STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 Survey Date: 05/04/23 Census: 91 Sample: 41 Complaint #'s NJ155806 and NJ153483 A Complaint Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey. A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.	F 561		6/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 06/09/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 561

Continued From page 1

§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.

§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.
This REQUIREMENT is not met as evidenced by:
Based on interviews, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that residents' bathing choice of a daytime shower was provided for (2) two of (6) six residents (Resident #10 and #61) reviewed for choices during a resident council meeting on 4/19/23.

This deficient practice was evidenced as follows:

On 4/19/23 at 10:38 AM, a resident council meeting was conducted with six residents who resided on the Princeton unit. During that meeting six of six residents expressed that residents required the most assistance during the 7 AM - 3 PM shift, and that at times it was difficult to get showered. Two of the six residents stated that they were scheduled to receive a shower that morning but were unable to be showered since they were told that the unit was short staffed.

Record Review for Resident #10:

Review of the Admission Record reflected that the resident had diagnoses that included but were not limited to; NJ Ex Order 26. 4B1 ,

F 561

I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:
a) Resident # 10 and Resident #61 were provided showers on NJ Ex Order 26. 4B1, in accordance with their choices. Residents were not adversely harmed by the deficient practice.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:
b) All residents who have specific bathing choices have the potential to be affected by the same deficient practice.
The Unit Managers generated a list of these residents to ensure that their specific bathing choices are reflected in the shower schedules.
These residents were interviewed by the Unit Managers/Designee to ensure that no other residents were affected by the same deficient practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 561	Continued From page 2 NJ Ex Order 26. 4B1 . Review of the Quarterly Minimum Data Set (MDS) dated NJ Ex Order 26., an assessment tool used to facilitate the management of care, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15 which indicated that the resident was NJ Ex Order 26. 4B1. It also indicated that the resident required physical assistance with bathing. Review of the Care Plan indicated to provide the resident with a shower as scheduled and PRN (as needed) dated NJ Ex Order 26.. Review of the Order Summary Report, reflected a physician's order (PO) dated NJ Ex Order 26. for "Shower resident as scheduled every day shift every Wed, Sat." Review of the NJ Ex Order 26. 4B1 electronic Treatment Administration Record (eTAR) reflected the above corresponding PO, which indicated that on NJ Ex Order 26. 4B1 (Wednesday) and NJ Ex Order 26. 4B1 (Saturday) there was an electronic signature by the Registered Nurse (RN) #1 coded as "NJ" and an electronic signature by RN #2 coded "NJ"; respectively. The eTAR chart code NJ signified "Other / See Progress Notes." Review of the residents Progress Notes dated NJ Ex Order 26. 4B1 at 3:32 PM documented by RN #1 reflected, "Shower resident as scheduled every day shift every Wed, Sat," "shower not applicable - thorough bed bath given." It further reflected an entry dated NJ Ex Order 26. 4B1 at 9:29 AM documented by RN #2 that "Shower resident as scheduled every day shift every Wed, Sat," "na [not applicable]."	F 561	III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: c) All staff were in-serviced regarding Facility's Shower Policy, with emphasis on making sure that residents' bathing choices are provided in accordance with their preferences. IV. MONITORING OF CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR: ¿ The Director of Nursing or Designee will conduct 3 resident interviews a week x 1 month, then monthly x 2 months, to ensure that residents' bathing choices are provided according to their preferences. Results will be reported to the Administrator on a monthly basis. Results of this Audit will be reported quarterly to the QAA Meeting. V. COMPLETION DATE: JUNE 15, 2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 561	Continued From page 3	F 561		

Review of the Certified Nursing Assistant (CNA) Care Plan dated NJ Ex Order 26., reflected to provide a shower to the resident every Wednesday and Saturday day shift.

Review of the NJ Ex Order 26. 4B1 Nursing Assistant Documentation Record revised date NJ Ex Order 26. 4B1, reflected that the resident received a Bed Bath on the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1 and NJ Ex Order 26. 4B1, and a shower on the 3 PM - 11 PM shift on NJ Ex Order 26. 4B1.

Record Review for Resident #61:

Review of the Admission Record reflected that the resident had diagnoses that included but were not limited to; NJ Ex Order 26. 4B1.

Review of the Quarterly MDS dated NJ Ex Order 26., reflected that the resident had a BIMS score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26. 4B1. It also indicated that the resident required physical assistance with bathing.

Review of the Care Plan indicated to provide the resident with a shower as scheduled and PRN dated NJ Ex Order 26. 4B1.

Review of the Order Summary Report, reflected a PO dated NJ Ex Order 26. 4B1, for "Shower resident as scheduled every day shift every Wed, Sat."

Review of the NJ Ex Order 26. 4B1 eTAR reflected the above corresponding PO, which indicated that on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

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F 561	Continued From page 4	F 561		

NJ Ex Order 26. 4B1 (Wednesday) and NJ Ex Order 26. 4B1 (Saturday) there was an electronic signature by RN #1 coded as "NJ" and an electronic signature by RN #2 coded as "NJ"; respectively.

Review of the residents Progress Notes dated NJ Ex Order 26. 4B1 at 3:28 PM documented by RN #1 reflected, "Shower resident as scheduled every day shift every Wed, Sat. Shower not applicable - thorough bed bath given." It further reflected an entry dated NJ Ex Order 26. 4B1 at 10:30 AM documented by RN #2 that "Shower resident as scheduled every day shift every Wed, Sat." "na."

Review of the CNA Care Plan dated NJ Ex Order 26., reflected to provide a shower to the resident every Wednesday and Saturday day shift.

Review of the NJ Ex Order 26. 4B1 Nursing Assistant Documentation Record revised date NJ Ex Order 26. 4B1, reflected that the resident received a Bed Bath on the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1 and Partial Care on NJ Ex Order 26. 4B1.

On 4/19/23 at 12:18 PM, the surveyor interviewed CNA #1 who stated that each CNA on the Princeton unit were assigned 12 residents "this shift cause we were short." She further stated that they were unable to provide showers because "we were short staffed, I have to help on the Palmer unit."

On 4/19/23 at 12:27 PM, the surveyor interviewed the Nurses Aide (NA) who stated that he was supposed to provide a shower to Resident #10, but "I couldn't give the resident a shower because they were missing an aide on the Palmer unit, and we have to help out."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 561	Continued From page 5	F 561		

On 4/19/23 at 12:30 PM, the surveyor interviewed Resident #10 who acknowledged that the NA was supposed to provide him/her a shower on the 7 AM - 3 PM shift and that he told the resident that morning that the "facility was short of aides, and he cannot give a shower today."

On 4/19/23 at 12:39 PM, the surveyor interviewed RN #1 who had administered medications on the Princeton unit that day. She stated that she was aware that the aides were unable to provide showers because they were "short staffed." She provided the surveyor a copy of the Princeton Unit Assignment sheet for the 7 AM - 3 PM shift dated NJ Ex Order 26. 4B1.

A review of the NJ Ex Order 26. 4B1 7 AM- 3 PM unit assignment sheet for the Princeton unit revealed the NA was assigned to 11 resident's, CNA #1 was assigned to 12 resident's and CNA #2 was assigned to 12 residents.

On 4/19/23 at 12:47 PM, the NA provided the surveyor with his working assignment sheet for that day. He stated that the residents whose names were circled required showers "this day". The circled names included Resident #10.

On 4/19/23 at 12:49 PM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) assigned to the Princeton and Palmer units. She stated that she was aware that the units were short staffed and were unable to provide showers. She stated that there were three aides scheduled for the Princeton unit and three aides scheduled for the Palmer unit. The RN/UM further stated that an aide on the Palmer unit called out and was unable to be replaced. She provided the surveyor with a copy of the Princeton Shower

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 561	Continued From page 6	F 561		

Schedule, which reflected that Resident #10 and #61 should have received showers on Wednesday and Saturday on the 7 AM - 3 PM shift. In addition, the RN/UM stated that the resident census for both the Princeton and Palmer units were each 29 for a total of 58 residents to five aides (a ratio of 11.6 residents to one aide).

On 4/20/23 at 9:03 AM, the surveyor interviewed Resident #10 who stated that he/she had not received a shower yesterday.

On 4/20/23 at 9:13 PM, the surveyor interviewed Resident #61 who stated that he/she had not received a shower yesterday.

On 4/27/23 at 9:03 AM, the surveyor interviewed Resident #61 who stated that he/she had not received a shower again on Saturday NJ Ex Order 26. 4B1. The resident stated that the unit was short staffed and that he/she had not received a shower until the day shift "yesterday" (NJ Ex Order 26. 4B1).

On 4/27/23 at 10:31 AM, the surveyor interviewed Resident #10 who stated that he/she had not received a shower again on Saturday NJ Ex Order 26. 4B1. The resident stated that the unit was short staffed and that he/she had not received a shower until the day shift "yesterday" (NJ Ex Order 26. 4B1).

On 4/27/23 at 10:45 AM, the surveyor interviewed the RN/UM assigned to the Princeton and Palmer units in relation to staffing and resident showers during the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1. She acknowledged that the units were short staffed "that day shift." She provided the surveyor with a copy of the Palmer Unit Assignment sheet for the 7 AM - 3 PM shift for NJ Ex Order 26. 4B1 which reflected that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 561	Continued From page 7 "Assignment 3" had to be "Split." In addition, the RN/UM provided the surveyor with a copy of the Princeton Unit Assignment sheet for the 7 AM - 3 PM shift for NJ Ex Order 26. 4B1. This reflected that CNA #1 was scheduled to work Assignment 1 which reflected that she was assigned to 10 residents plus an additional two residents from the Palmer unit "Split" assignment. CNA #3 was scheduled to work Assignment # 2 and was assigned to nine residents plus an additional two residents from the Palmer unit "Split" assignment, and CNA #4 was scheduled to work Assignment #3 and was assigned to nine residents plus an additional two residents from the Palmer unit "Split" assignment. The RN/UM stated that the resident census on the Palmer unit on NJ Ex Order 26. 4B1 was 28 and 29 on the Princeton Unit for a total of 57 residents to five aides (a ratio of 11.4 residents to one aide). She stated that there was accountability for bathing on the eTAR as well on the Nursing Assistant's Documentation Record. The RN/UM further clarified that the coding on this sheet indicated "S = NJ Ex Order 26. 4B1; BB = NJ Ex Order 26. 4B1" and "PC = NJ Ex Order 26. 4B1" which she explained meant the washing of hands and face. In addition, she stated that she was unaware that the units were short staffed on NJ Ex Order 26. 4B1. She provided the surveyor a copy of the NJ Ex Order 26. 4B1, CNA Care Plan and the Nursing Assistant Documentation Record's for both Resident #10 and #61. On 4/27/23 at 1:00 PM, the surveyor interviewed RN #2 who stated that she worked the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1, on the Princeton unit and acknowledged that the Princeton and Palmer units were short staffed since a nurse aide called out and an Assignment on the Palmer unit had to be split. She further stated that staff were unable	F 561		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 561	Continued From page 8	F 561		

to provide showers to the residents on the Princeton unit due to the fact that they were short staffed.

On 4/27/23 at 1:10 PM, the surveyor interviewed CNA #1 who stated that she worked the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1, on the Princeton unit. She further stated that the CNAs on her unit were assigned to assist in the care of residents on the Palmer unit which was short staffed by one CNA that day. CNA #1 stated that they were unable to provide showers to the residents on the Princeton unit due to fact that they were short staffed.

On 4/27/23 at 1:36 PM, the surveyor interviewed CNA #5 who stated that he worked the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1, on the Palmer unit. He further stated that they were short staffed and were unable to provide showers to the residents that day.

On 5/2/23 at 11:32 AM, the surveyor interviewed the Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON). The DON stated that she was aware of the minimum required staffing ratios and acknowledged there should be one CNA to eight residents on the 7 AM - 3 PM shift. The LNHA and DON acknowledged that the facility does not consistently meet the minimum staffing ratios.

On 5/3/23 at 12:56 PM, in the presence of the LNHA and the survey team, the DON acknowledged that both Resident #10 and #61 were not provided showers during the 7 AM - 3 PM shift on NJ Ex Order 26. 4B1, due to staffing shortages and that "showers were their preference." In addition, she provided the surveyor with the supporting documentation at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

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F 561	Continued From page 9 1:30 PM. Review of the facility policy "Showers" with a revised date of 11/2022, indicated that all resident's will be offered showers twice a week and that showers will be "scheduled and adjusted according to resident's preference." Review of the facility policy "ADL - Activities of Daily Living" with a revised date of 4/2023, indicated that "It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident's preferences, choices, values and beliefs." It further indicated that this is based on the comprehensive assessment of a resident and should be consistent with resident's "needs and choices" and this included "Hygiene - bathing." Review of the facility policy "Staffing" with a revised date of 4/2023, indicated that "Certified Nursing Aides are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan." It further indicated that concerns relative to facility staffing "should be directed to the Administrator or his/her designee." NJAC 8:39-4.1(a) 3,12	F 561		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 584	Continued From page 10	F 584		

F 584

Continued From page 10

§483.10(i) Safe Environment.
The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

The facility must provide-
§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.
(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.
(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.

§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;

§483.10(i)(3) Clean bed and bath linens that are in good condition;

§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);

§483.10(i)(5) Adequate and comfortable lighting levels in all areas;

§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and

§483.10(i)(7) For the maintenance of comfortable

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 584	Continued From page 11 sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure the safety of the residents by allowing staff to shower residents in a non-resident certified area on 1 of 4 units. This deficient practice was evidenced by the following: On 4/17/23 at 11:25 AM, the surveyor toured the Monroe Unit. On that same day at 11:40 AM, the surveyor observed a door held open via a magnet off the Monroe unit. On 4/17/23 at 11:54 AM, the surveyor observed the same door open and attached to the magnet latch. At that same time, the Director of Nursing (DON) stated, "the rooms beyond this door are rooms that were converted into staff aide rooms and there is a kitchen and a bathroom" beyond the door. She further stated, "it's an employee overnight area, an extension." At that same time, the Licensed Nursing Home Administrator (LNHA) stated, "this area is not nursing home use." He further stated, "it is hard to get staff, and this was a wonderful opportunity" to get staff. The LNHA stated that the facility was cited in the past "the citation was that there had to be a fire wall separating non-residential living area from the resident area." He stated that the door was a "fire door and that the facility	F 584	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: a) The access door to the shower room in the non-resident certified area was immediately closed to prevent resident use. A signage was placed on the door that indicates that shower room is not to be used. No residents were harmed by the deficient practice. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: a) All residents have the potential to be affected by the deficient practice. III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: a) All staff were in-serviced regarding NOT using the shower room in the non-resident certified area to shower residents. Emphasized the need to ensure that the access door to the shower room in the non-resident certified area is always closed to prevent resident use. IV. MONITORING OF CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 584

Continued From page 12

implemented a fire wall to separate the residential from non-residential living areas."

On 4/17/23 at 12:15 PM, three surveyors in the presence of the DON and LNHA observed the door leading into the non-residential living quarters held open via a magnetic latch.

At that same time, the LNHA stated "that beyond this door is a residential area that nurse staff reside in, no residents are beyond this area and the rooms are not included in the facility's licensed beds of 136.

On that same date and time, the surveyors observed a shower room beyond the door immediately to the left. The DON and the LNHA stated that the shower room was being used to shower nursing home residents.

On 4/17/23 at 12:45 PM, the surveyor interviewed a Registered Nurse (RN) on the Monroe unit who confirmed that the residents were showered in the shower room beyond the door in the non-resident section of the nursing home. The RN showed the surveyor the shower room and stated, "this is the room where they shower the residents."

On that same day at 12:50 PM, the surveyor interviewed a Certified Nursing Assistant (CNA) who also showed the surveyor the same shower room and confirmed that the staff were showering the nursing home residents in the non-resident section of the nursing home.

On 4/17/23 at 12:53 PM, the LNHA and DON acknowledged and confirmed that there was a shower room across room 109 on the unit. The

F 584

a) The Director of Maintenance or designee will conduct observation audits weekly x 3 months to ensure that (a) the access door to the shower room in the non-resident certified area is always closed to prevent resident use; and (b) the signage that indicates that the shower room in the non-resident certified area is not to be used for residents is in place.

Audit findings will be submitted to the Administrator monthly and reported in the Quarterly QAA Meeting.

V. COMPLETION DATE: JUNE 15, 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 584	Continued From page 13 LNHA stated, "the reason why this shower room isn't used because the other shower room is larger but effective immediately the other shower room past the fire door will be closed." On 5/02/23 12:45 PM, the survey team met with the LNHA and DON and discussed the above findings. On 5/3/23 at 12:30 PM, the LNHA and DON stated that the nursing home residents were showered under staff supervision and residents did not independently access or use the shower room in the non-resident section of the nursing home. The DON stated that all staff were in-serviced not to utilize that shower room for resident use and that the door leading to the shower room was locked. NJAC 8:39-31.4(a)	F 584		
F 607 SS=E	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.	F 607		6/15/23

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F 607	Continued From page 14 §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure the facility abuse policy was followed to ensure that all contracted uncertified Nurse Aides (NAs) received a.) the required criminal background check prior to working at the facility, and b.) information from licensing boards or other registries was reviewed including for alleged foreign credentialed staff. In addition, the facility failed to develop and implement a policy and procedure(s) for investigating injuries of unknown origin(s) in the facility's Abuse policy. The deficient practice was identified for 1 of 13 residents (Resident #55) reviewed for abuse, for 2 of 5 NAs reviewed (NA #2 worked at the facility from NJ Ex Order 26. 4B1 [redacted]) and was evidenced by the following: On 04/17/23 at 11:40 AM, during the initial tour, a surveyor proceeded toward the end of one of the Monroe unit hallway and observed an unmarked door that was located immediately past resident	F 607	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ On NJ Ex Order 26. 4B1, facility removed NA #1 and NA #2 from the schedule and notified the Staffing Agency that they were not allowed to be contracted in the facility. Administrator educated the Director of Nursing and Director of Human Resources regarding the following: Prior to allowing a contracted non-certified nurses□ aide to work in the facility, the Director of Nursing or Designee will ensure that personnel records obtained from the agency include completed Criminal Background Checks and information from licensing boards or other registries for alleged foreign credentialed staff. ¿ Resident #55 was re-assessed on	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607

Continued From page 15

occupied rooms, and was held open with a magnet. Beyond the open, unsecured door, the surveyor observed room 123 without a name listed outside and a sign was affixed to the door that indicated "3 Occupants." The surveyor knocked on the door and an unidentified female answered the door. Upon interview, she stated she was a Certified Nurse Aide, and one of only two CNAs that were living at the facility. The CNA stated pointed to another female who was in the room in bed sleeping. She stated that her roommate was also a CNA and was sleeping because she worked a double shift. The CNA stated she had been living at the facility since NJ Ex Order 26. 4B1, and she just moved from a foreign country to the United States. The surveyor asked if she passed the CNA exam and she stated, "technically" passed. When asked what type of work she did while at the facility, she stated, "I take care of patients." The surveyor asked if she had been fingerprinted and she stated in NJ Ex Order 26. 4B1.

On 04/17/23 at 11:54 AM, a surveyor, accompanied by the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA), proceeded through the door that was held open via a magnetic latch at the end of the Monroe unit. The DON informed the surveyor that the rooms located past the door were resident rooms that have been converted into staff Aide rooms and the staff have a kitchen and bathroom in that area. The LNHA stated the area was not for nursing home use. The LNHA stated it was the employee overnight area, and it was an "extension" of the facility. The LNHA stated, "it's hard to get staff and this was a wonderful opportunity." The surveyor asked the DON about the Aide staff and the DON stated, "I have NAs,

F 607

NJ Ex Order 26. 4B1 by an Advanced Practical Nurse (APN) to ensure that he/she had no other injuries or any signs and symptoms of abuse. None noted.

Facility□s Abuse Policy was revised to incorporate investigating injuries of unknown origin(s), as detailed in the current Facility□s Policy on Investigating and Reporting Incidents and Accidents.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:

All residents have the potential to be affected by the deficient practice.

On NJ Ex Order 26. 4B1, all ninety-four (94) residents were assessed by Licensed Physician/Advanced Practice Nurse (APN) for any evidence of abuse, neglect, or inadequate care. No residents were adversely affected.

Personnel records of all contracted non-certified nurse□s aides in the facility were reviewed to ensure that their files include the following: (a) completed Criminal Background Checks prior to working in the facility, and (b) Documentation that reflect verification of information from licensing boards or other registries for alleged foreign credentialed staff, if applicable.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607 Continued From page 16

not TNAs (Temporary Nursing Assistants)," that ended NJ Ex Order 26. 4B1. The DON stated the NAs were in school and confirmed the facility was not a nurse aide training program facility. At that time the surveyor requested a list of staff that resided on the facility premises.

On 04/17/23 at 1:50 PM, the DON provided the surveyor with an untitled list that she identified as the list of staff that lived at the facility. The list included Ex Order 26. 4B1 names. All the names had a room number listed next to the name. Thirteen of the names were identified as CNAs, one was identified as a Unit Secretary and seven were identified as NA's. The CNA that was interviewed by the surveyor at 11:40 AM was identified as an NA (NA #3) on the list, as was her sleeping roommate (NA #2), not a CNA as she had identified herself to the surveyor. Eleven of the Ex Order 26. 4B1 staff listed had "agency" listed next to their names and the remaining were left blank.

On 04/18/23 at 9:16 AM, the surveyor requested the DON to provide the prior three months of nursing assignment sheets for the entire facility, along with the employee files for the Ex Order 26. 4B1 staff listed.

On 04/18/23 at 9:27 AM, the surveyor asked the DON who was responsible for confirming the staff was suitable for working at the facility. The DON stated the staffing agency completed the criminal background check and the facility was responsible for checking the licenses of the staff.

On 04/18/23 12:34 PM, the surveyor interviewed the LNHA who stated the DON was responsible for ensuring that the NAs were up to date with licenses and stated, "I don't directly communicate

F 607

THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

¿ Administrator sent a Memo to all Staffing Agencies utilized by the facility (for supplemental nursing staff) to reiterate that prior to sending a contracted nurse or nurses□ aide to work in the facility, the agency must provide the facility with a completed Criminal Background Check and documentation that reflect verification of information from licensing boards or other registries for alleged foreign credentialed staff, if applicable.

¿ Facility□s Abuse Policy was revised to incorporate investigating injuries of unknown origin(s), as detailed in the current Facility□s Policy on Investigating and Reporting Incidents and Accidents.

All staff were in-serviced regarding the Facility□s Revised Abuse Policy. Emphasis made on In-services will be on-going for new hires and on an annual basis.

IV. MONITORING OF CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR:

a) The Director of Nursing or designee will conduct personnel records audits on 3 contracted nursing staff monthly x 3 months to ensure that each file includes the following:
a) Record of completed Criminal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 607	Continued From page 17 with the agency." The LNHA stated the normal process for confirming if CNAs were up to date would be through Human Resources and the DON, but not if the staff were agency staff. The surveyor asked the LNHA who was responsible to ensure there was a process in place, and the paperwork was completed for all of the NAs. The LNHA stated the agency should have the paperwork, "an agency has a certain responsibility to ensure all the paperwork was in place." The LNHA then stated, "ultimately I am responsible". On 04/19/23 at 12:41 PM, the surveyor, in the presence of the survey team, interviewed one of the staff identified on the list as an NA (NA #1) who was currently working. NA #1 was wearing a name tag that identified her as a CNA and then stated she had been working at the facility for NJ Exec. Order 26:4.b.1 and she lived at the staff house. The surveyor asked NA #1 what her job function was. NA #1 stated she did "CNA work", and she took care of the elderly residents. She stated she transferred the residents into wheelchairs from the bed and stated that she used the NJ Ex Order 26. 4B1 sometimes if the resident could not stand. The surveyor asked if she used the NJ Ex Order 26. 4B1 alone, and she stated "no, two people". NA #1 stated she provided showers to residents, and transported the residents to the shower room, and transferred them to the shower chair. NA #1 stated she changed diapers NJ Ex Order 26. 4B1 for residents, fed residents, "if they are a NJ Ex Order 26.4", and emptied NJ Ex Order 26. 4B1 . The surveyor asked what the NA #1's certification was. NA #1 stated, "actually I am not certified for CNA", and stated she was a nursing graduate NJ Exec. Order 26:4.b.1 the staffing	F 607	Background Check prior to the staff working in the facility b) Documentation that reflects verification of information from licensing boards or other registries for alleged foreign credentialed staff, if applicable. Audit findings will be submitted to the Administrator monthly and reported in the Quarterly QAA Meeting. b) Director of Nursing or designee will conduct record review of 3 incidents involving injury of unknown origin monthly x 3 months to ensure compliance with facility□s revised Abuse policy related to investigating injuries of unknown origin. Audit findings will be submitted to the Administrator monthly and reported in the Quarterly QAA Meeting. QAPI Committee. The QAPI Committee will determine the need for further audits and/or action plans for on-going compliance. V. COMPLETION DATE: JUNE 15, 2023	

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 18	F 607		

agency was helping her to be able to take the nursing exam in New Jersey to become a Registered Nurse (RN). NA #1 stated she passed the NJ Exec. Order 26:4.b.1 .
The exam tests a nursing program graduate's competency and required by state boards of nursing to apply for a nursing license). The NA #1 stated that she gave the staffing agency (SA) her papers and they were in the process of getting her set up to take the RN exam. NA #1 stated "maybe this December". The surveyor asked if NA #1 has attended any type of CNA (Certified Nurse Aide) school while in the United States. NA #1 stated "no, nothing". The surveyor asked the NA #1 if the SA provided her with any documentation that the to show the SA was in the process of obtaining her eligibility for the RN exam. The NA #1 stated "no, actually, no, not at all". The surveyor asked the NA #1 how she knew the SA had submitted documents for her to be eligible to take the nursing exam. The NA #1 stated she gave the SA a copy of her college transcript, diploma and copy of her passport.

