of the resident's:</p> <p>a. current diagnosis;</p> <p>b. medical history .</p> <p>c. course of illness, treatment and/or therapy since entering the facility .</p> <p>o. cognitive status and</p> <p>p. medication therapy .</p> <p>13. A copy of the following will be provided to the resident .and a copy will be filed in the resident's medical records: .</p> <p>c. The d/c summary.</p> <p>N.J.A.C. 8:39-35.2(d)(16)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>48423</p> <p>Complaint NJ#175244</p> <p>Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure a moderately impaired resident received care and services with regard to pain management for one (1) of one (1) resident, Resident #209, reviewed for pain according to standards of clinical practice and facility's policy.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the state of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>A review of the closed medical record for Resident #209 revealed:</p> <p>The Admission Record (an admission summary) showed that Resident #209 was admitted to the facility with diagnoses which included but were not limited to: lower back pain, hypertension (high blood pressure), and metabolic encephalopathy (change in brain works due to an underlying condition).</p> <p>According to the resident's Quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 6/16/24, reflected the resident had a Brief Interview for Mental Status (BIMS) of 07 out of 15, which indicated the resident had moderate cognitive impairment.</p> <p>A review of the Physician Order (PO) Recap Report dated 6/01/24 - 9/30/24 indicated that Resident #209 had the following orders:</p> <p>-A PO with a start date of 10/13/23 - Acetaminophen Tablet (tab(s) 325 mg (milligram), give 2 tabs by mouth every 6 hours (hrs) as needed (PRN) for Temp greater than 100 . and give 2 tabs by mouth every 6 hrs PRN for pain.</p> <p>-A PO with a start date of 6/25/24 - Tylenol Extra Strength oral tab 500 mg (Acetaminophen)- give 500 mg by mouth every 6 hrs as PRN for pain on right leg.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A PO with a start date of 7/02/24 - Tylenol Extra Strength oral tab 500 mg (Acetaminophen)- give 1 tab by mouth three times a day for pain.</p> <p>A review of the electronic Medication Administration Record (eMAR) revealed that pain assessment was done every shift not until June 2024 when pain assessment was stopped.</p> <p>Further review of the above PO revealed that there was no documented evidence that routine pain assessment was done from June through July 2024. In addition, there was no documented evidence as to why the every shift pain assessment was discontinued.</p> <p>A review of the individualized Care Plan (CP) did not reflect a CP for pain.</p> <p>During an interview with the surveyor on 9/19/24 at 9:54 AM, in the presence of the survey team, the Director of Nursing (DON) stated that pain was assessed upon admission, every shift by the nurse. The DON also stated that the nurses would assess for pain as part of their vital signs (are group of the four to six most crucial medical signs that indicate the status of the body's functions) and minimum quarterly or PRN. She further stated that if the resident was in pain, then they (nurse) would administer pain medication (med(s) and an hour later they would re-assess for effectiveness. If the pain med was effective, then they (nurse) would document and if the pain med was not effective then they would notify the doctor. The DON further stated that the Unit manager (UM) did the quarterly assessment in Electronic Medical Record (EMR). The DON stated that the nurses verbally ask the residents about pain and did not have to document. The DON also stated that for resident with cognitive impairment, the nurses would use facial expressions.</p> <p>On 9/19/24 at 10:49 AM, in the presence of second surveyor, the Unit Manager/Licensed Practical Nurse (UM/LPN) stated as standards of practice, the pain assessment should be done and documented in the EMR every shift. The UM/LPN further stated that we verbally ask them. The UM/LPN acknowledged that pain should be included in the CP.</p> <p>On 9/19/24 at 10:56 AM, in the presence of second surveyor and Licensed Practical Nurse #1 (LPN#1), the LPN#2 stated she would assess her residents for pain during daily rounds. LPN#2 showed the surveyors a pain assessment for an unsampled resident in the eMAR, completed for every shift. The eMAR reflected Pain Level and D (7 AM-3 PM), Pain Level and E (3 PM-11 PM) and Pain Level and N (11 PM-7 AM) and the nurses entered the pain level in numbers and signed off with their initials in the blank boxes for their shift. LPN#2 further stated if the residents were not able to voice pain, then she would see the resident's facial expressions for pain assessment. LPN#1 agreed with LPN#2's statements and stated she assessed the pain for her residents as described by LPN#2.</p> <p>On 9/19/24 at 01:27 PM, the survey team met with the DON, Licensed Nursing Home Administrator (LNHA), Assistant Director of Nursing /Infection Preventionist (ADON/IP), and Regional Nurse Consultant Nurse #1 (RNC#1). The surveyor notified the facility management of the above findings and concerns. The DON confirmed that the pain assessment fell off from their orders and it would be reinstated.</p> <p>A review of the facility's Pain Assessment and Management policy dated 4/2024 revealed:</p> <p>The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Under General Guidelines:</p> <p>1.) The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive CP, and the resident's choices related to pain management.</p> <p>5.) Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained.</p> <p>6.) For stable chronic pain the resident's pain and consequences of pain are assessed at least weekly.</p> <p>In section under Assessing Pain:</p> <p>2.) Assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level.</p> <p>In section under Defining Goals and Appropriate Interventions:</p> <p>4.) For those situations where the cause of the resident's pain has not been or cannot be determined, follow current standards of practice for managing pain to help determine appropriate options.</p> <p>In section under Monitoring and Modifying Approaches:</p> <p>1.) Re-assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain.</p> <p>A review of the facility's policy Care Plans, Comprehensive Person-Centered with a last updated date of 4/2024, revealed:</p> <p>Policy statement: A comprehensive, person-centered CP that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation:</p> <p>1.) The interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered CP for each resident.</p> <p>2.) The comprehensive, person-centered CP is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission.</p> <p>3.) The CP interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p> <p>On 9/20/24 at 01:15 PM, the survey team met with DON, LNHA, RNC#1, RNC#2, Regional LNHA for an exit conference. There was no additional information was provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-11.2(b); 27.1(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48423</p> <p>Complaint#: NJ175260 and NJ176352</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined the facility failed to ensure sufficient nursing staff and ensure call bells were answered timely without waiting a long period of time for seven (7) of 28 residents (Residents # 36, 60, 83, 84, 100, 102, and 153).</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 9/16/24 at 7:45 AM, the surveyor observed the posted Nursing Home Resident Care Staffing Report (NHRCSR) dated 9/15/24 -Day shift 7:00 AM- 3:00 PM, which displayed Current Resident Census: 120 and the CNA (Certified Nursing Aide) to Resident ratio of 1:8.6.</p> <p>On 9/17/24 at 8:45 AM, the surveyor observed the posted NHRCSR dated 9/16/24 - Day shift 7:00 AM-3:00 PM, Current Resident Census: 126 and the CNA to Resident ratio of 1:9.</p> <p>On 9/20/24 at 9:45 AM, the surveyor interviewed the Staffing Coordinator (SC). The SC informed the surveyor that she was aware of the mandated New Jersey staffing law. The SC stated that on 7 AM to 3 PM, day shift, the CNA to Resident ratio should be 1:8.</p> <p>2. On 9/16/24 at 10:18 AM, during the initial tour the surveyor observed Resident #83 resting in their bed. The resident stated that the night staff takes longer to answer the call light and was worried to sit for long periods when the resident was soiled with feces.</p> <p>On 9/17/24 at 11:11 AM, the surveyor observed the resident watching television in the bed and the resident stated that last night they had bad cough and used the call bell to get some help, and no one answered the call bell. The resident further stated that they had to call their family member and then the staff came to assist the resident after the family member called the facility and asked them to help the resident.</p> <p>At 11:50 AM, Resident #83's representative (RR) called the surveyor into the room. The RR confirmed that the resident had called the family member overnight to get some help after waiting for someone to answer the call bell. The staff came to assist the resident after the family member's phone call to the facility. The family member stated when they called the facility, they were told that the staff was on break.</p> <p>The surveyor reviewed the medical records of Resident #83 and revealed:</p> <p>A review of the Admission Record (AR; admission summary) revealed that Resident #83 was admitted to the facility with diagnoses which included but were not limited to: autoimmune thyroiditis (occurs when your body makes antibodies that attack the cells in your thyroid), type 2 diabetes mellitus (a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), and difficulty in walking.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the resident's comprehensive Minimum Data Set (cMDS), an assessment tool used to facilitate the management of care, dated 7/27/24, reflected the resident had a Brief Interview for Mental Status (BIMS) of 15 out of 15, which indicated the resident had intact cognition. Further review of MDS Section GG - Functional Abilities and Goals reflected that Resident was dependent, where the helper had to do all the effort, resident did none of the effort to complete the activity, for toileting hygiene.</p> <p>The resident had a care plan (CP) with a focus that read, [Resident #83] has a self-care performance deficit. The CP was initiated on 7/20/24 and last revised on 7/22/24. The interventions indicated the resident was a one person assist with bathing/showering, dressing, personal hygiene, and oral care.</p> <p>The resident had a CP with a focus that read, [Resident #83] has limited physical mobility Weakness. The CP was initiated on 7/22/24 and last revised on 7/22/24. The interventions indicated the resident was a one person assist with ambulation/locomotion, bed mobility and transfer.</p> <p>46049</p> <p>3. On 9/16/24 at 9:26 AM, the surveyor observed Resident #100 lying in their bed, alert and verbally responsive. The resident stated there were long wait times when using the call bell for assistance and it could happen on any shift.