STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315201	A. BUILDING _____ B. WING _____	C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST MOORESTOWN, NJ 08057

(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 Complaint #: NJ165363, NJ165497, NJ168316 CENSUS: 159 SAMPLE SIZE: 4 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY. Based on interviews, medical record review, and review of other pertinent facility documentation on 10/17/2023 and 10/19/2023, it was determined that the facility failed to provide a safe environment and supervision of a NJ EX Order: 264b1 resident on a NJ EX Order: 264b1 unit. The facility failed to identify that a staff member didn't follow the policy for storage of personal items. It was determined on 9/7/2023 that an Activity Assistant (AA) left her NJ EX Order: 264b1 NJ EX Ord (a facility issued NJ EX Order: 264b1 with zipper provided to staff during orientation to carry around items securely.) unsupervised on the NJ EX Order: 26 cart and the resident (Resident #2) took it. Resident #2 was found by a Certified Nursing Assistant (CNA) with an opened bottle of NJ EX Order: 264b1 miligram (mg) (a medication used to NJ EX Order: 264b1 that belonged to the AA. The AA and Licensed Practical Nurse (LPN) counted the pills in the bottle and confirmed there were NJ EX Order: 264b1 of NJ EX Order: 264b1 mg missing from the pill bottle. The Physician was made aware, and Resident #2 was sent to the Emergency Room for evaluation.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/30/2023

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 000	Continued From page 1 This deficient practice placed all residents with cognitive impairment with wandering behaviors at risks to encounter hazardous items that could cause injury, harm or death. The Immediate Jeopardy Past Non -Compliance began on [redacted] and ended on [redacted]3 after the facility educated the unit staff about storage policy and procedure of Employee Personal Items. The facility- initiated monitoring of the storage of personal items on the secured unit to ensure that this does not reoccur. The facility submitted the following document at the time of the survey that indicated the following: 1. On [redacted] a full search of the unit was conducted by staff to ensure that there were no personal and hazardous items. 2. [redacted], the facility conducted education of nursing and enrichment staff , which included the AA on storage of personal belongings and using lockers and/or locked spaces on the NJ EX Order. 264b1 unit. 3. After the re-education on [redacted], Employee AA could returned to work on this [redacted] unit. The facility continues making rounds by nursing management and Ambassadors utilizing their ambassador application tool. The environment has been safely maintained. There is sufficient evidence that the facility corrected the non-compliance and is in substantial compliance at the time of this Complaint Survey for the specific F689 regulatory requirements.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices	F 689		

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	315201	A. BUILDING _____ B. WING _____	C 10/19/2023

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F 689	Continued From page 2 CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint #: NJ165363, NJ165497, NJ168316 Based on interviews, medical record review, and review of other pertinent facility documentation on 10/17/2023 and 10/19/2023, it was determined that the facility failed to provide a safe environment and supervision of a NJ EX Order. 264b1 resident on a NJ EX Order. 264b1 unit. The facility failed to identify that a staff member didn't follow the policy for storage of personal items. It was determined on NJ EX Order. 264b1 that an Activity Assistant (AA) left her NJ EX Order. 264b1) unsupervised on the NJ EX Order. 264b1 of a NJ EX Order. 264b1 and the resident (Resident #2) took it. Resident #2 was found by a Certified Nursing Assistant (CNA) with an opened bottle of NJ EX Order. 264b1 miligram (mg) (a medication used to NJ EX Order. 264b1) that belonged to the AA. The AA and Licensed Practical Nurse (LPN) counted the pills in the bottle and confirmed there were NJ EX Order. 264b1 of NJ EX Order. 264b1 mg missing from the pill bottle. The Physician was made aware, and Resident #2 was sent to the Emergency Room for evaluation. This deficient practice placed all residents with	F 689	Past noncompliance: no plan of correction required.	

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F 689	Continued From page 3	F 689		

cognitive impairment with wandering behaviors at risks to encounter hazardous items that could cause injury, harm or death.

The Immediate Jeopardy Past Non -Compliance began on [redacted] and ended on [redacted] after the facility educated the unit staff about storage policy and procedure of Employee Personal Items. The facility- initiated monitoring of the storage of personal items on the [redacted] unit to ensure that this does not reoccur.

The facility submitted the following document at the time of the survey that indicated the following:

1. On [redacted] a full search of the unit was conducted by staff to ensure that there were no personal and hazardous items.
2. On [redacted], the facility conducted education of nursing and enrichment staff , which included the AA on storage of personal belongings and using lockers and/or locked spaces on the secured memory care unit.
3. After the re-education on [redacted], Employee AA could returned to work on this [redacted] unit.

The facility continues making rounds by nursing management and Ambassadors utilizing their ambassador application tool. The environment has been safely maintained.

There is sufficient evidence that the facility corrected the non-compliance and is in substantial compliance at the time of this Complaint Survey for the specific F689 regulatory requirements.

This deficient practice was identified for 1 of 4 residents (Resident #2) reviewed for incidents

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F 689	Continued From page 4	F 689		

and accidents.

During a tour of the [redacted] unit on 10/17/2023 at 9:00 A.M., the Surveyor did not observe any personl items visible on the unit or within the residents reach.

On 10/17/2023 and 10/18/2023, a review of Resident #2's Electronic Medical Record (EMR) was as follows:

According to the Admission Record (AR), Resident #2 was admitted to the facility on [redacted] with diagnoses which included but were not limited t NJ EX Order. 264b1 [redacted].

According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident #2 had a Brief Interview of Mental Status (BIMS) score of [redacted] which indicated the Resident was NJ EX Order. 264b1 .

Review of the facility's transfer form titled "New Jersey Universal Transfer Form" dated "[redacted]" and timed "4:00 P.M., under reason for transfer reveal: "[redacted] that did not belong to him/her."

During an interview on 10/17/2023 at 10:00 A.M., the AA informed the Surveyor that on [redacted] she placed her [redacted] on the [redacted] of a NJ EX Order. 264b1 cart while conducting activities with the residents in the dining room on the [redacted] unit. While conducting activity, she was approached by the LPN with her medication bottle and asked how many pills were in the bottle? "I told the LPN I had about [redacted] in

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F 689	Continued From page 5	F 689		

the bottle that morning. I always count my pills, I don't take them every day, so I knew it was [redacted] pills at the beginning of the day." After the LPN and I counted the pills in the bottle, "it was [redacted] pills left in the bottle." When asked by the Surveyor what were the pills in the bottle, the AA stated, "it was my [redacted] mg and I don't take them every day." She further stated that she was made aware by the LPN that her pill bottle was found opened with a resident. When asked by the Surveyor where was her pill bottle kept, the AA stated, "I had it in my [redacted]. Yes, the [redacted] was zipped up that day." I did not know my [redacted] was missing until the LPN came to me with my pill bottle." The AA continued to state she did not see anyone take her [redacted] from the [redacted] cart while conducting activity that day.

During the same interview when asked by the Surveyor if she should have her personal items unsupervised while doing activities on a unit with [redacted] residents, the AA said "No, I should have placed my [redacted] in a locker or kept in the activities office where it is always secured and away from all residents." When asked if she followed the facility policy for securing personal items, she said "No."

During an interview on 10/17/2023 at 11:10 A.M., the LPN said she was presented an opened bottle of pills by the CNA who told her Resident #2 had the opened pill bottle in their [redacted] I went down the hallway with the CNA to access Resident #2 and ensured the resident was doing okay. The cap of the pill bottle was retrieved from Resident #2's [redacted] and then I went over to the AA in the dining room. I asked her if the bottle belong to her since it had her name on it. She

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F 689	Continued From page 6	F 689		

said "Yes, who has my [redacted]" The AA further stated, "I had my NJ EX Order. 264[redacted] cart shelf while doing activities and I did not see anyone take it." I asked the AA how many pills were in her bottle, and she responded [redacted] pills. We both counted [redacted] pills that were left in the bottle. When asked by the surveyor if all NJ EX Order. 264b1 residents on the unit were at risk for taking the pill bottle left unsupervised, she said "Yes".

During an interview on 10/17/2023 at 12:08 P.M., the NJ EX Order. 264b1 Unit Director said she was informed of the incident on the unit via a text message while in a meeting. She further stated the expectation is for all activities staff on the unit to have their personal belongings stored in their locker or a locked and secure room which requires a code for entry. She further stated, "the activity cart should only have supplies needed to conduct activities for the residents, nothing that could be harmful to the residents." When asked by the Surveyor if the facility policy for storing personal items was followed, she said, "No."

During an interview on 10/17/2023 at 1:51 P.M., the Director of Nursing (DON) in the presence of the Administrator, Regional Director of Operations and Regional Director of Clinical Services, said "It was brought to our attention that Resident #2 had ingested some medications". When asked by the Surveyor what the medications were? The DON said, "[redacted] mg [redacted])." She continued to say, Resident #2, was assessed, poison control was notified, and the Physician ordered for Resident #2 to be sent out to the Emergency Room for evaluation. The DON said the AA informed her that she left her [redacted]" unsupervised and got distracted when she noticed her [redacted] was missing. The [redacted] is a

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CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	**255 EAST MAIN ST MOORESTOWN, NJ 08057**

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F 689	Continued From page 7	F 689		

NJ EX O with a zipper provided by the facility for staff to carry around items securely. The DON stated, "the AA informed me she proceeded to look for her NJ EX O and later retrieved it from Resident #2 along with her pill bottle in Resident #2's hand." The AA said she counted the pills in the bottle along with the LPN and had NJ EX pills left in the bottle from the initial NJ EX pills that were in the bottle earlier. When asked by the Surveyor who had found the pill bottle, the DON stated, "the AA told me that she found Resident #2 with her pill bottle opened in their NJ EX OM, she was talking to another staff member and when she turned around noticed that her NJ EX O was missing". "I don't recall the name of the staff member the AA said she was talking to at the time her NJ EX O got missing".

During the same interview, the DON said the expectations is for all staff to store their personal belongings in their locker or secure area away from the residents. When asked by the Surveyor if the facility's policy was followed for storing personal items, she said "No". The DON further stated, "Other residents could be at risk for ingesting the pills."

Review of the facility policy title "Employee Lockers" under "Policy Statement" reveals: Our facility provides a locker for each employee for his /her personal use. Under "Policy Interpretation and Implementation" reveals: 1. Our facility provides a locker for each employee, at no cost to the employee, for safekeeping his/her personal effect. 5. Lockers must be kept locked when not in use and may not be used to store facility property or other items in violation of facility policies. Employees may not store personal items

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F 689	Continued From page 8 in residents' rooms or areas. Storing personal items in resident room is grounds for disciplinary action up to and including termination. N.J.A.C.: 8.39- 27.1 (a)	F 689		

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	030305	A. BUILDING: _____ B. WING _____	C 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE C	255 EAST MAIN ST MOORESTOWN, NJ 08057

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S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: Complaint #: NJ165363, NJ165497, NJ168316 Based on interviews and review of facility documents on 10/17/2023 and 10/19/2023, it was determined that the facility failed to ensure staffing ratios were met for 28 of 28-day shifts reviewed. This deficient practice had the potential to affect all residents. Findings include: Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff	S 560	S560 Mandatory Access to Care 1. No residents were affected by not meeting the State of NJ minimum staffing requirements as determined by routine monitoring and review on those dates that no significant changes were noted. 2. All residents could be affected by this area of concern. 3. Recruitment and retention efforts continue to include: a. Job fairs b. Daily staffing meetings and weekly Regional Labor Management reviews c. Sponsored orientees for 45 days toward retention of new hires d. Care Champion mentor program to support retention e. Culture committee to improve and maintain staff morale f. Recruitment bonus and sign-on bonuses offered. g. Certified Nursing Assistant classes held on campus 4. To monitor and maintain ongoing compliance the Director of Nursing or designee will monitor staffing daily for 1 week, weekly for 3 weeks and monthly for 3 months. Results will be presented to the Quality Assurance and Performance Improvement team monthly for continued review and recommendations until	11/1/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S 560	Continued From page 1 member shall sign in to work as a CNA and perform CNA duties. 1.For the week of Complaint staffing from 06/25/2023 to 07/01/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: On 06/25/23 had 13 CNAs for 141 residents on the day shift, required at least 18 CNAs. On 06/26/23 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. On 06/27/23 had 16 CNAs for 141 residents on the day shift, required at least 18 CNAs. On 06/28/23 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. On 06/29/23 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. On 06/30/23 had 16 CNAs for 138 residents on the day shift, required at least 17 CNAs. On 07/01/23 had 14 CNAs for 138 residents on the day shift, required at least 17 CNAs. On 07/02/23 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. On 07/03/23 had 14 CNAs for 136 residents on the day shift, required at least 17 CNAs. On 07/04/23 had 16 CNAs for 136 residents on the day shift, required at least 17 CNAs. On 07/05/23 had 15 CNAs for 136 residents on the day shift, required at least 17 CNAs. On 07/06/23 had 15 CNAs for 140 residents on the day shift, required at least 17 CNAs. On 07/07/23 had 9.5 CNAs for 138 residents on the day shift, required at least 17 CNAs. 2.For the 2 weeks of Complaint staffing from 10/01/2023 to 10/14/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts and deficient in CNAs to total staff on 1 of 14 evening shifts as follows:	S 560	substantial compliance is maintained.	

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S 560	Continued From page 2 On 10/01/23 had 12.5 CNAs for 156 residents on the day shift, required at least 19 CNAs. On 10/02/23 had 13 CNAs for 156 residents on the day shift, required at least 19 CNAs. On 10/03/23 had 15 CNAs for 156 residents on the day shift, required at least 19 CNAs. On 10/04/23 had 17 CNAs for 156 residents on the day shift, required at least 19 CNAs. On 10/05/23 had 17 CNAs for 159 residents on the day shift, required at least 20 CNAs. On 10/06/23 had 15 CNAs for 153 residents on the day shift, required at least 19 CNAs. On 10/06/23 had 8.5 CNAs to 17.5 total staff on the evening shift, required at least 9 CNAs. On10/07/23 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs. On10/08/23 had 13 CNAs for 151 residents on the day shift, required at least 19 CNAs. On10/09/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs. On10/10/23 had 14 CNAs for 151 residents on the day shift, required at least 19 CNAs. On 10/11/23 had 15 CNAs for 151 residents on the day shift, required at least 19 CNAs. On 10/12/23 had 16 CNAs for 156 residents on the day shift, required at least 19 CNAs. On10/13/23 had 14 CNAs for 156 residents on the day shift, required at least 19 CNAs. On10/14/23 had 11.5 CNAs for 149 residents on the day shift, required at least 19 CNAs.	S 560		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
030305	A. Building B. Wing	11/1/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER	255 EAST MAIN ST MOORESTOWN, NJ 08057

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 11/01/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 10/19/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO	