STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315530	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Florham Park Rehabilitation and Healthcare Center	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observations, interviews, record review, and review of facility documentation, it was determined that the facility failed to provide pharmaceutical services in accordance with professional standards to ensure that a.) medication was properly administered per manufacturer's specification for (1) of five (5) residents observed during medication administration (Resident#76), b). to document a resident's blood pressure for a medication with perimeters for one (1) of fourteen (14) residents reviewed for medication review (Resident #23) and c. to differentiate pain levels (pain scale) for the use of pain medication for one of one resident reviewed for pain management (Resident #73). The deficient practices were evidenced by the following: 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 and 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 regimens as prescribed by a licensed or otherwise legally authorized physician or dentist. 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. a). On 03/12/26 at 08:55 AM, the surveyor observed Resident #76 during medication administration. The surveyor observed a Licensed Practical Nurse (LPN#1) informing the resident who was in bed and was eating breakfast that she was going to administer their morning medications.On 03/12/26 at 9:05 AM, the surveyor observed an LPN #1 preparing two (2) medications for Resident #76. LPN #1 prepared one (1) tablet of Clopidogrel 75 mg (blood thinner) and a half-tablet of EDARBI 40 mg (blood pressure). At that time, LPN#1 told the surveyor that EDARBI 40 mg was provided by the resident's family and that she has cut the tablet in half. The surveyor in the presence of LPN#1 observed a bottle of EDARBI 40 mg with a pharmacy label that read that 1/2 tablet by mouth once daily. The surveyor observed LPN#1 cut one EDARBI 40 mg tablet in half in a pill cutter. The surveyor observed that the tablet was not scored. At that time, LPN#1stated that she was not sure if the tablet was evenly split and when asked if she usually cut tablets in half she told the surveyor that medication that required for tablets to be cut in half are done by the provider pharmacy but since this medication was provided by an outside pharmacy that the nurse is required to cut the tablets. The surveyor observed the tablet which was evenly cut. At that time, the surveyor informed LPN#1 that the tablet was not scored and that he will be reviewing the Manufacturer's specifications. The surveyor observed the nurse administered both medications to Resident #76 with 4 ounces of water.On 3/12/26 at 10:00 AM, during medication review the surveyor reviewed the Manufacturer specifications which revealed that EDARBI should not be crushed, chewed, or cut in half. A further review of the resident's physician's order revealed no order that allowed EDARBI to be cut in half.On 03/12/26 at 10:20 AM, the surveyor interviewed LPN#1 who (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that she was unaware that EDARBI could not be cut in half. When the surveyor mentioned that the tablet was not scored, LPN#1 stated that when she saw that the medication was not scored, she should have reach out to the pharmacy.A review of the admission record (admission summary) reflected that Resident #76 was admitted to the facility with diagnoses that included atherosclerotic heart disease(the buildup of plaque-cholesterol, fat and other substances within the coronary arteries, restricting blood flow to the heart), and hyperlipidemia (high levels of lipids (cholesterol/triglycerides) in the blood).A review of the March 2026 Order Summary Report (OSR) revealed the following Physician's Order (PO) dated 03/10/26 for EDARBI oral 40 mg tablet, give 0.5 tablet by mouth one time a day for hypertension, hold for systolic blood pressure (SBP) less than 120.A review of the March 2026 electronic medication administration record (e-MAR) revealed the following Physician's Order (PO) dated 03/10/26 for EDARBI oral 40 mg tablet, give 0.5 tablet by mouth one time a day for hypertension hold for SBP less than 120 with a plotted time of 0900 (9:00 AM). b). On 03/10/26 at 11:10 AM, the surveyor observed Resident #23 who was in their room. The resident was seated in a wheelchair and was watching television.A review of the admission Record (an admission summary) reflected that Resident #23 was admitted to the facility with diagnoses that included chronic kidney disease (the long-term, irreversible loss of kidney function, often caused by diabetes or high blood pressure), dependence of renal dialysis (life-sustaining need for regular hemodialysis or peritoneal dialysis due to end stage kidney failure) and hypertension (a chronic condition where blood forces against artery walls to strongly).A review of the admission Minimum Data Set, an assessment tool used to facilitate care, dated 01/30/26, reflected that the resident's cognitive skills for daily decision-making score was 13 out of 15, which indicated that the resident was cognitively intact.A review of the March 2026 Order Summary Report (OSR) revealed the following Physician's Order (PO) dated 02/22/26 for Metoprolol Succinate ER tablet Extended Release 24 hour 25 mg, give 1 tablet by mouth one time a day for Hypertension (HTN) hold for Systolic Blood Pressure (SBP) (a top, higher number in a blood pressure reading, measuring the pressure in arteries when the heart beats (contracts) and pushes blood out) less than 100, hold for diastolic blood pressure (DBP) (is the bottom number which measure pressure in the arteries when heart rests between beats) less than 60 and/ or Heart rate (HR) (how many times the heart beats per minute) less than or equal to 50.A review of the February 2026 and March 2026, electronic medication administration record (e-MAR) revealed a PO dated 02/22/26 for Metoprolol Succinate ER tablet Extended Release 24-hour 25 mg, give 1 tablet by mouth one time a day for Hypertension (HTN) hold for SBP less than 100, hold for a DBP less than 60 and/or HR less than 50. The e-MAR further revealed that Metoprolol Succinate ER had a plotted time of 0900 (9:00 AM) and contained no dropped down to enter the resident's HR or BP (blood pressure). The e-MAR further revealed from 02/22/26 through 03/11/26 that the nurses were only documenting that the medication was being administered with no heart rate or blood pressure. The e-MAR also revealed that the resident's Metoprolol was held on the following days: 2/24/26, 3/4/26, 3/5/26, 3/6/26, and 3/8/26.A review of the electronic medical record under weights and vitals revealed an entry section for blood pressure (BP) and pulse (heart rate) was not entered at 0900 (9:00 AM) on the following days: 2/22/26, 02/23/26, 02/24/26,03/1/26, 03/04/26, 03/06/26, and 03/08/26.On 3/11/26 at 12:00 PM, the surveyor in the presence of LPN#2 reviewed the resident's physician's orders and e-MAR. At that time, LPN#2 acknowledge that the resident's vitals were not being documented in the e-MAR. LPN #2 further stated that the e-MAR should have contained a drop down where the resident's vitals could have been documented. c). On 03/08/26 at 10:30 AM, the surveyor observed Resident #73 who was in their room. The resident was observed in bed watching television. The resident was alert and oriented and the surveyor asked the resident about their pain. Resident #73 stated that the facility was addressing their pain needs and had no complaints.A review of the admission Record (an admission summary) reflected that Resident #73 was admitted to the facility with diagnoses that intervertebral disc disorder (a condition characterized by the breakdown (degeneration) of one or more of the discs that separate the bones of the spine (vertebrae), causing (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pain in the back and the neck) and anxiety disorder (condition characterized by excessive, persistent fear of worry that interferes with daily life).A review of the March 2026 Order Summary Report (OSR) revealed the following Physician's Order (PO) dated 03/03/26 for Acetaminophen oral tablet 325 mg, give 2 tablets every 6 hours as needed for pain. Total dose of 650 mg, do not exceed 3 grams in 24 hours and a PO dated 03/05/26 for Oxycodone/Acetaminophen oral tablet, give 1 tablet every 4 hours as needed for pain management.A review of the March 2026, e-MAR revealed a PO dated 03/03/26 for Acetaminophen oral tablet 325 mg, give 2 tablets every 6 hours as needed for pain. Total dose of 650 mg do not exceed 3 grams in 24. A further review of the March 2026 e-MAR revealed that on the following dates Acetaminophen was administered for pain: on 03/04/26 at 12:00 PM for a pain level 3, 03/05/26 at 12:57 PM for a pain scale of 3, 03/07/26 at 8:57 AM for a pain scale of 3, 03/09/26 at 06:38 AM and 2:42 PM for a pain scale of 3, 03/10/26 at 1:26 PM for a pain scale of 3, and on 3/11/26 at 06:05 for a pain scale of 5. A review of March 2026, e-MAR revealed a PO dated 03/05/26 for Oxycodone/Acetaminophen oral tablet, give 1 tablet every 4 hours as needed for pain management. A further review of the March 2026 e-MAR revealed that on the following dates Oxycodone/Acetaminophen was administered for pain: on 03/06/26 at 09:24AM and 8:24 PM for a pain scale of 8, 03/07/26 at 12:53PM for a pain scale of 8, 03/08/26 at 06:54 AM for a pain scale of 8 and on 3/09/26 at 09:1 PM for pain scale of 9. On 3/11/26 at 11:10 AM, the surveyor in the presence of LPN#3 reviewed the resident's physician's orders. At that time, LPN #3 acknowledge that Resident #73's as needed pain medications did not differentiate between the used of mild, moderate, and severe pain. On 3/11/26 at 1:00 PM, the surveyor presented the above concerns to the facility administrative team which included the Director of Nursing (DON), the Licensed Nursing Home Administrator, the Regional Clinical Nurse , and the Regional Administrator.There was no additional information provided.A review of the facility's policy for Administering Medications that was dated 04/30/19 and was provided by the DON which revealed the following: 11. The following information is checked/verified for each resident prior to administering medications:Allergies to medications; andVital signs, if necessary. 12. When indicated, validate physician ordered parameters prior to medication administration. A review of the facility's policy for Pain Assessment and Management that was dated 04/30/25 and was provided by the DON which revealed the following: 4. During the pain assessment, gather the following information, as indicated, from the resident (or legal representative). Characteristics of pain, including:Location.Intensity (as measured on a standardized pain scale).Description (e.g., aching, burning, crushing, numbness, burning, etc.).Pattern (e.g., constant or intermittent); andFrequency, timing, and duration. NJAC 8:39-11.2 (b), 29.2 (d)