</p> <p>The surveyor reviewed Resident #100's medical records which revealed the following:</p> <p>The AR documented that the resident had diagnoses that included but were not limited to, sacral pressure ulcer, peripheral vascular disease, and polyneuropathy (disease affecting multiple nerves throughout body, causing weakness, numbness and burning pain).</p> <p>A cMDS assessment dated [DATE], indicated the facility assessed the resident's cognition using a BIMS test. Resident #100 scored a 14 out of 15, which indicated the resident was cognitively intact.</p> <p>On 9/16/24 at 9:36 AM, the surveyor observed Resident #36 lying in their bed with the head of the bed elevated. Resident #36 was alert and verbally responsive. The resident reported a concern with long wait time for call bell response on a couple of night shifts. Resident #36 stated it most recently occurred the week prior and wait times were longer than twenty minutes (mins).</p> <p>4. The surveyor reviewed Resident #36's medical records which revealed the following:</p> <p>The AR documented that the resident had diagnoses that included but were not limited to, chronic kidney disease, heart failure, hypertension (high blood pressure), and osteoarthritis (a disease in which the tissues in the joint break down over time).</p> <p>A cMDS assessment dated [DATE], indicated the facility assessed the resident's cognition using a BIMS test. Resident #100 scored a 14 out of 15, which indicated the resident was cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 9/18/24 at 11:17 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) regarding the facility's call bell system. The LNHA stated the call bell system does not have an automated report or keep record of call bell light response. The LNHA stated that call bell audits were conducted to assess the call bell response by staff and would provide call bell audits completed to the surveyor.</p> <p>On 9/19/24 at 9:00 AM, the surveyor requested the call bell audits that were to be provided by the LNHA.</p> <p>On 9/19/24 at 9:40 AM, the LNHA provided the call bell audits that were conducted.</p> <p>The surveyor reviewed the provided documents titled CALL BELL AUDIT FORMS. The call bell audits were completed on 02/12/24, 02/21/24, 5/29/24, 6/03/24, 7/05/24, and 8/28/24. The call bell audits each included from two to four rooms call bell response times and 01 of the 06 call bell audits were conducted during the 11-7 shift between 6-7 AM. The call bell audits revealed wait times ranged from 04 to 25 mins. Additionally, it was documented that the staff members were in-service or re-educated when longer wait times occurred. This occurred for wait times of 16 mins, 25 mins, 18 mins, 24 mins and 15 mins.</p> <p>On 9/19/24 at 10:00 AM, a review of call bell audits provided by LNHA revealed call bell audits completed in February, May, June, July, and August 2024 with wait times ranging from 04-25 mins. Additionally documented were in-service for the CNA when longer wait times found, 16 mins on 02/12/24, 25 mins on 6/03/24, 18 mins on 6/03/24, 24 mins PM 8/28/24, and 15 mins on 8/28/24.</p> <p>On 9/19/24 at 02:04 PM, the survey team met with the Director of Nursing (DON), LNHA, Assistant Director of Nursing/Infection Preventionist (ADON/IP), and Regional Nurse Consultant #1 (RNC#1). The surveyors informed the facility regarding the concerns with call bell response. The surveyor asked the LNHA what the expected call bell response time by staff was. The LNHA stated will ask family and residents their expectation and it was a difficult number to quantify. The LNHA stated the goal was 15 mins. The LNHA acknowledged that in the case of something emergent or a resident needing immediate assistance it was important for staff to answer call bells as promptly as possible.</p> <p>The surveyor reviewed the provided facility policy titled, Call System, Resident with an updated date of 4/2024. Under Policy Interpretation and Implementation, it read: .6. Calls for assistance are answered as soon as possible .</p> <p>49078</p> <p>36419</p> <p>5. On 9/18/24 at 11:03 AM, during the resident Council meeting, four (4) of four (4) residents (Resident #84, #153, #60, and #102) stated that the average call bell response time was at least 20 mins.</p> <p>A review of Resident #60's most recent MDS, dated [DATE], reflected the resident scored a 14 out of 15 on the BIMS which indicated the resident's cognition was intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315526	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Livingston Post Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 348 E Cedar Street Livingston, NJ 07039	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident #84's most recent MDS, dated [DATE], reflected the resident scored a 12 out of 15 on the BIMS which indicated the resident had a moderate cognitive impairment.</p> <p>A review of Resident # 102's most recent MDS, dated [DATE], reflected the resident scored a 15 out of 15 on the BIMS which indicated the resident's cognition was intact.</p> <p>A review of Resident #153's most recent MDS, dated [DATE], reflected the resident scored a 14 out of 15 on the BIMS which indicated the resident's cognition was intact.</p> <p>On 9/19/24 at 9:44 AM, the surveyor observed the Registered Nurse entered room [ROOM NUMBER] and responded to the call bell after 14 minutes.</p> <p>A review of the provided facility policy titled, Call System, Resident with an updated date of 4/2024. Under Policy Interpretation and Implementation, it read: .6. Calls for assistance are answered as soon as possible .</p> <p>On 9/20/24 at 01:14 PM, the survey team met with the LNHA, DON, ADON/IP, Regional LNHA, RNC#1, and RNC#2 for an exit conference. There was no additional information provided by the facility management.</p> <p>NJAC 8:39-25.2(a,b)</p>