The following NA documents were provided by the facility:

NA #1
On NJ Ex Order 26. 4B1 at 1:15 PM the LNHA provided:
-A facility Employee Health Exam Record dated NJ Ex Order 26. 4B1.
-A NJ Ex Order 26. 4B1 Record with Department: "CNA" listed, and dated NJ Ex Order 26. 4B1, Date Read NJ Ex Order 26. 4B1, Date Read NJ Ex Order 26. 4B1 for two NJ Ex Order 26. 4B1.
-A consent for NJ Ex Order 26. 4B1 dated NJ Ex Order 26. 4B1, Department, "CNA".
-A criminal search completed by the staffing

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 19 agency, dated NJ Ex Order 26. 4B1, "no records found" (Dated seven days after her start date which was provided by the DON and revealed Date Started: NJ Ex Order 26. 4B1). -A copy of a transcript from the [name redacted] University, Year graduated: "NJ Ex Order 26. 4B1", Degree/Title: BS [Bachelor of Science] in Nursing. -A Nurse Aide Orientation Competency with an Evaluator signature NJ Ex Order 26. 4B1 (pre-dated the background check by three days). NA #2 On Ex Order 26. 4B1 at 1:15 PM, the LNHA provided: - A medical form including medical history that was signed NJ Ex Order 26. 4B1. - A letter dated NJ Ex Order 26. 4B1 indicating that NA #2 was enrolled in the CNA class and starting on NJ Ex Order 26. 4B1. - A criminal background search dated NJ Ex Order 26. 4B1 (Seven days after NA #2 began working). -Nursing "Scrub Sheets" [Staffing Schedule] revealed NA #2 was assigned 34 resident care shifts from NJ Ex Order 26. 4B1 (NJ Ex Order 26. 4B1 was Ex Ord days before the DON indicated that CNA #2 began working). On NJ Ex Order 26. 4B1 at 9:10 AM, the DON provided the surveyor with a typed-written document for NA #1 which revealed: "Date Started: NJ Ex Order 26. 4B1" Documents Attached: -Transcript of record attached showing evidence of Graduating BSN (Bachelors of Science in Nursing). Completed Fundamental of Nursing (healthcare 1 & Healthcare 2). -Criminal Background Report. -Facility Mandatory Orientation & Training. -Facility Nurse Aide Orientation Competency. -Employee Physicals.	F 607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 20	F 607		

-NJ Ex Order 26. 4B1.
-NJ Ex Order 26. 4B1.
Current Status- Working as NA, Facility utilizing waiver for "student, graduate nurses, foreign licensed nurses and other who submit evidence of successful, timely completion of a course in fundamentals of nursing".

Additionally, at the same time, a type written document for NA #2 revealed that NA #2 "Date Started NJ Ex Order 26. 4B1" which post-dated the dates provided on the "Scrub Sheets".

On 04/24/23 at 10:11 AM, the surveyor conducted an interview with the Human Resources Director (HRD), in the presence of the survey team. The HRD stated she has worked since NJ Ex Order 2 and works for two other facilities and she is on the governing board of the facility. The surveyor asked what her responsibilities were. The HRD stated she doesn't do the actual hiring; each department is responsible for that. She stated she completed the criminal background checks and the social security check. When asked about who is responsible for licenses, the HRD stated that the DON was responsible for all nursing license verifications including for Registered Nurse, Licensed Practical Nurse, and Certified Nurse Aide. The surveyor asked if that was part of a policy, and the HRD stated, "could be, I am not sure", and that is how we have done it for many years. The surveyor asked the HRD what her involvement with the agency staff was. The HRD stated, "that goes through the DON, she verifies their licenses, and she keeps it up to date."

At 10:19 AM, the HRD, again stated she is not involved with the agency staff. The HRD stated

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 21 the department heads are responsible to do the reference check, and the end of the personnel file is her responsibility and she stated they have a checklist for that. On 04/24/23 at 10:22 AM, the surveyor requested the checklist. The surveyor asked the HRD was a reference check important. HRD stated that you have the potential to receive "very" important information about the employee. The surveyor asked about the agency staff and the HRD stated, "I am not involved. I don't know if they do references on agency staff, they should be." If they are not on my payroll, they are not our employees. "I really don't know the contracted staff rules". The surveyor asked who should know the contracted staff rules and the HRD stated that the staffing agency had to have the proper credentials, and a health file. HRD stated she was not involved and has no oversight over the agency staff. The HRD stated she would complete criminal background checks on in-house staff not the agency staffing, "we rely on the agency to complete criminal background checks on the agency staff". The surveyor asked the HRD about the facility's screening policy and showed the HRD the screening process in the facility's abuse policy. The surveyor asked about the NAs and who would ensure that the proper screening was completed. The HRD stated that she had nothing to do with the staffing agency staff at all and that it was "all" the DON's responsibility. She further stated, that the DON would receive the criminal background checks from the staffing agency. The surveyor asked the HRD if that was important, and the HRD stated to "ensure the safety of our residents." The HRD stated that currently the facility does not have any NAs, but when the facility employed NAs, she	F 607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 22 would use her checklist to keep track of the NAs and that the DON was responsible for ensure that the staff received certification and she followed up on the DON. On 04/24/23 at 10:50 AM, the surveyor interviewed the DON in the presence of the survey team. The DON stated she has been the DON for [redacted] years. The surveyor asked when you are hiring agency staff who is responsible for ensuring the agency staff was properly screened. The DON stated she was ultimately responsible for the agency staff. The DON stated she would get the information about the NAs from the agency from the staffing coordinator. The DON stated, "I keep the file for the agency nursing staff". The surveyor asked how you are ensuring that the agency staff are legitimate to work. The DON stated, "by history", we have worked with the staffing agency for a long time, "I think [redacted] years" and the ownership was involved with guidance for obtaining staff and she took direction from the LNHA. The DON stated that there was an arrangement between the staffing agency and the facility to have the staffing agency live at the facility. The DON stated, "I usually ask for the license and criminal background check and I check the portal for license and that the CNAs are current". The DON stated the usual thing that she asked for was the license and criminal background check, the only exemption recently was the NA's. The surveyor asked what you do if you don't see license, regarding NA #1. The DON stated what she was given was the transcript and she did not know that the education had to be within one year, "no, they never gave us anything on the foreign nurse." The surveyor asked when did you became aware that NA #1 did not have the proper credentials, "when we had a	F 607		

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F 607	Continued From page 23 discussion of the waiver". The surveyor asked was it during the current survey and the DON stated, "yes". The surveyor asked the DON if she ever received proof of processing the foreign nursing graduate and the DON stated, "no, nothing was provided by staffing agency." The surveyor asked what fell through the cracks with the five NAs. The DON stated the background check would come from the staffing agency and NA #2 was delayed for the classes, "it didn't cross my mind". The surveyor asked the DON if she had been trained in the process to manage the NAs. The DON stated, "no", the staffing agency provided the information. The surveyor asked if the HRD offered to educate her, and the DON stated, "I don't recall, the HRD doesn't get involved with the agency flow." The DON stated the only thing she can recall regarding the NAs "is the Ex Order days". The DON stated the staffing agency was responsible to make sure that they were monitoring the time frames for the NAs and the DON stated that she didn't interact with the CNA school, had information on the test results, and the fingerprinting the responsibility of the NAs. On 04/24/23 at 11:46 AM, the surveyor interviewed the LNHA and asked who was ultimately responsible for the NA's. The LNHA stated ultimately, he was responsible. The surveyor asked the LNHA what was the hiring process for staff in relation to the screening process of new employees. He stated, in general, it would have been the department head(s) and then stated Human Resources (HR). The LNHA stated HR completed the criminal background checks for the employees and that cannot deviate.	F 607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 607	Continued From page 24	F 607		

On 04/24/23 at 11:53 AM, the surveyor reviewed the Abuse Policy in the presence of the LNHA. The LNHA stated the staffing agency and HR would be responsible for any outside agency information, and the criminal background check would be through HR. The surveyor informed the LNHA that the HRD informed the survey team that she was not involved with any contract staff and the LNHA stated that he was not aware that the HRD was not involved.

On 04/24/23 at 1:07 PM, the surveyor interviewed the LNHA regarding what he had been educated on from the consultant LNHA. The LNHA stated to make sure that the NAs were enrolled in the CNA class and to make sure the background checks were completed. The LNHA stated that learning that the NAs went beyond the Ex Order days, and not notifying the Department of Health, "was a mistake on the facility".

On 04/26/23 at 10:00 AM, the surveyor conducted a telephone interview, in the presence of the survey team, with the Staffing Director (SD) at the staffing agency. The surveyor asked what the hiring process was for the NAs. The SD stated the NAs would fill out an application and "we run a CBI [criminal background check]", which was an automated service to check if an applicant had a criminal history and check references. The surveyor asked the SD how references were checked. The SD stated we call "most of the time" and verify. The surveyor asked the SD if the NA did not have work history references what would be used. The SD stated they would use character references instead. The surveyor asked if the SD had any references from when NA #1 stated she worked as a nurse in NJ Exec. Order 26:4.b.1 and who stated was awaiting

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 25 confirmation to take the nursing exam. The SD stated NA #1 "was not a nurse in a [foreign country]" and that she was an administrative worker. The surveyor asked the SD if she could provide a copy of NA #1's nursing certificate. The SD stated "well, her transfer of records and her diploma, and that is what we got from her". The surveyor asked the SD if NA #1 ever showed her a nursing certificate. The SD stated, "what we saw was her diploma and transcripts of records." The SD stated that NA #1 wanted to be a nursing assistant, so we told the facility that she had nursing background and she worked NJ Exec. Order 26:4.b.1 in an administrative capacity. The surveyor asked the SD if NA #1 ever worked as a nurse and the SD confirmed that NA #1 "never provided" a nursing certificate in any aspect and confirmed NA #1 was sent as an uncertified nurse aide to the facility. The SD stated NA#1 did not submit anything to the staffing agency so that the agency would assist her with her obtaining a nursing license. The SD further stated what we had at the time was an opportunity for the NA license and we did not know if the facility was taking her as an NA, or in another capacity. The surveyor asked how they would inform the facility what the status is of the person that they recommend. The SD stated we know that the NAs need to be enrolled in a CNA class and that the NAs cannot work as a CNA if they are uncertified, and must finish Ex Order hours of the class before they are able to start working. The surveyor asked who was monitoring that process. The SD stated that she and another staffing agency person monitored the NAs, and if the staffing agency referred an NA, they were unaware of what capacity they were working in at the facility. The SD stated she was unaware of waivers, since they were in New York. The	F 607		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 607	Continued From page 26	F 607		

understanding was for Ex Order days the NA can be uncertified, and the NA had to be enrolled in the CNA course and have the Ex Ord hours completed before they were able to work as a CNA. The surveyor asked the SD what happened regarding NAs not being enrolled in the CNA program timely. The SD stated, "we just assumed, that if the facility put them on the schedule, they are okay because of the waivers", we try our best to get them into the school.

On 4/24/2023 at 12:25 PM, a review of Resident #55's Incident/Accident report dated NJ Ex Order 26. 4B1, revealed that on NJ Ex Order 26. 4B1 at 06:50 PM, the resident was noted to have a NJ Ex Order 26. 4B1 , on the NJ Ex Order 26. 4B1 , medial side. NJ Exec. Order 26:4.b.1 . The incident report indicated that Resident #55 was NJ Exec. Order 26:4.b and able to verbalize needs, but not aware of how he/she sustained the NJ Ex Order 26. The resident's medical doctor (MD) and family were notified of the incident. Further review of Resident #55's incident report indicated that the resident's condition before the incident was normal and that the exact location of the incident was the resident's room. The incident report included a diagram of the location of the NJ Ex Order 26. and a description and measurement of the NJ Ex Order 26., which revealed a NJ Ex Order 26. 4B1 below the NJ Ex Order 26. 4B1 corner measuring NJ Ex Order 26. 4. The incident report also included three (3) staff investigative statements as follows:

1. One statement from a Certified Nursing Assistant (CNA #1) on evening shift dated and signed on NJ Ex Order 26. 4B1, indicated that Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 607	Continued From page 27	F 607		

#55 was on her assignment the day of the incident NJ Ex Order 26. 4B1, and the statement indicated the following: "During the start of my evening shift at 03:00 PM I did my rounds and was taking vital signs of all my resident's including Resident #55, but at that time I didn't see any NJ Ex Order 26. yet, then around 06:50 PM the nurse informed me about the NJ Ex Order 26. 4B1 below the resident's NJ Ex O because someone reported to her and then I checked Resident #55 and I saw the NJ Ex Order 26. ."

2. A second statement from (CNA #2) on night shift signed and dated NJ Ex Order 26. 4B1 (Ex Ord days after the incident), did not indicate if Resident #55 was on (CNA#2's) assignment on the date of the incident of NJ Ex Order 26. 4B1. The night shift (CNA #2) statement revealed that the resident was in bed and (CNA#2) changed the resident. (CNA#2) documented, "I do not record."

3. A third statement from (CNA#3) on day shift signed and dated NJ Ex Order 26. 4B1 (NJ days after the incident), indicated that Resident #55 was on his assignment the date of the incident NJ Ex Order 26. 4B1. The statement indicated the following: "I saw the patient sleeping on bed. I helped the patient served and set-up the breakfast tray. I helped the patient do the AM care and get [him/her] dressed. I helped [him/her] to put in the bathroom. I didn't saw any NJ Ex Order 26. 4B1 ."

Further review of the Staff Investigative Statements of Resident #55's incident report, there was no documented statement from the nurse that notified (CNA#1) of the NJ Ex Order 26. observed under the NJ Ex Order 26. 4B of the resident, or any documented statements from other direct care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 28	F 607		

staff for Resident #55 on the date of the incident NJ Ex Order 26. 4B1. In addition, there were no statements included in the investigation from Resident #55, other residents on the same unit as Resident #55, or any ancillary staff who may have had contact with the resident.

A review of the Corrective Action section of Resident #55's incident report indicated that the resident might have NJ Ex Order 26. 4B1 somewhere while bending and touching hard objects, and that the resident tends to open cabinets and closets without staff assistance. This section also revealed that the resident's care plan was ongoing for NJ Exec. Order 26:4.b.1 and there was NJ Exec. Order 26:4.b.1.

On 4/24/2023 at 12:36 PM, the surveyor reviewed the medical record for Resident #55.

A review of the Admission Record face sheet (an admission summary) reflected that the resident had a readmission date of NJ Ex Order 26. 4B1 and had diagnoses which included, NJ Ex Order 26. 4B1.

A review of quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, reflected that the resident had a brief interview for mental status (BIMS) score of NJ Ex out of 15, indicating NJ Ex Order 26. 4B1. Section NJ E, for Functional Status, of the MDS revealed that the

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 607	Continued From page 29 resident needed one personal physical assist for dressing, bathing, transfers, NJ Ex Order 26. 4B1, and toileting, and setup assistance only for eating. A review of the resident's individualized care plan with an initiated date of NJ Ex Order 26. 4B1, reflected a focus area that the resident had a potential for NJ Ex Order 26. 4B1 due to aging, NJ Ex Order 26. 4B1, and NJ Exec. Order 26:4.b.1. The resident was able to self-propel in wheelchair and had episodes of being resistive with care. Interventions included to monitor the resident's overall NJ Exec. Order 26:4.b.1 which may put him/her at risk for NJ Ex Order 26. 4B1. A review of a Licensed Practical Nurse (LPN) nursing progress note dated NJ Ex Order 26. 4B1 at 01:33 PM, indicated that at 6:50 PM, Resident #55 was noted to a have NJ Ex Order 26. 4B1. The resident was not aware of how he/she sustained the NJ Ex Order 26., and the physician and Resident #55's NJ Ex Ord was notified of the NJ Exec. Order On 4/24/23 at 01:20 PM, the surveyor observed Resident #55 alert sitting in a wheelchair in the dining room at a table with three other residents shuffling a deck of playing cards. The resident looked at the surveyor when his/her name was called but did not respond to the surveyor questions. An activity staff person standing next to the table with the residents stated that Resident #55 was NJ Exec. Order 26:4.b.1 and refused to wear his/her NJ Ex Order 26. 4B1. The surveyor attempted to interview the resident, but the resident would not respond to the surveyor inquiries. On 4/24/23 at 02:26 PM, the Director of Nursing	F 607		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 607	Continued From page 30	F 607		

(DON) stated that all resident's accident/incident reports are discussed at the facility's monthly fall committee meetings. The DON stated that there are no minutes kept from the fall committee meetings and explained that the process was that "we bring the incident reports to the meeting to discuss, and then will add right on the incident sheet any added discussions or interventions."

On 4/25/23 at 09:00 AM, the DON stated that the process for investigating an incident was that whoever discovered or was involved with an incident would report to the nurse in charge who would then initiate an incident report, interview the resident, and notify the family and the physician. CNAs (Certified Nursing Assistants) would tell the nurse and then the nurse would report findings to the DON and the Licensed Nursing Home Administrator (LNHA). If it was an injury of unknown origin, then the facility would investigate further. We would collect 24-hour statements, including the rehabilitation team, activities, Therapy Director, then would discuss the incident in the morning meetings and the LNHA would be notified. The DON added that she would make the summary of what was discussed and would give to the Medical Director to review. The DON revealed that if an injury of unknown origin, would extend statements for more than 24 hours. If there was a skin tear or bruise, would look at a resident's history, their medical record, and question family members regarding resident's past history. If a resident had a 1 cm bruise, will come up with a reason for the bruise. Or if a resident had a history of bruising or a black eye, will extend the investigation. The DON added that if an injury is suspicious for abuse, if there is a pattern of an injury, or if unknown bruise will initiate notification to the DOH

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F 607	Continued From page 31 (Department of Health) and the Ombudsman within 24 hours. The DON added that if the investigation is ongoing, will report in 48 hours. On 4/25/23 at 11:11 AM, the surveyor reviewed Resident #55's incident report in the presence of the DON. The surveyor asked the DON to clarify the date of the incident, and how did the facility rule out abuse regarding the resident's NJ Ex Order 26. 4B1 ? The surveyor also asked if the injury was reported to NJDOH? The DON stated that the incident occurred on NJ Ex Order 26. 4B1 and was not reportable because the size of the NJ Ex Order 26. was only NJ Ex Order 26. 4B1, showing the surveyor on a measuring tool, and because of the location of the NJ Ex Order 26. being below the NJ Ex Order 26. 4B1. The DON further stated that Resident #55 is very mobile and bends down a lot. She also added that the resident will go in his/her drawers and open his/her closets without the assistance of staff, was on a NJ Ex Order 26. 4B1, and had a history of NJ Ex Order 26. 4B1. The DON revealed that after discussion and investigation, it was decided that Resident #55's NJ Ex Order 26. was not related to abuse. On 05/03/23 at 12:37 PM, in the presence of the survey team, the DON stated, "We discuss incidents every day at our morning meetings and then come up with an intervention." The DON further explained that the investigation would not be completed when discussing at the morning meetings in case there are updates or additional statements. "It's an ongoing investigation. We don't ask residents for statements. It is not in the policy. We ask the resident what happened. It's a verbatim statement from the nurse." The DON provided additional information and stated that the Fall Committee concluded that Resident #55's NJ Ex Order 26. may have been sustained while bending,	F 607		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 32 touching hard objects including room closet, and cabinet on his/her own. The DON added that the injury may have been sustained by rubbing his/her eyes with the NJ Ex Order 26. 4B1 since resident had NJ Ex Order 26. 4B1 and is on an NJ Ex Order 26. 4B1. The DON explained that the presentation of the NJ Ex Order 26. was not consistent with "forced-inflicted injury" since NJ Ex Order 26. 4B1 without any signs of NJ Exec. Order 26:4. The DON added that Resident #55's NJ Ex Order 26. presentation if "force inflicted" would be more pronounced since resident is on an NJ Ex Order 26. 4B1. The DON revealed that the team concluded that the incident was without evidence of abuse and was deemed not reportable. The DON and LNHA could not speak to if any of the alert and oriented residents on the same unit and being cared for by the same staff as Resident #55 were interviewed, and if any other direct care staff or ancillary staff were interviewed. On 5/04/23 at 9:22 AM, the surveyor reviewed the facility's Investigating and Reporting Policy with a revised date of NJ Ex Order 26. 4, which included the following: 1. Reporting of incidents/accidents: "a) Regardless of how minor an occurrence may appear, including injuries of unknown origin, it must be reported to the department supervisor as soon as such an occurrence is discovered or when information of an occurrence is learned. e) Refer to the Abuse or Neglect policy for procedure in the event of an actual or possible resident abuse or neglect situation." 1. Screening: Personal/Professional References, NJ DOH Online Public Registry check of current C.N.A. certification for new hires, with criminal	F 607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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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 607	Continued From page 33	F 607		

background check completed...Outside service providers providing services on resident care units will provide the following proof of employment pre-screening requirements prior to proving [providing] services at the facility. License/certification numbers pertaining to their profession; expiration dates, and licence validation will be checked through New Jersey consumer affairs; "Criminal background verification or employment application which indicates employees has never been convicted of a crime (such as c rimes of abuse/neglect, violence, dishonesty, financial or personal misconduct, etc".

4. Investigative action:
a. The Nursing Supervisor and/or Department Head shall conduct an immediate investigation of the occurrence and take corrective action to prevent a re-occurrence if appropriate. 10. All injuries of Unknown Origin Incident Report will include statements from all direct caregivers during the past 24 hours.

The surveyor reviewed the facility's Resident Abuse, Neglect and Exploitation of Resident & Property Policy with a revised date of January 2023, which included the following:
D. Supervisor to complete supervisory Investigate report with interviews and written statement from all persons involved, including the resident, if possible, investigate three prior shifts.
H. All written statements and documentation are to be completed within 48 hours and maintained under separate file cover in the DON's office.

The facility's Abuse Policy did not include a reference or a procedure for how the facility

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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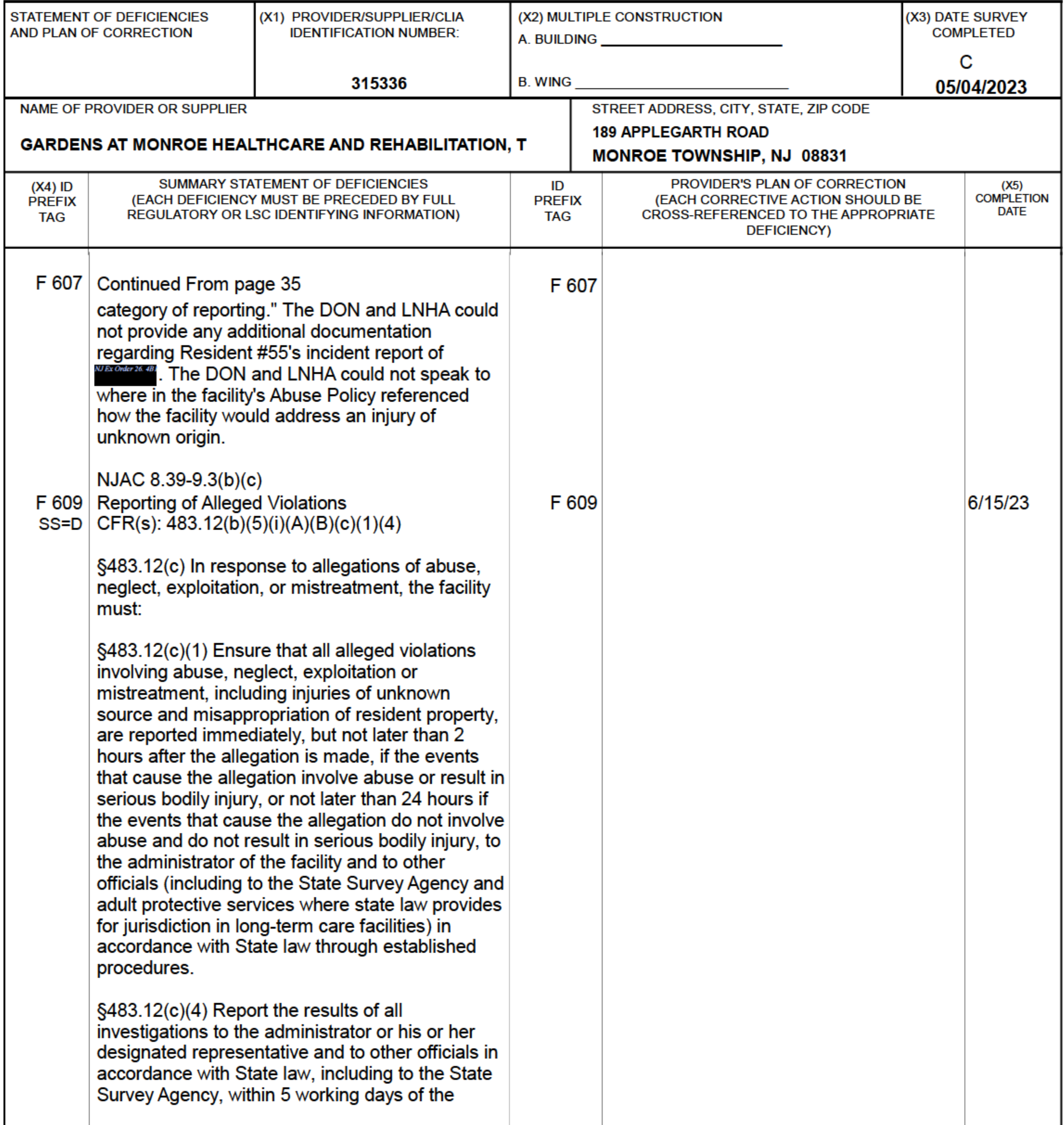
F 607	Continued From page 34	F 607		

would address an injury of unknown origin. The policy indicated to refer to the Facility's Accident/Incident policy.

Human Resource Director Job Description, Date of Hire NJ Ex Order 26. 4B1 revealed Administrative Functions: Ensure that all employment related policies, procedures, and any additional requirements are followed in compliance with facility, legal and government requirements and reporting regulations.

Director of Nursing Job Description Date Revised 10-2022 revealed: Personnel Functions, 4. Ensure that all nursing assistants are qualified to provide services, 19. Perform background checks on Nursing personnel accordance with established procedures, 20. Ensure that all CNAs credentials are verified through the State Nurse Aide Registry.

On 5/04/23 at 10:59 AM, in the presence of the survey team, the surveyor asked the DON and LNHA what does it mean when the Accident/Incident policy indicated to refer to the Abuse policy in the event of a possible resident abuse? And where in the Abuse Policy was injury of unknown origin addressed? The LNHA stated that they follow the state form that lists types of abuse and refer to the Incident policy for investigating and when to report. The DON stated that we follow the reportable event form and answer the questions to determine if an injury of unknown origin could be abuse and continue with the investigation process to obtain statements from staff. The DON verified that the incident was not reported because it was concluded that the injury was not abuse. The LNHA added that "we did not report because it did not fit the



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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 607	Continued From page 35 category of reporting." The DON and LNHA could not provide any additional documentation regarding Resident #55's incident report of NJ Ex Order 26. 4B.1. The DON and LNHA could not speak to where in the facility's Abuse Policy referenced how the facility would address an injury of unknown origin. NJAC 8.39-9.3(b)(c)	F 607		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		6/15/23

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

PRINTED: 05/17/2024
FORM APPROVED
OMB NO. 0938-0391

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 609	Continued From page 36 incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility failed to report a NJ Exec. Order of unknown origin to the New Jersey Department of Health (NJDOH) as required for 1 of 13 residents (Resident #55) reviewed for abuse. This deficient practice was evidenced by the following: On 4/24/2023 at 12:25 PM, a review of Resident #55's Incident/Accident report dated NJ Ex Order 26. 4B1, revealed that on NJ Ex Order 26. 4B1 at 06:50 PM, the resident was noted to have a NJ Ex Order 26. 4B1 , on the NJ Ex Order 26. 4B1 , medial side. NJ Exec. Order 26:4.b.1 noted. The incident report indicated that Resident #55 was alert and oriented and able to verbalize needs, but not aware of how he/she sustained the NJ Ex Order 26. The resident's medical doctor (MD) and family were notified of the incident. Further review of Resident #55's incident report indicated that the resident's condition before the incident was normal and that the exact location of the incident was the resident's room. The incident report included a diagram of the location of the NJ Ex Order 26. and a description and measurement of the NJ Ex Order 26., which revealed a NJ Ex Order 26. 4B1 below the NJ Ex Order 26. 4B1 corner measuring NJ Ex Order 26. 4 . The incident report also included three (3) staff investigative statements as follows:	F 609	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE ¿ Resident #55 was re-assessed on NJ Ex Order 26. 4B1 by an Advanced Practical Nurse (APN) to ensure that he/she had no other injuries or any signs and symptoms of abuse. None noted. ¿ Facility□s Abuse Policy was revised to incorporate investigating injuries of unknown origin(s), as detailed in the current Facility□s Policy on Investigating and Reporting Incidents and Accidents. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: ¿ All residents have the potential to be affected by the deficient practice. Director of Nursing and Unit Managers reviewed incident reports in the past 3 months to determine any residents who sustained any injury of unknown origin, that warranted reporting to the NJ Department of Health. No other incidents noted. ¿ On 4-21-2023, all ninety-four (94) residents were assessed by Licensed Physician/Advanced Practice Nurse (APN) for any evidence of abuse. No residents were adversely affected.	

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F 609

Continued From page 37

1) One statement from a Certified Nursing Assistant (CNA #1) on evening shift dated and signed on NJ Ex Order 26. 4B1, indicated that Resident #55 was on her assignment the day of the incident NJ Ex Order 26. 4B1, and the statement indicated the following: "During the start of my evening shift at 03:00PM, I did my rounds and was taking vital signs of all my resident's including Resident #55, but at that time I didn't see any NJ Ex Order 26. 4B1, then around 06:50 PM the nurse informed me about the NJ Ex Order 26. 4B1 below the resident's NJ Ex Order because someone reported to her and then I checked Resident #55 and I saw the NJ Ex Order 26. 4B1"

2) A second statement from (CNA #2) on night shift signed and dated NJ Ex Order 26. 4B1 (10 days after the incident), did not indicate if Resident #55 was on (CNA#2's) assignment on the date of the incident of NJ Ex Order 26. 4B1. The night shift (CNA #2) statement revealed that the resident was in bed and (CNA#2) changed the resident. (CNA#2) documented, "I do not record."

3) A third statement from (CNA#3) on day shift signed and dated NJ Ex Order 26. 4B1 (8 days after the incident), indicated that Resident #55 was on his assignment the date of the incident NJ Ex Order 26. 4B1. The statement indicated the following: "I saw the patient sleeping on bed. I helped the patient served and set-up the breakfast tray. I helped the patient do the AM care and get [him/her] dressed. I helped [him/her] to put in the bathroom. I didn't saw any NJ Ex Order 26. 4B in [his/her] face."

Further review of the Staff Investigative Statements of Resident #55's incident report revealed there was no documented statement

F 609

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR

¿ All staff were in-serviced regarding the Facility□s Revised Abuse Policy. Emphasis made on the Reporting bruises of unknown origin to the New Jersey Department of Health (NJ-DOH).

IV. MONITORING OF CORRECTIVE ACTIONS

¿ The Director of Nursing or designee will conduct record review of 3 incidents involving injury of unknown origin monthly x 3 months to ensure that any injury (e.g., bruise) of unknown origin is reported to the New Jersey Department of Health (NJ-DOH).

Audit findings will be submitted to the Administrator monthly and reported in the Quarterly QAA Meeting.

The QAPI Committee will determine the need for further audits and/or action plans for on-going compliance.

V. COMPLETION DATE: JUNE 15, 2023

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 609	Continued From page 38	F 609		

from the nurse that notified CNA#1 of the NJ Ex Order 26. observed under the NJ Ex Order 26. 4B of the resident, or any documented statements from other direct care staff for Resident #55 on the date of the incident NJ Ex Order 26. 4B. In addition, there were no statements included in the investigation from Resident #55, other residents on the same unit as Resident #55, or any ancillary staff who may have had contact with the resident.

A review of the Corrective Action section of Resident #55's incident report indicated that the resident might have NJ Ex Order 26. 4B1 somewhere while bending and touching hard objects, and that the resident tends to open cabinets and closets without staff assistance. This section also revealed that the resident's care plan was ongoing for NJ Exec. Order 26:4.b.1 and there was no evidence of abuse.

On 4/24/2023 at 12:36 PM, the surveyor reviewed the medical record for Resident #55.

A review of the Admission Record face sheet (an admission summary) reflected that the resident had a readmission date of NJ Ex Order 26. 4B1 and had diagnoses which included, NJ Ex Order 26. 4B1 .

A review of quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, reflected that the resident had a brief interview for mental

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F 609	Continued From page 39 status (BIMS) score of NJ Ex O out of 15, indicating NJ Ex Order 26. 4B1. Section NJ E, for Functional Status, of the MDS revealed that the resident needed one personal physical assistance for dressing, bathing, transfers, NJ Ex Ord, and toileting, and setup assistance only for eating. A review of the resident's individualized care plan with an initiated date of NJ Ex Order 26. 4B1, reflected a focus area that the resident had a potential for NJ Ex Order 26. 4B1 due to aging, NJ Ex Order 26. 4B1, medication use (NJ Ex Order 26. 4), and NJ Exec. Order 26:4.b.1. The resident was able to self-propel in wheelchair and had episodes of being resistive with care. Interventions included to monitor the resident's overall NJ Exec. Order 26:4.b.1 which may put him/her at risk for NJ Exec. Order 26:4.b. A review of a Licensed Practical Nurse (LPN) nursing progress note dated NJ Ex Order 26. 4B1 at 01:33 PM, indicated that at 6:50 PM, Resident #55 was noted to a have NJ Ex Order 26. 4B1. The resident was not aware of how he/she sustained the NJ Ex Order 26., and the physician and Resident #55's NJ Ex Ord was notified of the NJ Exec. Order. On 4/24/23 at 01:20 PM, the surveyor observed Resident #55 alert sitting in a wheelchair in the dining room at a table with three other residents shuffling a deck of playing cards. The resident looked at the surveyor when his/her name was called, but did not respond to the surveyor questions. An activity staff person standing next to the table with the residents stated that Resident #55 was NJ Exec. Order 26:4.b.1 and refused to wear his/her NJ Ex Order 26. 4B1. The surveyor attempted to interview the resident, but the	F 609		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 609	Continued From page 40	F 609		

resident would not respond to the surveyor inquiries.

On 4/24/23 at 02:26 PM, the Director of Nursing (DON) stated that all resident's accident/incident reports are discussed at the facility's monthly fall committee meetings. The DON stated that there are no minutes kept from the fall committee meetings and explained that the process was that "we bring the incident reports to the meeting to discuss, and then will add right on the incident sheet any added discussions or interventions."

On 4/25/23 at 09:00 AM, the DON stated that the process for investigating an incident was that whoever discovered or was involved with an incident would report to the nurse in charge who would then initiate an incident report, interview the resident, and notify the family and the physician. CNAs (Certified Nursing Assistants) would tell the nurse and then the nurse would report findings to the DON and the Licensed Nursing Home Administrator (LNHA). She stated, if it was an injury of unknown origin, then the facility would investigate further. We would collect 24-hour statements, including the rehabilitation team, activities, Therapy Director, then would discuss the incident in the morning meetings and the LNHA would be notified. The DON added that she would document the summary of what was discussed and would give the investigations to the Medical Director to review. The DON stated for an injury of unknown origin, she would extend statements for more then 24 hours. She further stated, for a skin tear or bruise, she would look at a resident's past history, their medical record, and question family members regarding resident's past history. She stated if a resident had a 1 cm bruise, she would come up with a reason for the

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 609	Continued From page 41	F 609		

bruise. Or if a resident had a history of bruising or a black eye, will extend the investigation. The DON added that if an injury is suspicious for abuse, if there is a pattern of an injury, or if unknown bruise, she would initiate notification to the DOH (Department of Health) and the Ombudsman within 24 hours. The DON added that if the investigation was ongoing, then she would report in 48 hours.

On 4/25/23 at 09:47 AM, the DON informed the surveyor that there were no reportable accident/incidents for NJ Ex Order 26. 4B1 .

On 4/25/23 at 11:11 AM, the surveyor reviewed Resident #55's incident report in the presence of the the DON. The surveyor asked if the injury was reported to the NJDOH? The DON stated that the incident occurred on NJ Ex Order 26. 4B1, and was not reportable because the size of the NJ Ex Order 26. was only NJ Ex Order 26. 4B1, showing the surveyor on a measuring tool, and because of the location of the NJ Ex Order 26. 4B1 . The DON revealed that after discussion and investigation, it was decided that Resident #55's NJ Ex Order 26. was not related to abuse.

On 5/04/23 at 09:22 AM, the surveyor reviewed the Facility's Investigating and Reporting policy with a revised date of 5/2022, which included the following:
"a) Regardless of how minor an occurrence may appear, including injuries of unknown origin, it must be reported to the department supervisor as soon as such an occurrence is discovered or when information of an occurrence is learned;
e) Refer to the Abuse or Neglect policy for procedure in the event of an actual or possible

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F 609	Continued From page 42 resident abuse or neglect situation." The surveyor then reviewed the facility's Resident Abuse, Neglect and Exploitation of Resident & Property Policy with a revised date of January 2023. The policy did not include a specific reference as to how the facility would address an injury of unknown origin. The policy indicated to refer to the Facility's Accident/Incident policy. On 5/04/23 at 10:59 AM, in the presence of the survey team, the surveyor asked the DON and LNHA what does it mean when the Accident/Incident policy indicated to refer to the Abuse policy in the event of a possible resident abuse? And where in the Abuse Policy was injury of unknown origin addressed? The LNHA stated that they follow the state form that lists types of abuse and refer to the Incident policy for investigating and when to report. The DON stated that we follow the reportable event form and answer the questions to determine if an injury of unknown origin could be abuse and continue with the investigation process to obtain statements from staff. The surveyor asked the DON and LNHA if Resident #55's NJ Exec. Order should have been reported? The DON stated that it was not reported because it was concluded that the NJ Exec. Order was not abuse. The LNHA stated that "we did not report because it did not fit the category of reporting." NJAC 8:39-9.4(f)	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)	F 610		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 610 Continued From page 43 F 610

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.

§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview, record review and review of pertinent facility documents, it was determined that the facility failed to thoroughly investigate a NJ Ex Order 26. of unknown origin on NJ Ex Order 26. 4B1. This deficient practice was identified for 1 of 13 residents (Resident #55) reviewed for NJ Ex Order 26. and was evidenced by the following:

On 4/24/2023 at 12:25 PM, a review of Resident #55's Incident/Accident report dated NJ Ex Order 26. 4B1, revealed that on NJ Ex Order 26. 4B1 at 06:50 PM, the resident was noted to have a NJ Ex Order 26. 4B1, on the NJ Ex Order 26. 4B1, medial side. No NJ Exec. Order 26:4.b.1 noted. The incident report indicated that Resident #55 was alert and oriented and able to verbalize needs, but not aware of how he/she sustained the NJ Ex Order 26.. The

I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

I. Resident #55 was re-assessed on NJ Ex Order 26. 4B1 by an Advanced Practical Nurse (APN) to ensure that he/she had no other injuries or any signs and symptoms of abuse. None noted.
II. Facility□s Abuse Policy was revised to incorporate investigating injuries of unknown origin(s), as detailed in the current Facility□s Policy on Investigating and Reporting Incidents and Accidents. All nurses were in-serviced on how to conduct a thorough investigation of an injury (e.g., bruise) of unknown origin.

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 610

Continued From page 44

resident's medical doctor (MD) and family were notified of the incident. Further review of Resident #55's incident report indicated that the resident's condition before the incident was normal and that the exact location of the incident was the resident's room. The incident report included a diagram of the location of the NJ Ex Order 26. and a description and measurement of the NJ Ex Order 26., which revealed a NJ Ex Order 26. 4B1 corner measuring NJ Ex Order 26. . The incident report also included three (3) staff investigative statements as follows:

1) One statement from a Certified Nursing Assistant (CNA #1) on evening shift dated and signed on NJ Ex Order 26. 4B1, indicated that Resident #55 was on her assignment the day of the incident NJ Ex Order 26. 4B1, and the statement indicated the following: "During the start of my evening shift at 03:00 PM, I did my rounds and was taking vital signs of all my resident's including Resident #55, but at that time, I didn't see any NJ Ex Order 26. yet, then around 06:50 PM, the nurse informed me about the NJ Ex Order 26. 4B1 below the resident's NJ Ex Or because someone reported to her and then I checked Resident #55 and I saw the NJ Ex Order 26. ."

2) A second statement from (CNA #2) on night shift signed and dated NJ Ex Order 26. 4B1 (Ex Ord days after the incident), did not indicate if Resident #55 was on (CNA #2's) assignment on the date of the incident of NJ Ex Order 26. 4B1. The night shift (CNA #2) statement revealed that the resident was in bed and (CNA#2) changed the resident. CNA #2 documented, "I do not record."

F 610

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

¿ All residents have the potential to be affected by the deficient practice. Director of Nursing and Unit Managers reviewed incident reports in the past 3 months to ensure that a thorough investigation was conducted for any resident with an injury of unknown origin (e.g., bruise).

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR

¿ All staff were in-serviced regarding the Facility□s Abuse Policy and Incident/Accident Investigation. Emphasis was made on ensuring that a thorough investigation is conducted for any resident with an injury of unknown origin (e.g., bruise).

IV. MONITORING OF CORRECTIVE ACTIONS

¿ The Director of Nursing or designee will conduct record review of 3 incidents involving injury of unknown origin monthly x 3 months to ensure that a thorough investigation is conducted for any resident with and injury (e.g., bruise) of unknown origin.

Audit findings will be submitted to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 45 3) A third statement from (CNA #3) on day shift signed and dated NJ Ex Order 26. 4B1 (NJ days after the incident), indicated that Resident #55 was on his assignment the date of the incident NJ Ex Order 26. 4B1. The statement indicated the following: "I saw the patient sleeping on bed. I helped the patient served and set-up the breakfast tray. I helped the patient do the AM care and get [him/her] dressed. I helped [him/her] to put in the bathroom. I didn't saw any NJ Ex Order 26. 4B in [his/her] face." Further review of the Staff Investigative Statements of Resident #55's incident report revealed there was no documented statement from the nurse that notified (CNA#1) of the NJ Ex Order 26. observed under the NJ Ex Order 26. 4B of the resident, or any documented statements from other direct care staff for Resident #55 on the date of the incident NJ Ex Order 26. 4B1. In addition, there were no statements included in the investigation from Resident #55, other residents on the same unit as Resident #55, or any ancillary staff who may have had contact with the resident. A review of the Corrective Action section of Resident #55's incident report indicated that the resident might have NJ Ex Order 26. 4B1 somewhere while bending and touching hard objects, and that the resident tends to open cabinets and closets without staff assistance. This section also revealed that the resident's care plan was ongoing for NJ Exec. Order 26:4.b.1 and there was no evidence of abuse. On 4/24/2023 at 12:36 PM, the surveyor reviewed the medical record for Resident #55. A review of the Admission Record face sheet (an admission summary) reflected that the resident	F 610	Administrator monthly and reported in the Quarterly QAA Meeting. The QAPI Committee will determine the need for further audits and/or action plans for on-going compliance. V. COMPLETION DATE: JUNE 15, 2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 46 had a readmission date of NJ Ex Order 26. 4B1 and had diagnoses which included, NJ Ex Order 26. 4B1 . A review of quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, reflected that the resident had a NJ Ex Order 26. 4B1 score of NJ Ex out of 15, indicating NJ Ex Order 26. 4B1. Section NJ Ex, for Functional Status, of the MDS revealed that the resident needed one personal physical assistance for dressing, bathing, transfers, NJ Ex Ord , and toileting, and setup assistance only for eating. A review of the resident's individualized care plan with an initiated date of NJ Ex Order 26. 4B1, reflected a focus area that the resident had a potential for NJ Ex Order 26. 4B1 due to aging, NJ Ex Order 26. 4B1 , and NJ Exec. Order 26:4.b.1. The resident was able to self-propel in wheelchair and had episodes of being resistive with care. Interventions included to monitor the resident's overall NJ Exec. Order 26:4.b.1 which may put him/her at risk for NJ Exec. Order 26:4.b A review of a Licensed Practical Nurse (LPN) nursing progress note dated NJ Ex Order 26. 4B1 at 01:33 PM, indicated that at 6:50 PM, Resident #55 was noted to a have Ex Order 26. 4B1 . The resident was not aware of how he/she sustained the NJ Ex Order 26., and the	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 47	F 610		

physician and Resident #55's NJ Ex Ord was notified of the injury.

On 4/24/23 at 01:20 PM, the surveyor observed Resident #55 alert sitting in a wheelchair in the dining room at a table with three other residents shuffling a deck of playing cards. The resident looked at the surveyor when his/her name was called but did not respond to the surveyor questions. An activity staff person standing next to the table with the residents stated that Resident #55 was NJ Exec. Order 26:4.b.1 and refused to wear his/her NJ Ex Order 26. 4B1. The surveyor attempted to interview the resident, but the resident would not respond to the surveyor inquiries.

On 4/24/23 at 02:26 PM, the Director of Nursing (DON) stated that all resident's accident/incident reports are discussed at the facility's monthly fall committee meetings. The DON stated that there are no minutes kept from the fall committee meetings and explained that the process was that "we bring the incident reports to the meeting to discuss, and then will add right on the incident sheet any added discussions or interventions."

On 4/25/23 at 09:00 AM, the DON stated that the process for investigating an incident was that whoever discovered or was involved with an incident would report to the nurse in charge who would then initiate an incident report, interview the resident, and notify the family and the physician. CNAs (Certified Nursing Assistants) would tell the nurse and then the nurse would report findings to the DON and the Licensed Nursing Home Administrator (LNHA). She stated, if it was an injury of unknown origin, then the facility would investigate further. "We would

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 610	Continued From page 48 collect 24-hour statements, including the rehabilitation team, activities, Therapy Director, then would discuss the incident in the morning meetings and the LNHA would be notified." The DON added that she would document the summary of what was discussed and would give the investigation to the Medical Director to review. The DON stated that for an injury of unknown origin, she would extend statements for more then 24 hours. She further stated, for a skin tear or bruise, she would look at a resident's past history, their medical record, and question family members regarding the resident's past history. She stated, if a resident had a 1 cm bruise, she would come up with a reason for the bruise. Or if a resident had a history of bruising or a black eye, she would extend the investigation. The DON added that if an injury is suspicious for abuse, or there is a pattern of an injury, or if unknown bruise she would initiate notification to the DOH (Department of Health) and the Ombudsman within 24 hours. The DON added that if the investigation is ongoing, then she would report in 48 hours. On 4/25/23 at 09:47 AM, the DON informed the surveyor that there were no reportable accident/incidents for NJ Ex Order 26. 4B1 . On 4/25/23 at 10:38 AM, the Unit Manager (UM) stated that if she discovered a skin tear, bruise, or an abrasion on a resident, she would investigate to find out what occurred for that particular skin issue, obtain 24-hour look back statements, and initiate an incident report. The UM added that if an injury was suspicious for abuse, then would immediately notify the DON and LNHA and they would do a more extensive	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315336	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 610	Continued From page 49	F 610		

investigation.

On 4/25/23 at 11:11 AM, the surveyor reviewed Resident #55's incident report in the presence of the DON. The surveyor asked the DON to clarify the date of the incident, how did the facility rule out abuse regarding the resident's NJ Ex Order 26. 4B ? The surveyor also asked if the injury was reported to NJDOH? The DON stated that the incident occurred on NJ Ex Order 26. 4B1 and was not reported because of the size of the NJ Ex Order 26. was only NJ Ex Order 26. 4B1, showing the surveyor on a measuring tool, and because of the location of the NJ Ex Order 26. being below the NJ Ex Order 26. 4B1. The DON further stated that Resident #55 was very mobile and bends down a lot. The resident would go in his/her drawers and open his/her closets without the assistance of staff, was on a NJ Ex Order 26. 4B1, and had a history of NJ Ex Order 26. 4B1. The DON revealed that after discussion and investigation, it was decided that Resident #55's NJ Ex Order 26. was not related to abuse.

On 5/03/23 at 12:37 PM, in the presence of the survey team, the DON stated, "We discuss incidents every day at our morning meetings and then come up with an intervention." The DON further explained that the investigation would not be completed when discussing at the morning meetings in case there are updates or additional statements. "It's an ongoing investigation. We don't ask residents for statements. It is not in the policy. We ask the resident what happened. It's a verbatim statement from the nurse." The DON provided additional information and stated that the Fall Committee concluded that Resident #55's NJ Ex Order 26. may have been sustained while bending, touching hard objects including room closet, and cabinet on his/her own. The DON added that the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 50 injury may have been sustained by rubbing his/her NJ Ex Order 26. 4B1 since resident had Ex Order 26. 4B1 and is on an NJ Ex Order 26. 4B1. The DON explained that the presentation of the NJ Ex Order 26. was not consistent with "forced-inflicted injury" since the NJ Ex Order 26. 4B1 was localized at NJ Ex Order 26. 4B1 without any signs NJ Exec. Order 26:4.b.1. The DON added that Resident #55's NJ Ex Order 26. presentation if "force inflicted" would be more pronounced since the resident was on an NJ Ex Order 26. 4B1. The DON revealed that the team concluded that the incident was without evidence of abuse and was deemed not reportable. The DON and LNHA could not speak to if any of the alert and oriented residents on the same unit and being cared for by the same staff as Resident #55 were interviewed, and if any other direct care staff or ancillary staff were interviewed. On 5/03/23 at 02:11 PM, the surveyor interviewed CNA #1 who stated that the signs of resident abuse could be bruising, scratches, crying or even if a family member was yelling at a resident. The CNA #1 added that the staff knows the residents well and could see if something looks suspicious like a new bruise or marking on the resident's skin. The CNA #1 further stated that she would immediately tell the nurse and start writing the incident report. The assigned nurse would assess the resident, notify the DON, and then the DON would get statements from other residents and staff. CNA #1 was unable to recall Resident #55's incident of NJ Ex Order 26. 4B1. On 5/04/23 at 09:22 AM, the surveyor reviewed the Facility's Investigating and Reporting policy with a revised date of 5/2022, which included the following:	F 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 51	F 610		

"1. Reporting of incidents/accidents: a) Regardless of how minor an occurrence may appear, including injuries of unknown origin, it must be reported to the department supervisor as soon as such an occurrence is discovered or when information of an occurrence is learned; e) Refer to the Abuse or Neglect policy for procedure in the event of an actual or possible resident abuse or neglect situation... 4. Investigative action: a. The Nursing Supervisor and/or Department Head shall conduct an immediate investigation of the occurrence and take corrective action to prevent a re-occurrence if appropriate... 10. All injuries of Unknown Origin Incident Report will include statements from all direct caregivers during the past 24 hours.

The surveyor reviewed the facility's Resident Abuse, Neglect and Exploitation of Resident & Property Policy with a revised date of January 2023, which included the following:
"D. Supervisor to complete supervisory Investigate report with interviews and written statement from all persons involved, including the resident, if possible, investigate three prior shifts... H. All written statements and documentation are to be completed within 48 hours and maintained under separate file cover in the DON's office.

The policy did not include a specific reference as to how the facility would address an injury of unknown origin. The policy indicated to refer to the Facility's Accident/Incident policy.

On 5/04/23 at 10:59 AM, in the presence of the survey team, the surveyor asked the DON and LNHA what does it mean when the Accident/Incident policy indicated to refer to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 610	Continued From page 52 Abuse policy in the event of a possible resident abuse? And where in the Abuse Policy was injury of unknown origin addressed? The LNHA stated that they follow the state form that lists types of abuse and refer to the Incident policy for investigating and when to report. The DON stated that we follow the reportable event form and answer the questions to determine if an injury of unknown origin could be abuse and continue with the investigation process to obtain statements from staff. The DON verified that the incident was not reported because it was concluded that the injury was not abuse. The LNHA added that "we did not report because it did not fit the category of reporting." The DON and LNHA could not provide any additional documentation regarding Resident #55's incident report of NJ Ex Order 26. 4B1. NJAC-8.39-4.1(a)5; 9.4(f)	F 610		
F 658 SS=E	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: Based on observation, interviews, review of medical records and other pertinent facility documents, it was determined that the facility failed to a.) ensure that there was consistent documentation of social service comprehensive assessments for 7 of 11 residents reviewed for social services (Resident's #4, #8, #10, #15, #35,	F 658	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: a) Director of Social Services conducted social service comprehensive assessments for Resident's #4, #8, #10,	6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 53

#39, and #61) , and b.) clarify and accurately transcribe a physician's order for NJ Ex Order 26. 4B1 [redacted] which resulted in a resident receiving the incorrect dose of the medication. This was identified for 1 of 25 residents (Resident #387) reviewed for medication management. The deficient practice was evidenced as follows:

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 responses 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 or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."

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 counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."

The evidence was as follows:

1. On 4/17/23 at 12:26 PM, the surveyor

F 658

#15, #35, #39, and #61 and documented in each resident□s respective medical records. None of these residents were adversely harmed by the deficient practice.
Social Worker who failed to complete social service comprehensive assessments for Resident's #4, #8, #10, #15, #35, #39, and #61 no longer works in facility.
b) MD was notified of the medication transcription involving Resident #387.
c) The nurse who failed to clarify and accurately transcribe the physician's order for a NJ Ex Order 26. 4B1 was counseled and re-educated on Professional Standards of Care related to clarifying and transcribing a Physician□s Order by the Director of Nursing.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

a) Re: Comprehensive Social Service Assessments: All residents have the potential to be affected by the same deficient practice.
Director of Social Services reviewed the medical records of all current residents to ensure that comprehensive social service assessments were completed.
b) All residents with MD Orders for Sedative-Hypnotic medications are at risk for the same deficient practice. Pharmacy Consultant and Unit Managers reviewed the medical records of all residents on Sedative-Hypnotic medications to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 54

observed Resident # 4 in bed and eating lunch. The resident was willing to be interviewed and offered no concerns.

Review of Resident #4's medical record:

Review of the Admission Record (an admission summary) reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 .

Review of the Quarterly Minimum Data Set (MDS) dated NJ Ex Order 26., a tool used to facilitate the management of care, reflected that the resident had a Brief Interview for Mental Status (BIMS) score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26. 4B1.

Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an assessment reference date (ARD) for NJ Ex Order 26..

Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. 4B at 11:42 AM.

2. On 4/19/23 at 9:56 AM, the surveyor observed Resident #8 in a wheelchair being transported to NJ Ex Order 26. 4B1 The resident was alert, groomed and wearing a coat, hat and eyeglasses. The resident stated that he/she felt well.

Review of Resident #8's medical record:

F 658

that the medications were transcribed properly in the Medication Administration Records (MARs).

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

a) The Policy on Comprehensive Resident Assessment and Documentation was revised to include Social Service Comprehensive Assessment. The Director of Social Services was in-serviced regarding prompt and proper completion of the social service comprehensive assessments.
b) All nurses were in-serviced and educated on the facility□s policy re: Proper Transcription of MD Orders, with focus on properly clarifying and transcribing orders for sedative/hypnotic medications.

IV. MONITORING OF CORRECTIVE ACTIONS:

a) Administrator or designee will audit 3 resident□s charts monthly x 3 months to make make sure that comprehensive social service assessments have been completed properly and on a timely basis.
b) Pharmacy Consultant or designee will review 3 charts of residents on sedative/hypnotic medications. per month x 3 months. Audit will focus on proper clarification and transcription of MD Orders for sedatives/hypnotic medication to prevent medication errors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

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F 658	Continued From page 55 Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 . Review of the Quarterly MDS dated NJ Ex Order 26. 4B1, reflected that the resident had a BIMS score of NJ Ex out of 15, which indicated that the resident had a NJ Ex Order 26. 4B1 . Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an ARD for NJ Ex Order 26. 4B1 . Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. at 3:39 PM and before that on NJ Ex Order 26. 4B1 at 4:19 PM. 3. On 4/19/23 at 10:38 AM, the surveyor observed Resident #10 in the resident council meeting. The resident was groomed and in a wheelchair. The resident was an active participant at the meeting. Review of Resident #10's medical record: Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 . Review of the Quarterly MDS dated NJ Ex Order 26., reflected that the resident had a BIMS score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26. 4B1 .	F 658	Findings will be reported to the Director of Nursing and Administrator monthly and will be presented at the quarterly QAA Meeting. The QAPI Committee will determine the need for further audits and/or action plans. V. COMPLETION DATE: JUNE 15, 2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 658	Continued From page 56 Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an ARD for NJ Ex Order 26. 4B1 . Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. 4B1 at 2:51 PM and before that on NJ Ex Order 26. 4B1 at 11:47 AM. 4. On 4/17/23 at 11:43 AM, the surveyor observed Resident #15 in a wheelchair eating lunch in his/her room. The resident was groomed and offered no concerns. Review of Resident #15's medical record: Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 Review of the Annual MDS dated NJ Ex Order 26. 4B1, reflected that the resident had a BIMS score of NJ Ex O out of 15, which indicated that the resident was NJ Ex Order 26. 4B1. Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an ARD for NJ Ex Order 26. 4B1 . Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. at 1:39 PM and before that on NJ Ex Order 26. 4B1 at 4:25 PM and before that on NJ Ex Order 26. 4B1 at 12:04 PM. 5. On 4/17/23 at 12:01 PM, the surveyor	F 658		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 658	Continued From page 57	F 658		

observed Resident #35 in bed with the head of the bed elevated feeding him/herself lunch. The resident did not respond to the surveyor.

Review of Resident #35's medical record:

Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 .

Review of the Annual MDS dated NJ Ex Order 26. 4B1, reflected that the resident had a BIMS score of NJ out of 15, which indicated that the resident had NJ Ex Order 26. 4B1 .

Review of the MDS schedule indicated that the resident was scheduled for a significant change comprehensive assessment with an ARD for NJ Ex Order 26. 4B1 .

Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. 4B1 at 9:09 AM. There were no other entries documented before that date.

6. On 4/27/23 at 10:00 AM, the surveyor observed Resident #39 in their room in a recliner chair. The resident's eyes were closed.

Review of Resident #39's medical record:

Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 .

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F 658	Continued From page 58	F 658		

Review of the Quarterly MDS dated NJ Ex Order 26., reflected that the resident had NJ Ex Order 26. 4B1 .

Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an ARD for NJ Ex Order 26. 4B1 .

Review of the Social Services Notes indicated that the last entry was dated NJ Ex Order 26. 4B at 11:47 AM and before that on NJ Ex Order 26. 4B at 10:37 AM.

7. On 4/19/23 at 10:38 AM, the surveyor observed Resident #61 in the resident council meeting. The resident was groomed and in a wheelchair. The resident was an active participant at the meeting.

Review of Resident #61's medical record:

Review of the Admission Record reflected that the resident had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 .

Review of the Quarterly MDS dated NJ Ex Order 26., reflected that the resident had a BIMS score of NJ Ex out of 15, which indicated that the resident was NJ Ex Order 26. 4B1.

Review of the MDS schedule indicated that the resident was scheduled for an Annual comprehensive assessment with an ARD for NJ Ex Order 26..

Review of the Social Services Notes indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 658	Continued From page 59 that the last entry was dated [NJ Ex Order 26. 4B1] at 10:30 AM and before that on [NJ Ex Order 26. 4B] at 11:24 AM. On 4/19/23 at 10:12 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) for the Princeton and Palmer units. She stated that the social workers progress notes should be in the electronic medical record (EMR). On 5/1/23 at 11:02 AM, the surveyor interviewed the social worker (SW) in the presence of a second surveyor. She stated that she worked [NJ Exec. O] and was assisting in the transition between the previous Social Services Director and the [NJ Exec. Order 26:4.b.1]. She stated that her responsibilities included all new admission comprehensive assessments and obtaining the residents social history. In addition, she scheduled Interdisciplinary Care Plan (IDCP) meetings with residents and families (new admission, quarterly and annually reviews and if there was a significant change in the resident's condition) and participated in discharge planning and arranged for services the resident needed after discharge. She further stated that she completed sections [NJ Ex] of the MDS and handled any grievances. She stated that the new admission social worker resident assessment would be found in the paper chart on a blue form in the care plan section. She further stated that subsequent comprehensive assessments and progress notes should be in the EMR in the social service section. She also stated that IDCP documentation would be in the social service section and could have been written by the nurse unit managers. On 5/1/23 at 1:25 PM, the surveyor interviewed	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 658	Continued From page 60	F 658		

the SW in the presence of a second surveyor. She stated that the majority of her responsibilities was related to the subacute population and not the long-term care population. She further stated that subacute tasks were her main focus unless otherwise delegated by the previous Social Service Director who was responsible for the long-term care population. The surveyor requested copies of the social service notes for resident's #4, #8, #10, #15, #35, #39 and #61.

On 5/2/23 at 12:06 PM, the surveyor interviewed the SW in the presence of a second surveyor. She stated that a social services comprehensive resident assessment should include review of the care plan, advanced directives, any changes within the last three months including any hospitalization's, changes in medication and overall condition. She also stated, "it's my understanding that the Director of Social Work documented in the social service notes in the EMR for quarterly, annual and significant change assessments, and it's my understanding that she stopped because her role changed, and she relied on the IDCP meeting notes a few years ago." She further stated that since then the quarterly, annual and significant change documentation changed and the social worker attended the IDCP meetings, reviewed the nurse generated IDCP progress note and signed that she attended the meeting and no longer documented herself.

During this same interview, the SW acknowledged that the nurse generated IDCP meeting note would not have encompassed all that a social service comprehensive assessment would have. She also acknowledged that the content of the IDCP meeting note could not be

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

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F 658	Continued From page 61	F 658		

used as a look back reference to support and complete an MDS, as the meeting takes place after the MDS was completed. In addition, she could not speak to whether or not the previous Social Service Director decided to change her documentation process on her own or if that was approved by administration. She further acknowledged that a social service note written for Resident #8 on NJ Ex Order 26., was not considered a comprehensive assessment and that a comprehensive assessment should have been completed for Resident #35 for a significant change MDS after being discharged from NJ Ex Order 26. 4B1 on NJ Ex Order 26. 4B1.

On 5/3/23 at 10:07 AM, the surveyor interviewed the SW in the presence of the survey team. She stated that the SW reviewed the IDCP meeting note and if any social service concerns were reviewed, she would have documented that in the social service section in the EMR and initiated a paper grievance. She also stated, "It's my understanding that anyone from the team can document the content of the team meeting" and it was primarily completed by nursing. The SW again acknowledged this was not the same as a comprehensive social service assessment. She further stated that she did not document the information she ascertained and assessed from the resident related to the MDS sections she completed. She also stated that the Director of Nursing (DON) was unable to provide her with any policies related to social service assessments or documentation other than the "RAI and Care Planning Process" policy.

On 5/3/23 at 12:36 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA) and the DON. The DON stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 658	Continued From page 62	F 658		

anyone form the team could document on a resident's quarterly assessment, and if any social service-related issues were discovered during the IDCP meeting then the SW should have generated a paper grievance. She stated that an annual comprehensive assessment had to have been documented in the social services section of the EMR. She further stated that both a significant change and annual assessment should have been comprehensive and documented in the social services section of the EMR; "it's the standard of practice."

On 5/4/23 at 11:04 AM, the survey team met with the LNHA and the DON. The LNHA stated that it was his responsibility to oversee the social workers' work. No additional information was provided.

Review of the facility policy "Social Services" with a revised date of 4/2023, included the responsibilities of the SW, "Maintains a written record of the frequency and nature of the social service consultation and services provided or obtained; ...Performs an evaluation of each resident's social needs. The plan for providing care shall be formulated and recorded in the residents; medical record and periodically re-evaluated in conjunction with the resident's total plan of care."

Review of the facility policy "Quality of Care" with a revised date of 2/2023, included, "It is the policy of the facility to ensure that each resident receive, and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, in accordance to

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F 658	Continued From page 63	F 658		

State and Federal Regulations." In addition, it included, "Quality of Care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices."

8. On 4/19/23 at 9:49 AM, the surveyor observed Resident #387 wearing a NJ Ex Order 26. 4B1 and being assisted to ambulate by the NJ Ex Order 26. 4B1.

On 4/20/23 at 7:52 AM, the surveyor observed Resident #387 sitting up in bed being assisted by staff with the breakfast tray.

On 4/25/23 at 9:16 AM, the surveyor observed Resident #387 sitting in a chair in the hall eating.

On 4/20/23 at 7:22 AM, the surveyor reviewed the Narcotic/controlled medication counts in the medication cart with the medication nurse. The surveyor observed two Bingo cards (cards which hold resident medications), one for NJ Ex Order 26. 4B1 and a second for NJ Ex Order 26. 4B1.

At that same time, the surveyor interviewed the 11 PM to 7 AM Registered Nurse (RN) #1 who stated the NJ Ex Order 26. 4B1 order needed to be clarified. She stated Resident #387 was administered NJ Ex Order 26. 4B1 on the NJ Ex Order 26. 4B1, by the 3 PM - 11 PM shift Licensed Practical Nurse (LPN) #1. RN #1 further stated that the resident should have received NJ Ex Order 26. 4B1 and another NJ Ex Order 26. 4B1 an hour later if not effective, but LPN #1 on the

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 658	Continued From page 64 NJ Ex Order 26. 4B1, 3 PM - 11 PM shift had administered Resident #387 NJ Ex Order 26. 4B1. RN #1 stated that LPN #1 had informed her that she incorrectly administered NJ Ex Order 26. 4B1 instead of NJ Ex Order 26. 4B1. RN #1 showed the surveyor the Bingo card with NJ Ex Order 26. 4B1 pills with 3 pills missing. RN #1 showed the surveyor the Bingo card with NJ Ex Order 26. 4B1 pills and no pills were missing. The surveyor in the presence of RN #1 reviewed the Patient Controlled Substance Administration Record (PCSAR) for the NJ Ex Order 26. 4B1 which indicated all 30 pills were present as observed. A review of the PCSAR for the NJ Ex Order 26. 4B1 indicated three pills had been signed out including NJ Ex Order at 8:48 PM, as observed. On 4/20/23 at 8:14 AM, the surveyor interviewed the RN/UM who stated she was responsible to transcribe orders into the Medication Administration Record (MAR). She stated the nurse on the 11 PM to 7 AM shift would be responsible to double check the orders. The surveyor inquired about the process for when a medication was discontinued. The RN/UM stated the discontinued controlled substance medication should be removed from the medication cart by the nurse receiving the order. The RN/UM stated that the nurses perform a controlled substance medication count between shifts and that if not done already, the on coming nurse should have removed the discontinued medication. The surveyor inquired what could happen to a resident who received twice the ordered dose of NJ Ex Order 26. 4B1. The RN/UM stated it should be reported to the Director of Nursing (DON) and the physician and the resident would need to be monitored. On that same date and time, the surveyor in the	F 658		

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F 658	Continued From page 65 presence of the RN/UM reviewed the Electronic Medical Record (eMR) transcribed order for NJ Ex Order 26. 4B1 Give 1 tablet by mouth at bedtime for restlessness, sleeplessness. If first NJ tablet ineffective, see PRN (as needed) and give 1 tablet by mouth as needed for NJ Ex Order 26. 4B1 and may give additional second NJ Ex Order 26. 4B1 at bedtime if unable to sleep within the hour first tablet administered. The RN/UM stated that the order should have been clarified. A review of the hybrid medical record revealed that Resident #387 had recently been readmitted on NJ Ex Order 26. 4B1 and had diagnoses which included but were not limited to; NJ Ex Order 26. 4B1 A review of the Daily Skilled Note, dated NJ Ex Order 26. 4B1, included NJ Ex Order 26. 4B1 Summary included NJ Exec. Order 26:4.b.1, Ex Order 26. 4B1 . A review of the comprehensive Care Plan included but was not limited to a focus area dated NJ Ex Order 26. 4B1, at risk for adverse effects related to the use of NJ Ex Order 26. 4B1. Interventions included but were not limited to evaluate effectiveness and side effects of medications and provide education to risks and benefits of medications as needed. A review of the "Order Summary Report" included but was not limited to a physician's order dated NJ Ex Order 26. 4B1, observe potential side effects of NJ Ex Order 26. 4B1. A review of a physician's	F 658		

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F 658	Continued From page 66 order dated NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1 give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1 A review of the facility provided, "Admission Medication Regiment Review (aMRR)" dated NJ Ex Order 26. 4B1, included the pharmacy consultants recommendations 1. the maximum recommended initial dosage of NJ Exec. Order 26:4.b.1 in women is NJ Exec. Order 26:4.b.1. If the present dose is required, evaluate the risk vs. benefit for use. A handwritten note on the bottom of the unsigned recommendation form, indicated "faxed to [name redacted] Ex Order 26 at 1:30p." A review of a "Clarification Required" paper dated NJ Ex Order 26. 4B1, revealed the Ex Order 26. 4B1 original order (Ex Order 26. 4B1) "will be changed." There was a prescription with the clarification which was dated NJ Ex Order 26. 4B1, Ex Order 26. 4B1 (one) tab (tablet) qHS (at hour of sleep) and T or if NJ Exec. Order 26:4.b.1 A review of a telephone order dated NJ Ex Order 26. 4B1 at 8:39 (am), was transcribed as "NJ Ex Order 26. 4B1. Give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1 s. If first NJ Ex Order 26 tablet ineffective, see PRN (as needed) and give 1 tablet by mouth as needed for NJ Ex Order 26. 4B1 and may give additional second NJ Ex Order 26. 4B1 at bedtime if NJ Exec. Order 26:4.b.1 within the hour first tablet administered." A review of the Medication Administration Record (MAR) date range NJ Ex Order 26. 4B1 and provided on NJ Ex Order 26. 4B1, included but was not limited to a routine order for NJ Ex Order 26. 4B1. Give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1, NJ Exec. Order 26:4.b.1. If first NJ Ex Order 26 tablet ineffective, see PRN and give 1 tablet by mouth as needed for NJ Ex Order 26. 4B1 and may give additional second NJ Ex Order 26	F 658		

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F 658	Continued From page 67 NJ Ex Order 26. 4B1 at bedtime if NJ Exec. Order 26:4.b.1 within the hour first tablet administered. The time of administration was plotted for 2100 (9:00 PM). Start date NJ Ex Order 26. 4B1 date NJ Ex Order 26. 4B1. The MAR was signed as being administered on NJ Ex Order 26. 4B1. It was unclear as to what milligram had been administered to the resident. The MAR further included the same order for NJ Ex Order 26. 4B1. Give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1 If first NJ Ex Order 2 tablet ineffective, see PRN and give 1 tablet by mouth as needed for NJ Ex Order 26. 4B1 and may give additional second NJ Ex Order 26. 4B1 at bedtime if NJ Exec. Order 26:4.b. NJ Exec. Orde within the hour first tablet administered. Start date NJ Ex Order 26. 4B1 date NJ Ex Order 26. 4B1, with the time of administration as PRN. There were no staff initials to indicate that the Ambien PRN had been administered. A review of the NJ Ex Order 26. 4B1 (PN) included but were not limited to date NJ Ex Order 26. 4B "Note Text" this order is outside of the recommended dose or frequency. NJ Ex Order 26. 4B1 *NJ Exec. Order 26:4.b.1 * give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1 the daily dose of 1 tablet exceeds the usual dose of NJ Ex O tablet. - the single dose of 1 tablet exceeds the maximum single dose of NJ Ex O tablet. The usual daily dose is NJ Ex O tablet. A PN dated NJ Ex Order 26. 4B at 8:40 AM, "Note Text" this order is outside of the recommended dose or frequency. NJ Ex Order 26. 4B1 *NJ Exec. Order 26:4.b.1 * give 1 tablet by mouth at bedtime for NJ Exec. Order 26:4.b.1 if first NJ Ex Order 2 tablet ineffective, see PRN and give 1 tablet by mouth as needed for NJ Ex Order 26. 4B1 may give additional second NJ Ex Order 26. 4B1 at bedtime if NJ Exec. Order 26:4.b.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 658	Continued From page 68 NJ Exec. Order within the hour first tablet administered. -the daily dose of 1 tablet exceeds the usual dose of NJ Ex Order tablet. -the single dose of 1 tablet exceeds the maximum single dose of NJ Ex Order tablet. The usual daily dose is NJ Ex Order tablet. A PN dated NJ Ex Order 26. 4B1 at 10:43 (am) spoke to resident about NJ Ex Order 26. 4B1 and he/she wants NJ Ex Order daily at HS. This order was not clarified, or the resident spoken to until NJ Ex Order 26. 4B1 after the surveyors brought it to the attention of the facility. On 5/3/23 at 1:10 PM, the DON provided a late entry PN dated NJ Ex Order 26. 4B1 at 8:37 (am), that Resident #387's NJ Ex Order 26. 4B1 was changed to NJ Ex Order 26. 4B1 and to discontinue the NJ Ex Order. However, the order was not entered into the eMR for the medication nurses to follow. On 04/21/23 at 10:26 AM, the surveyor interviewed the Consultant Pharmacist (CP) and reviewed the NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1. The CP stated, "that's too much NJ Ex Order 26. 4B1."The CP stated that the order needed to be clarified and he would have to talked to the Administrator or DON. On 04/21/23 at 11:21 AM, during an interview with four surveyors, the DON in stated she was told that the NJ Ex Order 26. 4B1 was ordered for NJ Ex Order 26. but that the Nurse Practitioner (NP) wrote an order for NJ Ex Order 26. 4B1 to be given routinely and PRN. The DON stated the order should have indicated that NJ Ex Order 26. 4B1 had to be administered routinely and NJ Ex Order 26. 4B1 after 1 hour PRN. She stated that if the order read NJ Ex Order 26. 4B1 give 1 tablet, it means give a table of NJ Ex Order 26. 4B1. The DON further stated the original order should have been discontinued and re written. When asked if she had spoken to LPN #1 who administered NJ Ex Order 26. 4B1	F 658		

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F 658	Continued From page 69 NJ Ex Order 26. instead of NJ Ex Order 26. 4B1, the DON stated no. The DON acknowledged that the NJ Ex Order 26. 4B1 had been changed and should have been clarified on the MAR so the nurse's knew what mg to administer. The DON acknowledged she was not aware that the order had still not been changed on the MAR. On 04/26/23 at 12:23 PM, the surveyor conducted a telephone interview with LPN #1 who stated she recalled the NJ Ex Order 26. 4B1 from NJ Ex Order 26. 4B1. She stated she had been the residents nurse the "entire time and it (NJ Ex Order 26. 4B1) was always NJ Ex Order 26. and no parameters were ever given for NJ Ex Order 26. 4B1 before." She further stated, "I gave her the NJ Ex Order 26. as usual because the order read NJ Ex Order 26. 4B1." LPN #1 stated, "I realized after I administered it (NJ Ex Order 26. 4B1) that it was NJ Ex Order 26. 4B1 and it was transcribed wrong. It should have dawned on me because it is not a medication that had regular parameters. I never would have checked for parameters. I spoke to the 11 PM nurse to ask the UM to clarify the order. If you are the one to give the NJ Ex Order 26. 4B1, you would never look further to see parameters. The order should have read NJ Ex Order 26. 4B1 with a PRN order for the other hour and the additional NJ Ex Order 26. 4B1." A review of the facility provided policy, "Physician Order Transcription," revised 4/23, included but was not limited to Purpose -to establish uniform guidelines in the receiving and recording of physician orders. Recording Orders 1. Medication Orders - when recording orders for medication, specify the type, route, dosage, frequency and strength of the medication ordered. 2. PRN Medication Orders - when recording PRN medication orders, specify the type, route, dosage, frequency, strength and the reason for	F 658		

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F 658	Continued From page 70 administration. A review of the facility provided policy, "Discontinued Medication", revised 3/19, included but was not limited to Policy Statement: staff shall destroy discontinued medications or shall return them to the dispensing pharmacy. Interpretation and Implementation: 2. The nurse receiving the order to discontinue a medication is responsible for recording the information ....3. discontinued medications must be destroyed or returned to the issuing pharmacy. A review of the facility provided policy, "Administration of Medication", revised 11/22, included but was not limited to Procedure: G. Prior to Medication Administration: 1. Verify each medication is the right drug, at the right dose, the right route, at the right rate, at the right time, for the right resident. 2. Verify that the MAR reflects the most recent medication order. A review of the facility provided policy, "Charting," revised 4/22, included but was not limited to Policy Statement: The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Interpretation and Implementation: 2. The following information is to be documented in the resident medical record: b. medications administered. E. events, incidents or accidents involving the resident. NJAC 8:39-27.1 (a); 39.3(a)	F 658		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity	F 686		6/15/23

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F 686	Continued From page 71 §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to a.) ensure a treatment was administered in accordance with a physician order and in accordance with professional standards of practice, and b.) accurately document NJ Exec. Order 26:4.b.1. This deficient practice was identified for 1 of 2 residents (Resident #1) reviewed for NJ Ex Order 26. 4B1. The deficient practice was evidenced by the following. 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 responses 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 or restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized	F 686	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: a) The involved RN/UM was counseled by the Director of Nursing re: Proper Treatment Administration. Emphasis was made on ensuring that a treatment is administered in accordance with a physician order and in accordance with professional standards of practice, b) All Nursing Staff were in-serviced on Complete and Accurate Documentation of skin assessments. Resident #1 was not adversely harmed by the deficient practice. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE a) All residents with wounds have the	

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F 686	Continued From page 72 physician or dentist." 1.) On 4/17/23 at 11:48 AM, a surveyor observed Resident #1 lying in bed in their room. Resident #1 stated he/she can feed his/herself and that he/she felt good. A review of the Admission Record revealed Resident #1 had been admitted to the facility on NJ Ex Order 26. 4B1, with diagnoses which included but were not limited to NJ Ex Order 26. 4B1. A review of the telephone order dated NJ Ex Order 26. 4B1 at 16:13 (4:13 PM) revealed [name redacted] (NJ Ex Order 26. 4B1) NJ Ex Order 26. 4B1 to NJ Ex Order 26. topically every day shift for NJ Ex Order 26. 4B1 after cleansing with NJ Exec. Order, cover with NJ Exec. Order 26:4.b.1. A review of the "Order Listing Report," provided by the facility on NJ Ex Order 26., included but was not limited to an order dated revision NJ Ex Order 26. 4B1 for [name redacted] (NJ Ex Order 26. 4B1) NJ Ex Order 26. 4B1 to NJ Ex Order 26. 4B1 topically every day shift for NJ Ex Order 26. 4 after cleansing with NJ Exec. Order, cover with dry NJ Exec. Order 26:4.b. On 4/21/23 at 10:30 AM, a surveyor accompanied the Registered Nurse Unit Manager (RN/UM) to observe the NJ Ex Order 26. 4B1 on Resident #1. The surveyor observed the RN/UM prepare for the NJ Ex Order 26. 4B1. The RN/UM obtained a bottle of NJ Ex Order 26. 4B1	F 686	potential to be affected by the same deficient practice. b) All residents with skin integrity issues are at risk for this deficient practice. III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: a) All nurses were in-serviced on Proper Treatment Administration. Emphasis was made on ensuring that a treatment is administered in accordance with a physician order and in accordance with professional standards of practice, b) All nursing staff were in-serviced re: Complete and Accurate Documentation of skin assessments. IV. MONITORING OF CORRECTIVE ACTIONS: a) The Director of Nursing or designee will conduct 2 Treatment Observations monthly x 3 months to ensure that treatments are administered in accordance with physician□s orders and in accordance with professional standards of practice. b) The Director of Nursing or designee will conduct 3 audits of residents with skin integrity issues (e.g., bruise) monthly x 3 months to ensure that skin assessments are documented accurately. Audit results will be reported to the Director of Nursing monthly and reported in the quarterly QAA Committee.	

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F 686	Continued From page 73 NJ Ex Order 26. 4B1 which was labled with an unsampled resident's name and did not belong to Resident #1. The RN/UM was about to use the NJ Ex Order 26. 4B1 labled with the unsampled resident's name on it for Resident #1's treatment. At that time the surveyor requested the RN/UM review the Ex Order 26. 4B1 order prior to proceeding with the treatment. At that time, the RN/UM and the surveyor reviewed the NJ Ex Order 26. 4B1 order which indicated the NJ Ex Order 26. 4B1 was to be cleaned with NJ Ex Order 26. 4B1. The RN/UM confirmed she had the wrong NJ Ex Order 26. 4B1 cleaning agent and that the NJ Ex Order 26. 4B1 did not belong to Resident #1. A review of the facility provided, [name redacted] NJ Ex Order 26. 4B1 services report, dated NJ Ex Order 26. 4B1, included but was not limited to Plan: Start: cleanse site with NJ Ex Order 26. 4B1 which had a black handwritten line through NJ Ex Order 26. 4B1. There was also an adjacent handwritten note dated NJ Ex Order 26. 4B1, "correction: NJ Ex Order 26. 4B1. The correction was made after the NJ Ex Order 26. 4B1 observation on NJ Ex Order 26. 4B1. A review of the facility provided, "Dressing Change (Clean Technique)", dated NJ Ex Order 26. 4B1, included but was not limited to the RN/UM being deemed competent to 1. Review physician order for NJ Ex Order 26. 4B1. A review of the facility provided, 'Med-Pass Evaluation", dated NJ Ex Order 26. 4B1, included but was not limited to the RN/UM being deemed competent to administer the correct medication. A review of the facility provided, "Dispensing of	F 686	V. COMPLETION DATE: JUNE 15, 2023	

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F 686	Continued From page 74	F 686		

Medication," revised NJ Ex Order, included but was not limited to 7. Facility will utilize resident's own medication.

On 5/4/23 at 11:00 AM, during an interview with the survey team, the Director of Nursing acknowledged the incorrect NJ Ex Order 26. 4B1 by the RN/UM.

2.) A review of the Admission Record further revealed that Resident #1 had an additional diagnosis dated NJ Ex Order 26. 4B1, of NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1 A review of the facility Progress Notes (PN) date range from NJ Ex Order 26. 4B1 contained no documented evidence of any NJ Ex Order 26. 4B1 or NJ Ex Order 26. 4B1.

A review of the facility provided Daily Skilled Notes included but was not limited to the following:

Dated NJ Ex Order 26. 4B at 22:08 (10:08 PM), evening shift. D. NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 01:36 (AM), night shift. NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns .

Dated NJ Ex Order 26. 4B1 14:30 (2:30 PM), evening shift. D.

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F 686	Continued From page 75	F 686		

NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order. There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 03:34 (AM), night shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 10:07 (AM), day shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order. There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 16:53 (4:53 PM), evening shift. NJ Ex". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 05:04 (AM), night shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 15:32 (3:32 PM), day shift. D. skin "1. Skin NJ Ex Order 26. 4B1.

Dated NJ Ex Order 26. 4B1 23:32 (11:32 PM), evening shift. D. skin NJ Exec. Order 26:4.b.1 "Summary" did not indicate

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F 686	Continued From page 76	F 686		

the location, measurement or description of the NJ Exec. Order. There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 04:36 (AM), night shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 09:58 (AM), day shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 15:51 (3:51 PM), evening shift. NJ Ex. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order. There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 04:45 (AM), night shift. NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order. There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26. 4B1 15:09 (3:09 PM), day shift. NJ Exec. Order 26. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

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F 686	Continued From page 77	F 686		

Dated NJ Ex Order 26.4B1 15:41 (3:41 PM), evening shift. NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26:4.b.1 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26.4B1 05:14 (AM), night shift. NJ Exec. Order 26:4.b.1 R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26:4.b.1 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26.4B1 08:58 (AM), day shift. NJ Exec. Order 26:4.b.1

Dated NJ Ex Order 26.4B1 22:50 (10:50 PM), evening shift. NJ Exec. Order 26:4.b.1". R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26:4.b.1 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26.4B1 01:05 (AM), night shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26:4.b.1 There were no PNs to describe the location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns.

Dated NJ Ex Order 26.4B1 12:55 (PM), day shift. D NJ Exec. Order 26:4.b.1

Dated NJ Ex Order 26.4B1 23:16 (11:16 PM), evening shift. NJ Exec. Order 26:4.b.1. R. "Summary" did not indicate the location, measurement or description of the NJ Exec. Order 26:4.b.1 There were no PNs to describe the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 686	Continued From page 78 location, measurement or description of the NJ Exec. Order 26:4.b.1 concerns. A review of the facility provided, Treatment Administration Record (TAR), dated NJ Ex Order 26.4B1, revealed that Resident #1 had a weekly NJ Exec. Order 26:4.b.1. Inspect from head to toe. Document in Progress Note. Every evening shift Friday. The weekly NJ Exec. Order 26:4.b.1 was signed off as administered on NJ Ex Order 26. 4B1. The TAR further revealed, NJ Ex Order 26. 4B1 to base, cover with dry dressing daily every evening shift for NJ Ex Order 26. 4B1." The NJ Ex Order 26. 4B1 was signed off as administered on NJ Ex Order 26. 4B1. The TAR further revealed, NJ Ex Order 26. 4B1 apply to NJ Ex Order 26. 4B1 topically every evening shift for NJ Ex Order 26. 4B1 and after cleansing with saline, cover with NJ Ex Order 26. 4B1. The NJ Ex Order 26. 4B1 was signed off as administered on NJ Ex Order 26. 4B1 A review of the facility provided, NJ Exec. Order nd Investigation", undated, for Resident #1, included but was not limited to Date NJ Ex Order 26. 4B1 Noted: NJ Ex Order 26. 4B1. Was the resident identified at risk for development of NJ Ex Order 26. 4B1? NJ Ex Order. Was the wound acquired in the facility? NJ Ex Order. NJ Exec. Order maybe contributed by current change of medical condition due to on-going NJ Ex Order 26.4B1." Comments: current NJ Ex Order 26. 4B1 measurement NJ Ex Order 26. 4B1 noted on NJ Ex Order 26. 4B1. Seen by [name redacted] NJ Ex Order 26. 4B1 services on NJ Ex Order 26. 4B1. Brief Summary: included but was not limited to on NJ Ex Order 26. 4B1, Resident #1 tested NJ Ex Order 26. 4B1. On NJ Ex Order 26. 4B1, Resident #1	F 686		

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F 686	Continued From page 79 was noted with open area to NJ Ex Order 26. 4B1 On NJ Ex Order 26. 4B1, seen by NJ Ex Order 26. 4B1 Nurse Practioner (NP) and NJ Ex Order 26. 4B1. There were no PNs to identify any NJ Exec. O concerns during the timeframe Resident #1 had NJ Ex Order 26. 4B1 at the facility. A review of the facility provided policy, "Skin Care", revised 7/22, included but was not limited to Purpose: to provide information regarding clinical identification of pressure ulcers/injuries and associated risk factors. Prevention of Pressure Ulcer. Purpose: identify the risk factors as well as interventions to reduce or eliminate those considered modifiable. Risk Assessment. 1. Assess the resident on admission ....repeat the risk assessment weekly and upon any changes in condition. 4. Inspect the skin on a daily basis ...a. identify any signs of developing pressure injuries, b. inspect pressure points. 5. Facility will schedule weekly skin inspection plotted in the TAR and document new, pertinent finding in the medical record. Monitoring. 1. Evaluate, report and document potential changes in the skin. NJAC 8:39-27.1(a)(e)	F 686		
F 728 SS=F	Facility Hiring and Use of Nurse Aide CFR(s): 483.35(d)(1)-(3) §483.35(d) Requirement for facility hiring and use of nurse aides- §483.35(d)(1) General rule. A facility must not use any individual working in	F 728		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 728

Continued From page 80

the facility as a nurse aide for more than 4 months, on a full-time basis, unless-
(i) That individual is competent to provide nursing and nursing related services; and
(ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154; or
(B) That individual has been deemed or determined competent as provided in §483.150(a) and (b).

§483.35(d)(2) Non-permanent employees.
A facility must not use on a temporary, per diem, leased, or any basis other than a permanent employee any individual who does not meet the requirements in paragraphs (d)(1)(i) and (ii) of this section.

§483.35(d)(3) Minimum Competency
A facility must not use any individual who has worked less than 4 months as a nurse aide in that facility unless the individual-
(i) Is a full-time employee in a State-approved training and competency evaluation program;
(ii) Has demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or
(iii) Has been deemed or determined competent as provided in §483.150(a) and (b).
This REQUIREMENT is not met as evidenced by:
Based on interviews and review of pertinent facility documentation, it was determined that the facility failed to ensure a process was in place and followed to ensure untrained staff without sufficient competencies to meet the health and/or

F 728

I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 728	Continued From page 81 safety needs of one or more residents. [Non-permanent Nurse Aides (NAs)] were competent to provide resident care by failing to ensure: a.) NAs were full-time employees who were enrolled in a State- approved training and competency program, and b.) a system was in place to ensure all NAs received the appropriate training and deemed eligible to provide resident care, which included, but was not limited to; assisting with two person transfers, bathing and feeding dependent residents. This deficient practice was identified for 5 of 7 NAs reviewed that provided care on 4 of 4 resident units from NJ Ex Order 26. 4B1, and was evidenced by the following: The evidence was as follows: On 04/17/23 at 11:40 AM, during initial tour, a surveyor proceeded toward the end of one of the Monroe unit hallways and observed an unmarked door located past resident rooms which was held open with a magnet. The surveyor observed room NJ Ex.Ord with no name and a sign on the door that indicated "3 Occupants." The surveyor knocked on the door and an unidentified female answered the door. Upon interview, she stated she was a Certified Nurse Aide (CNA), one of only two CNAs that were living at the facility. The CNA stated "I don't want to get in trouble" and pointed to another female in the room who was in bed sleeping. She stated that her roommate was also a CNA and was sleeping because she worked a double shift. The CNA stated she had been living at the facility since NJ Ex Order 26. 4B1 and she just moved from a foreign country to the United States. The surveyor asked if she passed the CNA exam and stated, she "technically" passed.	F 728	On NJ Ex Order 26. 4B1, facility removed the 5 Nurses Aides (NA #1, NA #2, NA #3, NA #4, and NA #5) from the schedule and notified the Staffing Agency. Administrator educated the Director of Nursing and Director of Human Resources regarding the following: Prior to allowing a contracted or non-contracted non-certified nurses aide to work in the facility, the Director of Nursing or Designee will ensure that each non-certified Nurses Aides personnel records on file include (a) Proof that he/she is enrolled in a State approved training and competency program, and (b) Documented evidence that each non-certified nurses' aide received the appropriate training and is deemed eligible to provide resident care, including having completed Criminal Background Checks, and information from licensing boards or other registries for alleged foreign credentialed staff. II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: All residents have the potential to be affected by the deficient practice. On 4-21-2023, all ninety-four (94) residents were assessed by Licensed Physician/Advanced Practice Nurse (APN) for any evidence of abuse, neglect, or inadequate care. No residents were adversely affected.	

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728

Continued From page 82

When asked what type of work she does at the facility, she stated, "I take care of patients." The surveyor asked if she had been fingerprinted, as required to be a CNA, and she stated in NJ Ex Order 26.4 [redacted].

On 04/17/23 at 11:54 AM, a surveyor, accompanied by the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA), proceeded through the door that was held open via a magnetic latch at the end of the Monroe unit. The DON informed the surveyor that the rooms located past the door were resident rooms that had been converted into staff Aide rooms and the staff have a kitchen and bathroom in that area. The LNHA stated the area was not for nursing home use. The surveyor asked the DON about the Aide staff and the DON stated "I have NAs, not TNAs (Temporary Nursing Assistants), that ended NJ Ex Order 26. 4B1. The DON stated the NAs were in school and the facility was not a nurse aide training facility. At that time the surveyor requested a list of staff that resided on the facility premises.

On 04/17/23 at 1:50 PM, the DON provided the surveyor with an untitled list that she identified as the list of staff who lived at the facility. The list included Ex Order 26. 4B1 names. All the names had a room number listed next to the name. Thirteen of the names were identified as CNAs, one was identified as a Unit Secretary and seven were identified as NAs. The CNA that was interviewed by the surveyor at 11:40 AM was identified as an NA on the list, as was her sleeping roommate, not as a CNA as she had identified herself as. Eleven of the Ex Order 26. 4B1 staff listed had "agency" listed next to their names and the remaining were blank.

F 728

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

Facility Policy for Hiring Nursing Aides was revised to incorporate the following verbiage:

Prior to allowing a contracted or non-contracted non-certified nurses aide to work in the facility, facility will obtain personnel records that include the following:

(a) Proof that non-certified NA is enrolled in a State approved training and competency program, and
(b) Documented evidence that non-certified NA received the appropriate training and is deemed eligible to provide resident care by having completed Criminal Background Checks, Employee Physical Examination, Tuberculosis Screening, and License Verifications and Valid References, including information from licensing boards or other registries for alleged foreign credentialed staff, if applicable.

Director of Nursing or designee will maintain the above records in each Employee Personnel File

IV. MONITORING OF CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728

Continued From page 83

On 04/18/23 at 9:16 AM, the surveyor requested the DON to provide the prior three months of nursing assignment sheets for the entire facility, along with the employee files for the Ex Order 26. 4B1 staff listed.

04/18/23 at 9:27 AM, the surveyor asked the DON who was responsible for confirming the staff were suitable for work. The DON stated the staffing agency completed the criminal background check and the facility was responsible for checking the licenses of the staff.

On 04/18/23 at 9:29 AM, the surveyor asked the DON who the remaining staff had been employed by, since the list was blank for nine of the staff. The DON stated one staff member was employed as a CNA with the facility and the remaining staff were employed through the agency.

On the same day at 9:30 AM, the DON provided a new staff listing for the staff that lived at the facility, with all Ex Order 26. 4B1 staff now listed as "agency", including the one staff identified as being employed by the facility.

On 04/18/23 at 9:44 AM, the surveyor asked the DON what type of program the staffing agency had regarding the nurse aid training. The DON stated she was not aware of a program for nurse aides.

On 04/18/23 at 10:04 AM, the surveyor requested from the DON, all employee files from the staffing agency, including education.

On 04/18/23 12:34 PM, the surveyor interviewed the LNHA who stated the DON was responsible

F 728

The Director of Nursing or designee will conduct personnel records audits on 3 Non-Certified Nurses Aides monthly x 6 months to ensure that each file includes the following:

a) Proof that non-certified NA is enrolled in a State approved training and competency program, and
b) Documented evidence that non-certified NA received the appropriate training and is deemed eligible to provide resident care by having completed Criminal Background Checks, Employee Physical Examination, Tuberculosis Screening, and License Verifications and Valid References, including information from licensing boards or other registries for alleged foreign credentialed staff, if applicable.

Audit findings will be submitted to the Administrator monthly and reported in the Quarterly QAA Meeting.

The QAPI Committee will determine the need for further audits and/or action plans to ensure on-going compliance.

V. COMPLETION DATE: JUNE 15, 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 84	F 728		

for ensuring that the NAs were up to date with certifications and stated, "I don't directly communicate with the agency". The LNHA stated the normal process for confirming if CNAs were up to date would be through Human Resources and the DON, but not if the staff were agency staff. The surveyor asked the LNHA who was responsible to ensure there was a process in place, and the paperwork was completed for all the NAs. The LNHA stated the agency should have the paperwork, "an agency has a certain responsibility to ensure all the paperwork is in place". The LNHA then stated, "ultimately I am responsible."

The following NA documents were provided by the facility:

NA #1
On NJ Ex Order 26. 4B1 at 1:15 PM the LNHA provided:
-A facility Employee Health Exam Record dated NJ Ex Order 26. 4B1.
-A NJ Ex Order 26. 4B1 Record with Department: "CNA" listed, and dated NJ Ex Order 26. 4B1, Date Read NJ Ex Order 26. 4B1, Date Read NJ Ex Order 26. 4B1 for two NJ Ex Order 26. 4B1.
-A consent for NJ Ex Order 26. 4B1 dated NJ Ex Order 26. 4B1, Department, "CNA".
-A criminal search completed by the staffing agency, dated NJ Ex Order 26. 4B1, "no records found" (Dated seven days after NA #1's start date provided by the DON: NJ Ex Order 26. 4B1,
-A copy of a transcript from the NJ Ex.Order 26.4(b)(1) Year graduated: "NJ Ex Order 26. 4B1", Degree/Title: BS [Bachelor of Science] in Nursing.
-A Nurse Aide Orientation Competency with an Evaluator signature NJ Ex Order 26. 4B1 (pre-dated the background check by NJ Ex Order 2 days).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 728	Continued From page 85	F 728		

On NJ Ex Order 26. 4B1 at 10:00 AM, the LNHA provided:
-Hand checked off multiple choice questions for Behavioral Competencies, Technical Competencies and Resident-Based Competencies which were dated NJ Ex Order 26. 4B1 (no specific date).
-There was an attached Scorecard for All Competencies with NA #1's name handwritten on top and the "your %" was left blank for all three competencies. The "Total" section was blank for all three sections.
-A general Mandatory Orientation Checklist, dated NJ Ex Order 26. 4B1 (pre-dated the criminal background check by NJ Ex Order days).

On 04/20/23 at 9:10 AM, the DON provided a typed-written sheet that indicated NA #1 started working on NJ Ex Order 26. 4B1, and her current status was as an NA (Not a C.N.A. as was identified on NA #1's name badge).

NA #2
On NJ Ex Order 26. 4B1 at 1:15 PM, the LNHA provided:
-A letter dated NJ Ex Order 26. 4B1, that NA #2 was enrolled in a Nurse aide training course to start on NJ Ex Order 26. 4B1 (Letter was dated NJ Ex Order days after the course was scheduled to begin).
-A health form with medical history that was signed and dated NJ Ex Order 26. 4B1.
-Employee Health Exam Record signed and dated NJ Ex Order 26. 4B1.
-A NJ Ex Order 26. 4B1 record Date Given: NJ Ex Order 26. 4B1, Date Read: NJ Ex Order 26. 4B1. A Nurse Aide Competency signed by an evaluator on NJ Ex Order 26. 4B1.

On 04/19/23 at 12:30 PM, the DON provided the surveyor with facility staffing sheets from NJ Ex Order 26. 4B1, which revealed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 86	F 728		

NA #1 and NA #2 worked on 4 of 4 units.

On 04/20/23 at 9:30 AM, the DON provided a typed-written document that indicated NA #2 started working NJ Ex Order 26. 4B1.
-A Behavioral, Technical and Resident-Based competency multiple choice test document with the NA #2's handwritten name and dated, NJ Ex Order 26. 4B1, was filled out with answers hand-written in. The Scorecard: All Competencies, Behavioral, Technical and Resident-Based was completely blank. (This training document was dated NJ Ex Order 26. 4B1 months after NA #2 began working).

NA #3
On 04/18/23 the DON provided:
-A health form with medical history signed and dated NJ Ex Order 26. 4B1.

On 04/18/23 at 12:44 PM, the surveyor interviewed the DON regarding NA #3's file that did not contain a letter confirming that they were enrolled in a Nurse Aide Training Program. The DON stated that she spoke with the staffing agency on NJ Ex Order 26. 4B1, regarding when NA #3 attending Nurse Aide Training Program. The surveyor asked the DON if the NAs were permitted to work prior to submitting to the Department of Health and proof of enrollment in a Nurse Aide Training Program. The DON stated the NAs were told toward the end of the CNA class that the NAs needed to schedule an appointment with the Department of Health. The DON stated that the staffing agency was responsible to ensure that process occurred. The surveyor asked the DON how she would know if the aides were deemed competent to provide care, and the DON stated, "it is coordinated", the schedule [CNA class schedule] was used as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 728	Continued From page 87	F 728		

proof. The DON provided a letter dated NJ Ex Order 26. 4B1 (this was the same day that the DON stated she spoke to the staffing agency), that indicated that NA #3 was beginning the CNA program on NJ Ex Order 26. 4B1 and provided a copy of the "LTC-NJ Ex Order " with NA #3's name hand-written on it with Course Week 31, Dated NJ Ex Order 26. 4B1 (not NJ Ex Order 26. 4B1 as documented in the letter).

On 04/18/23 at 1:15 PM, the LNHA provided documents for NA #3 which revealed:
-A health form with medical history signed and dated NJ Ex Order 26. 4B1.
On NJ Ex Order 26. 4B1 at 8:41 AM, the DON informed the surveyor that the staffing agency would not release employee files. The surveyor asked the DON if the staffing agency was responsible for providing education and the DON stated the facility was responsible for educating the NAs. The DON stated that she "only" asked the staffing agency for credentials and medical clearance. At that time, the DON stated that she was unable to obtain and provide all of the surveyor requested NA files from the staffing agency.

On 04/20/23 at 9:10 AM, the DON provided a typed-written document that revealed NA #3 started work on NJ Ex Order 26. 4B1, seven days prior to receiving proof that NA #3 was enrolled in a Nurse Aide Training Program.

NA #4
On NJ Ex Order 26. 4B1 at 1:15 PM, the LNHA provided:
- a certificate that NA #4 completed 16 hours of the certified nurse aide program on NJ Ex Order 26. 4B1 . The document was dated NJ Ex Order 26. 4B1 (more than NJ Ex Order weeks prior).
- Behavioral, Technical and Resident-based competencies had handwritten multiple choice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 88	F 728		

questions. The Scorecard: All competencies with NA #4's name handwritten on top was completely blank.
-The NA Orientation Competency was signed by an Evaluator on NJ Ex Order 26. 4B1.
- An untitled type-written document provided by the DON on NJ Ex Order 26. 4B1 at 9:10 AM, which revealed NA #4 started working on NJ Ex Order 26. 4B1, and was currently an NA.
-Behavioral, Technical and Resident Based Competencies for NA #4, revealed multiple choice questions and the Scorecard for All Competencies were left blank.

NA #5
On NJ Ex Order 26. 4B1 at 1:15 PM, the LNHA provided:
- A medical form including medical history that was signed NJ Ex Order 26. 4B1
- A letter dated NJ Ex Order 26. 4B1 indicating that NA #5 was enrolled in the CNA class starting on NJ Ex Order 26. 4B1.
- A criminal background search dated NJ Ex Order 26. 4B1 (NJ Ex Order 26. days after NA #5 began working.)
-Nursing "Scrub Sheets" [Staffing Schedule] revealed NA #5 was assigned 34 resident care shifts from NJ Ex Order 26. 4B1.

04/19/23 12:41 PM, the surveyor, in the presence of the survey team, interviewed one of the staff identified on the list as an NA (NA #1) who was currently working. NA #1 was wearing a name tag that identified her as a CNA and then stated she had been working at the facility for NJ Ex.Order 26.4(b)(1) and she lived at the "staff house". The surveyor asked NA #1 what her job function was. NA #1 stated she did "CNA work", and she took care of the elderly residents. She stated she transferred the residents into wheelchairs from the bed and stated that she used the NJ Ex Order 26. 4B1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ____ B. WING ____	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 89 sometimes if the resident could not stand. The surveyor asked if she used the mechanical lift alone, and she stated "no, two people". NA #1 stated she provided showers to residents, and transported the residents to the shower room, and then transferred the residents to the shower chair. NA #1 stated she changed diapers [NJ Ex Order 26. 4B1] for residents, fed residents, "if they are a NJ Ex Order 26.", and emptied NJ Ex Order 26. 4B1 . The surveyor asked what NA #1's certification was. NA #1 stated, "actually, I am not certified for CNA" and stated she was a nursing graduate from [foreign country] and the staffing agency was helping her to be able to take the nursing exam in New Jersey to be a Registered Nurse (RN). The NA #1 stated that she provided the staffing agency (SA) with her papers, and they were in the process of getting her set-up to take the RN exam. NA #1 stated "maybe this December". The surveyor asked if NA #1 has attended any type of CNA school while in the United States. NA #1 stated "no, nothing". The surveyor asked the NA #1 if the SA provided her with any documentation to show that the SA was in the process of obtaining her eligibility for the RN exam. The NA #1 stated, "no, actually, no, not at all". The surveyor asked the NA #1 how she knew the SA had submitted documents for her to be eligible to take the nursing exam. The NA #1 stated she gave the SA a copy of her college transcript, diploma and copy of her passport. On 04/20/23 at 9:10 AM, the DON provided the surveyor with a typed- written document for NA #1 which revealed: "Date Started: NJ Ex Order 26. 4B1" Documents Attached:	F 728		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

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F 728	Continued From page 90	F 728		

-Transcript of record attached showing evidence of Graduating BSN. Completed Fundamental of Nursing (healthcare 1 & Healthcare 2).
-Criminal Background Report.
-Facility Mandatory Orientation & Training.
-Facility Nurse Aide Orientation Competency.
-Employee Physicals.
-NJ Ex Order 26. 4B1.
-NJ Ex Order 26. 4B1.
Current Status- Working as NA, Facility utilizing waiver for "student, graduate nurses, foreign licensed nurses and other who submit evidence of successful, timely completion of a course in fundamentals of nursing".

On 04/20/23 at 9:10 AM, the DON provided a document that revealed NJ Ex Order 26. 4B1 was the date that NA #4 started and was currently working as an NA. The assignment sheets for NJ Ex Order 26. 4B1, revealed that NA #4 was on orientation on the Princeton and Palmer unit for the 7-3 & 3-11 shift (this is prior to NA #4s start date).

On 04/20/23 at 9:10 AM, the DON provided the surveyor with a typed-written document of NA #3's Date Started: NJ Ex Order 26. 4B1 (NJ Ex Order 26. 4B1 prior to when the DON confirmed that NA #3 was enrolled in a CNA program as required) and NA #3 was on orientation.

On 04/20/23 at 9:10 AM, the DON provided the surveyor with a typed-written document for NA #5 which revealed:NA #2 revealed that NA #5 "Date Started NJ Ex Order 26. 4B1" which post-dated the dates provided on the "Scrub Sheets".

On 04/20/23 at 9:30 AM, the DON provided the surveyor with a typed-written document that revealed NA #2 start date date was on NJ Ex Order 26. 4B1,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 728	Continued From page 91 NA #2 was in CNA school, and the facility was using a waiver extension that ends on NJ Ex Order 26. 4B1 . The facility failed to clarify why NA #2 was not enrolled in the CNA school in a timely manner, or why the information for NA #2 was not provided to the Department of Health as required. There were two documents, one revealed a Temporary Rule, Waiver/Modification ...Requirements for Nurse Aide Certification, adopted by the Department of Health, effective NJ Ex Order 26. 4B1. B. Students, graduate nurse, foreign licensed nurses and others who submit evidence of the successful, timely completion of a course in the fundamentals of nursing ...adding new subsection (b), to permit students, graduate nurses, or foreign licensed nurses, pending licensure, who submit to a facility evidence of the successful completion of a course in the fundamentals of nursing within the preceding 12 months, to be temporarily employed as certified nurse aides without completing the requirements to pass the Departments written/oral examination ... (d)1. ...Nursing homes, assisted living facilities, assisted living programs and comprehensive personal care homes may temporarily employee individuals who qualify under N.J.A.C. 8:39-43.19 (b)and (c). Facilities that hire one or more nurse aides under the modified requirements created by this waiver/modification must: 1. Retain records detailing which, if any, of the above actions were implemented, including a list of the names, Social Security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification, and the duration of the implementation; and 3. Within one week of the hiring, of one or more nurse aides, provide the Department with the names, Social Security	F 728		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 728	Continued From page 92	F 728		

numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification ...

Facilities that hire one or more nurse aides under the modified requirements created by this waiver/modification must retain records detailing which if any, of the above actions were implemented. The records must also include: (a) a list of the names, social security numbers and birth dates of the individuals temporarily hired pursuant to this waiver/modification ...8:39-43.1- Nurse Aide competency, (c) during the existence of the Public Health Emergency and for forty-five days thereafter, an individual has been employed for less than NJ Ex Ord days and is currently enrolled in an approved nurse aide in long term care facilities training course and scheduled to completed the competency evaluation program (skills and written/oral examination) within NJ Ex Ord days of employment; or 2. The individual has been employed for no more than NJ Ex Ord days, has completed the required training specified in (a) 2 above, and has been granted a conditional certificate by the Department of Health while awaiting clearance from the criminal background investigation conducted in accordance with N.J.A.C. 8:43 (1).

The second document was dated NJ Ex Order 26. 4B1, from Centers for Medicare and Medicaid that detailed the federal Public Health Emergency for NJ Ex Order 26. 4B1 was to expire at the end of the day on NJ Ex Order 26. 4B1.

On 04/24/23 at 10:11 AM, the surveyor conducted an interview with the Human Resources Director (HRD), in the presence of the survey team. The HRD stated she has worked for the facility since

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 93	F 728		

[NJ Ex Order] and works for two other facilities and she is on the governing board of the facility. The surveyor asked what her responsibilities were. The HRD stated she doesn't do the actual hiring; each department was responsible for that. She stated she completed the criminal background checks and the social security check. When asked about who was responsible for licenses, the HRD stated that the DON was responsible for all nursing license verifications including for Registered Nurse, Licensed Practical Nurse, and Certified Nurse Aide. The surveyor asked if that was part of a policy, and the HRD stated, "could be, I am not sure. That is how we have done it for many years." The surveyor asked the HRD what her involvement with the agency staff was. The HRD stated, "that goes through the DON, she verifies their licenses, and she keeps it up to date."

At 10:19 AM, the HRD, again stated she was not involved with the agency staff. The HRD stated the department heads are responsible to do the reference check, and the end of the personnel file was her responsibility and she stated they have a checklist for that.

On that same day at 10:22 AM, the surveyor requested the checklist. The surveyor also asked the HRD was a reference check important. The HRD stated, "you have the potential to receive very important information about the employee." The surveyor asked about the agency staff and HRD stated, "I am not involved. I don't know if they do references on agency staff, they should be. If they are not on my payroll, they are not our employees. I really don't know the contracted staff rules". The surveyor asked who should know the contracted staff rules and the HRD stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 94	F 728		

the staffing agency had to have the proper credentials, and a health file. The HRD stated she was not involved and has no oversight over the agency staff. The surveyor asked the HRD regarding the screening policy and showed HRD the screening process in the abuse policy. The surveyor asked about the NAs and who would ensure that the proper screening was completed. The HRD stated she had nothing to do with the staffing agency staff at all and that it was "all" the DON's responsibility, and the DON would receive the criminal background checks from the agency. The surveyor asked the HRD if that was important, and the HRD stated, "yes, to ensure the safety of our residents". The HRD further stated that currently the facility does not have any NAs, but when the facility did, she would use her checklist to keep track of the NAs and that the DON was responsible to ensure that the staff received certification and she followed up on the DON. The HRD stated she would keep the file for the NAs to make sure that they had the certification, and the NAs would be tracked. The HRD stated, "they would not be able to stay if they did not pass certification past four months". The surveyor asked the HRD if that was a strict rule and she stated, "yes". The surveyor requested the HRD's job description and hiring policy.

On 04/24/23 at 10:50 AM, the surveyor interviewed the DON in the presence of the survey team. The DON stated she has been DON at the facility for [NJ Ex] years. The surveyor asked when you are hiring agency who is responsible for the agency staff. She stated "yes, I am responsible. The DON stated she would get the information about the NAs from the staffing agency staffing coordinator. The DON stated she

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F 728	Continued From page 95 thought that since the waiver came out in 2020, that it "covered" the NAs. The DON stated, "I keep the file for the agency nursing staff". The surveyor asked how you are ensuring that the agency staff are legitimate to work. The DON stated, "we have worked with them a long time. I think [redacted] years and the ownership was involved with guidance for obtaining staff along with the LNHA." The DON stated the "usual thing" that she asked for was the license and criminal background check, the only exemption recently was the NAs. The surveyor asked what you do if you don't see a license, regarding NA #1. The DON stated she was given the transcript and she did not know that the education had to be within one year, "no" they [staffing agency] never gave us anything on the foreign nurse. The surveyor asked when did you become aware and the DON stated "when we had a discussion of the waiver". The surveyor asked was it during the survey and the DON stated, "yes," that she did not meet the criteria and confirmed that she became aware during the survey. The surveyor asked the DON if she ever received proof of processing the foreign nursing graduate. The DON stated, "no, no nothing was provided by the staffing agency." The DON stated, "just the waiver that was printed out." The surveyor asked what fell through the cracks with the five NAs. The DON stated the background check would come from the staffing agency and NA #2 was delayed for the classes, "it didn't cross my mind". The surveyor asked what information she was provided to know a NA was enrolled in school. The DON stated that the staffing agency would verbally inform her that an NA was starting school. The DON stated when the NAs started that they would buddy with a CNA. When asked if the NAs were trained in how to shadow, the DON stated, "we usually just do	F 728		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 96	F 728		

verbal". The surveyor asked the DON if she had been trained in the process to manage the NAs. The DON stated, "no", the staffing agency provided the information. The surveyor asked if the HRD offered to educate her, and the DON stated, "I don't recall, HR doesn't get involved with the agency flow." The DON stated the only thing she could recall regarding the NAs "is the NJ Ex Ord days". The DON stated the staffing agency was responsible to make sure that they were monitoring the time frames for the NAs and the DON stated that she didn't interact with the CNA school, have information on the test results, and the fingerprinting was the responsibility of the NAs.

On 04/24/23 at 11:20 AM, the surveyor inquired who the governing body was. The DON stated that was the ownership and they would tell the facility what staffing agency to use. The DON stated NA #2 had a delayed CNA class and "it was not in the system she had". The DON stated she completed an in-house orientation prior to NA #2 attending CNA class because there was a need for staff at the facility. The surveyor asked the DON why the staffing agency sent NAs that were not enrolled in CNA school to the facility. The DON stated, "she thought they were in school", and during the survey she found out that was not the system in place. The surveyor asked the DON if she had kept track of the NAs milestones. The DON stated "no" unless the NA needed a day off for an exam or something.

On 04/24/23 at 11:46 AM, the surveyor interviewed the LNHA and asked who was ultimately responsible for the NA's. The LNHA stated ultimately, he was responsible. The surveyor asked the LNHA what was the hiring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 97	F 728		

process for staff in relation to the screening process of new employees. The LNHA stated, in general, it would have been the department head and then stated HR. The LNHA stated HR completed the criminal background checks for the employees and that cannot deviate.

On 04/24/23 at 11:53 AM, the surveyor reviewed the Abuse Policy in the presence of the LNHA. The LNHA stated the staffing agency and HR would be responsible for any outside agency information, and the criminal background check would be done through HR. The surveyor informed the LNHA that HR informed the survey team that she was not involved with any contract staff and the LNHA stated that he was not aware that HR was not involved.

On 04/24/23 at 1:07 PM, the surveyor interviewed the LNHA regarding what he had been educated on from the consultant LNHA. The LNHA stated to make sure that the NAs were enrolled in the CNA class and to make sure the background checks were completed. The LNHA stated that learning that the NAs went beyond the [NJ Ex Ord] days, and not notifying the Department of Health, "was a mistake on the facility".

On 04/24/23 at 1:08 PM, the HRD provided a copy of the checklist that she used to ensure that the CNA/NA files were completed appropriately. The checklist document revealed the following: Application, Reference Checked, Certificate Verification, W-4 Form, I-9 Form, I.D. #1, I.D. # 2, Criminal History Report.

On 04/26/23 10:00 AM, the surveyor conducted a telephone interview, in the presence of the survey team, with the Staffing Director (SD) at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 98 staffing agency. The surveyor asked what the process was for the NAs. The SD stated, the NAs "don't necessarily" have to be enrolled in CNA school. The SD stated the NAs would fill out an application, they would complete a criminal background check and references. The surveyor asked the SD if the NA did not have work history references that they would use character references. The surveyor asked if there were any references for NA #1 when she worked as a nurse in a [foreign country] and who was awaiting confirmation to take the nursing exam. The SD stated NA #1 "was not a nurse in [name redacted]" and that she was an administrative worker. The surveyor asked the SD if she could provide a copy of NA #1's nursing certificate. The SD stated, "well, her transfer of records and her diploma", and that is what we got from her". The surveyor asked the SD if NA #1 ever showed her a nursing certificate. The SD stated, "what we saw was her diploma and transcripts of records." The SD further stated that NA #1 wanted to be a nursing assistant, "so we told the facility that she had nursing background and she worked in [name redacted] in an administrative capacity. The surveyor asked the SD if NA #1 ever worked as a nurse. The SD confirmed that she never provided a nursing certificate in any aspect and confirmed NA #1 was sent as an uncertified nurse aide to the facility. The SD stated NA#1 did not submit anything to the staffing agency so that the agency would assist her with her obtaining a nursing license. The SD further stated "what we had at the time was an opportunity for the NA license and we did not know if the facility was taking her as an NA, or in another capacity." The surveyor asked how they inform the facility what the status is of the person that they recommend. The SD stated, "we know that the NAs need to be	F 728		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 99	F 728		

enrolled in a CNA class and that the NAs can work if they are uncertified and must finish [NJ Ex] hours of the class before they are able to start working." The surveyor asked who was monitoring that process. The SD stated that she and another person monitored the NAs and if they referred an NA, they were unaware of what capacity they were working in at the facility. The SD stated she was unaware of waivers, since they were located in New York. The understanding was for [NJ Ex Ord] days the NA can be uncertified, and the NA had to be enrolled in the CNA course and have the [NJ Ex] hours completed before they were able to work as a CNA. The surveyor asked the SD what happened regarding NAs not being enrolled in the CNA program timely. The SD stated, "we just assumed, that if the facility put them on the schedule, they are okay because of the waivers, we try our best to get them into the school."

Review of the undated Nurse Aide Qualifications and Training Requirements Policy, revealed a facility Policy Statement; Nurse aides must undergo a state-approved training program; 1. Policy Interpretation and Implementation, "Nurse Aide" is defined as any individual providing nursing or nursing-related services to resident in our facility who is not a licensed health professional, a registered dietitian, or someone who volunteers to provide such services without pay; 4. Our facility will not use any individual as a nurse aide for more than four months full-time, temporary, per diem, or other basis, unless: b. That individual has completed a training program and competency evaluation program, or a competency evaluation program approved by the state; or c. That individual has been deemed competent as provided in 483.150 (a) and (b) of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 100	F 728		

the Requirements of Participation; 5. Our facility will not use any individual as a nurse aide who has worked less than four months unless the individual: a. Is a full-time employee and participating in a state-approved training and competency program ...6. Applicants who meet the qualifications for a nurse aide and are in training will have a minimum of 16 hours of training in the following areas prior to direct contact with the residents ...8. Nursing assistants failing to successfully complete the required training program within the first four months of their date of employment may be terminated from employment or may be reassigned to non-nursing related services.

Review of the undated Certified Nursing Assistant Job Description, included the following essential duties: Assist residents with dressing, bathing, oral hygiene and other personal care; serves food, feeds residents and collects trays, maintains clean and dry bed, takes and records resident's blood pressure, temperature, pulse, respiration and weight..

Review of the Resident Abuse, Neglect and Exploitation of Resident and Property Policy, Date Revised: Jan 2023 Revealed: 1. Screening: Personal/ Professional References, NJ DOH (Department of Health) Online Public Registry check of current C.N.A. certification with criminal background check completed, Outside service providers providing services on resident care units will provide the following proof of employment pre-screening requirement prior to proving [providing] services to the facility, License/certification numbers pertaining to their profession, expiration dates ..., Criminal background verification or employment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 728	Continued From page 101 application which indicates employees has never been convicted of a crime (such as abuse/neglect, violence, dishonesty, financial or personal misconduct, etc.) Review of the Human Resource Director Job Description, Date of Hire NJ Ex Order 26. 4B1, revealed Administrative Functions to: Ensure that all employment related policies, procedures, and any additional requirements are followed in compliance with facility, legal and government requirements and reporting regulations. Review of the Director of Nursing Job Description Date Revised 10-2022 revealed: Personnel Functions, 4. Ensure that all nursing assistants are qualified to provide services, 19. Perform background checks on Nursing personnel accordance with established procedures, 20. Ensure that all CNAs credentials are verified through the State Nurse Aide Registry. Review of the Facility Staffing Agreement between the Staffing Agency and the facility dated NJ Ex Order 26. 4B1 revealed: Personnel; 1. Meet [Staffing Agency] and facility conditions of employment regarding health clearance (Physical and NJ Ex O skin testing), provision of professional references, and any other applicable hiring criteria, documentation of which will be kept in the Staffing Agency, 3. All [Staffing Agency] employees will have completed a New Jersey Criminal background check before being placed at the facility. N.J.A.C. 8:39-43.1 (a), 43.2(a)(b)	F 728		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)	F 755		6/15/23

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F 755	Continued From page 102 §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of facility documentation, it was determined that the facility failed to follow Physician Orders (PO) with regards to NJ Ex Order 26 [redacted] with parameters for NJ Ex Order 26. 4B	F 755	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:	

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F 755

Continued From page 103

residents (Resident #76) reviewed for medication management.

This deficient practice was evidenced by the following:

On 4/17/22 at 11:20 AM, the surveyor observed Resident #76 in the room and seated in a wheelchair watching television.

The surveyor reviewed Resident #76's medical records.

A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to NJ Ex Order 26. 4B1 .

A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, reflected that the resident's cognitive skills for NJ Ex Order score was NJ out of 15, which indicated that the resident's cognition was NJ Ex Order 26. 4B1 .

A review of the Order Listing Report (OLR) dated NJ Ex Order 26. 4B1, revealed a PO dated NJ Ex Order 26., for NJ Ex Order 26. 4B1, give 1 tablet by mouth in the morning for NJ Ex Order 26. 4B1 hold if NJ Ex Order 26. 4B1 is less than NJ Ex Ord or the NJ Ex Order 26. 4B1 is less than NJ Ex .

F 755

¿ The Physician of Resident #76 was notified regarding the failure of some nurses to follow parameter orders in the administration of a NJ Ex Order 26. 4B1 . Resident #76 was not adversely affected by the deficient practice.

¿ All nurses were in-serviced on Proper Medication Administration in accordance with Physician's Orders, with emphasis on ensuring compliance with parameter orders for Blood Pressure Medications.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

¿ All residents with Physician Orders (PO) for Blood Pressure Medications with parameters have the potential to be affected by the same deficient practice. The Director of Nursing and designees generated a list of these residents and reviewed the residents' current MARs to ensure that no other residents were affected by the same deficient practice.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

¿ All nurses were in-serviced on Proper Medication Administration in accordance with Physician's Orders, with emphasis on ensuring compliance with parameter orders for Blood Pressure Medications.

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F 755	Continued From page 104	F 755		

Further review of the OLR dated NJ Ex Order 26. 4B1, revealed a PO dated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1, give 3 tablets by mouth once daily for NJ Ex Order 26. 4B1 for a total of NJ Ex Order 26. 4B1. Hold for NJ Ex Order 26. 4B1 less than NJ Ex Order 26. 4B1 less than NJ Ex Order 26. 4B1 or HR less than NJ Ex Order 26. 4B1. Do not crush. Take with or immediately following a meal.

A review of the NJ Ex Order 26. 4B1 electronic Medication Administration Record (eMAR) revealed an order dated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1 tablet, give 1 tablet by mouth in the morning for NJ Ex Order 26. 4B1 hold if NJ Ex Order 26. 4B1 was less than NJ Ex Order 26. 4B1 or HR less than NJ Ex Order 26. 4B1 with a plotted time of 9 AM. The e-MAR revealed that the NJ Ex Order 26. 4B1 was signed as given when the resident's NJ Ex Order 26. 4B1 was less than NJ Ex Order 26. 4B1. A review of the NJ Ex Order 26. 4B1 eMAR showed that the medication was administered (7) seven times on the following dates: NJ Ex Order 26. 4B1.

A review of the NJ Ex Order 26. 4B1 and the NJ Ex Order 26. 4B1 eMAR revealed an order dated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1 tablet, give 3 tablets by mouth one time a day for NJ Ex Order 26. 4B1 total of NJ Ex Order 26. 4B1. Hold for NJ Ex Order 26. 4B1 less than NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1 less than NJ Ex Order 26. 4B1, and NJ Ex Order 26. 4B1 less than NJ Ex Order 26. 4B1. Do not crush. Take with or immediately following meals with a plotted time of 5 PM. The eMAR revealed that the NJ Ex Order 26. 4B1 was signed as being given when the NJ Ex Order 26. 4B1 was less than NJ Ex Order 26. 4B1 and the NJ Ex Order 26. 4B1 was less than NJ Ex Order 26. 4B1.

A review of the NJ Ex Order 26. 4B1 eMAR showed that the medication was administered (6) six times when the NJ Ex Order 26. 4B1 was less than NJ Ex Order 26. 4B1 on the following dates: NJ Ex Order 26. 4B1

IV. MONITORING OF CORRECTIVE ACTIONS:

¿ Pharmacy Consultant or designee will audit the Medication Administration Records (MARs) of 3 residents who are on Blood Pressure Medications with Parameter Orders. This will be done monthly x 3 months to ensure compliance with Physician Orders for parameters.

Audit results will be reported to the Director of Nursing monthly and reported in the quarterly QAA Committee.

V. COMPLETION DATE: JUNE 15, 2023

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F 755	Continued From page 105 NJ Ex Order 26. 4B1, and one time when the NJ Ex Order was less than NJ Ex Order on NJ Ex Order 26. 4B1. A review of NJ Ex Order 26. 4B1, eMAR showed that the medication was administered one time when the NJ Ex Order was less than NJ Ex on NJ Ex Order 26. 4B1 and one time when the NJ Ex Order was less than NJ Ex.Order on NJ Ex Order 26. 4B1. On 4/25/23 at 11:45 AM, the surveyor interviewed the Registered Nurse (RN) who stated that she was familiar with Resident #76 and had administered medications to the resident. The RN acknowledged that Resident #76 had two orders that had medication parameters for NJ Ex Order 26. 4B1 . At that time, the surveyor in the presence of the RN, reviewed the eMAR. The RN confirmed that she administered both the NJ Ex Order 26. 4B1 tablet and NJ Ex Order 26. 4B1 ER when the directions indicated that the medications should have been held. She further stated that she was "confused" with the NJ Ex Order parameter because she usually sees an order holding the medication when the NJ Ex Order is less than NJ Ex Order, but also stated that it was her responsibility to review the direction(s) before administering the medications. On 4/26/23 at 9:15 AM, the surveyor interviewed a Licensed Practical Nurse (LPN) who stated that she floats throughout the facility, but that she was familiar with Resident #76 and had administered medications to the resident. The LPN acknowledged that the resident had two orders that had medication parameters for NJ Ex Order 26. 4B1 . At that same time, the surveyor in the presence of the LPN, reviewed the eMAR. The LPN confirmed	F 755		

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F 755	Continued From page 106	F 755		

that she administered the NJ Ex Order 26. 4B1 when she should have held the medication. The LPN could not speak to why she didn't hold the medication, but stated that it was her job to review the physician's order before administering the medication(s) and that would also include reviewing the medication parameters.

On 5/2/23 at 1:10 PM, the surveyor discussed the above observations and findings with the Licensed Nursing Home Administrator (LNHA) and Director of Nursing (DON).

There was no additional information provided.

A review of the facility's policy for "Administration of Medication" dated 12/31/10, which was provided by the DON included the following:
"If required, obtain vital signs before medication administration.
a. Review parameter indicated in the order prior to pouring medication;
b. Enter the parameter indicated in the order. Withhold/ administer the medication as order."

NJAC 8:39-11.2 (b), 29.2 (d)

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F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)	F 756		6/15/23

§483.45(c) Drug Regimen Review.
§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

§483.45(c)(2) This review must include a review of the resident's medical chart.

§483.45(c)(4) The pharmacist must report any

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F 756	Continued From page 107 irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and review of other pertinent facility documentation, it was determined that the facility failed to ensure the Consultant Pharmacist (CP) identified and reported irregularities in the resident's medical record to the facility staff and attending physician. This deficient practice was identified for one (1) of twenty-five (25) residents reviewed, (Resident #76) for medication management and was	F 756	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The Physician of Resident #76 was notified regarding the failure of some nurses to follow parameter orders in the administration of a NJ Ex Order 26. 4B1	

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F 756

Continued From page 108

evidenced by the following:

On 4/17/22 at 11:20 AM, the surveyor observed Resident #76 in the room and seated in a wheelchair watching television.

The surveyor reviewed Resident #76's medical records.

A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to; NJ Ex Order 26. 4B1

A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated NJ Ex Order 26. 4B1, reflected that the resident's cognitive skills for NJ Ex Order score was NJ out of 15, which indicated that the resident's cognition was NJ Ex Order 26. 4B1 .

A review of the Order Listing Report (physician's order sheet) dated NJ Ex Order 26. 4B1 revealed a physician's order (PO) dated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1 , give 3 tablets by mouth once daily for hypertension for a total of NJ Ex Order 26. Hold for NJ Ex Order 26. 4B1 less than NJ Ex Ord or NJ Ex Order 26. 4B1 less than NJ Ex or NJ Ex Or less than NJ Ex. Do not crush. Take with or immediately following a meal.

F 756

Medication. Resident #76 was not adversely affected by the deficient practice.

¿ The Pharmacy Consultant was in-serviced by his/her supervisor re: ensuring that he/she reports drug regimen irregularities to the physician. Focus was made on checking for compliance with parameters in the administration of blood pressure medications.

Resident #76 was not adversely affected by the deficient practice.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

¿ All residents with Physician Orders (PO) for Blood Pressure Medications with parameters have the potential to be affected by the same deficient practice. The Director of Nursing and designees generated a list of these residents and reviewed the residents□ current MARs to ensure that no other residents were affected by the same deficient practice.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR

¿ Pharmacy Consultant was in-serviced on the facility□s Policy on Drug Regimen Review, with emphasis on ensuring that drug regimen irregularities are reported to

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F 756	Continued From page 109 A review of the NJ Ex Order 26. 4B1 electronic medication administration record (eMAR) revealed an order dated NJ Ex Order 26. 4B1, for NJ Ex Order 26. 4B1 tablet, give 3 tablets by mouth one time a day for NJ Ex Order 26. 4B1 total of NJ Ex Order 26. Hold for NJ Ex Order less than NJ Ex Or, NJ Ex Order less than NJ Ex, and NJ Ex Or less than NJ Ex. Do not crush. Take with or immediately following meals with a plotted time of 5 PM. The eMAR revealed that the NJ Ex Order 26. 4B1 was signed as administered when the NJ Ex Order was less than NJ Ex Or and the NJ Ex Order was less than NJ Ex. A review of the NJ Ex Order 26. 4B1 eMAR showed that the medication was administered (6) six times when the NJ Ex Order was less than NJ Ex on the following dates: NJ Ex Order 26. 4B1 and one time when the NJ Ex Order was less than NJ Ex Or on NJ Ex Order 26. 4B1. A review of the NJ Ex Order 26. 4B1, eMAR showed that the medication was administered one time when the NJ Ex Order was less than NJ Ex (NJ Ex Order 26. 4B) and one time when the NJ Ex Order was less than NJ Ex Or on NJ Ex Order 26. 4B1. A review of the Consultant Pharmacist (CP)-Medication Regimen Review dated NJ Ex Order 26. revealed no CP recommendations. On 4/25/23 at 11:00 AM, the surveyor interviewed the CP who stated that his job requirement was to review the resident's medical records once a month which was usually done around the NJ Ex O of the month. The CP stated that part of his review was making sure that the facility nursing staff are following the medication parameters. At that same time, the surveyor, with the CP, reviewed the NJ Ex Order 26. 4B1 eMAR for Resident #	F 756	the facility staff and attending physician. Focus was made on ensuring compliance with blood pressure (BP) parameters in the administration of BP medications. Pharmacy Consultant will note in his/her Monthly Summary Report nurses compliance in administering BP medications with parameters. IV. MONITORING OF CORRECTIVE ACTIONS: ¿ The Director of Nursing or Designee will conduct Medical Review audits on 3 residents with orders for parameters in the administration of Blood Pressure Medications. This will be done monthly x 3 months to ensure that Drug regimen irregularities are reported by the Pharmacy Consultant to the facility staff and the Physician. Any identified issues will be rectified and addressed immediately. Audit Findings will be reported to the Administrator on a monthly basis and reported in the quarterly QAA Meeting. The QAPI Committee will determine the need for further audits and or action plans on a quarterly basis. V. COMPLETION DATE: June 15, 2023	

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F 756	Continued From page 110 76. The CP acknowledge the medication was signed as administered, (6) six times when the [NJ Ex Order] was less than [NJ Ex Or] and [NJ Ex Order] was less than [NJ Ex]. The CP stated that he should have "picked this up" during his monthly medication review which was on [NJ Ex Order 26]. On 5/2/23 at 1:00 PM, the surveyor discussed the above observations and findings with the Director of Nursing (DON) and the Licensed Nursing Home Administrator. There was no additional information provided. A review of the facility's policy for "Consultant Pharmacy" dated 10/31/10, which was provided by the DON included the following: "Under purpose: To provide the healthcare facility with a detailed, written report of the consultant pharmacist's findings after the monthly review." "Under Pharmacist Responsibilities: Monthly reviews of drug regimen of each resident with reports of any irregularities." NJAC 8:39-29.3	F 756		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		6/15/23

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 761	Continued From page 111 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to a). properly label, store, and dispose of medications in 1 (one) of 5 (five) medication carts and 1 (one) of 3 (three) medication room refrigerators inspected and b). failed to properly secure medications in 2 (two) of 4 (four) emergency crash carts inspected. This deficient practice was evidenced by the following: 1. On 4/26/23 at 9:35 AM, the surveyor inspected the Princeton unit medication cart in the presence of a Registered Nurse (RN#1). The surveyor observed an opened and undated bottle of Pro-Stat solution (a protein supplement). The surveyor interviewed RN#1 who stated that an opened bottle of Pro-Stat solution once opened should have been dated because once opened it only had a 90-day expiration date.	F 761	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ No residents were directly affected by the deficient practice. ¿ The opened and undated bottles of Pro Stat and Lorazepam were removed from the medication carts and properly discarded. ¿ The medications that were were in unsecured sections of the emergency crash carts were discarded by the Director of Nursing. ¿ All nurses were in-serviced on Facility's Policy on Storage of Medications. Emphasis was made on (a) proper labeling, storage, and disposal of medications, and (b) Properly securing medications in the Emergency Crash Carts.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 761

Continued From page 112

On 4/26/23 at 10:00 AM, the surveyor inspected the Palmer/Princeton medication room refrigerator in the presence of RN#1. The surveyor observed an opened and undated bottle of Lorazepam (anxiety medication) 2 mg (milligrams)/ml (millilters) solution. The surveyor interviewed RN#1 who stated that an opened bottle of Lorazepam solution should have been dated because once opened it only had a 90-day expiration date.

A review of the Manufacturer's Specifications for the following medications revealed the following:

- Pro-Stat solution once opened had an expiration date of 90-days.
- Lorazepam 2 mg/ml solution once opened had an expiration date of 90-days.

2. On 4/28/23 at 11:30 AM, the surveyor inspected the Nassau unit emergency crash cart in the presence of RN#2. The surveyor observed one bottle of 100-ml (milliliters) Sodium Chloride irrigation solution (a solution that cleans wounds) and 2-boxes of Sodium Chloride nebulizer solution (individual ampules) (medication to loosen mucus in the chest) that were stored in an unsecured (unlocked) draw of the emergency crash cart. The surveyor interviewed RN#2 who acknowledge that both the Sodium Chloride irrigation solution and nebulizer solution are medications and should have been stored in a secure storage area.

On 4/28/23 at 12:00 PM, the surveyor inspected the Princeton/Palmer unit emergency crash cart in the presence of RN#3. The surveyor observed a 100-ml bottle of Sodium Chloride irrigation solution, a box of individual-use Bacitracin

F 761

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

¿ All residents have the potential to be affected by this deficient practice.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR

¿ All nurses were educated on the facility's policies related to Proper Labeling, Storage and Disposal of Medications. Emphasis was made on the following: (a) Maintain medications with appropriate labeling at all times; (b) Properly securing medications in the Emergency Crash Carts.

IV. MONITORING OF CORRECTIVE ACTIONS

¿ The Unit Manager/Nursing Supervisor or Designee will conduct Observation Audits of all the Medication Carts and the Emergency Carts once a month x 3 months. Audit will focus on determining compliance with (a) Appropriate Labeling and Storage of Medications; (b) Properly securing medications in the Emergency Crash Carts.

Audit Findings will be reported to the Director of Nursing on a monthly basis and reported at the Quarterly Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 761	Continued From page 113 ointments (anti-biotic ointment to treat cuts or scraps), and 4 boxes of Sodium Chloride 0.9% nebulizer ampules that were in an unsecured section of the emergency crash cart. The surveyor interviewed RN#3 who stated Sodium Chloride irrigation solution, bacitracin ointment, and Sodium Chloride nebulizer solution are medications and should have been stored in a secure storage area. On 4/28/23 at 12:10 PM, the surveyor in the presence of the Director of Nursing (DON) inspected both the Nassau and the Princeton and Palmer emergency crash carts. The DON acknowledge that both emergency carts contained medications and these medications should have been stored in a secure storage area. The DON was observed removing these medications from both emergency crash carts. On 5/2/23 at 1:00 PM, the surveyor discussed the above observations and findings with the DON and the Licensed Nursing Home Administrator. There was no additional information provided. A review of the facility's policy for Storage of Medications dated 7/31/22 and provided by the DON included that "compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others." NJAC: 8:39-29.4 (a) (h) (d)	F 761	Assurance Meeting. V. COMPLETION DATE: JUNE 15, 2023	
F 835 SS=F	Administration	F 835		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 835	Continued From page 114 CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interviews, and review of facility documents, it was determined that the facility Licensed Nursing Home Administrator (LNHA) failed to a.) ensure policies and procedures were implemented and followed to ensure all agency employed Nurse Aides (NAs) were competent and eligible to provide direct resident care for 5 of 7 NAs who worked on 4 of 4 units and provided facility wide direct resident care from NJ Ex Order 26. 4B1 and b.) follow the facility's abuse policy to ensure that all contracted NAs received criminal background check(s) prior to working at the facility and review information from licensing boards or other registries including for alleged foreign credentialed staff. The LNHA failed to to have a system in place to ensure that all staff were appropriately screened to ensure they have never been convicted of a crime or other disqualifying offences. The deficient practice was evidenced by the following: Refer to F728F and 607E On 04/17/23 at 11:40 AM, during initial tour, a surveyor proceeded toward the end of one of the Monroe unit hallways and observed an unmarked door located past resident rooms which was held	F 835	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ On NJ Ex Order 26. 4B1, facility removed the 5 Nurses□ Aides (NA #1, NA #2, NA #3, NA #4, and NA #5) from the schedule and notified the Staffing Agency. ¿ Administrator was provided training by an Administrator Consultant for Nursing homes on April 21,2023 regarding the following topics: A. Overview of F728 and F835 1) Federal Regulations: Key Components of Nurses Aide□s Education, Certification and 4-month window of work prior to certificate. 2) NJ DHSS □ Nursing Home Licensure Regulations: Reviewed the State-specific Regulations 3) Requirements of Home Health Agency/Per Diem Staffing Agency for Contracts with Nursing Homes B. Role of Administrator: 1) Compliance Standards □ Oversight QAPI/Leadership and Governance of maintaining staffing that meets CMS, NJDHSS, DOL and OSHA requirements	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 835

Continued From page 115

open with a magnet. The surveyor observed room NJ Ex.Ord with no name and a sign on the door that indicated "3 Occupants." The surveyor knocked on the door and an unidentified female answered the door. Upon interview, she stated she was a Certified Nurse Aide (CNA), One of only two CNAs that were living at the facility. The CNA stated "I don't want to get in trouble" and pointed to another female in the room who was in bed sleeping. She stated that her roommate was also a CNA and was sleeping because she worked a double shift. The CNA stated she had been living at the facility since NJ Ex Order 26. 4B1 and she just moved from a foreign country to the United States. The surveyor asked if she passed the CNA exam and stated, she "technically" passed. When asked what type of work she does at the facility, she stated, "I take care of patients." The surveyor asked if she had been fingerprinted and she stated in NJ Ex Order 26. 4B1.

On 04/17/23 at 11:54 AM, a surveyor, accompanied by the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) proceeded through a door that was held open via a magnetic latch at the end of the Monroe unit. The DON informed the surveyor that the rooms located past the door were resident rooms that have been converted into staff Aide rooms and the staff have a kitchen and bathroom in that area. The LNHA stated the area was not for nursing home use and that it was a residential area that "nurse staff resided in." The LNHA then contradicted his statement, and admitted that immediately past the open door was a shower area that was being used to shower residents. The DON also confirmed that the shower in the staff Aide rooms was used for resident showers. The surveyor asked the DON about the Aide staff

F 835

2) Oversight Responsibilities Credentialing Protocols, HR Director and management Team Roles
3) Human Resource Audits

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:

¿ All residents have the potential to be affected by the deficient practice. On 4-21-2023, all ninety-four (94) residents were assessed by Licensed Physician/Advanced Practice Nurse (APN) for any evidence of abuse, neglect, or inadequate care. No residents were adversely affected.

III. MEASURES PUT INTO PLACE OR SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:

¿ Facility Policy for allowing contracted or non-contracted non-certified nurses aides was revised to incorporate the following verbiage:
Prior to allowing a contracted or non-contracted non-certified nurses aide to work in the facility, facility will obtain personnel records that include the following:
(a) Proof that NA is enrolled in a State approved training and competency program, and
(b) Documented evidence that NA received the appropriate training and is deemed eligible to provide resident care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 835

Continued From page 116

and the DON stated "I have NAs, not TNAs (Temporary Nursing Assistants), that ended NJ Ex Order [redacted]. The DON stated the NAs were in school and the facility was not a nurse aide training facility. The DON confirmed that the staff paid NJ Ex Order 26. 4B1 per month in rent to live at the facility. At that same time, the surveyor requested a list of staff that resided on the facility premises.

On 04/17/23 at 1:50 PM, the DON provided the surveyor with an untitled list that she identified as the list of staff who lived at the facility. The list included Ex Order 26. 4B1 names. All the names had a room number listed next to the name. Thirteen of the names were identified as CNAs, one was identified as a Unit Secretary and seven were identified as NA's. The CNA that was interviewed by the surveyor at 11:40 AM was identified as an NA on the list, as was her sleeping roommate, not a CNA as she had identified herself as. Eleven of the Ex Order 26. 4B1 staff listed had "agency" listed next to their names and the remaining were blank.

On 04/18/23 at 9:16 AM, the surveyor requested the DON to provide the prior three months of nursing assignment sheets for the entire facility, along with the employee files for the Ex Order 26. 4B1 staff listed.

04/18/23 at 9:27 AM, the surveyor asked the DON who was responsible for confirming the staff were suitable for work. The DON stated the staffing agency completed the criminal background checks and the facility was responsible for checking the licenses of the staff.

On 04/18/23 at 9:29 AM, the surveyor asked the DON who the remaining staff had been employed

F 835

by having completed Criminal Background Checks, Employee Physical Examination, Tuberculosis Screening, and License Verifications and Valid References, including information from licensing boards or other registries for alleged foreign credentialed staff, if applicable.

Director of Nursing will maintain the above records in each Employee□s Personnel File.

VI. MONITORING OF CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT REOCCUR:

¿ Consultant Administrator will convene quarterly for 3 quarters with the Facility Administrator and Administrator□s Skills Competency checks will be conducted related to the regulations governing F728 and F835 and the Role of an Administrator to ensure on-going compliance.

Results of Skills Competency Checks will be submitted to the facility□s Governing Body on a quarterly basis x 3 quarters.

VII. COMPLETION DATE: JUNE 15, 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 835	Continued From page 117	F 835		

by, since the list was blank for nine of the staff. The DON stated one staff member was employed as a CNA with the facility and the remaining staff were employed through an agency.

On that same day at 9:30 AM, the DON provided a new staff listing for the staff that lived at the facility, with all Ex Order 26. 4B1 staff now listed as "agency" staff, including the one staff who was identified as being employed for the facility.

On 4/18/23 at 9:44 AM, the surveyor asked the DON what type of program the staffing agency had regarding the nurse aides training. The DON stated she was not aware of a program for nurse aides.

On 4/18/23 at 10:04 AM, the surveyor requested all employee files from the [name redacted] staffing agency including education from the DON.

On 4/18/23 at 12:34 PM, the surveyor interviewed the LNHA who stated, the DON was responsible for ensuring that the NAs were up to date and stated, "I don't directly communicate with the agency." The LNHA further stated the normal process for confirming if CNAs are up to date would be through Human Resources and the DON, but not if the staff are agency staff. The surveyor asked the LNHA who is responsible to ensure there is a process, and the paperwork is in place. The LNHA stated, the agency should have the paperwork, "an agency has a certain responsibility to ensure all the paperwork is in place." The LNHA further stated, "ultimately, I am responsible."

04/19/23 12:41 PM, the surveyor, in the presence

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 835	Continued From page 118 of the survey team, interviewed one of the staff identified on the list as an NA (NA #1) who was currently working. NA #1 was wearing a name tag that identified her as a CNA and then stated she had been working at the facility for NJ Ex Order [redacted] and she lived at the staff house. The surveyor asked NA #1 what her job function was. NA #1 stated she did "CNA work", and she took care of the elderly residents. She stated she transferred the residents into wheelchairs from the bed and stated that she used the NJ Ex Order 26. 4B1 [redacted] sometimes if the resident could not stand. The surveyor asked if she used the NJ Ex Order 26. 4B1 alone, and she stated, "no, two people". NA #1 stated she provided showers to residents, and transported the residents to the shower room, and transferred them to the shower chair. NA #1 stated she changed diapers [NJ Ex Order 26. 4B1] for residents, fed residents, "if they are a NJ Ex Order 26.4", and emptied NJ Ex Order 26. 4B1 . The surveyor asked what the NA #1's training had been. NA #1 stated "actually, I am not certified for CNA" and further stated she was a nursing graduate from a [foreign country] and the staffing agency was helping her to be able to take the nursing exam in New Jersey to be a Registered Nurse (RN). The NA #1 stated that she gave the staffing agency (SA) her papers and they were in the process of getting her set up to take the RN exam. NA #1 stated "maybe this December". The surveyor asked if NA #1 had attended any type of CNA school while in the United States. NA #1 stated "no, nothing". The surveyor asked NA #1 if the SA provided her with any documentation to show the SA was in the process of obtaining her eligibility for the RN exam. The NA #1 stated "no, actually, no, not at all." The surveyor asked the NA #1 how she knew the SA had submitted documents for her to be eligible to take the nursing exam. The	F 835		

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	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 835	Continued From page 119	F 835		

NA #1 stated she gave the SA a copy of her college transcript, diploma and copy of her passport.

On 4/24/23 at 11:39 AM, the surveyor interviewed the LNHA in the presence of the survey team. He stated he has been the LNHA at the facility since [NJ Ex.Order]. He spoke to the process of hiring new employees and that each department would advertise there need, they would interview the applicant conduct reference checks, criminal background checks and then a start date is decided on and they start. He stated that agency staff are "normally nurses or CNAs." He could not give a date when the facility began utilizing NAs. He stated, "more prevalent during the pandemic" and used NAs "very little over the years." He stated, "ultimately, the administrator is responsible" overseeing NAs. "I think, we had NAs that were beyond the [NJ Ex Ord] days" and "we thought" because of the waiver "it was ok."

On 4/24/23 at 11:53 PM, the surveyor reviewed the Abuse Policy in the presence of the LNHA who stated the staffing agency and HR would be responsible for any outside agency information, and the criminal background check would be through HR. The surveyor read the facility Abuse screening section to the LNHA. The LNHA stated, "we may not have followed the screening process that was identified in the Abuse policy". The surveyor handed the LNHA the facility's Abuse policy and the LNHA stated, "personal references would be the department head or myself, registry for new hires criminal background check(s) would be the DON or HR. The 90-day probation period depended on each department head, outside service providers, nursing agency information is between the DON and HR; licenses and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 835	Continued From page 120	F 835		

expiration dates would be the DON and HR and the criminal background check would be the responsibility of HR." The surveyor informed the LNHA that the HRD informed the survey team that she was not involved with any contract staff and the LNHA stated that he was not aware that the HRD was not involved.

On 5/2/23 at 11:32 AM, the surveyor interviewed the LNHA and DON regarding QAPI. The LNHA stated that NAs are sporadically utilized "on and off" and confirmed that he was aware that they have been utilized more after [NJ Ex Order 26. 4B]. The LNHA acknowledged that the facility was "under the assumption" that there was a wavier and "thought certain things did not have to be in place." The LNHA acknowledged that NAs should be enrolled in a state approved NATCEP school/program and have received [NJ Ex] hours of "education" and a criminal background check completed prior to working at the facility. The DON and LNHA confirmed they became aware that the NAs were not eligible to work at the facility during survey.

On 4/20/23, the surveyor reviewed the Facility Administrator job description updated [NJ Ex Order 26. 4B1], which indicated the following:

"This position is responsible to establish and maintain systems that are efficient and effective to operate the nursing home in a manner to safely meet residents' needs in accordance with federal, state and local regulations. Also, to develop and maintain systems that are effective and efficient to operate the facility in a financially sound manner."

Review of the "Essential Requirements, Duties, and Responsibilities" include the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ____ B. WING ____	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 835	Continued From page 121 "1. Develop, maintain and implement operational policies and procedures to meet residents' need compliance with federal, state and local requirements; 2. Determine the personnel requirements of the facility in collaboration with Department Managers and the Human Resource Department and hire or arrange for sufficient staff to provide for sound resident care and implement the facility policies and procedures; 3. Establish systems to enforce the facility policies and procedures; 4. Maintain close supervision in the development of all personnel policies and job descriptions to assure compliance with federal, state and local requirements; 5. Supervise the recruitment, employment, performance, evaluation, promotion and discharge of all staff in collaboration with the Human Resource Department; 6. Participate in the scheduling, planning and procuring of material and information for staff meetings and in-service education programs; 7. Inform appropriate agencies of changes in facility personnel as required; 8. Interpret all federal, state and local regulations for the facility staff; 9. Establish systems to ensure compliance with all federal, state, and local regulations; 10. Observe all facility policies and procedures." N.J.A.C. 8:39-5.1(a) N.J.A.C. 8:39-9.2(a) N.J.A.C. 8:39-9.3(a)1-4,(b)	F 835		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ____ B. WING ____	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 880	Continued From page 122	F 880		

§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.

§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:

§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;

§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 reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831**

(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 880	Continued From page 123 depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §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: Based on observation, interview, and record review it was determined that the facility failed to ensure a contracted staff donned (put on) the appropriate Personal Protective Equipment (PPE) prior to entering a NJ Ex Order 26. 4B1 room for contact precautions. This deficient practice was identified for 1 of 4 residents on NJ Ex Order on 1 of 4 units, and b.) disinfect a NJ Ex Order 26. 4B1 in between resident use. This deficient practice was identified for 3 of 6 unsampled residents during a medication administration observation.	F 880	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The contracted Ex Order 26. 4B1 who failed to don (put on) the appropriate Personal Protective Equipment {PPE) prior to entering a NJ Ex Order 26. 4B1 room for contact precautions was counseled by his/her supervisor and was educated on the	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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F 880

Continued From page 124

The evidence was as follows:

On 4/20/23 at 6:20 AM, the surveyor observed room NJ Ex Order with a yellow paper that had red "Stop" sign and "PPE: Contact Precaution" sign affixed to the outside of the a white PPE bin hung on the outside of the door. The sign revealed: Hand Hygiene, Wear Gloves, and Wear Gown. The yellow sign also indicated Visitors (underlined) Please check with nurse before entering room. At that time the surveyor observed, through the open door, a staff person enter the NJ Ex Order room and was wearing only a surgical mask and gloves, and was not wearing a gown as the yellow sign indicated. The surveyor observed the staff person at the bedside speaking to the resident regarding taking blood, but the resident refused blood work at that time. The staff person then walked out of the room wearing the same gloves and removed the gloves outside of the room and did not perform hand hygiene.

Upon the staff exiting the room, the surveyor interviewed the staff person. The staff identified herself as a contracted NJ Ex Order 26. 4B1 and stated, "I went into the room to talk with the [resident] and asked about the blood and he/she said no."The surveyor asked what the NJ Ex Order was for? She stated, "I think it is for NJ Ex Order 26 ? " (NJ Ex Order 26. 4B1). She further stated she could go into the room just to talk to the resident without a gown and a faceshield.

At that same time, the surveyor reviewed the contact precaution sign posted on the door with the contracted NJ Ex Order 26. 4B1 and pointed to the part of the sign that indicated upon entry for the

F 880

importance of donning-doffing the appropriate PPE and Hand Hygiene to promote Infection Control.

¿ The LPN who failed to disinfect a NJ Ex Order 26. 4B1 in between resident use was counseled re-educated by the Facility Educator on the importance of disinfecting multiple use resident devices in between resident use to ensure Infection Prevention and Control.

II. IDENTIFICATION OF RESIDENTS WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE

¿ All residents have the potential to be affected by deficient practices related to Infection Control.

III. SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR

¿ All staff were re-in-serviced by the Staff Educator on Infection Prevention and Control, with focus on (a) Donning-Doffing the appropriate Personal Protective Equipment {PPE) prior to entering a transmissions-based precaution (TBP) room and Hand Hygiene, and (b) Disinfecting multi-use resident devices/equipment in between resident use.

IV. MONITORING OF CORRECTIVE ACTIONS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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 880	Continued From page 125 PPE. The contracted NJ Ex Order 26. 4B1 stated it "was okay" and that the resident was on the bedpan and asked "are we done because I need to go and proceeded to walk away from the surveyor down the hallway." On that same day at 6:55 AM, the surveyor interviewed a Registered Nurse (RN) on the Monroe unit who confirmed that the resident in room NJ Ex.Orde was on "contact isolation for NJ Ex Order 26." The RN further stated, "before you go in you must gown up." The surveyor inquired if a person can enter the room without gowning? The surveyor then informed the RN about the observation that occurred with the contracted NJ Ex Order 26. 4B1. The RN stated, "no, she should know better. I have issues with her. I saw her earlier in the hallway with a glove on. I will talk to my supervisor. That is why infection spreads." The RN also stated that the resident does not use a bedpan and has a NJ Ex Order 26. 4B1 that was changed "this" morning. The surveyor reviewed Resident # 336's medical record. Review of the Admission Record (an admission summary) indicated the resident was admitted to the facility on NJ Ex Order 26. 4B1, with diagnoses which included but not limited to NJ Ex Order 26. 4B1 . Review of the Order Summary Report (OSR) revealed a physician's order (PO) dated NJ Ex Order 26. 4B1, to observe contact precautions for NJ Ex Order 26 every shift. Further review of the OSR revealed a PO dated NJ Ex Order 26. 4B1 for NJ Ex Order 26. 4B1 give	F 880	¿ The Infection Preventionist or Designee will conduct Observation Audits on the following to ensure Compliance with Infection Control and Prevention Program: (a) Observe 2 Contracted Staff per month x 3 months on proper donning-doffing of appropriate Personal Protective Equipment {PPE) prior to entering a transmissions-based precaution (TBP) room and Hand Hygiene. (b) Observe 2 Nurses per month x 3 months to ensure disinfecting of multi-use resident devices/equipment in between resident use. Any identified issues will be rectified immediately. Audit Findings will be submitted to the Director of Nursing monthly and reported in the quarterly QAA meeting. V. COMPLETION DATE: JUNE 15, 2023	

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F 880	Continued From page 126	F 880		

NJ Ex Order by mouth four times a day for NJ Ex Order 26 until NJ Ex Order 26. 4B1.

Further review of the OSR revealed a PO dated NJ Ex Order 26. 4B1 for NJ Ex Order 26. 4B1 change every day shift every 5 days(s) and NJ Ex Order 26. 4B1 care every shift.

On 04/20/23 at 7:44 AM, the surveyor interviewed the primary physician (MD) for Resident #336 while the MD was on the Monroe unit. The MD stated that Resident #336 was on "contact precautions" do to having a history of NJ Ex Order 26. 4B1 .

On 04/20/34 at 7:55 AM, the facility Registered Nurse Infection Preventionist (RNIP) was observed outside of Resident #336's room, and was repositioning the yellow sign from the PPE bin to the side of the door on the wall. The surveyor asked the RNIP at that time why Resident #336 was on contact precautions, and the RNIP stated the resident came in last night, "has NJ Ex Order 26. 4B1 and they observe contact precautions. The surveyor inquired to the RN IP if it was permitted to go into the room without donning PPE. The RNIP stated the PPE must be donned prior to entering the room to protect all staff since the resident may need to be touched. When asked what should be done when gloves were removed, the RNIP stated hand hygiene must be performed after removing all PPE, including gloves. The surveyor informed the RNIP of the surveyor's observations and the RNIP stated that the contracted NJ Ex Order 26. 4B1 was not allowed to enter the room without the proper PPE and she will contact the [name redacted] lab.

Review of the facility's "Transmission Based

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 880	Continued From page 127	F 880		

Precaution" policy updated 4-2022 and provided by the Director of Nursing (DON) included transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection; arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents.

Further review of the corresponding policy included that Transmission Based Precautions are additional measures that protect staff, visitors and other residents from becoming infected. These measures are determined by the specific pathogen and how it is spread from person to person. The three types of transmission-based precautions are contact, droplet, and airborne... when a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution...the signage informs the staff of the type of CDC [Centers for Disease Control and Prevention] precaution(s), instructions for use of PPE, and/or instructions to see a nurse before entering the room...Contact precautions may be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment...Staff and visitors will wear gloves (clean, non-sterile) when entering room..Gloves will be removed and hand hygiene performed before leaving the room...Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.

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F 880	Continued From page 128	F 880		

b.) On 04/21/23 at 7:56 AM, Surveyor #3 observed medication administration with a Licensed Practical Nurse (LPN). The LPN had a NJ Ex Order 26. 4B1 and applied it directly to the skin of unsampled resident #1 (NJ Ex Order) and obtained their NJ Ex O reading. After removing the NJ Ex Order 26. 4B1, the LPN placed the NJ Ex Order 26. 4B on top of the medication cart. The LPN failed to disinfect the NJ Ex Order 26. 4B1 prior to or after use on NJ Ex Order.

On 04/21/23 at 8:00 AM, Surveyor #3 observed the same LPN use the same NJ Ex Order 26. 4B1 applied in direct contact with the skin of NJ Ex Order. The LPN placed the NJ Ex Order 26. 4B1 on top of the medication cart. The LPN failed to disinfect the NJ Ex Order 26. 4B1 prior to or after use on NJ Ex Order.

On 04/21/23 at 8:24 AM, Surveyor #3 observed the same LPN use the same NJ Ex Order 26. 4B1 applied in direct contact with the skin of NJ Ex Order. The LP placed the NJ Ex Order 26. 4B1 on top of the medication cart. The LPN failed to disinfect the NJ Ex Order 26. 4B1 prior to or after use on NJ Ex Order.

On 04/21/23 at 8:58 AM, during an interview with Surveyor #3, the LPN stated that multi-use resident equipment should be cleaned before and after use on the residents. When asked why the LPN used the NJ Ex Order 26. 4B1 on three residents without disinfecting the NJ Ex Order 26. 4B1, the LPN responded, "my bad". The LPN stated the reason the NJ Ex Order 26. 4B had to be "cleaned" between residents was to prevent infections.

On 04/21/23 at 9:37 AM, during an interview with Surveyor #3, the Registered Nurse Infection Preventionist (RN IP) stated multi-use equipment such as the NJ Ex Order 26. 4B and NJ Ex Order 26. 4B1, must be

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F 880	Continued From page 129 disinfected between resident use to prevent cross contamination of infection. When asked what the process was, the RN IP stated there were disinfectant wipes to use with a contact time of 2 minutes. A review of the facility provided, "Course Status Report", for the LPN included but was not limited to that on NJ Ex Order 26. 4B, the LPN had training in infection control. A review of the facility provided, "Pharmacy: Medpass", dated 10/4/22, indicated the LPN had attended the Inservice. The Inservice included but was not limited to "stethoscope, blood pressure machine, glucometer clean and operational". A review of the facility provided, "Use of Thermometer, Pulse Oximeter, BP Apparatus, Stethoscope", revised 8/2022, included "Policy to ensure appropriate technique in maintaining clean vital signs equipment." 3. "Stethoscopes, pulse oximeter and BP apparatus will be disinfected with alcohol wipes before / after each use." NJAC 8:39-19.4; 27.1	F 880		

New Jersey Department of Health

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	061109	A. BUILDING: ______ B. WING ______	C 05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND RE	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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S 000	Initial Comments 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.	S 000		
S 560	8:39-5.1(a) Mandatory Access to Care (a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This REQUIREMENT is not met as evidenced by: 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 for the day shift as mandated by the State of New Jersey. This deficient practice was identified for CNA staffing for residents on 1 of 14-day shifts. The findings were as follows: Reference: New Jersey Department of Health (DOH) memo, dated 1/28/2021, "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	S 560	I. CORRECTIVE ACTIONS ACCOMPLISHED FOR RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: ¿ The facility actively seeks to hire CNAs, that all shifts are scheduled to comply with ratios, that any callouts or no-shows result in calls being made by the shift supervisor to fill the shift. Facility has documented evidence to reflect facility's Recruitment and Retention Efforts in its relentless attempts to comply with the staffing ratios. No residents have been adversely affected. II. IDENTIFICATION OF RESIDENTS	6/15/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/09/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 1 established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 2/01/2021: One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer 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. A review of the "Nursing Staffing Report" completed by the facility for the weeks of 4/02/23 to 4/08/23 and 4/09/23 to 4/15/23, revealed the staffing to resident ratios did not meet the minimum requirement for one CNA to eight residents for the day shift as documented below: -04/11/23 had 11 CNAs for 93 residents on the day shift, required 12 CNAs. On 5/1/23 at 11:53 AM, the surveyor interviewed the Staffing Coordinator (SC) who stated she worked at the facility NJ Ex.Order 26.4(b)(1). She acknowledged the new minimum staffing requirements for nursing homes. She stated that on "most days" the facility is meeting the minimum staffing ratios for CNAs. She further stated, "I get the census from the day before every day. I get the in-house census and go by the numbers to fill in."	S 560	WHO HAVE THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE ¿ All residents have the potential to be affected by this situation. III. SYSTEMIC CHANGES TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR ¿ Facility's Recruitment and Retention Strategies and Efforts to comply with the State's Staffing Ratios have been in progress, which include but are not limited to the following: o Offer Sign on bonuses to attract staff o Recruitment bonus to encourage referrals from current staff o Offering daily and weekend bonuses to attract overtime or PRN staff shifts o Aggressively running ads in various social media platforms o Flexible shifts and schedules o Currently have contracts with several staffing agencies and will continue to pursue contracts with other agencies IV. MONITORING OF CORRECTIVE ACTIONS ¿ Staffing Coordinator or designee will provide monthly reports x 3 months to the Administrator regarding all efforts made to try to comply with the State's Staffing Ratios. Administrator will will present reports in the quarterly QAA Meeting V. COMPLETION DATE: JUNE 15, 2023	

New Jersey Department of Health

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S 560	Continued From page 2 Review of the facility's "Staffing" policy with a revised date of 4-2023, provided by the Director of Nursing (DON) included the facility provides adequate staffing to meet needed care and services for the resident population...the facility maintains adequate staffing on each shift to ensure that the resdient's needs and services are met...Certified Nursing Assistants are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan...the facility strives to meet the guidance from the New Jersey Department of Health staffing guideline for nursing aides and staffing would also be adjusted based on the current resident acuity within the facility and any concerns regarding staffing should be directed to the Administrator or designee. On 5/4/23, during the exit conference the Licensed Nursing Home Administrator and DON were made aware of the above findings.	S 560		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
315336	A. Building B. Wing	6/20/2023

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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).

ID Prefix (ITEM Y4)	Reg. #	LSC	Correction Completed (DATE Y5)
F0561	483.10(f)(1)-(3)(8)		06/15/2023
F0584	483.10(i)(1)-(7)		06/15/2023
F0607	483.12(b)(1)-(5)(ii)(iii)		06/15/2023
F0609	483.12(b)(5)(i)(A)(B)(c)(1)(4)		06/15/2023
F0610	483.12(c)(2)-(4)		06/15/2023
F0658	483.21(b)(3)(i)		06/15/2023
F0686	483.25(b)(1)(i)(ii)		06/15/2023
F0728	483.35(d)(1)-(3)		06/15/2023
F0755	483.45(a)(b)(1)-(3)		06/15/2023
F0756	483.45(c)(1)(2)(4)(5)		06/15/2023
F0761	483.45(g)(h)(1)(2)		06/15/2023
F0835	483.70		06/15/2023
F0880	483.80(a)(1)(2)(4)(e)(f)		06/15/2023

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
5/4/2023

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

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT
315336 Y1	Y2	6/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0584 Reg. # 483.10(i)(1)-(7) LSC	Correction Completed 06/15/2023	ID Prefix F0835 Reg. # 483.70 LSC	Correction Completed 06/15/2023	ID Prefix F0880 Reg. # 483.80(a)(1)(2)(4)(e)(f) LSC	Correction Completed 06/15/2023
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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FOLLOWUP TO SURVEY COMPLETED ON	
5/4/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061109 Y1	A. Building B. Wing Y2	6/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560 Reg. # 8:39-5.1(a) LSC	Correction Completed 06/15/2023	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 5/4/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
061109 Y1	A. Building B. Wing Y2	6/20/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON 5/4/2023

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

EVENT ID: LXPO12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING **01** B. WING ______	**05/04/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD** **MONROE TOWNSHIP, NJ 08831**

(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
E 000	Initial Comments An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the New Jersey Department of Health on 04/27/23 through 04/28/23. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by the Health Care Management Solutions LLC on behalf of the New Jersey Department of Health, Health Facility Survey and Field Operations on 04/27/23 through 04/28/23 and was found not to be in compliance with requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (A) Life Safety from fire and the 2012 edition of the National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), chapter 19 EXISTING health care occupancy. The Gardens at Monroe Healthcare and Rehabilitation was constructed in 1950 original building, an addition in 1960, 1970 and 1990 (staff not certain of the years of construction). The facility has an unoccupied basement in the 1960 section that has a walk out and contains mechanicals. The Gardens at Monroe is therefore a type V (III) combustible construction with a complete sprinkler system and smoke detection in all bedrooms and corridors. The facility has a 125 KW (kilowatt) propane generator with an onsite fuel tank shared with the kitchen. The facility does not have load test information available. The facility has 94 occupied beds. The facility has eight smoke zones.	K 000		
K 131 SS=E	Multiple Occupancies CFR(s): NFPA 101	K 131		6/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 05/23/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING 01 B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

(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
K 131	Continued From page 1 Multiple Occupancies - Sections of Health Care Facilities Sections of health care facilities classified as other occupancies meet all of the following: o They are not intended to serve four or more inpatients for purposes of housing, treatment, or customary access. o They are separated from areas of health care occupancies by construction having a minimum two hour fire resistance rating in accordance with Chapter 8. o The entire building is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Hospital outpatient surgical departments are required to be classified as an Ambulatory Health Care Occupancy regardless of the number of patients served. 19.1.3.3, 42 CFR 482.41, 42 CFR 485.623 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that one fire wall was maintained in accordance with NFPA 101 (2012 edition) section 8.3.1.2 (1). The deficient practice had the potential to affect 13 residents in the immediate area. Findings include: An observation of a barrier wall on 04/27/23 at 9:35 AM revealed that above the ceiling tile was a concrete block wall extending from the ceiling of the unit to the roof above and extending across	K 131	The facility purchased and installed a new fire rated door with a fire rating tag on the door and the door assembly (proof attached) All residents have the potential to be affected. Fire door was replaced with a new fire door with fire rating tags on the door and the assembly. Staff was inserviced regarding maintaining a fire barrier between the healthcare area and other	

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	315336	A. BUILDING **01** B. WING ______	**05/04/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD** **MONROE TOWNSHIP, NJ 08831**

(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
K 131	Continued From page 2 the entire width of the building. The wall below the ceiling was also substantial, however the door to the wall lacks a fire rating tag on the door and door assembly. One area housed nursing home residents, the other side of the wall was living quarters for 21 facility staff. An interview with the Maintenance Director at the time of the observation verified the door and door assembly to the area lacked fire rating tags or designation. He went onto to indicate that 21 staff live on the other side of the door and that the door has been at this location for a long time. NJAC 8:39-31.1(c), 31.2(e)	K 131	use; living quarters for staff. Maintenance Director/ designee will check fire door to ensure fire rating tags are in place, quarterly. Findings will be logged and reported to the QA Committee quarterly.	
K 232 SS=E	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the corridor width in the original building met width requirements in accordance with NFPA 101 (2012 edition) "Life Safety Code" section 19.2.3.4. This deficient practice had the potential to affect 21 staff. Findings include:	K 232	The facility purchased and installed a new fire rated door with fire rated tags on the door and assembly, segregating the area from room 122 to 127 as a non nursing home use (proof attached). All residents have the potential to be affected.	6/20/23

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K 232	Continued From page 3 An observation on 04/27/23 at 2:10 PM of the exit access corridor from bedroom 122 to 127 revealed the corridor was too narrow as measured by the maintenance director to be 46 inches wide. The corridor width extends 75 feet to the exit door at the end of the building. An interview with the Maintenance Director at the time of the observation verified the width of the corridor and that only the 21 staff would use the corridor since no residents reside in this area. NJAC 8:39-31/1(c), 31.2(e)	K 232	A new fire door was installed with fire rated tags on the door and assembly. Maintenance Staff in-serviced to make sure to maintain the fire rated door with fire rated tags on the door and assembly. Maintenance director/ designee will check door quarterly to maintain the fire rated tags are on the door and assembly. Findings will be logged and reported to the QA committee, quarterly.	
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure emergency lighting was provided for the generator transfer switch in accordance with NFPA 101 "Life Safety Code" (2012 Edition) Section 7.9.2.4. and NFPA 110 "Standard for Emergency and Standby Power Systems" (2010 Edition) Sections 7.3.1 and 7.3.2. This deficient practice had the potential to affect all 94 residents. Findings include: An observation on 04/27/23 at 9:50 AM revealed the basement boiler room, which contained one generator transfer switch, lacked battery operated emergency lighting for the transfer switch for the	K 291	The facility retained the services of an electrician to install battery operated emergency lighting for the transfer switch for the 125KW propane generator (paperwork uploaded)Picture of battery operated light attached. All residents have a potential to be affected. A new battery operated emergency lighting will be installed in front of the generator transfer switch to assure compliance. Maintenance staff in-serviced to make sure the battery operated emergency lighting in front of the	6/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 291	Continued From page 4 125 KW propane generator. An interview with the Maintenance Director at the time of the observation confirmed the boiler room lacked battery powered emergency lighting at the generator transfer switch. NJAC 8:39-31.2(e) NFPA 99, 110	K 291	generator transfer switch is in tact and functional. Maintenance director/designee will inspect emergency lighting quarterly to maintain the emergency battery operated lighting for the transfer switch is in tact and functional. Finding will be logged and reported to the QA committee quarterly.	
K 341 SS=E	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that two of 44 photo electric smoke detectors were greater than 36 inches from ceiling air diffusers in accordance with NFPA	K 341	Facility scheduled the smoke detector vendor to move 2 of the 44 detectors to be at least 36 inches from ceiling air diffusers (proof attached)	6/15/23

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K 341	Continued From page 5 72 National Fire Alarm and Signaling Code (2010 Edition) Section 29.8.3.4.(6). This deficient practice had the potential to affect 94 residents in three smoke zones. Findings include: An observation of a smoke detector in the corridor near Princeton-Palmer nursing station on 04/27/23 at 11:00 AM revealed the smoke detector was 20 inches from a heating and cooling air diffuser as measured by the Maintenance Director. An observation of a smoke detector, located in the corridor near bedroom 302 on 04/27/23 at 11:05 AM revealed the smoke detector was 18 inches from a heating and cooling air diffuser as measured by the Maintenance Director. An interview with the Maintenance Director at the time of each observation indicated he was not aware this was an issue. The detectors have been in the same place for years. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 341	All residents have the potential to be affected. Facility arranged for the smoke detector vendor to move 2 of the 44 detectors to be at least 36 inches from ceiling air diffusers. Maintenance in-serviced to maintain all smoke detectors are at least 36 inches from ceiling air diffusers, Maintenance director/designee will check smoke detectors annually to assure they are at least 36 inches from ceiling air diffusers. Findings will be logged and reported to the QA committee quarterly.	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.	K 345		6/15/23

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K 345	Continued From page 6 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to complete a smoke detection sensitivity test for all 44 photo electric smoke detectors in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 94 residents. Findings include: A review of fire safety records, located in an untitled black binder provided by the Maintenance Director at the fire alarm tab revealed the most recent fire alarm inspection on 01/11/23 and prior reports of 07/25/22 and 12/13/21 did not include a smoke detection sensitivity test. An observation on 04/27/23 from 9:20 AM to 12:45 PM revealed the facility had smoke detection in all corridors every 30 feet. The facility did not have a self-testing fire alarm system. An interview with the Maintenance Director on 04/28/23 at 10:00 AM revealed the facility has a narrative report from the alarm company without specific smoke detector information or sensitivity range and actual sensitivity test/reading from the past two years. The narrative report was provided by the Administrator from the computer on 04/28/23 at 10:15 AM. NJAC 8:39-31.1(c), 31.2(e) NFPA 70, 72	K 345	Facility scheduled a smoke detection sensitivity test for all 44 photo electric smoke detectors. All residents have the potential to be affected. Maintenance department was in-serviced to have smoke detection sensitivity test for all 44 photo electric smoke detectors in accordance with NFPA 72, according to vendor test is due every other year. Administrator / designee will audit to ensure smoke detector sensitivity test is completed annually. Smoke detection sensitivity test will be submitted to the QA committee quarterly.	
K 352 SS=F	Sprinkler System - Supervisory Signals	K 352		6/20/23

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD** **MONROE TOWNSHIP, NJ 08831**

(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
K 352	Continued From page 7 CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that four of six main control sprinkler valves were equipped with tamper switches in accordance NFPA 101 (2012 edition) "Life Safety Code" section 9.7.2.1. This deficient practice had the potential to affect all 94 residents. Findings include: An observation of the basement boiler room area on 04/27/23 at 9:50 AM revealed four main control sprinkler valves that were chained in the open position with pad locks and without a tamper switch on each valve. A review of the facility's sprinkler contractor reports titled, "automatic sprinkler and maintenance report" under the heading of "Control Valves" dated 06/17/22, 09/23/22 and 12/16/22 each revealed on the first page "tampers lock and chain." An interview with the Maintenance Director at the time of the observation indicated the valves have	K 352	Facility scheduled the sprinkler system vendor to install tamper switches on the main control sprinkler valves (proof attached). The Tamper switches were installed. All residents have the potential to be affected. Maintenance department will be annually in-serviced on maintaining tamper switches on the main control sprinkler valves. Maintenance director/designee will check the main control sprinkler valves annually to maintain tamper switches are in place. Findings will be reported to the QA committee quarterly. QA committee will meet quarterly to review and ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315336	A. BUILDING **01** B. WING ______	**05/04/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	**189 APPLEGARTH ROAD** **MONROE TOWNSHIP, NJ 08831**

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K 352	Continued From page 8 been chain and locked since I first started here. No one has ever said this was a problem. NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 352		
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____________________ b) Who provided system test ____________________________ c) Water system supply source __________________________ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review fire safety inspection documents, the facility failed to ensure the sprinklers were not obstructed and would not prevent discharge patterns from wetting surfaces protected in accordance with NFPA 25 (2011 edition) Standard for Inspections, Testing and Maintenance of Water Based Fire Protection Systems section 10.3.4.3.1. This deficient practice had the potential to affect 13	K 353	The facility purchased and installed a new fire rated door with fire rated tags on the door and assembly, segregating the area from room 122 to 127 as a non nursing home use (proof attached). All residents have the potential to be affected.	6/20/23

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	315336	A. BUILDING 01 B. WING ______	05/04/2023

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K 353	Continued From page 9 residents in the neighboring smoke zone and 24 staff living in the area. Findings include: An observation on 04/27/23 at 12:00 PM revealed bedroom labeled 123 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches from the ceiling hanging on divider tracks between beds. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:05 PM revealed bedroom labeled 122 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:10 PM revealed bedroom labeled 121 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:15 PM revealed	K 353	A new fire rated door was installed with fire rated tags on the door and assembly. Maintenance staff in-serviced to make sure to maintain the fire rated door with fire rated tags on the door and assembly. maintenance director/designee will check door quarterly to ensure the fire rated tags are on the door and assembly. Findings will be submitted to the QA committee quarterly.	

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	315336	A. BUILDING 01 B. WING ______	05/04/2023

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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K 353	Continued From page 10 a bedroom, with no label or room number but identified as 123B by the Maintenance Director, had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:20 PM revealed bedroom labeled 124 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:25 PM revealed bedroom labeled 125 had two occupants. There was one privacy curtain with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of the one curtain had a solid curtain with no holes over the mesh top part of the curtain. The solid curtain over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:30 PM revealed bedroom labeled 126 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each	K 353		

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	315336	A. BUILDING 01 B. WING	05/04/2023

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GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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K 353	Continued From page 11 bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An observation of 04/27/23 at 12:35 PM revealed bedroom labeled 127 had three occupants. There were two privacy curtains with one half inch opening square mesh at the top 18 inches hanging from ceiling divider tracks between each bed. The mesh at the top of each of the two curtains had a solid curtain with no holes over the mesh top part of the curtains. The solid curtains over the mesh obstructed the sprinkler discharge pattern on the opposite side of the room. An interview on 04/27/23 at 12:00 PM through 12:35 PM, the Maintenance Director indicated staff live in the area and are trying to make each space more private. The Maintenance Director stated that the area has been inspected every day when in the building and did not recognize this as a problem. An interview with the Administrator on 04/27/23 at 2:30 PM, the Administrator indicated that he was not aware that staff were covering up the mesh in each room obstructing the sprinkler patterns. A review of fire safety records from a black binder provided by the Maintenance Director revealed sprinkler inspection reports titled "Automatic Sprinkler and Maintenance Report" dated 06/17/22, 09/23/22 and 12/16/22 revealed each report lacked a reference to or comment regarding the sprinkler discharge pattern disruptions noted above.	K 353		

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K 353	Continued From page 12 NJAC 8:39-31.1(c), 31.2(e) NFPA 13, 25	K 353		
K 741 SS=E	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to ensure safe ash trays and a metal self-closing container were provided in accordance with NFPA 101 (2012 edition) Life	K 741	All cigarette butts were immediately thrown out. Staff residing in was in-serviced on the smoking policy not to smoke on the campus grounds, only in	6/15/23

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K 741	Continued From page 13 Safety Code (2012 Edition) Section 19.7.4. This deficient practice had the potential to affect all 13 residents on the adjoining unit. Findings include: An observation on 04/27/23 at 12:40 PM of the exit discharge near bedroom 127 revealed hundreds of cigarette butts too numerous to count all over the ground just beyond the exit discharge slab. No ash trays or metal self-closing cigarette butt containers were present. An interview with the Maintenance Director at the time of the observation indicated this is an area where staff reside. He indicated the cigarette butts are all from the staff that live in this area of the building. No residents smoke. He went on to state that the staff know the campus is non-smoking. He also verified no ash trays or self-closing metal containers were available in the area. A review of the smoking policy titled "Smoking Policy" dated 12/1/17 obtained from the Administrator on 04/27/23 at 3:00 PM indicated, "Smoking is prohibited in all indoor workplaces of public access. This includes the entire campus, indoors, outdoors. Smoking will be permitted in staff owned vehicles only." NJAC 8:39-31.2(e), 31.6(e)	K 741	staff owned vehicles. All residents have the potential to be affected. Staff residing in the area between room 122 and 127 will be annually in-serviced on the smoking policy not to smoke on the campus grounds, only in staff owned vehicles. Maintenance director/designee will check area monthly to assure no smoking or cigarette butts are in the area. Findings will be logged and submitted to the QA committee quarterly.	

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315336 Y1	A. Building 01 - MAIN BUILDING 01 B. Wing Y2	6/22/2023 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT MONROE HEALTHCARE AND REHABILITATION, T	189 APPLEGARTH ROAD MONROE TOWNSHIP, NJ 08831

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 Reg. # NFPA 101 LSC K0131	Correction Completed 06/20/2023	ID Prefix Reg. # NFPA 101 LSC K0232	Correction Completed 06/20/2023	ID Prefix Reg. # NFPA 101 LSC K0291	Correction Completed 06/15/2023
ID Prefix Reg. # NFPA 101 LSC K0341	Correction Completed 06/15/2023	ID Prefix Reg. # NFPA 101 LSC K0345	Correction Completed 06/15/2023	ID Prefix Reg. # NFPA 101 LSC K0352	Correction Completed 06/20/2023
ID Prefix Reg. # NFPA 101 LSC K0353	Correction Completed 06/15/2023	ID Prefix Reg. # NFPA 101 LSC K0741	Correction Completed 06/20/2023	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
5/4/2023	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO