

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/07/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
(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#: NJ 164849 CENSUS: 185 SAMPLE SIZE: 77 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 VISIT.	F 000			
F 658 SS=L	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint # NJ164849 Based on observation, interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to A.) administer physician ordered [REDACTED] timely for 18 of 45 residents who receive [REDACTED] medication. This occurred on 2 floors on 4 of 8 units. Failure to administer the prescribed [REDACTED] residents at risk for EX Order 26 § 4b1, hospitalization and possible death. On 6/11/2023 at 10:38 AM, Licensed Practical Nurse (LPN) #1 who was	F 658	1. • LPN #3 who refused to take the assignment of 1B for 6/10/23 received a coaching and counseling with a one-day suspension. • Medication errors were completed for the residents with missed [REDACTED] administrations and fasting blood sugars. • The Medical Director and primary care physicians were notified of the missed medications on 6/10/23 and 6/11/23.	7/26/23	

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

TITLE

(X6) DATE

Electronically Signed

07/10/2023

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 658	<p>Continued From page 1</p> <p>assigned to first floor C hall, had not completed her medication pass within the acceptable timeframe parameters. LPN #1 had not administered EX Order 26 § 4b1 for 2 residents (Resident #9 and Resident #10) that were due at 7:30 AM.</p> <p>On 06/11/2023 Unit Manager LPN #1 arrived to 1st floor D unit to complete the medication pass. This included 4 residents (Resident #4, Resident #6, Resident #7 and Resident #8) on EX Order 26 § 4b1 due at 07:30 AM.</p> <p>On 06/11/2023 at 10:33 am and 11:04 am, LPN #3 was administering medications on the 2nd floor C wing. LPN #3 confirmed that medications were being given late including Resident #1 who received EX Order 26 § 4b1. In addition, Resident #49, #50, #51, #66 and #70 all received their am EX Order 26 § 4b1 past physician ordered parameters on 6/11/23.</p> <p>On 6/11/2023 at 11:01, LPN #5 (2nd fl) confirmed that she had not yet administered physician ordered EX Order 26 § 4b1 which was due at 07:30 AM for Resident #2. LPN #5 confirmed she had not yet completed her morning medication pass.</p> <p>Interviews with Residents on 1st floor B unit revealed there was no nurse on the unit on 06/10/2023 and they had not received their scheduled EX Order 26 § 4b1 dose or EX Order 26 § 4b1 due at 07:30 AM and 11:30 AM on 06/10/2023. LPN #3 who refused to take the assignment of 1st floor B unit on 6/10/2023, which included residents on prescribed EX Order 26 § 4b1, continued to work on 06/11/2023.</p> <p>This resulted in an Immediate Jeopardy (IJ)</p>	F 658	<ul style="list-style-type: none"> Medication errors were completed for the identified residents who received EX Order 26 § 4b1 outside the time frame of the order. The Medical Director was informed of the late administration of EX Order 26 § 4b1 and other medications on 6/10/23 and 6/11/23. Medication errors were completed for the identified residents with late medications. The Medical director was notified of the missed medications and no additional medical intervention was required other than administration of subsequent doses. Families were notified of the late administration and missed medications including EX Order 26 § 4b1 administrations. Individual counseling was given to LPN #1, LPN #2, LPN #5 for not following the physicians order for fasting blood glucose and EX Order 26 § 4b1 administration. The identified nurses that administered medications outside the time parameters of the physician order received individual counseling. The identified nurses That failed to administer scheduled medications received individual counseling. <p>Specific interventions for identified residents are as follows:</p> <ul style="list-style-type: none"> Resident #1 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no 	

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F 658	<p>Continued From page 2</p> <p>situation which was identified on 06/11/2023 when the facility licensed staff failed to administer prescribed EX Order 26 §. The facility Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON) were notified of the IJ on 06/11/2023 at 05:37 PM. A removal plan was received on 06/12/2023 and was verified by the surveyor on 06/13/2023 at 2:16 PM.</p> <p>The facility also B.) failed to administer all medications prescribed for the residents by the physician in accordance with acceptable standards of practice.</p> <p>This deficient practice was evidenced by the following:</p> <p>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 response to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized Physician or dentist."</p> <p>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</p>	F 658	<p>lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #2 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #3 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of Ex.Order 26.4(b)(1) noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #4 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and 		

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F 658	<p>Continued From page 3</p> <p>counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 6/11/23 at 11:08 am, Surveyor #2 asked both LPN #1 and Unit Manager LPN on the 1st floor which residents had not yet received their morning medications. The nurses provided Surveyor #2 with the names of those residents who had not yet received their morning medications to include EX Order 26 § 4b1 and EX Order 26 § 4b1</p> <p>On 6/11/23 at 11:04 am and 11:01 am, both LPN #3 and LPN #5 confirmed that medication passes for 2 units on the 2nd floor had not yet been completed. LPN #3 and #5 confirmed that medication was to be given at the physician ordered time and nurses had 1 hour (hr.) prior to and 1 hr. after that time to administer medications.</p> <p>1. Resident #1 (2nd floor) was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>a. A review of the current Order Summary Report (OSR) revealed the following physician orders;</p> <p>Ex.Order 26.4(b)(1) _____ UNIT/ML (milliliters) EX Order 26 § 4b1 EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>check before meals.</p>	F 658	<p>blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of Ex.Order 26.4(b)(1) noted. HgA1C completed with no additional interventions required. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #6 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #7 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23 Resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of Ex.Order 26.4(b)(1) noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #8 subsequent doses of 		

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F 658	<p>Continued From page 4</p> <p>A review of the 6/2023 Medication Administration Record (MAR) confirmed the order for the aforementioned medication and noted it was scheduled to be administered on 6/11/23 at 7:30 am.</p> <p>Review of the MAR revealed the [REDACTED] [EX Order 26 § 4b1] [REDACTED].</p> <p>Review of the facility electronic "Medication Admin Audit Report" (MAAR) revealed the [REDACTED] [EX Order 26 § 4b1] was administered at 10:16 am (1 hr. 46 min late).</p> <p>During an interview with the surveyor on 6/11/23 at 4:50 pm, Resident #1 confirmed that he/she received his/her [REDACTED] [EX Order 26 § 4b1] [REDACTED]. Resident #1 stated that usually his/her medications are administered late.</p> <p>2. Resident #2 (2nd floor) was admitted to the facility with diagnoses including but not limited to: [REDACTED] [EX Order 26 § 4b1]</p> <p>a. A review of the current OSR revealed the following order; [REDACTED] [EX Order 26 § 4b1] [REDACTED]</p> <p>A review of the 6/2023 MAR confirmed the aforementioned order and noted it was scheduled to be administered on 6/11/23 at 7:30 am. Review of the MAAR revealed the [REDACTED] [EX Order 26 § 4b1] was administered at 11:21 am (2 hr. 51 min late).</p> <p>During an interview with the surveyor on 6/11/23</p>	F 658	<p>[REDACTED] [EX Order 26 § 4b1] and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23 Resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of [REDACTED] [EX Order 26 § 4b1] noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #8 is no longer a resident at Hammonton Center</p> <ul style="list-style-type: none"> Resident #9 subsequent doses of [REDACTED] [EX Order 26 § 4b1] and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. Resident evaluated for late and/or missed administration of medication on 6/12/23; no lasting effect noted. Resident evaluated with no lasting negative effect of [REDACTED] [EX Order 26 § 4b1] noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #10 subsequent doses of [REDACTED] [EX Order 26 § 4b1] and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of [REDACTED] [EX Order 26 § 4b1] noted. HgA1C completed with no additional interventions required. Medication error form 	

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F 658	Continued From page 5 at 4:55 pm, Resident #2 did not remember getting EX Order 26 § that morning. Resident #2 stated most days medications are given late. b. A further review of the OSR/MAR and MAAR for Resident #2 revealed: EX Order 26 § 4b1 [REDACTED]	F 658	completed. • Resident #13 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23 Resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #13 is no longer a resident at Hammonton Center. • Resident #14 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. • Resident #15 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident		

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F 658	<p>Continued From page 6 breakfast and dinner, EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>3. Resident #3 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current Order Summary Report (OSR) revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>subcutaneously before meals and at bedtime</p> <p>A review of the MAR for 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1. For the date of 6/10/23 timed at 0730am and 1130am, there was no</p>	F 658	<p>evaluated with no lasting negative effect of EX Order 26.4(b)(1) noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident is no longer a resident at Hammonton Center.</p> <ul style="list-style-type: none"> Resident #16 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #16 is no longer a resident of Hammonton Center. Resident #49 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident is no longer a resident at Hammonton Center. Resident #50 subsequent doses of EX Order 26 § 4b1 and medication were administered. 	

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F 658	<p>Continued From page 7</p> <p>documentation that the medication had been administered as timed and prescribed. The documented EX Order 26 § 4b1 at EX Order 26 § 4b1</p> <p>A review of the "Medication Admin Audit Report" (MAAR) revealed no documentation of the time of the 0730am and 1130am EX Order 26 § 4b1 as having been administered as prescribed on 6/10/23.</p> <p>b. A further review of the OSR revealed:</p> <p>EX Order 26 § 4b1 by mouth one time a day for supplement</p> <p>EX Order 26 § 4b1 by mouth one time a day for EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1 give one tablet by mouth one time a day for supplement</p> <p>EX Order 26 § 4b1 give 1 capsule by mouth two times day for EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1 give 1 capsule by mouth three times a day for EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1 by mouth one time a day for EX Order 26 § 4b1 4-6 ounces of water</p>	F 658	<p>Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #51 subsequent accu-checks and/or doses of EX Order 26 § 4b1 and medication were administered. Medical Director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with no additional interventions required. Medication error form completed. Resident #66 subsequent doses of EX Order 26 § 4b1 and medication were administered. Medical director, physician, and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Resident evaluated with no lasting negative effect of EX Order 26 § 4b1 noted. HgA1C completed with additional interventions required. Medication error form completed. 		

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F 658	<p>Continued From page 8</p> <p>EX Order 26 § 4b1 notify MD (medical doctor) subcutaneously before meals and at bedtime</p> <p>EX Order 26 § 4b1 give one tablet by mouth one time a day for EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1 every 12 hours for EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1 Give 2 tablet by mouth one time a day for EX Order 26 § 4b1</p> <p>A further review of the MAR revealed EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>A further review of the MAAR revealed that EX Order 26 § 4b1 EX Order 26 § 4b1 um indicated no documentation that the medication had been administered as prescribed on 6/10/23. The MAAR reflected that on 6/10/23 the EX Order 26 § 4b1 was documented as administered at 18:10 (6:10 PM), the EX Order 26 § 4b1 was documented as administered at 16:20 (4:20 PM), EX Order 26 § 4b1 were</p>	F 658	<ul style="list-style-type: none"> Resident #70 subsequent doses of EX Order 26 § and medication were administered. Medical director, physician and responsible party notified. Vital signs and blood sugar obtained. On 6/12/23, resident was evaluated for late and/or missed administration of medication; no lasting effect noted. Resident evaluated with no lasting negative effect of Ex.Order 26.4(b)(1) noted. HgA1C completed with additional interventions required. Medication error form completed. <p>Part B</p> <ul style="list-style-type: none"> Resident #17 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #18 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #19 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no

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F 658	<p>Continued From page 9</p> <p>documented as administered at 18:11 (6:11pm).</p> <p>During an interview with the surveyor on 6/11/2023 at 4:45 PM, Resident #3 said when asked if he/she received their EX Order 26 § 4b1 on 6/10/2023, Resident #3 responded "I did not get my EX Order 26 § 4b1 or EX Order 26.4 until the second shift came on duty yesterday. We got no meds yesterday."</p> <p>4. Resident #4 was admitted with diagnoses including but not limited to: EX Order 26 § 4b1.</p> <p>A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1 on 6/11/23 at EX Order 26 § 4b1 and EX Order 26 § 4b1 was documentation of EX Order 26 § 4b1 According to the "Chart Codes" 5=Hold/See Nurses Notes.</p> <p>A review of the PN did not include documentation to indicate why the medication was not administered.</p> <p>A review of the MAAR revealed the 0730am ordered EX Order 26.4(b)(1) was administered at 12:14pm and the EX Order 26 § 4b1</p>	F 658	<p>lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #20 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #21 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #22 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #22 is no longer a resident at Hammonton Center. Resident #23 subsequent doses of medication were administered. Medical director, MD, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. 		

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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
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F 658	<p>Continued From page 10 same time).</p> <p>5. Resident #6 was admitted with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1</p> <p>A review of the PN did not include documentation to indicate why the medication was not administered nor of the resident refusal.</p> <p>A review of the MARR revealed the EX Order 26 § 4b1</p>	F 658	<ul style="list-style-type: none"> Resident #24 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #24 is no longer a resident at Hammonton Center. Resident #25 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #26 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #27 subsequent doses of medication were administered. Medical director, physician and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #29 subsequent doses of 	

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F 658	<p>Continued From page 11 and the EX Order 26 § 4b1 was documented at 13:28 (1:28 PM).</p> <p>6. Resident #7 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1.</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1</p> <p>According to the "Chart Codes" 5=Hold/See Nurses Notes. The MAR also indicated that the Ex.Order 26.4(b)(1) was signed as administered at 9 am by the Unit Manger/Licensed Practical Nurse (UM/LPN#1). The EX Order 26 § 4b1</p> <p>A review of the EX Order 26 § 4b1 he audits also</p>	F 658	<p>medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #30 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #31 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #32 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #33 subsequent doses of medication were administered. Medical 	

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F 658	<p>Continued From page 12</p> <p>reflected that the 9:00 AM dose, that was signed as administered, was documented as having been given at 11:34 AM.</p> <p>7. Resident #8 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician order: EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for Ex.Order 26.4(b)(1). There was no documentation on 6/11/23 at 0730am or 1130am to indicate the EX Order 26 § 4b1 was taken and the medication administered as prescribed.</p> <p>A review of the PN did not indicate why the EX Order 26.4(b) had not been administered as prescribed.</p> <p>A review of the "Medication Admin Audit Report" revealed there was no documentation that the medication had been administered as timed and prescribed.</p> <p>8. Resident #9 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following orders: EX Order 26 § 4b1</p>	F 658	<p>director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #34 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #35 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #36 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #36 is no longer a resident at Hammonton Center. Resident #37 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident 		

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F 658	<p>Continued From page 13</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1 [REDACTED]. There was no documentation on 6/4/2023 to indicate the medication was administered at 0730am or 1130am as prescribed. On 6/11/23 at 0730am was documentation of a "5". According to the "Chart Codes" 5=Hold/See Nurses Notes.</p> <p>A review of the "Medication Admin Audit Report" revealed that the EX Order 26 § 4b1 [REDACTED].</p> <p>b. A further review of the OSR revealed:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658	<p>evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #38 subsequent doses of medication were administered. Medical director, , physician and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #39 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #40 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #40 is no longer a resident at Hammonton Center. Resident #41 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no 		

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F 658	<p>Continued From page 14</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>b. A further review of the MAR revealed that on 6/11/2023 the EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the PN did not indicate why the EX Order 26 § 4b1 had not been administered as prescribed.</p> <p>The MAAR further showed the EX Order 26 § 4b1 [REDACTED], were documented as administered at 11:02am. The EX Order 26 § 4b1 and EX Order 26 § 4b1 were documented as administered at 10:59am. The EX Order 26 § 4b1 was documented as administered at 11:00am.</p> <p>9. Resident #10 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED].</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>a. EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p>	F 658	<p>lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #42 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #43 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #43 is no longer a resident at Hammonton Center. Resident #44 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #44 is no longer a resident at Hammonton Center. Resident #45 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication 	

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F 658	<p>Continued From page 15 prior to snack</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>a. A review of the MAR dated 6/1/2023-6/30/2023 revealed that there was no documentation on 6/3/23 at 0730am, 0800am and 1200pm the EX Order 26 § 4b1 sliding scale were administered as ordered. On 6/11/23 at EX Order 26 § 4b1 was documentation of a "5". According to the "Chart Codes" 5=Hold/See Nurses Notes.</p> <p>A review of the MAAR revealed that on 6/10/23 the 0730am the EX Order 26 § 4b1 was administered at EX Order 26 § 4b1</p> <p>During an interview with the surveyor on 06/11/2023 at 04:50 PM, Resident #10 said he/she did not receive their morning EX Order 26 § 4b1 before breakfast. Resident #10 said he/she left their room at 10:30am and the nurse wasn't here and I am supposed to get them before meals.</p>	F 658	<p>error form completed.</p> <ul style="list-style-type: none"> Resident #46 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #46 is no longer a resident at Hammonton Center. Resident #47 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #48 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. Resident evaluated for late and/or missed administration of medication on 7/6/23; no lasting negative effect noted. Medication error form completed. Resident #48 is no longer a resident at Hammonton Center. Resident #52 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. 		

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F 658	Continued From page 16 A review of the PN did not include documentation of why the EX Order 26 § had not been administered. b. A further review of the OSR revealed: EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658	<ul style="list-style-type: none"> Resident #53 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #54 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #55 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #56 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #57 subsequent doses of medication were administered. Medical 		

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F 658	Continued From page 17 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658	<p>director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #58 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #59 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #60 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #61 subsequent doses of medication were administered. Medical director, physician, and responsible party 		

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F 658	Continued From page 18 EX Order 26 § 4b1 [REDACTED] b. A further review of the MAR showed that the EX Order 26 § 4b1 [REDACTED] A further review of the MAAR showed the EX Order 26 § 4b1 [REDACTED] The EX Order 26 § 4b1 [REDACTED] were documented as administered at 12:46pm on 6/11/23. 10. Resident #13 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]. a. A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1 [REDACTED]	F 658	notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #62 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #63 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #64 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #65 subsequent doses of medication were administered. Medical director, MD, and responsible party notified. Vital signs obtained. On 7/6/23,	

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F 658	<p>Continued From page 19</p> <p>subcutaneously in the morning for IDDM before breakfast call MD if below 70 or above 400.</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the MAAR revealed the 6/10/23 the EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>b. A further review of the OSR revealed:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658	<p>resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> • Resident #67 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #68 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #69 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. • Resident #71 subsequent doses of medication were administered. Medical director, physician, and responsible party 	

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F 658	<p>Continued From page 20</p> <p>EX Order 26 § 4b1</p> <p>b. A further review of the MAR revealed the that the EX Order 26 § 4b1</p> <p>The MAR documentation indicated a "2" which according to the chart codes indicated the Resident refused the medication.</p> <p>A further review of the EX Order 26 § 4b1 were documented as having been refused on 6/11/2023 at 14:16 (2:16 PM)</p> <p>11. Resident #14 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>a. A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for the Ex.Order 26.4(b)(1) scale EX Order 26 § 4b1). On 6/10/23 there was no documentation to indicate the</p>	F 658	<p>notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #72 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #73 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #74 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #75 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or 	

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F 658	<p>Continued From page 21</p> <p>medication was administered at 0730am or 1130am as ordered.</p> <p>A review of the MAAR did not include documentation that the EX Order 26 § 4b1 sliding scale was administered as prescribed on 6/10/23 at 0730am or 1130am.</p> <p>b. A further review of the OSR revealed:</p> <p>EX Order 26 § 4b1 _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>A further review of the MAR revealed the EX Order 26 § 4b1 _____</p> <p>_____ did not include documentation that the medication had been administered as ordered.</p> <p>A review of the MAAR did not include</p>	F 658	<p>missed administration of medication; no lasting negative effect noted. Medication error form completed.</p> <ul style="list-style-type: none"> Resident #76 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. Resident #77 subsequent doses of medication were administered. Medical director, physician, and responsible party notified. Vital signs obtained. On 7/6/23, resident was evaluated for late and/or missed administration of medication; no lasting negative effect noted. Medication error form completed. <p>2.</p> <ul style="list-style-type: none"> All EX Order 26 § 4b1 dependent EX Order 26.4(b) resident records for 1 month were reviewed for any EX Order 26 § 4b1 not administered to identify additional non-compliance. Review completed from 6/6/23 to 7/5/23. All EX Order 26.4(b)(1) resident records were reviewed for any EX Order 26 § 4b1 administered outside the AC requirement in the order to identify additional non-compliance. Review completed from 6/6/23 to 7/5/23. Identified additional residents that were identified with missed/ late EX Order 26 § 4b1 were evaluated for any signs/ symptoms of EX Order 26 § 4b1. The assigned physicians were notified and no 		

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F 658	<p>Continued From page 22</p> <p>documentation that the [REDACTED] sliding scale was administered as prescribed on 6/10/23 at 0730am or 1130am. A further review of the MAAR revealed the [REDACTED] EC and [REDACTED] were administered at 19:45 (7:45 PM). The [REDACTED] did not include documentation of having been administered on 6/10/23.</p> <p>12. Resident #15 was admitted to the facility with diagnoses including but not limited to: [REDACTED]</p> <p>A review of the current physician orders revealed the following physician orders: [REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for [REDACTED]. There was no documentation to indicate the medication had been administered as prescribed on 6/10/23.</p>	F 658	<p>immediate concern of [REDACTED] was identified. Completed on 6/12/23 and 7/6/23.</p> <ul style="list-style-type: none"> Medication errors were completed for any identified [REDACTED] medication administration error. Completed on 6/12/23 and 7/6/23. The medical director ordered labs including [REDACTED] for all [REDACTED] residents. Aberrant readings will be addressed by the physician. Completed on 6/14/23. All medication administrations were reviewed from 6/6/23 to 7/5/23 for medications not administered and/or late administration. Identified residents were evaluated by nursing with vital signs completed. The assigned physicians were notified. No immediate concern was identified for any resident. Medication errors were completed for any identified [REDACTED] medication administration error. Completed on 7/6/23. No resident identified with a negative clinical out come from missed medications and/ or [REDACTED] <p>3.</p> <ul style="list-style-type: none"> The facility policy on [REDACTED] Administration was reviewed by nursing administration and determined to be in compliance with state and federal guidelines on 7/6/23. The facility policy on medication administration and liberal medication administration was reviewed by the 	

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F 658	<p>Continued From page 23</p> <p>A review of the PN did not include documentation as to why the medications were not administered.</p> <p>A review of the MAAR did not include documentation that the EX Order 26 § 4b1 [REDACTED] were administered as prescribed at the indicated times.</p> <p>13. Resident #16 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>a. A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the order for EX Order 26 § 4b1 [REDACTED]. There was no documentation that the medication had been administered as prescribed on 6/10/23.</p> <p>A review of the MAAR revealed there was no documentation that the Ex.Order 26.4(b)(1) EX Order 26 § 4b1 had been administered as prescribed.</p> <p>b. A further review of the OSR revealed: EX Order 26 § 4b1 [REDACTED]</p>	F 658	<p>administrator and director of nursing and was determined to be in compliance with state and federal guidelines on 7/6/23.</p> <ul style="list-style-type: none"> The facility medication administration times were reviewed by the Medical Director and nursing administration. Medication passes were updated to reflect a two-tier medication pass for each hallway. Based on room placement, a resident's medications will be administered at 9 am, 1 pm, 5 pm, 9 pm and/or 10 am, 2 pm, 6 pm, or 10 pm. Timing for before meals will remain 7:30 am, 11:30 am, and 4:30 pm. Target Completion 7/25/23. Starting from 6/10/23, the staff educator/ designee educated all clinical nurses (including Registered Nurses and Licensed Practical Nurses) on professional standards specifically focusing on insulin administration requirements. The education includes: <ul style="list-style-type: none"> Short acting EX Order 26.4i orders must be adhered to as ordered. Short acting EX Order 26.4i is scheduled AC (before meals) to ensure that the resident's blood glucose levels remain stable. AC administration means starting 30 minutes prior to the meal and cannot be administered after the resident consumes the meal. AC times are scheduled: 7:30 am, 11:30 am, 4:30 pm. In the event that administration of EX Order 26.4i does not occur prior to the meal, the physician is to be notified and orders will be given based on the resident's status at the time. 	

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F 658	Continued From page 24 movement EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A further review of the MAR revealed that the EX Order 26.4(b)(1) timed at 7-10a, EX Order 26 § 4b1 [REDACTED] [REDACTED] There was no documentation to indicate the medications had been administered as prescribed on 6/10/23.	F 658	e. Failure to follow EX Order 26.4(b) administration orders can result in destabilization of blood glucose levels leading to either hyperglycemia or hypoglycemia, hospitalization, and possible death. • Starting on 6/10/23, the staff educator/ designee educated all licensed nurses (including licensed practical nurses and registered nurses) on professional standards specifically focusing on medication administration. • The education includes: a. Medications are to be administered one hour prior and one hour after the designated time of administration. b. Residents that refuse medications must have documentation in the medical record noting physician and designated representative notification. c. Medications that are administered late must include physician notification. d. Medications that are not administered must include physician and designated representative notification. 4. • The Director of Nursing/ designee will perform medication observations of 20% of all nurses to ensure insulin is administered within the prescribed time frame. These audits will occur daily for the first week then weekly times four weeks then monthly until compliance is met. 100% of all licensed nurses will be observed at least once, at minimum, to meet completion of this audit. Audits started on 6/12/23. • The Director of Nursing/Designee will	

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F 658	<p>Continued From page 25</p> <p>A review of the MAAR did not include documentation that the aforementioned medications had been administered as ordered on 6/10/23 at the indicated times.</p> <p>14. Resident #49 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>a. A review of the current OSR/ Medication Review Report (MRR)/MAR/MAAR revealed the following orders: EX Order 26 § 4b1</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was scheduled to be administered on 6/11/23 at 7:30 am.</p> <p>Review of the MAR revealed the EX Order 26 § 4b1</p> <p>However, review of the facility EX Order 26 § 4b1</p> <p>b. A further review of the OSR/MRR/MAR and MAAR for Resident #49's 6/11/2023 am medications revealed: EX Order 26 § 4b1</p>	F 658	<p>audit the medical record of 10 EX Order 26-4 dependent EX Order 26-4(B)(1) for adherence to EX Order 26-4 administration times. These audits will be completed weekly for 4 weeks and then monthly until compliance is met. 100% of all EX Order 26-4 dependent residents will be audited at least once, at minimum, to meet completion of this audit. Audits started on 6/12/23.</p> <ul style="list-style-type: none"> Negative findings will have immediate corrective action. The findings of these audits will be presented at monthly Quality Assurance Performance Improvement meeting starting in July 2023. The Director of Nursing/ designee will perform medication observations of 20% of all nurses to ensure medications are administered within the prescribed time frame. These audits will occur daily for the first week then weekly times four weeks then monthly until compliance is met. 100% of all licensed nurses will be observed at least once, at minimum, to meet completion of this audit. Audits started on 7/5/23. Negative findings will have immediate corrective action. The Director of Nursing/ designee will audit all medication administration to for late and/or missed administration of medication. These audits will be completed daily for 30 days; weekly for 4 weeks and then monthly until substantial compliance is met for a minimum of six months. Negative findings will have immediate corrective action. Audits started on 7/5/23. The results of these audits will be 		

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F 658	<p>Continued From page 26 was administered at 11:00 (1 hr. late) EX Order 26 § 4b1</p> <p>15. Resident #50 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4</p> <p>a. A review of the current OSR/MRR/MAR/MAAR revealed the following orders; EX Order 26 § 4b1</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was scheduled on 6/11/23 at 7:30 am. Review of the facility MAAR revealed the EX Order 26 § was administered at 10:41 am (2 hr. 11 min late). EX Order 26 § 4b1 with meals for Ex. Order.</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was to be administered on 6/11/23 at 8:00 am. Review of the facility MAAR revealed the EX Order 26 § was administered at 10:42 am (1 hr. 42 min late).</p> <p>b. A further review of the OSR/MRR/MAR and MAAR for Resident #50's 6/11/2023 am</p>	F 658	<p>presented at monthly Quality Assurance Performance Improvement meeting starting in July 2023. Target Completion is 7/26/23</p> <p>Responsible Party: Director of Nursing</p>	

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F 658	<p>Continued From page 27</p> <p>medications revealed: EX Order 26 § 4b1 [REDACTED]</p> <p>scheduled to be administered at 9:00 AM was administered at 10:51 am (51min. late).</p> <p>16. Resident #51 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4 [REDACTED]</p> <p>a. A review of the current OSR/MRR/MAR/MAAR revealed the following orders; EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was scheduled to be administered on 6/11/23 at 7:30 am. However, review of the facility MAAR revealed the EX Order 26 § [REDACTED] was administered at 10:43 am (2 hr. 13 min late).</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>Notify MD if BS below EX O [REDACTED] or above EX Order 26 § [REDACTED]</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was scheduled to be administered on 6/11/23 at 7:30 am. EX Order 26 § 4b1 [REDACTED]</p>	F 658		

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F 658	Continued From page 28 17. Resident #66 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED] a. A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered; EX Order 26 § 4b1 [REDACTED] b. A further review of the OSR/MAR and MAAR for Resident #66's 6/11/2023 am medications revealed: EX Order 26 § 4b1 [REDACTED] 18. Resident #70 was admitted to the facility with diagnoses which included but were not limited to; EX Order 26 § 4b1 [REDACTED]	F 658			

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F 658	<p>Continued From page 29</p> <p>a. A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered: Ex.Order 26.4(b)(1) [REDACTED]</p> <p>A review of the 6/2023 MAR confirmed the order for the aforementioned medication and noted it was scheduled 6/11/23 at 7:30 am.</p> <p>Review of the facility MAAR revealed the BS was checked 10:18 am (1 hr 18 min late) EX Order 26 § 4b [REDACTED]</p> <p>b. A further review of the OSR/MAR and MAAR for Resident #70's 6/11/2023 am medications revealed: EX Order 26 § 4b1 [REDACTED]</p> <p>PART B</p> <p>19. Resident # 17 was admitted to facility with diagnoses including but not limited to: EX Order 26 [REDACTED]</p> <p>A review of the current ORS revealed the following orders: EX Order 26 § 4b1 [REDACTED] [REDACTED]</p>	F 658		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	Continued From page 30 EX Order 26 § 4b1 [REDACTED]	F 658			

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F 658	<p>Continued From page 31</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the MAAR revealed the revealed that all of the aforementioned medications were documented as having been administered at 11:55 (am) on 6/11/23.</p> <p>During an interview with Resident #17 on 6/11/2023 at 10:46 AM who said EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>20. Resident #18 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p>	F 658		

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(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 658	Continued From page 32 EX Order 26 § 4b1 [REDACTED]	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
(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 658	<p>Continued From page 33</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAAR revealed all the aforementioned medications were documented as having been administered at 12:10pm on 06/11/2023.</p> <p>21. Resident #16 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p>	F 658		

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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
(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 658	Continued From page 34 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the MAR dated 6/1/2023-6/30/2023 indicated that EX Order 26 § 4b1 [REDACTED] [REDACTED] There was no documentation to indicate the medications had been administered as prescribed on 6/11/23. A review of the MAAR did not include documentation that the aforementioned medications were administered on 06/11/2023 at the indicated times. There was no progress note to indicate why the medications had not been administered as	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 35 prescribed.</p> <p>22. Resident # 20 was admitted to the facility with diagnoses including but not limited to: EX Order 20 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
(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 658	<p>Continued From page 36</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR date 6/1/2023-6/30/2023 revealed for each of the above medications, timed for 07:00am, 09:00am and 10:00am, had the number "5" documented. According to the "Chart Codes" 5=Hold/See Nurses Notes.</p> <p>A review of the PN did not include documentation as to why the medications were not administered as prescribed.</p> <p>A review of the MAAR revealed the EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>23. Resident #21 was admitted to the facility with diagnoses of EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

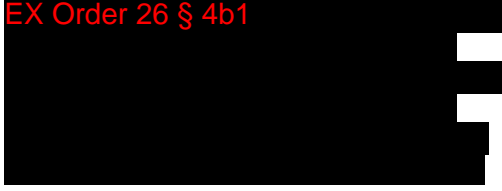





STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF 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 658	Continued From page 37 EX Order 26 § 4b1 A review of the OSR revealed the following physician orders: EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 38</p> <p>A review of the MAR revealed EX Order 26 § 4b1 [REDACTED]</p> <p>The MAR did not include documentation that the medication was administered as prescribed on 6/11/23.</p> <p>A review of the PN for 6/11/23 did not include documentation to indicate why the medication had not been administered as prescribed.</p> <p>A review of the MAAR did not include documentation that the medications had been administered as prescribed on 6/11/23 at the indicated times.</p> <p>24. Resident #22 was admitted to the facility with diagnoses of EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 39 mouth one time a day for ^{EX Order 26} [REDACTED]</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 indicated th EX Order 26 § 4b1 [REDACTED]. There was no documentation that the medications were administered as timed and prescribed on 6/11/23.</p> <p>A review of the PN did not include documentation as to why the medications had not been administered as prescribed.</p> <p>A review of the MAAR did not include documentation that the aforementioned medications had been administered as prescribed on 6/11/23 at the indicated times.</p> <p>25. Resident # 23 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>EX Order 26 § 4b1 [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 41</p> <p>EX Order 26 § 4b1</p>  <p>There was no documentation to indicate the medications were administered on 6/11/23 at the indicated times and as prescribed.</p> <p>A review of the PN did not include documentation of why the medication had not been administered as prescribed.</p> <p>A review of the MAAR did not include documentation that the medications were administered on 6/11/23 as prescribed and timed.</p> <p>26. Resident #24 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p>  <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p>    	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 42</p> <p>EX Order 26 § 4b1</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed tha EX Order 26 § 4b1. There was documentation for each of the above medications indicating they were administered at those times on 6/10/23.</p> <p>A review of the MAAR revealed that the aforementioned medications were administered on 6/10/23 at 20:06 (8:06 PM). There was no indication in the medical record that the physician gave an order to administer the medications at 8:00 PM.</p> <p>27. Resident #25 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 43</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/23-6/30/23 revealed the EX Order 26 § 4b1 was timed at 0900am. All other medications were timed for 7-10a. There was no documentation to indicate the medication had been administered as prescribed on 6/11/23.</p> <p>A review of the PN did not include documentation of why the medications had not been administered as prescribed.</p> <p>A review of the MAAR revealed no documentation to indicate that the medications had been administered as prescribed and timed.</p> <p>28. Resident #26 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p>	F 658			

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(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 658	<p>Continued From page 44</p> <p>EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/23-6/30/23 revealed the EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 45</p> <p>A review of the MAAR revealed the aforementioned medications had not been administered as prescribed and timed.</p> <p>29. Resident # 27 was admitted to the facility with diagnoses of EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>ere all timed for</p>	F 658			

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F 658	<p>Continued From page 46 7-10a.</p> <p>A review of the MAAR revealed the aforementioned medications were documented as being given at 11:21am on 06/11/2023.</p> <p>30. Resident # 28 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		

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(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
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Continued From page 47

EX Order 26 § 4b1 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

F 658

A review of the MAR revealed the **EX Order 26 § 4b1** [REDACTED]

[REDACTED]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 48</p> <p>EX Order 26 § 4b1</p> <p>A review of the MAAR revealed the EX Order 26 § 4b1 were documented as administered at 11:34am on 06/11/2023.</p> <p>31. Resident #29 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	Continued From page 49 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the MAR revealed that the EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the MAAR revealed that on 06/11/2023 the EX Order 26 § 4b1 [REDACTED] [REDACTED]	F 658			

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(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 658	<p>Continued From page 50</p> <p>EX Order 26 § 4b1 [REDACTED] were documented as administered at 12:21pm.</p> <p>32. Resident #30 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 51</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed that EX Order 26.4(b)(1) is timed for 1000am.</p> <p>EX Order 26 § 4b1 [REDACTED] was timed for 0900am.</p> <p>A review of the MAAR revealed that on 06/11/2023 the EX Order 26 § 4b1 [REDACTED]</p> <p>EC were documented as administered at 10:26am.</p> <p>33. Resident #31 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		

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(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 658	Continued From page 52 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED] [REDACTED] A review of the MAAR indicated that on 06/11/2023 the EX Order 26 § 4b1 [REDACTED] [REDACTED] were documented as having been administered at 11:57am. 34. Resident #32 was admitted to the facility with	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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
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F 658	<p>Continued From page 53</p> <p>diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following physician orders;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 54</p> <p>EX Order 26 § 4b1</p> <p>A review of the MAAR revealed that on 06/11/2023 the EX Order 26 § 4b1 were all documented as having been administered at 12:08pm and 12:07pm respectively.</p> <p>35. Resident #33 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p>	F 658		

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F 658	<p>Continued From page 55</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed that the EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAAR revealed that on 06/11/2023 the EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>36. Resident #34 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p>	F 658		

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(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 658	Continued From page 56 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] A review of the MAR dated 6/1/2023-6/30/2023 revealed that EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] A review of the MAAR reflected that on 06/11/2023 the EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 57</p> <p>37. Resident #35 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1.</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>There was no documentation to indicate the medication had been administered as prescribed.</p> <p>A review of the MAAR revealed no documentation that the EX Order 26 § 4b1 was administered on 6/10/2023 at 0800am.</p> <p>38. Resident #36 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1.</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 58 by mouth every 12 hours for seizures.</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed that EX Order 26 § 4b1 [REDACTED] was timed for 1400 (2:00 PM).</p> <p>There was no documentation to indicate the medication had been administered as prescribed on 6/10/23.</p> <p>A review of the MAAR reflected no documentation that the medications had been administered as prescribed on 06/10/2023.</p> <p>39. Resident #37 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658			

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F 658	<p>Continued From page 59</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED] were timed at 7-10a.</p> <p>There was no documentation to indicate the medication was administered as prescribed on 6/10/23.</p> <p>A review of the MAAR did not include documentation that the medications had been administered as prescribed on 06/10/2023.</p> <p>40. Resident #38 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1</p>	F 658		

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F 658	<p>Continued From page 60</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAAR reflected that on 06/10/2023 the EX Order 26 § 4b1 was documented as administered at 19:56 (7:56 PM).</p> <p>There was no documentation that the EX Order 26 § 4b1 [REDACTED] was administered as prescribed on 6/10/23.</p> <p>41. Resident #39 was admitted to the facility with diagnosis including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p>	F 658		

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F 658	Continued From page 61 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658		

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F 658	<p>Continued From page 62</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED] were timed at 1000am.</p> <p>A review of the MAAR revealed that the EX Order 26 § 4b1 [REDACTED] ere documented as having been administered at 21:33 (9:33 PM).</p> <p>A further review of the MAAR showed that on 06/10/2023 the EX Order 26 § 4b1 [REDACTED] did not include documentation that the medications had been administered as prescribed on 6/10/23.</p> <p>42. Resident #40 was admitted to the facility with diagnoses including but not limited to: HTN, EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the</p>	F 658		

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F 658	Continued From page 63 following physician orders: EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 64</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>There was no documentation to indicate the medications had been administered as prescribed on 06/10/2023.</p> <p>A review of the MAAR revealed there was no documentation that the medication had been administered as prescribed and timed on 06/10/2023.</p> <p>43. Resident #41 was admitted to the facility with EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 65</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED] was timed at 0800am. There was no documentation to indicate the medications were administered as timed and prescribed on 6/10/23.</p> <p>A review of the MAAR reflected that the EX Order 26 § 4b1 [REDACTED] was administered as timed and prescribed on 6/10/23.</p> <p>During an interview with the surveyor on 6/11/2023 at 9:45 AM, Resident # 41 responded when asked if he/she gets their medications on time, that B unit had no nurse yesterday (6/10/23) on 7am-3pm shift and got no meds (medications) until 4pm.</p> <p>44. Resident #42 was admitted to the facility with diagnoses including but not limited to: EX Order 26 [REDACTED]</p>	F 658		

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(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 658	<p>Continued From page 66</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 indicated the EX Order 26 § 4b1 was timed for EX Order 26 § 4b1 were timed at 0900am.</p> <p>A review of the MARR revealed that the EX Order 26 § 4b1 were administered on 6/11/2023 at 02:46 (2:46 AM). The medication was due on 06/10/2023. There was no documentation to indicate that the EX Order 26 § 4b1 was administered as timed and prescribed on 06/10/2023.</p> <p>During an interview with the surveyor on 06/11/2023 at 10:00 AM, Resident #42 said that yesterday, 06/10/2023 there was no nurse on B unit on the 1st floor and we got no meds on the 7-3 shift. We got them on 3-11 shift.</p> <p>45. Resident #43 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

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F 658	Continued From page 67 EX Order 26 § 4b1 [REDACTED]	F 658		

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(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 658	<p>Continued From page 68</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>There was no documentation to indicate the medications were administered as timed and prescribed on 6/10/23.</p> <p>A review of the MAAR revealed that there was no documentation that the aforementioned medication were administered on 06/10/2023 as timed and prescribed.</p> <p>46. Resident #44 was admitted to the facility with diagnoses including but not limited to: EX Order 26</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

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F 658	Continued From page 69 EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 70</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed the EX Order 26 § 4b1 [REDACTED] was timed at 1000am.</p> <p>There was no documentation to indicate the medications were administered as timed and prescribed on 6/10/2023.</p> <p>A review of the MAAR showed that the EX Order 26 § 4b1 [REDACTED] were administered on 6/10/23 at 18:45 (6:45PM). The EX Order 26 § 4b1 [REDACTED] was documented as administered on 6/10/23 at 17:17 (5:17 PM). The remaining medications had no documentation to indicate having been administered on 06/10/2023 as timed and prescribed.</p> <p>47. Resident #45 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>EX Order 26 § 4b1 [REDACTED]</p>	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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(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 658	<p>Continued From page 71</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 revealed that the EX Order 26.4(b)(1) and EX Order 26.4(c) were timed at 0900. The EX Order 26 § 4b1 were timed at 7-10a. There was no documentation that the EX Order 26 § 4b1 were administered as timed and prescribed on 6/10/23.</p> <p>A review of the MAAR reflected that the EX Order 26 § 4b1 did not include documentation that the medication was administered as timed and prescribed on 6/10/2023. The MAAR further showed that the EX Order 26 § 4b1 were documented as having been administered at 19:05 (7:05 PM).</p> <p>48. Resident #46 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

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F 658	Continued From page 72 A review of the current OSR revealed the following physician orders: EX Order 26 § 4b1 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	F 658			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 73</p> <p>A review of the MAAR revealed there was no documentation to show that the medications had been administered on 06/10/2023 as timed and prescribed.</p> <p>49. Resident #47 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR revealed the following pohysican orders:</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	F 658			


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
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F 658	<p>Continued From page 74</p> <p>EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>There was no documentation to indicate the medications had been administered as timed and prescribed on 6/10/23.</p> <p>A review of the MAAR reflected that there was no documentation to indicate on 06/10/2023 the EX Order 26 § 4b1</p> <p>50. Resident # 48 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR revealed the following physician orders:</p> <p>EX Order 26 § 4b1</p>	F 658			

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F 658	<p>Continued From page 75</p> <p>A review of the MAR dated 6/1/2023-6/30/2023 showed the EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the MAAR revealed that on 06/10/2023 the EX Order 26 § 4b1 was administered at 18:05 (6:05 PM). The MAAR also indicated the EX Order 26 § 4b1 was administered on 6/11/2023 at 02:46 (2:46 AM).</p> <p>51. Resident # 2 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered on 6/11/2023;</p> <p>EX Order 26 § 4b1 [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 76</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>52. Resident #53 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>53. Resident #54 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

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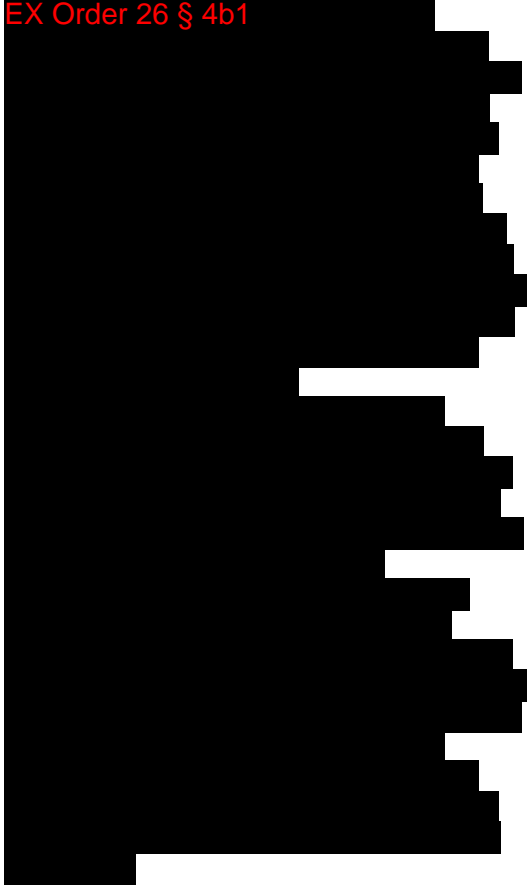
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F 658	Continued From page 77 A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered; EX Order 26 § 4b1  54. Resident #55 was admitted to the facility with	F 658			

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F 658	<p>Continued From page 78</p> <p>diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>55. Resident #56 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

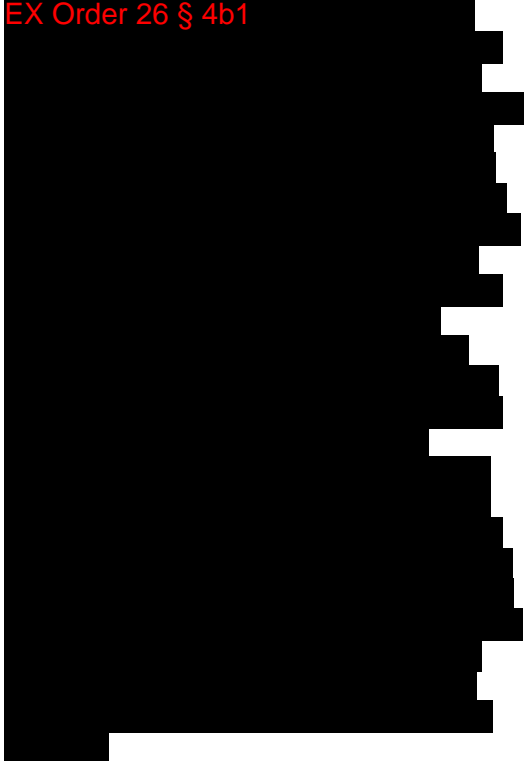
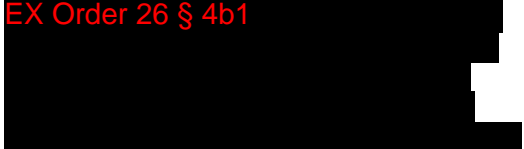
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F 658	<p>Continued From page 79</p> <p>EX Order 26 § 4b1</p>  <p>56. Resident #57 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p>	F 658		



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F 658	<p>Continued From page 80</p> <p>EX Order 26 § 4b1</p>  <p>57. Resident #58 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> 	F 658		

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F 658	Continued From page 81 at 8:00 am was given at 9:11am (11 min. late). 58. Resident #59 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1  A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered; EX Order 26 § 4b1 	F 658			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/13/2023
NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		
(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 658	<p>Continued From page 82</p> <p>Deficiency scheduled at 7:00 am-10:00 am was given at 11:59am (59 min. late).</p> <p>59. Resident #60 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4 <div style="background-color: black; width: 200px; height: 15px; margin: 2px 0;"></div></p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1 <div style="background-color: black; width: 300px; height: 350px; margin: 2px 0;"></div></p>	F 658			

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F 658	<p>Continued From page 83</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>60. Resident #61 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>61. Resident #62 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p>	F 658		

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F 658	<p>Continued From page 84</p> <p>EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>62. Resident #63 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p>	F 658		

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F 658	<p>Continued From page 85</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>63. Resident #64 was admitted to the facility with diagnoses including but not limited to: [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>64. Resident #65 was admitted to the facility with diagnoses including but not limited to: [REDACTED].</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p>	F 658			

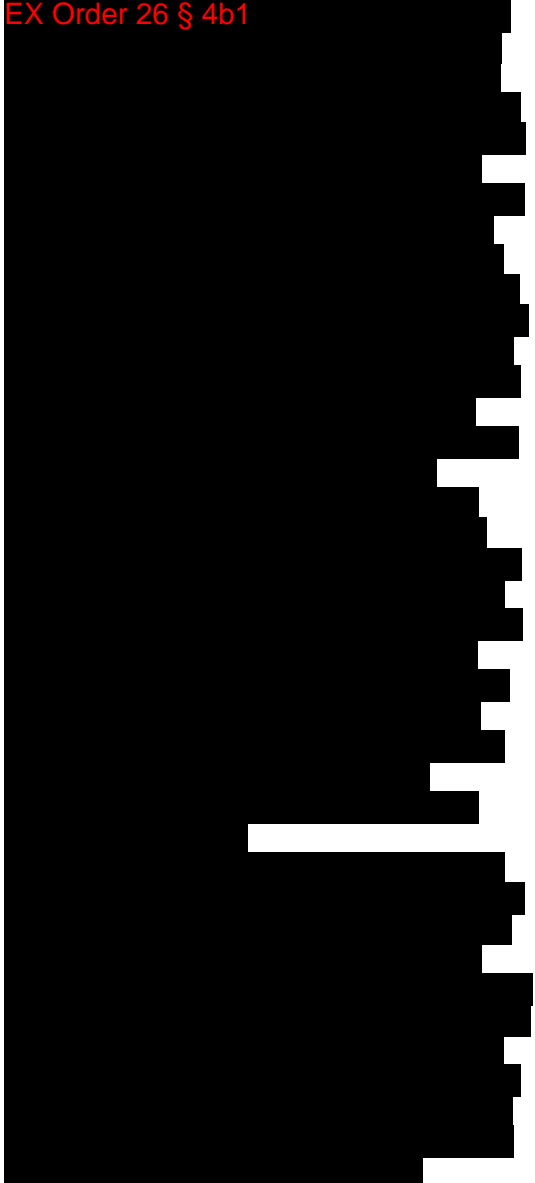
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F 658	<p>Continued From page 86</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>65. Resident #67 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>66. Resident #68 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1</p> <p>[REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p>	F 658			


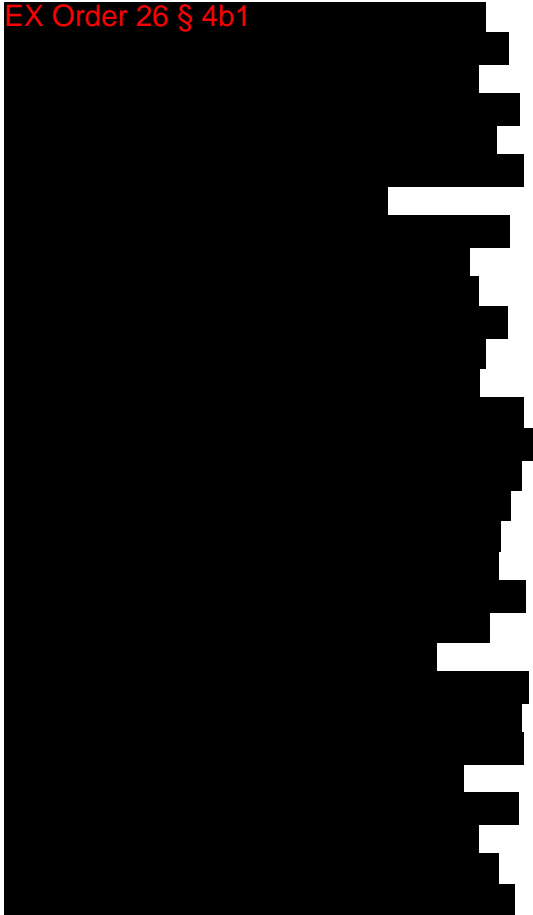
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F 658	Continued From page 87 EX Order 26 § 4b1 	F 658			

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F 658	Continued From page 88 67. Resident #69 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1  A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered; EX Order 26 § 4b1 	F 658			

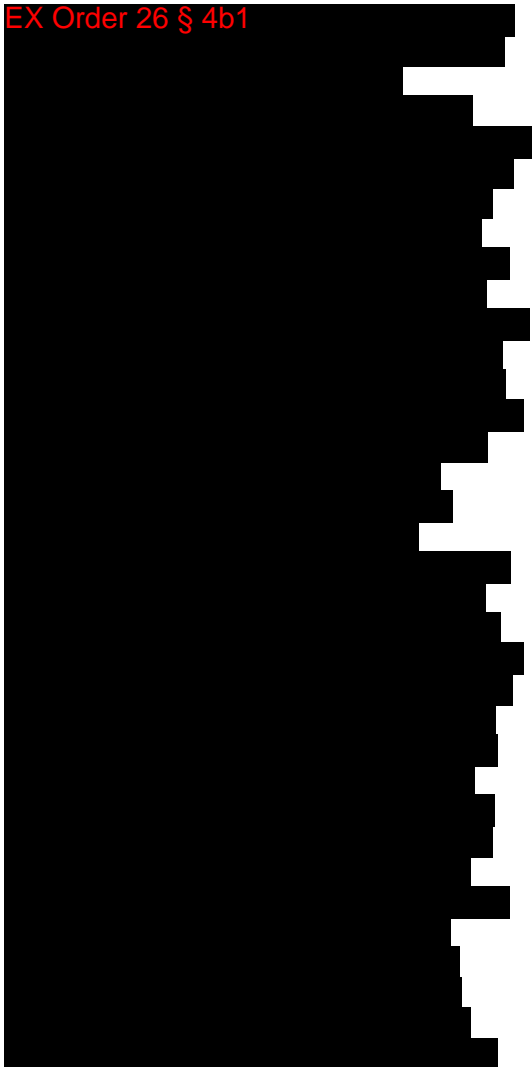
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F 658	<p>Continued From page 89 for EX Order 26 § 4b1 scheduled at 7:00 am-10:00 am was given at 12:08 pm (1 hr. 8 min. late).</p> <p>68. Resident #71 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p> <p>69. Resident #72 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1.</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1</p>	F 658		

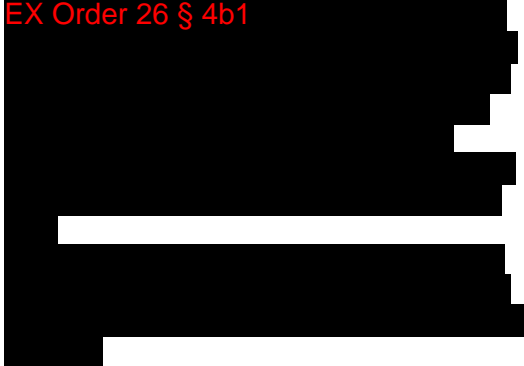
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F 658	<p>Continued From page 90</p> <p>70. Resident # 73 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>71. Resident #74 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1 [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 91 11:23 am (23 min late).</p> <p>72. Resident #75 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1 [REDACTED]</p> <p>73. Resident # 76 was admitted to the facility with diagnoses including but not limited to: EX Order 26 § 4b1 [REDACTED]</p> <p>A review of the current OSR/MRR/MAR/MAAR revealed the following orders/times to be administered;</p> <p>EX Order 26 § 4b1 [REDACTED] scheduled to be administered 8:00 am. was administered at 9:49 am (49 min late).</p> <p>74. Resident # 77 was admitted to the facility with diagnoses including but not limited to EX Order 26 § 4b1 [REDACTED]</p>	F 658			

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F 658	Continued From page 92 A review of the current EX Order 26 § 4b1 revealed the following orders/times to be administered; EX Order 26 § 4b1 	F 658			

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F 658	<p>Continued From page 93</p> <p>EX Order 26 § 4b1</p>  <p>During an interview with the surveyor on 06/11/2023 at 10:08 AM, Licensed Practical Nurse (LPN#1) said she still had 20 medications to administer and was going back and forth between 1st floor C and D hall.</p> <p>During an interview with the surveyor on 06/11/2023 at 10:30 AM, LPN #3 said she had only given 1st floor A hall medications on 06/10/2023, and did not think there was a nurse for B hall.</p> <p>During an interview with Surveyor #2 on 06/11/2023 at 11:08 AM, the Unit Manger LPN for 1st floor C/D units said she still had to administer medications to 15 Residents to include 5 on EX Order 26.4 and 1 needed a EX Order 26 § 4b1. On the same date at 01:15 PM, the Unit manager LPN said not all the residents received their 07:30am EX Order 26.3 as scheduled but they should have received them.</p> <p>During an interview with Surveyor #1 on 6/11/2023 at 12:45 pm and 3:00 pm, the surveyor asked why medications were scheduled for the hours 7:00 am- 10:00 am. LPN #5 stated the facility had a "liberal" medication pass policy that</p>	F 658			

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F 658	<p>Continued From page 94</p> <p>had been in effect for at least a year due to staffing concerns. LPN #3 stated medications were able to be administered one hour before and one hour after the specified times. LPN #3 confirmed that Resident #2 did not get his/her Ex.Order 26.4 within the specified time.</p> <p>During an interview with the Surveyor #2 on 06/11/2023 at 04:12 PM, the DON said the facility has used a liberal medication time for past 1-1.5 years to allow nurses more time to spend with the residents. This went into effect April or May of 2022. The DON went on to say that if the order is for Ex.Order 26.4(b) with coverage, we do it right before meal time. If medications are ordered for twice a day 8:00 AM and 4:30 PM, three times a day is 8:00AM, 11:30 AM and 4:30 PM. The DON confirmed the Ex.Order 26.4(b)(1) should be given as ordered.</p> <p>The DON also said she found out last night (06/10/2023) that the Residents did not get their medications on B Hall 1st floor on 7-3 shift. LPN #3 was assigned to administer the medications. The DON confirmed that LPN #3 refused the assignment of 1st floor B unit.</p> <p>Review of facility Policy dated 12/19, titled "MEDICATION ADMINISTRATION" included but was not limited to; "POLICY: Medications shall be administered in a safe and timely manner, and as prescribed. PROCEDURE:...3. Medications must be administered in accordance with the orders, including any required time frame....6.The individual administering the medication must check the label THREE (3) times to verify the right medication, right dosage, right time and right method (route) of administration before giving the medication....9. Medications may not be prepared</p>	F 658			

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F 658	<p>Continued From page 95</p> <p>in advance and must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders)....15. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall document as such in designated format (hard copy or electronic) space provided for that drug and dose."</p> <p>Review of facility Policy dated 9/19, titled "MEDICATION ADMINISTRATION TIMES" included but was not limited to; "Medications shall be administered according to established schedules....1. Medications are administered according to the following routine schedule: q8h (every eight hours) 6 a.m. / 2 p.m. / 10 p.m., q6h (every six hours) 12 a.m. / 6 a.m. / 12 p.m. / 6 p.m., q4h (every four hours) 12a.m. / 4 a.m. / 8 a.m. / 12 p.m. / 4p.m. / 8 p.m., qid (four times daily) 6 a.m. / 10 a.m. / 2 p.m./ 6 p.m., tid (three times daily) 9 a.m. / 2 p.m./10 p.m., bid (two times daily) 9 a.m. / 5 p.m., ac (before meals) 7:30 a.m. /11:30 a.m. / 4:30 p.m., pc (after meals) 9 a.m. / 1 p.m./ 7 p.m., Daily 9 a.m., Every morning 6 a.m., Insulin (daily)7:30 am a.m./ 8 am, Insulin (twice daily) 7:30 am a.m. / 4:30 p.m.</p> <p>2. Routine medication administration schedules may be changed by the Quality Assessment and Assurance Committee</p> <p>3. A physician's order for specific times supersedes any routine schedule.</p> <p>4. Residents may request alternate medication schedules. Such times must be documented on the resident's medication administration record and care plan.</p>	F 658			

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F 658	Continued From page 96 5. Prior to meals/ insulin will be dependent on the times meals arrive and when the resident is prepared to eat. The window for medication administration may fluctuate depending on the time meal trucks arrive to the unit. NJAC8:39-27.1(a)	F 658		

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S 000	<p>Initial Comments</p> <p>C/O # NJ 164849</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: C/O # NJ 164849</p> <p>Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios as mandated by the state of New Jersey. This was evident for 7 of 7-day shifts for weeks of 06/04/2023, and deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 3 of 7 overnight shifts reviewed.</p> <p>Findings include:</p>	S 560	<ol style="list-style-type: none"> 1. No residents were noted to have been affected by this deficient practice. 2. All residents have the potential to be affected by this deficient practice. 3. The facility policy on staffing was reviewed by the Administrator on July 5, 2023 and determined to follow federal and state guidelines. The facilities schedules to the New Jersey minimum staffing requirements and strives to reach these goals daily. The following new systematic changes have been 	7/12/23

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

TITLE

(X6) DATE

Electronically Signed

07/10/23

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2023
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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND H	STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037
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S 560	<p>Continued From page 1</p> <p>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 at 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:</p> <p>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 than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA 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 member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nursing Staffing Report" completed by the facility for the weeks of 06/04/2023, the staffing to residents' ratios that did not meet the minimum requirement of 1 CNA to 8 residents for the day shift as documented below:</p> <p>The facility was deficient in CNA staffing for residents on 7 of 7 day shifts, deficient in CNAs to total staff on 1 of 7 evening shifts, and deficient in total staff for residents on 3 of 7 overnight shifts as follows:</p> <p>-06/04/23 had 14 CNAs for 176 residents on the day shift, required 22 CNAs.</p>	S 560	<p>implemented: Starting June 26, 2023, a corporate task force was developed to attract and retain staff. In addition, the task force has weekly sessions to review current staffing levels and discuss needs on future projections. Additional staff has been hired, staffing agencies and recruiters were contracted to aid in the efforts to provide additional staff. The facility has initiated sign on bonuses to secure additional staff and bonuses for staff referrals. Additional ads were created on recruiting websites and recruiting flyers and signs placed in the community and facility to attract nursing staff, new contracts with traveling agencies were initiated.</p> <p>The staffing coordinator was educated on ensuring that adequate staffing levels are reached to provide activities of daily living to dependent residents.</p> <p>The staff educator in- serviced nursing staff on ensuring that residents needs are met including activities of daily living rendered to dependent residents and incontinent care to dependent residents. Nursing supervisors were educated to notify administration and the Director of Nursing if there was not enough staff to render activities of daily living.</p> <p>4.</p> <p>The administrator will audit schedules to actual payroll punches to ensure nursing staff is provided to meet the resident needs for activities of daily living. Audits will be completed daily x 4 weeks then monthly until compliance weeks and monthly for a minimum of 6 months or</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/13/2023
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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND H	STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037
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S 560	<p>Continued From page 2</p> <p>-06/04/23 had 11 total staff for 176 residents on the overnight shift, required 13 total staff.</p> <p>-06/05/23 had 15 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>-06/06/23 had 18 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>-06/07/23 had 20 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>-06/08/23 had 17 CNAs for 176 residents on the day shift, required 22 CNAs.</p> <p>-06/08/23 had 11 total staff for 176 residents on the overnight shift, required 13 total staff.</p> <p>-06/09/23 had 17 CNAs for 183 residents on the day shift, required 23 CNAs.</p> <p>-06/09/23 had 10 CNAs to 24 total staff on the evening shift, required 12 CNAs.</p> <p>-06/09/23 had 12 total staff for 183 residents on the overnight shift, required 13 total staff.</p> <p>-06/10/23 had 11 CNAs for 183 residents on the day shift, required 23 CNAs.</p> <p>During an interview with the surveyor on 06/11/2023 at 09:13 AM, The Certified Nursing Assistant said I was called in today, this is my weekend off.</p> <p>During an interview with the surveyor on 06/11/2023 at 9:17 AM, Licensed Practical Nurse #3 said she has 15 residents on A hall on the 1st floor and has 1 Certified Nursing Assistant.</p>	S 560	<p>until compliance is met.</p> <p>The results of these audits will be presented at monthly QAPI starting in July 2023.</p> <p>The Administrator is responsible for the execution and monitoring of this plan of correction.</p>	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315209	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/1/2023	Y3
NAME OF FACILITY HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, 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 CMS-2567 (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 F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	07/26/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/13/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 08/01/2023
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NAME OF PROVIDER OR SUPPLIER HAMMONTON CENTER FOR REHABILITATION AND H	STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037
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{S 000}	<p>Initial Comments</p> <p>The facility was not in compliance with the standards in the New Jersey Administrative code, 8:39, standards for licensure of Long Term Care Facilities. The facility must submit a Plan of Correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the provisions of the New Jersey Administrative Code, Title 8, chapter 43E, enforcement of licensure regulations.</p>	{S 000}		

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

TITLE

(X6) DATE

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060113	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/1/2023
NAME OF FACILITY HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 43 N WHITE HORSE PIKE HAMMONTON, NJ 08037

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	07/12/2023	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/13/2023

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO