STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	315524		C 07/21/2022

NAME OF PROVIDER OR SUPPLIER
LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
3718 CHURCH ROAD
MOUNT LAUREL, NJ 08054

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
	Complaint #: NJ149611, NJ153805, NJ151585, NJ155095, NJ152881, NJ149603, NJ152929, NJ153866, NJ154082, NJ154365, NJ150799, NJ152743, NJ155540, NJ149112 and NJ152914. Census: 197 Sample Size: 17 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey. Survey date: 07/19/2022 - 07/21/2022			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 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. This REQUIREMENT is not met as evidenced by: Complaint Intake #NJ152929 Based on record review, interviews, and review of facility policy, the facility failed to ensure physician-ordered medication administration and monitoring were conducted and documented per accepted standards of nursing practice for [redacted] (Resident [redacted]) of [redacted] sampled residents reviewed for missed medications and resident monitoring.	F 684	08/12/22 F684- Quality of Care CFR(s): 483.25 483.25 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	8/31/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 08/18/2022

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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F 684	Continued From page 1 Findings included: A review of Resident [redacted]'s Admission Record indicated the facility admitted the resident with diagnoses that included [redacted] A review of the admission Minimum Data Set (MDS), dated [redacted], indicated the resident had [redacted] with a Brief Interview for Mental Status (BIMS) score of [redacted] out of [redacted] The care plan, dated [redacted] indicated use of [redacted] medications [redacted] related to adjustment issues. [redacted], and the use of [redacted] medication [redacted]) related to [redacted] and poor adjustment to admission. The [redacted] Medication Administration Record (MAR) revealed the following physician's orders and missed signatures on the MAR for the following medications and resident monitoring: - 02/10/2022, [redacted] tablet [redacted] milligram (MG) ([redacted], give one tablet by mouth one time a day for supplement (ordered date [redacted]. - 02/10/2022, 9:00 AM, [redacted] capsule [redacted] MG [redacted], give one capsule by mouth every 12 hours for [redacted] for [redacted] days (start date [redacted]). - 02/10/2022 and 02/22/2022 at 10:00 AM, [redacted] tablet [redacted] mg [redacted], give one tablet by mouth twice a day for [redacted] (start date [redacted]	F 684	standards of practice, the comprehensive person-centered care plan, and the residents' choices. 1. Corrective Action: Resident [redacted] was assessed there was no negative effects. Physician was notified and no new orders. The nurse involved was re-educated on making sure she follows physician's orders as prescribed. She was also re-educated on notifying the physician when a medication is not given. 2. Identification of other residents or areas having the potential to be affected: All facility residents have the potential to be affected by the alleged practice. An audit was completed to identify any MARs/TARs with blanks. Any residents with identified blanks were assessed and addressed as needed. 3. Measures put into Place: To prevent future occurrences and to ensure compliance, all licensed nursing staff will be re-educated on this practice by 08/31/22. New licensed nurses will receive the above education upon hire. Education will be done by Director of Nursing/Designee by written education. 4. How the facility plans to monitor its performance to make sure that solutions are lasting: Weekly audits on 5 random residents on each unit will be conducted by the Director of Nursing/designee to ensure that medications are administered based on Physician Orders. These audits will be	

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F 684	Continued From page 2 - 02/04/2022 and 02/10/2022, [redacted] monitoring for [redacted], medication changes, every shift for [redacted] days. - 02/10/2022 9:00 AM, 1:00 PM, 02/11/2022 1:00 PM, 02/17/2022 1:00 PM, 02/18/2022 1:00 PM and 02/22/2022 9:00 AM, 1:00 PM, [redacted] Tablet [redacted] mg, give one tablet by mouth three times a day for [redacted] (start date [redacted] - 02/04/2022, 02/10/2022 and 02/18/2022, [redacted] evaluation: vital signs every shift every shift for [redacted] evaluation. - 02/04/2022, 02/10/2022 and 02/22/2022, [redacted] evaluation: does the resident exhibit any other indicative symptoms of [redacted] such as [redacted] every shift for [redacted] evaluation document signs/symptoms as: y= yes symptoms noted; n= no symptoms noted - 02/04/2022, 02/10/2022, 02/22/2022, [redacted] evaluation: does the resident exhibit any respiratory symptoms indicative of [redacted] such as [redacted] every shift for [redacted] evaluation document signs/symptoms as: y= yes symptoms noted; n= no symptoms noted. - 02/10/2022 2:00 PM, 02/11/2022 2:00 PM, 02/14/2022 2:00 PM, 02/17/2022 2:00 PM, 02/18/2022 2:00 PM and 02/22/2022 2:00 PM, [redacted] tablet [redacted] mg ([redacted]), give 1 tablet by mouth every	F 684	conducted weekly x 4weeks and then monthly x2 months. Findings will be reported at the monthly QAPI meeting until substantial compliance has been met. 5. Date when corrective action will be completed: 08/31/2022	

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F 684	Continued From page 3 8 hours for [redacted] (start date [redacted]). - 02/10/2022 and 02/22/2022, may crush or open capsules and combine all medications in food or liquid according to pharmacy guidelines every shift for med administration. - 02/04/2022 and 02/09/2022, nursing skilled pathway every shift for monitoring. An interview with Nurse Practitioner (NP) #1 was conducted on 07/21/2022 at 2:07 PM. The NP stated the expectation was for nursing staff to follow physician's orders. An interview was conducted with Licensed Practical Nurse (LPN) #8 on 07/21/2022 at 2:56 PM. The nurse stated Resident [redacted] was refusing medications and encouragement was needed, so they waited until [redacted] arrived to help with medication administration. The resident would take medicines if the resident's [redacted] was at the bedside. The medications were given but were not signed out. The nurse also stated that if it was not signed, it meant it was not given and they had been educated about the missed signatures. An interview with the Director of Nursing (DON) was conducted on 07/21/2022 at 3:10 PM. The DON stated the expectation was to ensure residents received their medications as ordered. An interview with the Administrator was conducted on 07/21/2022 at 4:15 PM. The Administrator stated the nurses were expected to administer medications according to physician's orders.	F 684		

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F 684	Continued From page 4 A review of the undated facility policy, "Administering Medications," revealed, "4. Medications are administered in accordance with prescriber orders, including any required time frame." "22. The individual administering the medication initials the residents MAR on the appropriate line after giving each medication and before administering the next ones." New Jersey Administrative Code §8:39 - 29.2(d)	F 684		