

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 02/21/2024
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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 000	<p>INITIAL COMMENTS</p> <p>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00157908, NJ00158950, NJ00160690, NJ00163716, NJ00163849, NJ00164954, NJ00158151, NJ00165000, NJ00165571, NJ00160246, NJ00163037, NJ00163593, NJ00163664, NJ00163862 and NJ00166486.</p> <p>Survey Dates: 02/19/24 to 02/21/24 Survey Census: 157 Sample Size: 15</p> <p>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.</p>	F 000		
F 658 SS=E	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ000165571, NJ00160246, NJ00163849</p> <p>Based on record review, interview and policy review, the facility failed to ensure the timely administration of a medication for one (Resident (R) R11) out of 15 residents reviewed in the</p>	F 658	<p>Element #1</p> <p>Resident #11 was evaluated by the doctor and found with NJ ex order 26.4b1</p>	4/15/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/18/2024
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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>sample. Specifically, R11's NJ ex order 26.4b1 was administered late four times between NJ ex order 26.4b1</p> <p>Findings include:</p> <p>Review of the facility's policy titled "Medication Administration" dated 12/2019 indicated, " ...3. Medications must be administered in accordance with the orders, including any required timeframe ..."</p> <p>Review of R11's Electronic Medical Record (EMR) titled "Admission Record" located under the "Profile" tab revealed R11 was admitted to the facility on NJ ex order 26.4b1 with diagnosis including NJ ex order 26.4b1.</p> <p>Review of R11's admission "Minimum Data Set (MDS)", found in the EMR under the "MDS" tab with an Assessment Reference Date (ARD) of NJ ex order 26.4b1 indicated a "Brief Interview for Mental Status (BIMS)" score of NJ ex order 26.4b1 out of 15 which indicated the resident's NJ ex order 26.4b1.</p> <p>Review of R11's "Physician's Orders", dated NJ ex order 26.4b1 and found in the EMR under the "Orders" tab, included an order for NJ ex order 26.4b1 (at 7:30 AM, 11:30 AM, and 5:30 PM).</p> <p>Review of R11's "Medication Administration Record (MAR)," dated NJ ex order 26.4b1 through NJ ex order 26.4b1 and found in the EMR under the "Orders" tab, indicated the resident's NJ ex order 26.4b1 was administered late on the following dates/times:</p>	F 658	<p>Element #2</p> <p>All residents on first floor B wing have the potential to be affected by this deficient practice.</p> <p>The late medication report was reviewed and residents with late medication were evaluated with no negative outcome was noted for any identified resident. Medication errors were completed for each resident.</p> <p>The supervisor/ staffing coordinator were counseled on notifying the director of nursing if they are running late with medication.</p> <p>Element #3</p> <p>Licensed nurses will be educated on professional standards with emphasis on medication administration. Course content will include ensuring scheduled medications to all residents are administered in a timely manner and notifying the director of nursing if a nurse is unavailable or running late to administer scheduled and as needed medications.</p> <p>Element #4</p> <p>The DON/ designee will audit medication administration weekly for late administration x 4 weeks and then monthly until compliance is met. The results of these audits will be submitted at monthly Quality Assurance Performance Improvement Committee</p>		

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F 658	<p>Continued From page 2</p> <p>NJ ex order 26.4b1 7:30 AM dose was given at 8:59 AM (approximately one- and one-half hours late).</p> <p>NJ ex order 26.4b1 11:30 AM does was given at 2:41 PM (more than three hours late)</p> <p>NJ ex order 26.4b1 7:30 AM does was given at 8:50 AM (approximately one- and one-half hours late)</p> <p>NJ ex order 26.4b1 5:30 PM dose was given at 6:44 PM (approximately one and one quarter hour late)</p> <p>NJ ex order 26.4b1 7:30 AM dose was given at 9:02 AM (approximately one-and one-half hours late)</p> <p>Review of R11's "progress notes" for NJ ex order 26.4b1 through NJ ex order 26.4b1 in the EMR under the "Progress notes" tab did not contain documentation as to the reason for the late administration and/or late documentation of the above NJ ex order 26.4b1.</p> <p>During an interview with Licensed Practical Nurse (LPN 8) on 02/21/24 at 11:41 AM, LPN 8 confirmed she was one of the nurses who administered R11's NJ ex order 26.4b1 late and stated she thought the NJ ex order 26.4b1 was probably given on time but documented late. She stated NJ ex order 26.4b1 sometimes, because the residents on that unit moved around a lot and had to be located. She stated she was aware she was expected to pass medications timely, especially time sensitive medications such as NJ ex order 26.4b1. She stated she was expected to write a note in the resident's record to indicate the reason for late medication administration or the late documentation of any medication and was not sure why that had not been done for R11.</p> <p>During an interview with LPN9 on 02/21/24 at 11:49 AM, LPN 9 confirmed she was one of the nurses who documented the above referenced NJ ex order 26.4b1. She stated</p>	F 658	<p>The administrator will audit licensed nursing staff to ensure that scheduled licensed nurses are available to administer all necessary schedule medications and as needed medications. The results of these audits will be submitted at the monthly Quality Assurance Performance Improvement Committee</p> <p>Element #5 The Administrator is responsible for execution and monitoring of this plan of correction</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 3</p> <p>medications were expected to be administered one hour before to one hour after the ordered administration time. She stated "There are a lot of meds [medications] so I gave all my meds to all residents and documented after they (the medications) were finished (being administered)."</p> <p>During an interview with LPN 10 on 02/21/24 at 11:55 AM, LPN 10 confirmed she was one of the nurses who documented the above referenced NJ ex order 26.4b1 and stated she thought R11's medication was administered on time. She stated, "Normally the meds are passed on time, and I don't sign them out until later." LPN 10 acknowledged medication administration was expected to be documented immediately after the administration of each resident's medication and was unsure of what happened on the day R11's NJ ex order 26.4b1 was documented as given late.</p> <p>During an interview with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 01/20/24 at 12:47 PM, the DON stated medication, especially time sensitive medication such as NJ Exec Order, was expected to be given timely. She stated the established window for medication administration, in general, was one hour before to one hour after the indicated administration time. She confirmed, however, NJ Exec Order 26.4b1 was expected to be given within 15 to 30 minutes prior to the resident being served and eating a meal.</p> <p>During an interview with the Corporate Nurse on 02/21/24 at 12:25 PM, she confirmed her expectation was all medications were to be administered timely and then document in the record immediately."</p>	F 658			

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F 658	Continued From page 4 NJAC: 8:39-29.2 (d) NJAC: 8:39-27.1 (a)	F 658			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Complaint: NJ00160690, NJ00163037, NJ00166486 Based on observation, staff interview, and facility policy review, the facility failed to ensure clean plates and pans were air dried prior to storage and not stacked wet. This failure had the potential to increase the risk of foodborne illness and had the potential to affect 155 of 157 residents in the facility who received dietary services at the time of the survey. Two residents received [REDACTED].	F 812	Element #1 The facility installed two additional drying racks in the kitchen. Kitchen staff were immediately counseled on proper storage of plates and pans. Element #2 All residents have the potential to be affected by this deficient practice.	4/15/24	

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F 812	<p>Continued From page 5</p> <p>Findings include:</p> <p>Review of the facility's policy "Dish Washing and Storage Policy," dated 06/17/19, revealed, "Policy: Dishes, pots and pans will be washed and dried using the procedures, chemicals and equipment that result in clean, sanitized dishes, pans flatware and utensils. Procedure: Dish Machine Washing: ...Dishes, pots, pans, utensils, and flatware must be air dried before being stored. Do not dry with towels ... 7. Employees are trained in proper dishwashing and drying procedures ..."</p> <p>Observation and interview on 02/20/24 at 11:40 AM, the plates stacked in two different plate warmers, next to the steam table to be used for lunch service were found to still be wet from washing after being used for breakfast. The Dietary Manager (DM) confirmed, "All of the plates are wet. They should be dry before being stacked. They should have been air dried before stacking."</p> <p>Observation and interview on 02/20/24 at 1:08 PM, the area located next to the three-compartment sink were the pots and pans were being stored were seven pans that were 12 inches by 24 inches by 3 inches deep, were still wet when they were unstacked. The pans were found to have been stacked wet and not allowed to air dry, one pan also had food remnants on it. The DM confirmed "The pans are wet, and they should be allowed to dry before being stacked."</p> <p>During an interview on 02/20/24 at 2:35 PM the Corporate Nurse (CN) stated, "All plates, pots, and pans should be air dried before stacking and</p>	F 812	<p>Based on resident record review, there was no signs or symptoms of food borne illness therefore there was no identified resident affected by this deficient practice.</p> <p>Element #3</p> <p>The facility policy on Food Procurement was reviewed and determined to be compliant with state and federal regulations. The staff educator will give an in-service to all dietary staff on food procurement, prepare and serve sanitary food. The in-service will specifically focus on ensuring kitchen staff are checking all plates and pans before use.</p> <p>Element #4</p> <p>The administrator/ Designee will complete weekly random audits of the kitchen to ensure all plates and pans were air dried before being stored.</p> <p>The audits will be completed weekly x 4 weeks and then monthly until compliance is met. The results of these audits will be presented at monthly Quality Assurance Performance Improvement Committee.</p> <p>Element #5</p> <p>Responsible Party - Administrator/Designee</p>		

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F 812	Continued From page 6 storage."	F 812			
F 880 SS=D	<p>NJAC: 8:39-17.2 (g) CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be</p>	F 880		4/15/24	

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F 880	<p>Continued From page 7 reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Complaint # NJ00165000, NJ00163037</p> <p>Based on policy review, record review, observations, and interviews, the facility failed to ensure effective infection control practices were maintained for one Resident (R) R 11 out of four</p>	F 880	<p>Element #1</p> <p>Identified facility LPN #4 was Counseled for nor sanitizing [redacted] before and after use and not following proper hand hygiene.</p>		

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F 880	<p>Continued From page 8</p> <p>residents observed during medication administration. Specifically, Licensed Practical Nurse (LPN 4) was observed administering a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and failed to ensure the NJ Exec Order 26.4b1 was appropriately sanitized before and after use, failed to ensure a clean barrier was utilized when placing the NJ Exec Order 26.4b1 down on a surface in the resident's room while administering the NJ Exec Order 26.4b1, and failed to ensure appropriate hand hygiene by wearing false 1.5-inch-long nails during the administration of R11's medication.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, "Cleaning/Disinfecting Resident Care Items and Equipment" dated 05/18/23 indicated, " ...2. Shared resident care items/equipment shall be cleaned/disinfected between each resident and use according to manufacturer's instructions for use;" and "Disinfection refers to thermal or chemical destruction of pathogenic and other types of microorganisms."</p> <p>Review of the facility's policy titled "Medication Administration" dated 12/2019 indicated, " ...14. Staff shall follow established facility infection control procedures (e.g., handwashing, antiseptic technique, gloves, isolation precautions, etc. when these apply to the administration of medications."</p> <p>Review of the facility's designated approved Environmental Protection Agency (EPA) registered disinfectant, "MicroKill Germicidal Wipes" label was reviewed and indicated a "Wet/Kill Time of 60 seconds."</p>	F 880	<p>Identified facility LPN #4 removed her 1.5-inch-long nails.</p> <p>Element #2</p> <p>All residents have the potential to be affected by this deficient practice however, no negative deficient practice was noted.</p> <p>Element #3</p> <p>Corporate policies titled Infection Control and BLOOD GLUCOSE TESTING policies were reviewed by facility administration and determined to be in compliance.</p> <p>The facility staff educator conducted an in-service with all licensed nurses on infection control. The specific focus on the cleaning and storage of a glucometer. The staff educator conducted an in-service with all staff on infection control and maintaining personal grooming to avoid any contamination of surfaces or passing harmful pathogen to a resident. The in-service included trimming finger nails to 1/4 inch length. A new sticker has been placed on the nurses' computers to remind the nurses to properly sanitize glucometer before and after use.</p> <p>Element #4</p> <p>The Infection Preventionist /designee will perform random checks on all units, including observation of adherence to</p>		

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F 880	<p>Continued From page 9</p> <p>Review of the facility's "Spectrum Advance Hand Sanitizer Wipes" label indicated the product was only to be used for hand sanitization. The label indicated the active ingredient in the hand sanitizer was 70% ethyl alcohol.</p> <p>Review of R11's Electronic Medical Record (EMR) titled "Admission Record" located under the "Profile" tab revealed R11 was admitted to the facility on [redacted] with diagnosis [redacted]. The resident [redacted] NJ ex order 26.4b1</p> <p>Review of R11's admission "Minimum Data Set (MDS)", found in the EMR under the "MDS" tab and with an Assessment Reference Date (ARD) of [redacted], indicated a "Brief Interview for Mental Status (BIMS)" score of [redacted] out of 15 which indicated resident's [redacted] NJ ex order 26.4b1.</p> <p>Review of R11's "Physician's Orders", dated [redacted] and found in the EMR under the "Orders" tab included an order for [redacted] NJ ex order 26.4b1</p> <p>Review of R11's "Medication Administration Record (MAR)," dated [redacted] through [redacted] and found in the EMR under the Orders Tab, confirmed the resident was [redacted] NJ ex order 26.4b1</p> <p>Observation on 02/20/24 at 11:25 AM, revealed LPN 4 to be wearing false fingernail, approximately 1.5 inch long, sharply pointed at the ends fingernails, obtained R11's [redacted] NJ ex order 26.4b1 LPN 4 obtained a [redacted] NJ Exec Order 26.4b1 from the medication cart and then obtained a Spectrum</p>	F 880	<p>ensure all staff are following all infection control, glucometer cleaning, hand hygiene, and personal grooming policies and procedures.</p> <p>Observations will occur weekly x 4 weeks and then monthly x 6 months or until compliance is met. The results of these observations will be submitted at Quality Assurance Performance Improvement Committee.</p> <p>Element #5</p> <p>Responsible Party - DON/Designee</p>	

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F 880	<p>Continued From page 10</p> <p>Advance Hand Sanitizer Wipe (active ingredient 70% alcohol) from the medication cart which she used to wipe the [redacted] for approximately two to three seconds. LPN 4 took the [redacted] and other supplies to R11's room and without placing a clean barrier on the resident's overbed table placed the [redacted] directly on the overbed table. After obtaining the result of R 11's [redacted] NJ Exec Order 26.4b1, LPN 4 placed the [redacted] on the surface of the medication cart, wiped the [redacted] with another Spectrum Advance Hand Sanitizer Wipe, and then placed the [redacted] back into the top drawer of the medication cart. LPN 4 was not observed to sanitize the [redacted] with a facility approved cleaning agent/sanitizer. LPN 4 did not obtain any additional [redacted] for any additional residents during the noon medication administration period.</p> <p>During an interview on 01/20/24 at 11:51 AM, LPN 4 stated she was aware she was supposed to use the facility's approved sanitizing agent, a MicroKill Germicidal Wipe, to clean the [redacted] before and after each use, however she did not have any of the MicroKill Wipes in her cart at that time, and so used the Hand Sanitizer wipe to clean the [redacted] instead. LPN 4 stated she checked the supply closet that morning to obtain the correct MicroKill Sanitizing Agent, however had not been able to find any (the survey team confirmed the MicroKill sanitizing wipes were available in the facility's storage area on 01/20/24 at 12:30 PM). LPN 4 stated she was aware she should have placed a clean barrier on the resident's overbed table prior to placing the [redacted] on the table to ensure proper infection control, and stated she was aware false nails of any length past the end of her fingertips</p>	F 880			

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

PRINTED: 06/24/2024
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 02/21/2024
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 880	<p>Continued From page 11</p> <p>were not allowed to be worn while providing any type of care for residents in the facility, including medication administration.</p> <p>During an interview with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 01/20/24 at 12:47 PM, the DON stated the [redacted] were expected to be sanitized with MicroKill Germicidal Wipes before and Wipes) prior to using the [redacted] for the next resident or placing the [redacted] back into the cart. The DON stated that false nails longer than ¼ inch past the end of a staff member's fingertips were not allowed to be worn by staff members working in the facility for infection control and safety purposes. The DON stated her expectation was that a clean barrier should be placed on any resident surface prior to putting any multi-use equipment (including a [redacted]) on the surface.</p> <p>NJAC 8:39-19.4 (l)</p>	F 880			

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 02/21/2024
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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>A Complaint Survey was conducted on behalf of the New Jersey Department of Health.</p> <p>Complaint #: NJ00157908, NJ00158950, NJ00160690, NJ00163716, NJ00163849, NJ00164954, NJ00158151, NJ00165000, NJ00165571, NJ00160246, NJ00163037, NJ00163593, NJ00163664, NJ00163862 and NJ00166486.</p> <p>Survey Dates: 02/19/24 to 02/21/24 Survey Census: 157 Sample Size: 15</p> <p>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 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# NJ00158950, NJ00160690, NJ00163849, NJ00165571, NJ00160246, NJ00163593, NJ00163862 and NJ00166486.</p>	S 560	<p>Element #1</p> <p>No residents were noted to have been</p>	4/15/24

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

Electronically Signed

TITLE

(X6) DATE

03/18/24

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 02/21/2024
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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>Based on review of pertinent facility documentation, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 8 of 14 day shifts as follows: This deficient practice had the potential to affect all residents.</p> <p>Findings include:</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 as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</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 of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>As per the "Nurse Staffing Report" completed by the facility for the 2 weeks of staffing from 02/04/2024 to 02/17/2024, the staffing to resident ratios did not meet the minimum requirement of one CNA to eight residents for the day shift as documented below:</p>	S 560	<p>affected by this deficient practice.</p> <p>Element #2</p> <p>All residents have the potential to be affected by this deficient practice. Facility schedules were evaluated for the week of 3/10/2024 with adequate staffing noted to provide medications and ADL care as per federal guidelines for the projected schedules.</p> <p>Element #3</p> <p>The facility policy on staffing was reviewed by the Administrator on 3/14/2024 and determined to follow federal 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 implemented: The facility hired a full-time facility recruiter to Hire and retain staff. 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. The staff educator in- serviced nursing staff on ensuring that residents needs are</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 02/21/2024
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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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(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) COMPLETE DATE
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S 560	<p>Continued From page 2</p> <p>1. For the 2 weeks of Complaint staffing from 02/04/2024 to 02/17/2024, the facility was deficient in CNA staffing for residents on 8 of 14 day shifts as follows:</p> <p>-02/04/24 had 18 CNAs for 153 residents on the day shift, required at least 19 CNAs. -02/05/24 had 13 CNAs for 153 residents on the day shift, required at least 19 CNAs. -02/07/24 had 16 CNAs for 153 residents on the day shift, required at least 19 CNAs. -02/08/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs. -02/09/24 had 17 CNAs for 157 residents on the day shift, required at least 20 CNAs.</p> <p>-02/11/24 had 16 CNAs for 157 residents on the day shift, required at least 20 CNAs. -02/12/24 had 17 CNAs for 160 residents on the day shift, required at least 20 CNAs. -02/14/24 had 19 CNAs for 160 residents on the day shift, required at least 20 CNAs.</p>	S 560	<p>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>Element #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 until compliance is met.</p> <p>Element #5</p> <p>Responsible Party - Administrator/Designee</p>	
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315209	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/18/2024	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 F0812	Correction	ID Prefix F0880	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # 483.60(i)(1)(2)	Completed	Reg. # 483.80(a)(1)(2)(4)(e)(f)	Completed
LSC	04/15/2024	LSC	04/18/2024	LSC	04/15/2024
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 2/21/2024		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060113	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/18/2024
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 _____	04/15/2024	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 2/21/2024	<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
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