

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>094020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>6/26/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMPTON NURSING AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>800 MULHOLLAND RD BAY CITY, MI 48708</b>		
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F0000 SS=	INITIAL COMMENTS  Hampton Nursing and Rehabilitation was surveyed for a Standard Survey, exiting on 06/26/2025.  Event ID: CPZN11  No Intake Numbers.  Census: 48	F0000			
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self- determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a) (2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The	F0550			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure that residents were treated with dignity and had their needs met timely for a private group of residents and Resident #10, Resident #39 and Resident #41, resulting in complaints of being talked down to, feelings of sadness , diminished self-worth and not having their needs met as they wished.</p> <p>Findings include:</p> <p>Resident #39:</p> <p>On 6/24/25, at 11:12 AM, Resident #39 was resting in their bed. They complained their needs were met half of the time. Resident #39 used a writing board for communication. Resident #39 wrote on their communication board when Aide "H" answers my light she says do it on your own.</p> <p>On 6/25/25, at 10:15 AM, During Resident council task, the Residents were asked if they get care when they need it and unanimously all residents stated, No. The following complaints were voiced regarding getting</p>				

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	<p>their needs met:</p> <p>"They don't have enough people"</p> <p>"If they're busy with someone that really needs their help, you have to wait longer"</p> <p>"There is usually not enough aides"</p> <p>"We're lucky if we get 2 aides"</p> <p>"Most of the time, it's just one CNA"</p> <p>"Any weekend usually only 1 CNA"</p> <p>"You get a couple that are supposed to be working. They don't want to do anything they don't have to do"</p> <p>"They'll not change you and push it on to someone else"</p> <p>"Aides will come in and say I have to wait for so and so to help"</p> <p>"They will answer the light and say your aide's on break you'll have to wait and then it's an hour and a half later when they come back in"</p> <p>"I waited from 6:45 PM to 8:30 PM to get changed finally"</p> <p>"Sometimes there's only 1 aide to 2 halls"</p> <p>"They don't pass waters like they should, last</p>				

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	<p>night we didn't get water"</p> <p>"I always miss Tuesday shower day because they are shorthanded"</p> <p>"You only get one shower a week, if you're lucky and it depends on who's working"</p> <p>"(private resident) was left on the toilet for over an hour and a half"</p> <p>"They set your tray down and run out and don't help set up"</p> <p>"They don't help me set up my tray"</p> <p>"It depends on who is working. Some CNA's work all day and then there are some that don't work at all"</p> <p>Some CNA's sit at the nursing desk and look at the call light going off and the don't get up to answer it"</p> <p>"If a call light goes off and it's a hard room, they don't go answer it"</p> <p>There were specific complaints regarding Aide "H":</p> <p>"She snaps at you"</p> <p>"She will say pull your pants down when I need the bathroom"</p> <p>"She will say put your bed flat"</p>						

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F0584	<p>"She is a 3 out of 10 for rudeness; she can't even get a 5 because she is so rude"</p> <p>"If you say thank you, you get a "uhuh"</p> <p>"She will say I have more people to do, and you have to wait"</p> <p>"She always seems rushed"</p> <p>On 6/25/25, at 4:03 PM, the Administrator was alerted of resident council complaints regarding Aide "H".</p> <p>Residents # 10 and #41:</p> <p>On 6/26/25, at 8:43 AM, an interview with Resident #10 and #41 in their shared room along with the administrator was conducted. Both residents complained of Aide "H" seemed rushed and felt it was a customer service issue. Resident #10 complained their call light was on for 45 minutes as they needed the bed pan and due to the wait, they urinated a small amount and when Aide "H" finally entered the room they asked what do you want and Resident #10 offered I need the bed pan to pee and Aide "H" said to Resident #10 well it looks like you already did. Resident #10 complained it made them feel awful. Resident #41 complained they have to wait more often than not to get incontinent care.</p> <p>Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment.</p>	F0584					

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SS= D	<p>The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide a homelike shower room for the 100-Hall and failed to ensure a clean functioning shower room for the 200-Hall shower room for all residents who use the shower rooms for hygiene, resulting in black residue on shower tiles, chipped off sharp tile edges and a non-</p>				

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	<p>functioning shower on the 200-Hall.</p> <p>Findings include:</p> <p>On 6/24/25, at 12:07 PM, an observation of the only working shower room in the building was conducted with Aide H". The wall tiles in the shower area had a black residue. The caulking in the corners had a black residue. The outside shower corner behind the curtain had an area approximately 10 inches high of chipped off tiles. The drywall underneath was also chipped away. There was a black residue on the exposed areas. The tile edges appeared sharp.</p> <p>On 6/24/25, at 12:13 PM, An interview with the Administrator was conducted regarding the shower room. The Administrator offered they had a quote to repair both shower rooms as the shower room on the 200 hall was not in use since they had the tub removed.</p> <p>On 6/24/25, at 12:20 PM, an observation of the shower room on the 100 hall was conducted with the Administrator. The black residue on the caulking and tile grout appeared to be under the caulking and grout. The Administrator was asked to provide the quote for the repairs needed.</p> <p>On 6/26/25, at 10:30 AM, record review of the facility provided shower repair quote for the 100-hall shower room revealed "5/26 Quote ... TOTAL 350.00 ... Bathroom shower</p>				

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F0656 SS= D	<p>moldy grout Remove old grout Replace w/moisture resistant grout Replace corner Tiles and Grout ... "</p> <p>A review of the non-working shower quote on the 200-hall revealed "Construct shower and waterproof Rework drain &amp; plumbing Supply tile and install Supply plumbing fixtures and install Relocate thermostat Labor &amp; Materials \$10,000 Demo existing shower Waterproof Supply &amp; install tile Labor &amp; Materials \$8,000.00"</p> <p>On 6/26/25, at 11:12 AM, an interview with Maintenance staff "C" was conducted. Maintenance "C" offered they called the contractor the day prior, and the repairs should be completed within the next 30 days for the 100-hall shower room. Maintenance Staff "C" was asked if the quote for the 200-hall shower was from March/2025 why hasn't it been completed and Maintenance Staff "C" offered, the plan was to get the 100-hall shower done first..</p> <p>Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the</p>	F0656			



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	<p>following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to 1) Follow care plans for Activities of Daily living (ADL) care for two residents (#5, #96) and 2.) follow care</p>						

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	<p>plan for daily dressing change for Resident #18, resulting in Resident #18 and Resident #96 to appear to be in need of showers and hair care, and Resident #18 to have a post-surgical incision dressing change timely.</p> <p>Findings include:</p> <p>Record review of the facility 'Care Planning-Interdisciplinary team' policy dated 3/2025, revealed the interdisciplinary team is responsible for the development of resident care plans. The IDT includes but is not limited to: the resident 's attending physician; a registered nurse with responsibility for the resident; a nursing assistant with responsibility for the resident; a member of the food and nutrition services staff; to the extent practicable, the resident and/or the resident 's representative; and other staff as appropriate or necessary to meet the needs of the resident, or as requested by the resident.</p> <p>Activities of Daily Living</p> <p>Resident #5:</p> <p>Observation on 06/24/25 at 08:36 AM of Resident #5 was lying in bed with appearance to have greasy hair and teeth are fuzzy in appearance.</p> <p>Record review of Resident #5's care task "Showers/bed baths" Tuesday and Friday evenings. 30 days look back of bath/shower</p>						

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	<p>task form noted: 'No bath/shower given... on dates of; 5/27/25, 5/30/25, 6/3/25, 6/6/25, 6/10/25, 6/13/25 and 6/17/25, 6/24/25. Resident #5 only received one shower on 6/15/25. There were no bed baths given. One shower in 30 days was documented by facility staff.</p> <p>Record review of Resident #5's 'Care plans' for Activity of Daily Living self-care deficit related to cognition and impaired coordination diagnosis of Alzheimer's disease, anxiety and depression: Intervention of resident requires assist of one staff with bathing/showers dated 12/27/2023. There were no interventions for if resident refuses showers.</p> <p>Observation and interview on 06/25/25 at 09:04 AM with #5 stated, "No, I didn't get a shower yesterday, they don't care about me. I just don't know why they treat me like that". Observed Resident #5 hair still greasy in appearance and lying in bed.</p> <p>Record review of Resident #5's progress notes dated 5/27/2025 through 6/24/2025 revealed progress notes of bath/shower refusals only for dates of 5/30/25, 6/6/25 and 6/17/25.</p> <p>Resident #96:</p> <p>Record review of the facility matrix/roster on 6/24/2025 revealed that Resident #96 was new admit on 6/11/2025. Admitting</p>				

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	<p>diagnosis was right dorsum second digit (toe) amputation and lack of self-care.</p> <p>Observation and interview on 06/24/25 at 07:30 AM with Resident #96 stated "I don't get regular showers, I don't know why". Observed with facial hair on chin and upper lip of 1/4 inch estimated in length. Resident appeared messy, with greasy hair and odor noted from resident.</p> <p>Record review of Resident #96's care task "Showers/bed baths" Wednesday and Saturday second shift. 14 days look back of bath/shower task form noted: 'No bath/shower given... on dates of; 5/27/25, 5/30/25, 6/3/25, 6/6/25, 6/10/25, 6/13/25 and 6/17/25, 6/24/25. Resident #5 only received one shower on 6/15/25. There were no bed baths given. One shower in 14 days was documented by facility staff.</p> <p>Record review of Resident #96's progress notes from 6/11/2025 through 6/24/2025 revealed there were no documented bed bath/shower refusals noted.</p> <p>Observation on 06/25/25 at 12:16 PM of Resident #96 was up in wheelchair in therapy gym working with therapy for leg strengthen. Resident #96 noted to Still have chin hairs and hair is greasy in appearance.</p> <p>Resident #18:</p> <p>Observation and interview on 06/24/25 at</p>				

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	<p>09:18 AM with Resident #18 revealed that the resident had a second back surgery and had a dressing /sore on his back. the state surveyor observed mid-line lower back dressing dated 6/22/2025 at 10 AM, initials staff AK. Resident was asked about the dressing changes, and he stated "They are supposed to change the dressing every day. the previous day He left around 11:00 AM for a physical therapy home evaluation yesterday". Resident #18 did not leave the facility until 11:00 AM as a planned leave of absences.</p> <p>In an interview on 06/24/25 at 09:25 AM with Registered Nurse (RN) "A" stated that Resident #18 was gone before she could get to doing her treatments and that she did work yesterday at 6:00 AM to 6:00 PM. RN "A" stated that she gets new admissions frequently and discharges.</p> <p>Record review of Resident #18's 'Care plan' alter impairment to skin integrity related to surgical wound to spine. Intervention of: Wound care pre orders dated 6/2/2025.</p> <p>Record review of Resident #18's June 2025 Treatment Administration Record (TAR) revealed that on 6/23/2025 the night shift nurse documented that the mid-line dressing change was performed by signing the nurse's initials on the record.</p> <p>In an interview and record review on 06/26/25 at 11:52 AM with the Director of</p>						

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F0677 SS= D	<p>nursing (DON) was asked about performing dressing changes for surgical incisions. The DON stated "Dressing change it needs to be completed as ordered, if the day shift nurse did not change the dressing, then the night nurse should have done it. The dressing should be changed by the next shift". Record review of Resident #18's treatment record revealed that the night nurse initials had signed out that the dressing was changed, although the observation was dated 6/22/25 with initials AK at 10:00 AM.</p> <p>ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and records review, the facility failed to ensure that Activities of Daily Living (ADL) care was provided for 5 Residents (#5, #10, #38, #41 and #96) of 5 residents reviewed for personal hygiene/showers, resulting in poor hygiene and the potential for skin irritation, body odor and feelings of embarrassment, diminished self-worth, complaints of unkempt personal hygiene, feelings of sadness, overall feeling bad and a lack of dignity.</p> <p>Findings include:</p>	F0677					

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	<p>Observation and interview on 06/24/25 at 1:10 PM Observation with maintenance supervisor "F" of the 200 hallway shower room revealed there to be no tub or shower in the room. A toilet was noted for use. Storage items noted in the room consisted of three plastic commode chairs, a mechanical lift, a reclining shower chair and dirty linen bins. The maintenance supervisor "F" stated the tub was removed in March 2025 and they are waiting on quotes for a shower to be built. So only one shower is in use for all 48 residents. (If each resident (48) is to get showers 2 times a week that would be 96 showers put through one shower room per week).</p> <p>Activities of Daily Living:</p> <p>Resident #5:</p> <p>Observation on 06/24/25 at 08:36 AM of Resident #5 was lying in bed with appearance to have greasy hair and teeth are fuzzy in appearance.</p> <p>Record review of Resident #5's care task "Showers/bed baths" Tuesday and Friday evenings. 30 days look back of bath/shower task form noted: 'No bath/shower given... on dates of; 5/27/25, 5/30/25, 6/3/25, 6/6/25, 6/10/25, 6/13/25 and 6/17/25, 6/24/25. Resident #5 only received one shower on 6/15/25. There were no bed baths given. One shower in 30 days was documented by facility</p>				

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	<p>staff.</p> <p>Record review of Resident #5's 'Care plans' for Activity of Daily Living self-care deficit related to cognition and impaired coordination diagnosis of Alzheimer's disease, anxiety and depression: Intervention of resident requires assist of one staff with bathing/showers dated 12/27/2023. There were no interventions for if resident refuses showers.</p> <p>Observation and interview on 06/25/25 at 09:04 AM with #5 stated, "No, I didn't get a shower yesterday, they don't care about me. I just don't know why they treat me like that". Observed Resident #5 hair still greasy in appearance and lying in bed.</p> <p>Record review of Resident #5's progress notes dated 5/27/2025 through 6/24/2025 revealed progress notes of bath/shower refusals only for dates of 5/30/25, 6/6/25 and 6/17/25.</p> <p>Resident #96:</p> <p>Record review of the facility matrix/roster on 6/24/2025 revealed that Resident #96 was new admit on 6/11/2025. Admitting diagnosis was right dorsum second digit (toe) amputation and lack of self-care.</p> <p>Observation and interview on 06/24/25 at 07:30 AM with Resident #96 stated "I don't get regular showers, I don't know why".</p>				



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	<p>Observed with facial hair on chin and upper lip of 1/4 inch estimated in length. Resident appeared messy, with greasy hair and odor noted from resident.</p> <p>Record review of Resident #96's care task "Showers/bed baths" Wednesday and Saturday second shift. 14 days look back of bath/shower task form noted: 'No bath/shower given... on dates of; 5/27/25, 5/30/25, 6/3/25, 6/6/25, 6/10/25, 6/13/25 and 6/17/25, 6/24/25. Resident #5 only received one shower on 6/15/25. There were no bed baths given. One shower in 14 days was documented by facility staff.</p> <p>Record review of Resident #96's progress notes from 6/11/2025 through 6/24/2025 revealed there were no documented bed bath/shower refusals noted.</p> <p>Observation on 06/25/25 at 12:16 PM of Resident #96 was up in wheelchair in therapy gym working with therapy for leg strengthen. Resident #96 noted to Still have chin hairs and hair is greasy in appearance.</p> <p>Resident #10</p> <p>On 6/25/25, at 10:35 AM, Resident #10 complained they don't always get their scheduled shower when they want it and that it made them feel sad, mad and bad as it was a personal hygiene problem.</p> <p>On 6/26/25, at 10:00 AM, a record review of</p>						

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	<p>Resident #10's electronic medical record revealed an admission on 05/30/2025 with diagnoses that included Absence of left leg below knee, Diabetic Retinopathy and impaired vision. Resident #10 had intact cognition.</p> <p>A review of the care plan "I have an ADL self-care performance deficit ... Interventions ... PERSONAL HYGIENE/ORAL CARE: I require assistance by (1) staff with personal hygiene and oral care. Date Initiated: 05/30/2025 ... BATHING/SHOWERING: I require assistance by (1) staff with bathing/showering. Date Initiated: 05/30/2025". There was no care plan relating to the resident refusing showers or any cares.</p> <p>Resident #38</p> <p>On 6/24/25, at 12:32 PM, Resident #38 was in their room. Resident #38 complained they don't always get a shower. Resident #38 was unshaven.</p> <p>On 6/25/25, at 3:55 PM, a record review of Resident #38's electronic medical record revealed an admission on 12/28/24 with diagnoses that included stroke, muscle weakness and Parkinson's disease. Resident #38 had moderately impaired cognition.</p> <p>A review of the care plan "I have an ADL self-care performance deficit ... Interventions ... PERSONAL HYGIENE/ORAL CARE: I require assistance by (1) staff with personal hygiene</p>				

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	<p>and oral care. Date Initiated: 07/17/2024 ... BATHING/SHOWERING: I require setup and supervision with cueing for safety and sequencing during bathing/showering. Date Initiated: 07/17/2024 ... " There was no care plan relating to the resident refusing showers or any cares. There was no care plan intervention to ensure the resident was shaven.</p> <p>A review of the A review of the "task: Shower/Bed Bath Wednesday/Saturday evenings" for the previous 30 days revealed the following days the resident received a shower "6/4/2025 ... 6/18/2025" For the column "No bath given attempted x 2" revealed there were multiple days check marked.</p> <p>On 6/26/25, at 9:36 AM, an observation of Resident #38's skin along with Aide "Courtney" and Aide "donna" was conducted. Resident #38 had bilateral groin redness. There was a noticeable odor coming from the reddened areas. Resident #38 complained of it being bothersome; more of "irritated pain" than it hurting. The resident remained unshaven.</p> <p>Resident #41</p> <p>On 6/25/25, at 10:30 AM, Resident #41 complained they don't get their showers as they like, need and prefer. Resident #41 offered that they do get bed baths but prefer a shower.</p>				

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F0684 SS= D	<p>On 6/25/25, at 2:30 PM, a record review of Resident #41's electronic medical record revealed an admission on 2/05/25 with diagnoses that included Depression, Need for assistance with personal care and Obesity. Resident #41 had intact cognition.</p> <p>A review of the care plan "I have an ADL self-care performance deficit related to obesity, pain, bilateral heel wounds ... Interventions ... PERSONAL HYGIENE/ORAL CARE: I require assistance by (1) staff with personal hygiene and oral care. Date Initiated: 02/05/2025 ... BATHING/SHOWERING: I require assistance by (2) staff with bathing/showering. Date Initiated: 02/05/2025 ... " There was no care plan relating to the resident refusing showers or any cares.</p> <p>A review of the "task: Shower/Bed Bath Wednesday and Saturday days" task list for the previous 30 days revealed the following days the resident received a shower "5/31/2025 ... 6/11/2025 ... 6/18/2025 ...6/25/2025"</p> <p>Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p>	F0684					

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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure that a dressing change was completed as ordered for one resident (Resident #18) of 2 residents reviewed for skin, resulting in Resident #18 having a lower back post-surgical incision with dressing that was not changed daily as ordered with the likelihood for infection and prolonged illness.</p> <p>Findings include:</p> <p>Resident #18:</p> <p>Observation and interview on 06/24/25 at 09:18 AM with Resident #18 revealed that the resident had a second back surgery and had a dressing /sore on his back. the state surveyor observed mid-line lower back dressing dated 6/22/2025 at 10 AM, initials staff AK. Resident was asked about the dressing changes, and he stated "They are supposed to change the dressing every day. the previous day He left around 11:00 AM for a physical therapy home evaluation yesterday". Resident #18 did not leave the facility until 11:00 AM as a planned leave of absences.</p> <p>In an interview on 06/24/25 at 09:25 AM with Registered Nurse (RN) "A" stated that Resident #18 was gone before she could get</p>				

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F0686 SS= D	<p>to doing her treatments and that she did work yesterday at 6:00 AM to 6:00 PM. RN "A" stated that she gets new admissions frequently and discharges.</p> <p>Record review of Resident #18's June 2025 Treatment Administration Record (TAR) revealed that on 6/23/2025 the night shift nurse documented that the mid-line dressing change was performed by signing the nurse's initials on the record.</p> <p>In an interview and record review on 06/26/25 at 11:52 AM with the Director of nursing (DON) was asked about performing dressing changes for surgical incisions. The DON stated "Dressing change it needs to be completed as ordered, if the day shift nurse did not change the dressing, then the night nurse should have done it. The dressing should be changed by the next shift". Record review of Resident #18's treatment record revealed that the night nurse initials had signed out that the dressing was changed, although the observation was dated 6/22/25 with initials AK at 10:00 AM.</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable;</p>	F0686					

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	<p>and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow care-planned interventions and prevent skin breakdown for one resident (Resident #6) out of three residents reviewed for skin problems, resulting in new skin breakdown with the likelihood of further skin breakdown and pain.</p> <p>Findings include:</p> <p>Resident #6:</p> <p>On 6/24/25, at 8:25 AM, Resident #6 was resting in bed on their back without positioning devices. There was a slight odor to the room.</p> <p>On 06/25/25, at 3:00 PM, an observation of Resident #6's abdomen wound was conducted with the Director of Nursing (DON). When the DON pulled back Resident #6's covers there was a strong odor. The DON mentioned that the wound was healing well. There were no positioning devices under Resident #6's left arm.</p>				

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	<p>On 6/25/25, at 3:15 PM, a record review of Resident #6's electronic medical record revealed an admission on 10/11/2024 with diagnoses that included Stroke, Aphasia and Hemiplegia following Stroke. Resident #6 was totally dependent on Staff for all Activities of Daily Living (ADL) and had severely impaired cognition.</p> <p>A review of the "BRADEN SCALE FOR PREDICTING PRESSURE SORE RISK ... Score: 8.0 ... VERY HIGH RISK 9 or below" revealed Resident #6 was at very high risk for developing pressure related skin injuries.</p> <p>A review of the care plan "I am at increased risk for alteration in skin integrity as evidenced by Braden Scale ... Goal My interventions will decrease/minimize skin breakdown risks through next review ... Interventions ...Encourage to reposition as needed; use assistive devices as needed, as I allow Date Initiated: 10/13/2021 Observe skin condition with ADL care daily; report abnormalities ... "</p> <p>A review of the "Skin &amp; Wound Evaluation ... Date 6/25/2025" revealed no mention of the new skin breakdown to under the left breast.</p> <p>On 6/26/25, at 9:15 AM, an observation of Resident #6's skin along with Aide "J" and Aide "K" was conducted. Aide "K" assisted with observation of under Resident #6's left breast. As Aide " K" lifted up the breast, there was a strong odor noted. There were four</p>				



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	<p>open areas approximately 1 centimeter long each. The areas had a slight depth and approximately two to three millimeters width. There was intact skin tissue separating the four open areas. The entire area was linear and approximately two inches long. Aide "J" was asked if Resident #6's left armpit was visible and Aide "J" attempted to lift the arm for view. Resident #6's left arm was nearly closed over top of their left breast with no positioning device to aide with pressure reduction. Aide "J" offered, the resident sweats a lot.</p> <p>On 6/26/25, at 11:30 AM, Resident #6 was resting in their bed. The Director of Nursing was at their bedside. The Resident's left breast was assessed and The DON offered they would call the Nurse Practitioner for orders.</p> <p>On 6/26/25, at 12:45 PM, a further record review of Resident #6's electronic medical record revealed new orders: "Wound care #6 MASD (Moisture-associated skin damage), cleanse under left breast with wound cleanser, pat area dry apply thin layer of Triad, insert interdry sheet under breast daily and PRN two times a day ... Start Date 6/26/25 12:00 ... "</p> <p>A review of the "WOUND EVALUATION ... #6 - MASD -Other Moisture Associated Damage Body Location: Left Breast New ... Acquired: In-House Acquired Dimensions ... Length 4.23 cm (centimeter) Width 0.48 cm ... " The</p>				

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F0725 SS= F	<p>picture of the wound revealed an open linear wound under their left breast.</p> <p>A review of "SKIN MANAGEMENT GUIDELINES PREVENTION OF PRESSURE ULCER/INJURIES Policy "Review Dates ... 11.2024" revealed "The purpose of this procedure is 1) to identify residents at risk for developing alterations in skin including pressure ulcer/injury risk factors, and 2) to identify specific interventions to assist with prevention and management of skin alterations ... Moisture associated skin damage (excoriation, maceration) ... Risk factors ... Incontinence Excessive perspiration Wound drainage ... "</p> <p>Sufficient Nursing Staff §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (f) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to</p>	F0725					

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	<p>nurse aides. §483.35(a)(2) Except when waived under paragraph (f) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure adequate nursing staff to ensure that the needs of the residents were met, resulting in insufficient and unmet resident care needs, and residents' feelings of frustration.</p> <p>Findings include:</p> <p>Record review of the facility submitted 'PBJ Staffing 2 Quarter 2025 (Jan 1-March 31) identified low weekend staffing for the first quarter 2025.</p> <p>Record review of the facility 'Staffing, Sufficient and Competent Nursing' Policy Statement revealed that the facility provides sufficient numbers of nursing staff with the appropriate skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment.</p> <p>Record review of 'Staffing, Sufficient and Competent Nursing' Policy Statement revealed the facility provides sufficient numbers of nursing staff with the appropriate</p>						

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	<p>skills and competency necessary to provide nursing and related care and services for all residents in accordance with resident care plans and the facility assessment. Policy Interpretation and Implementation: Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including: assuring resident safety; attaining or maintaining the highest practicable physical, mental, and psychosocial well-being of each resident; assessing, evaluating, planning, and implementing resident care plans; and responding to resident needs.</p> <p>In an interview on 06/24/25 at 07:28 AM, Resident #96 revealed she had at the facility 3 weeks or less and there was not enough staff to help us all. Resident #96 stated that she did wait too long and wet her pants waiting to get help. Resident #96 estimated that she did wait a while, at least 30-45 minutes to get help. Resident #96 revealed that she was not supposed to get out of bed alone and then they don't come when she would put the call light on.</p> <p>In an interview on 06/24/25 at 09:20 AM, Resident #18 revealed that there were not enough staff at times.</p> <p>in an interview on 06/24/25 at 07:41 AM, a resident, who did not want to be identified, revealed that there could be a few more staff on second shift. The weekends are short, but</p>						

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	<p>they try to make up for it, but still need more people.</p> <p>An interview on 06/24/25 at 07:20 AM with unsampled resident during the initial screening at the beginning of the survey on the 200-hallway revealed: "No not enough staff, they are just not here. all shifts, we just wait and wait, too long".</p> <p>In an interview on 06/24/25 at 07:34 AM with unsampled resident during the initial screening at the beginning of the survey on the 200-hallway revealed: "There isn't enough staff, it's hard to get people to work these days. They just can't get the staff in here. It's all about that money".</p> <p>An interview on 06/24/25 at 07:50 AM with unsampled resident during the initial screening at the beginning of the survey on the 200-hallway revealed: "the staffing is OK, except on the weekends there is nobody here to get the work done. I don't know why".</p> <p>In an interview on 06/25/25 at 04:03 PM, the Nursing Home Administrator (NHA) was asked why the facility triggering PBJ low weekend staffing? The NHA stated that probably because of call offs, staff call ins. With the call-ins the facility tries to get replacement staff, and we make calls and have incentives, or switch days off with other days. Weekends are hard to staff. I have a couple of openings in the schedule. I have 2 people that we are getting ready to take</p>				

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	<p>positions. We do have some PRN's that pick up. PBJ is submitted by the New Jersey corporate office. The state surveyor asked about showers are not being given because the surveyor received verbal complaints of no showers.</p> <p>In an interview and records review on 06/25/25 at 10:56 AM, Certified Nursing Assistant "C" Transporter/scheduler/medical record/Central supply stated- We staff by resident census, CNA's work 8-hour shifts and nurses work 12-hour shifts. Certified Nurse Assistant shift levels were discussed:</p> <p>Day shift required 4 CNA's, and 2 nurses.</p> <p>Afternoons shift required 4 CNA's, and 2 nurses</p> <p>Night shift required 1 CNA, and 2 nurses. if resident census is over 45 then there are 2 CNA's on nights. Record review of schedules revealed call-ins, when a staff member calls in, I will ask all current staff in building to stay over, give them a bonus, 5 dollars more an hour. If no one stays, then I will help stay over. If I cannot, we will put out calls to staff, with a bigger bonus of 50 to 75 dollar. Usually, the staff work well. Residents do complain about not having enough aides, but then we could be fully staffed and there would still not be enough. they just say there's not enough staff.</p> <p>Interview and record review on 06/25/25 at</p>				

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	<p>1:00 PM with Human Resource staff "B" revealed that the facility did not use agency staffing.</p> <p>Review of the number of facilities staffing levels revealed:</p> <p>floor RN's: 6 +3 PRN's</p> <p>floor LPN's: 3 + 2 PRN's</p> <p>CNA's: 12 +8 PRN's</p> <p>Call ins happen, we do not mandate staff, we have bonuses to offer to get staff to work extra. Human Resource staff "B" revealed that she sends in payroll every 2 weeks, I do move job descriptions depending on what staff are doing. If the Director of Nursing or Registered Nurse "E" Who are Management) if they work the floor as a nurse I change their job code to floor nurse for the hours worked. I don't do anything with PBJ reports. I just send in the payroll. The corporate office in New Jersey handles the PBJ reports. Human Resource staff "B" was asked about Low weekend staffing: I don't see who is here on the weekends. if someone misses and punch in, I have gone find that person and they fill out a form and I correct the punch. We don't have a lot of open positions, when we hire, we get them here for orientation and then they don't want to work. they will come one day and not come back. It happens so often that the new hires just don't come in. It cost money to get them hired.</p>				

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F0761 SS= D	<p>Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure safe medication storage for the 200 Hall medication cart of 2 carts reviewed, resulting in the 200 Hall medication cart to be found parked in the middle of the 200 hallway left unlocked and accessible for residents, visitors and state surveyor to access the medications.</p> <p>Findings include:</p>	F0761					



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	<p>Observation and interview on 06/24/25 at 12:13 PM of the 200 hallway medication cart left in hallway unlocked. The state surveyor was able to open drawers on the med cart. Registered Nurse (RN) "A" was noted in room 204 checking resident blood sugar and chatting with resident. RN "A" came out of the room and the surveyor was standing at the medication cart with the second drawer open. The state surveyor had to ask the nurse what's going on with the cart being left unlocked in the hallway with visitors, therapy and staff passing by. RN "A" stated that she didn't mean to leave the cart unlocked.</p> <p>Record review of Registered Nurse (RN) "A"s employee record with human resource during the staffing task portion of the annual survey revealed that in March 2025, RN "A" received a one-on-one inservice for medication cart and treatment carts must be locked at all times when nurse is not at cart.</p> <p>In an interview on 06/26/25 at 11:55 AM with the Director of Nursing (DON) revealed that the floor nurse did come to her and state what happened with the unlocked medication cart. The DON stated that she does have a formal disciplining waiting for the nurse upon her return to work. The DON stated that the medication cart should be kept locked when the nurse is not present.</p> <p>Record review of the facility 'Storage of Medications' Policy Statement: The facility stores all drugs and biological's in a safe,</p>						

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F0883 SS= D	secure, and orderly manner. (9.) Unlocked medication carts are not left unattended.  Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the	F0883			

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	<p>opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide declination documentation and education of immunization refusal for one resident (Resident #28) of 5 residents reviewed for immunizations, resulting in the lack of documentation of resident immunization education and declination of vaccines.</p> <p>Findings include:</p> <p>Influenza Vaccine Resident, dated 9/2024, All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. A resident's refusal of the vaccine shall be documented on the Informed Consent for Influenza Vaccine and placed in the resident's medical record.</p>				

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	<p>Pneumococcal Vaccine Policy Statement dated 11/2024, All residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Residents/representatives have the right to refuse vaccination. If refused, appropriate information is documented in the resident's medical record indicating the date of the refusal of the pneumococcal vaccination.</p> <p>Coronavirus Disease (COVID-19) - Vaccination of Residents Policy Statement dated 4/2025, Each resident is offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident is fully vaccinated. If the resident did not receive the COVID-19 vaccine due to medical contraindications, prior vaccination, or refusal, appropriate documentation is made in the resident's record.</p> <p>In an interview and record review on 06/26/25 at 09:00 AM with the Infection Control Preventionist (ICP) "G" during the infection control task five residents were reviewed for immunizations.</p> <p>Record review of Resident #28's immunization record revealed that the resident had refused the RSV in December 2024. There was no signed refusal form or progress note found in the medical record. ICP "G" reviewed the electronic medical record and found no notes regarding the refusal or education of the resident. ICP "G" found a 'Vaccine Consent- multiple</p>				

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	<p>Vaccine/Screening Form' dated 4/7/2025 was blank vaccine consent form with no refusals or signature. ICP "G" stated that the form is part of the electronic medical record and was completed by facility staff, only that the form was not filled out.</p> <p>Record review of Resident #28's progress notes from 11/25/2025 through 3/31/2025 revealed that there were no progress notes for the RSV vaccine on resident education or refusal of vaccine. On 3/31/2025 Resident #28 was sent out to the hospital for shortness of breath. Record review of Resident #28's progress notes on 4/9/2025 readmission from hospital with diagnosis of RSV.</p> <p>Record review of Resident #28's progress notes and immunization records from 4/7/2025 through 6/26/2025 revealed that there were no RSV vaccine education or documented immunization refusal of RSV vaccine for a resident readmitted post respiratory illness.</p>						