

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Florham Park Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 190 Park Avenue Florham Park, NJ 07932	

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 - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44605</p> <p>Based on observation, 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 2 of 12 residents, Resident #6 and #26 reviewed for accuracy for MDS coding.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 11/24/24 at 11:04 AM the surveyor interviewed Resident #6 in their room. Resident #6 stated they occasionally feel anxious but receive medication when needed.</p> <p>On 11/25/24 at 10:30 AM, the surveyor reviewed the electronic medical record for Resident #6 which revealed the resident's face sheet (a one-page summary of important information about the patient) reflected that the resident was admitted to the facility with diagnosis that included but were not limited to chronic kidney disease, hyperlipidemia, and protein-calorie malnutrition.</p> <p>A review of the November 2024 Physicians Orders (PO) revealed a PO with a start date of 11/13/24, Lorazepam Oral Tablet 0.5 milligram (MG), Give 0.25 milliliter (ml) by mouth every 6 hours as needed for anxiety/ agitation.</p> <p>A review of the November 2024 electronic Medication Administration Record revealed Resident #6 received one dose of Lorazepam on 11/16/24 at 3:15 AM.</p> <p>On 11/25/24 at 11:28 AM, the surveyor reviewed the Significant Change in Status Assessment MDS dated [DATE], under Section N (Medications) N0415. High-Risk Drug Classes: Use and Indication, B: Antianxiety medication was listed as No</p> <p>On 11/26/24 at 11:58 AM, the surveyor interviewed the Registered Nurse/Case Manager (RN/CM), who stated, Resident #6 MDS should have been checked yes for the antianxiety medication. RN/CM further stated the facility followed the RAI manual as their policy.</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: 315530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Florham Park Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 190 Park Avenue Florham Park, NJ 07932	
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 - Few</p>	<p>According to the latest version of the Center for Medicare/Medicaid Services - Resident Assessment Instrument 3.0 Manual (updated October 2024) on Chapter 2-page 39 . According to the latest version of the Center for Medicare/Medicaid Services - Resident Assessment Instrument 3.0 Manual (updated October 2024). This item documents the type of medication to which the resident is or is not receiving. Steps for Assessment: 1. Review the resident's medical record for documentation that any of these medications were received by the resident and for the indication of their use during the 7-day look back period (or since admission/entry or reentry if less than 7 days). 2. Review documentation from other health care settings where the resident may have received any of these medications while a resident of the nursing home (e.g., valium given in the emergency room).</p> <p>Coding Instructions: Code all high-risk drug class medications according to their pharmacological classification, not how they are being used. Column 1: Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry or reentry if less than 7 days).</p> <p>Column 2: If Column 1 is checked, check if there is an indication noted for all medications in the drug class.</p> <p>39399</p> <p>2. On 11/26/24 at 10:40 AM, the surveyor reviewed the discharge medical records for Resident #26. The resident was admitted to the facility on [DATE]. Further review of the medical records revealed that the resident was discharged to home on 9/15/24.</p> <p>A review of the MDS Discharge Return Not Anticipated assessment for Resident #26 dated 9/15/24 revealed that the resident was discharged to an acute hospital.</p> <p>A review of the interdisciplinary progress notes dated 9/15/24 documented that Resident #26 was discharged to home.</p> <p>On 11/26/24 at 11:59 AM, the surveyor interviewed the facility's RN/CM who was also responsible to oversee the MDS completion and she confirmed that Resident #26 was discharged to home and not to an acute hospital. The RN/CM also stated that it was entered in error.</p> <p>On 11/26/24 at 1:18 PM, the survey team met with the Licensed Nursing Home Administrator, Director of Nursing, Regional Director of Operations, Regional Nurse Consultant, RN/CM, and Regional Director of Clinical Services to review the above concerns. No further information was provided.</p> <p>NJAC 8:39-11.1, 11.2(e)(1)</p>		