

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

PRINTED: 09/25/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint #: NJ00165109  Census: 102  Sample Size: 5  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165109  Based on observation, interview, medical record review, and review of other pertinent facility documentation on 6/23/23 and 6/27/23, it was determined that the facility failed to provide care and services according to acceptable standards of clinical nursing practice to: a). Follow a physician's order for percutaneous endoscopic gastrostomy tube (PEG-tube) (a flexible feeding tube placed through the abdominal wall and into the stomach) flushes during medication administration for 1 of 4 residents (Resident #4) observed receiving medications during medication pass and b). Follow a physician's order for medication dosage during medication	F 658	F658 Services Provided Meet Professional Standards CFR(s): 483.21 (b)(3)(i)  1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:  The physician and responsible parties for residents #s 2 and 4 were notified of the deficient medication administration practice. No new orders were obtained. The residents were not negatively affected.	8/11/23	

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

TITLE

(X6) DATE

Electronically Signed

08/18/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 658	<p>Continued From page 1</p> <p>administration for 1 of 4 residents (Resident #2) observed receiving medications during medication pass.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes, Annotated Title 45, Chapter 11 Nursing Board, The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human 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 a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>On 06/23/23 at 7:51 AM, the surveyor observed Licensed Practical Nurse (LPN) #2 prepare medication for administration to Resident #4. LPN #2 stated that Resident #4 had a [REDACTED] through which they received medications. The</p>	F 658	<p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All other residents have the potential to be affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>All licensed nursing staff will be re-educated by the (DON) Director of Nursing and facility educator on following the acceptable standards of clinical practice in accordance with the New Jersey Board of Nursing Statutes for medication administration practice. All nurses will be re-educated regarding medication administration policy and have an updated competency regarding medication administration procedures.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>The Director of Nursing or nursing supervisor will conduct medication administration pass audits weekly times four (4) weeks, then biweekly times four (4) weeks, then monthly times three (3) months. Any areas of concern identified will be addressed by the (DON) Director of Nursing. The findings of the audits will be presented at the Quality Assurance Performance Improvement (QAPI) meetings x three (3) months.</p>		

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F 658	<p>Continued From page 2</p> <p>surveyor observed LPN #2 pour the following medications:</p> <ol style="list-style-type: none"> <li>1. [REDACTED] milligram (mg) 1 tablet</li> <li>2. [REDACTED] mg 1 tablet</li> <li>3. [REDACTED] mg 1 tablet</li> <li>4. [REDACTED] mg 1 tablet</li> <li>5. [REDACTED] mg 1 tablet</li> <li>6. [REDACTED] mg [REDACTED] milliliters (mL)</li> </ol> <p>[REDACTED] mL</p> <p>The LPN crushed medications #1-5 individually and placed each crushed tablet in a separate medication cup. Medication #6 was also in a separate medication cup.</p> <p>On 06/23/23 at 8:02 AM, LPN #2 entered Resident #4's room with the medications. Resident #4 stated that he/she did not want his/her medications at this time. LPN #2 left the resident's room and returned with the Registered Nurse (RN). The RN educated Resident #4 about the importance of taking the medications, and Resident #4 consented to receive the medications. The RN paused the [REDACTED] that Resident #1 was receiving. LPN #2 added water to the six medication cups, disconnected the [REDACTED] from their [REDACTED], and [REDACTED] Resident #4's PEG tube with water through a [REDACTED] connected to [REDACTED]. LPN #1 administered the medications through the [REDACTED] into the resident's [REDACTED] one after another. The surveyor observed that LPN #2 did not [REDACTED] the resident's [REDACTED] with [REDACTED] between administering each medication.</p> <p>During an interview with the surveyor on 06/23/23 at 8:20 AM, LPN #2 acknowledged that she did not [REDACTED] the [REDACTED] with [REDACTED] between</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>administering medications, and she should have.</p> <p>1. The surveyor reviewed Resident #4's electronic medical record (EMR):</p> <p>The Admission Record revealed that Resident #4 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to [REDACTED].</p> <p>The admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED], indicated that Resident #4 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of a possible [REDACTED] which indicated that the resident was [REDACTED]. The MDS also indicated that the resident had a [REDACTED].</p> <p>The Order Summary Report revealed an [REDACTED] active physician's order to "[REDACTED] with [REDACTED] ml of water before and after each med pass. [REDACTED] with at least [REDACTED] ml of [REDACTED] in-between each medication."</p> <p>The 06/23 Medication Administration Record revealed that nurses, including LPN #2, were signing daily and every shift that they were [REDACTED] Resident #4's [REDACTED] with at least [REDACTED] mL of [REDACTED] in-between each medication.</p> <p>2. On 06/23/23 at 9:17 AM, the surveyor observed LPN #3 pour the following oral medications for Resident #2:</p> <ol style="list-style-type: none"> <li>1. [REDACTED] mg 1 tablet</li> <li>2. [REDACTED] mg 1 capsule</li> <li>3. [REDACTED]</li> </ol>	F 658		

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F 658	<p>Continued From page 5</p> <p>two tablets of [REDACTED] as ordered. LPN #3 stated that she had a "little brain fart" when pouring the medications today and only poured one initially. The surveyor stated that there was a concern that LPN #3 was about to administer the wrong dosage of medication until the surveyor stopped her. LPN #3 acknowledged that it was a "big" concern.</p> <p>2. The surveyor reviewed Resident #2's EMR:</p> <p>The Admission Record revealed that Resident #2 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to [REDACTED].</p> <p>The MDS dated [REDACTED] indicated that Resident #2 had a BIMS score of [REDACTED] of a possible [REDACTED] which indicated that the resident had [REDACTED]. The MDS also showed Resident #2 received [REDACTED] medications at the facility.</p> <p>The Order Summary Report indicated Resident #2 had a [REDACTED] active physician's order for [REDACTED] Oral Tablet [REDACTED] mg [REDACTED]. Give 1 tablet by mouth one time a day for [REDACTED] hold for [REDACTED] than [REDACTED].</p> <p>During an interview with the surveyor on 06/23/23 at 10:01 AM, RN #1 stated that she used to work as an LPN at the facility. But since obtaining her RN license, she transitioned to mainly providing nursing education at the facility. RN #1 stated that</p>	F 658		

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F 658	<p>Continued From page 6</p> <p>it was a standard of nursing practice to [REDACTED] a [REDACTED] with water between administering different medications. RN #1 acknowledged that LPN #2 did not [REDACTED] the [REDACTED] with [REDACTED] between administering different medications and that she should have. The surveyor explained that she also observed LPN #3 attempt to give Resident #2 [REDACTED] mg of [REDACTED] when the resident was ordered [REDACTED] mg. RN #1 stated that this was an incorrect medication pass because it was not the full amount of the medication.</p> <p>During an interview with the surveyor on 06/23/23 at 2:07 PM, the Director of Nursing (DON) stated that she expected that during medication administration, [REDACTED] would be [REDACTED] between each medication as written in the doctor's orders. The DON continued that LPN #3 should have checked the medication again to make sure that she had the right dosage prior to attempting to administer the medication to Resident #2.</p> <p>The undated facility policy, "Medication Administration," indicated under the "Policy" section, "Medications are administered by licensed nurses [ ...] as ordered by the physician and in accordance with professional standards of practice [ ...]."</p>	F 658			
F 755 SS=E	<p>NJAC 8:39-11.2(b). Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain</p>	F 755		8/11/23	

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F 755	<p>Continued From page 7</p> <p>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.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§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: Complaint #: NJ00165109</p> <p>Based on observations, interviews, review of the medical record, and review of other pertinent facility documentation on 6/23/23 and 6/27/23, it was determined that the facility failed to ensure timely documentation of [redacted] administration (a [redacted] in [redacted])</p>	F 755	<p>F755 Pharmacy Services Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45 (a)(b)(1)-(3)</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p>		



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F 755	<p>Continued From page 8</p> <p>██████████) for 4 out of 4 residents (Resident #1, #2, #3, and #4), who had ██████████ (when the body does not make enough ██████████. The facility also failed to follow its policies titled "Medication Administration" and "Documentation in Medical Records." This deficient practice was evidenced by the following:</p> <p>Review of the closed MR was as follows:</p> <p>1. According to the Admission Record, Resident #1 was admitted to the facility on ██████████ with diagnoses that included but were not limited to ██████████</p> <p>The Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated ██████████, revealed that Resident #1 had a Brief Interview for Mental Status (BIMS) score of ██████████ out of a possible ██████████ which indicated that the resident was ██████████. The MDS also showed the resident received ██████████ while at the facility.</p> <p>A review of the Order Recap Report for Resident #1 revealed the following Physician's Orders (POs) for ██████████</p> <p>A POs dated ██████████, which was active from ██████████ indicated, ██████████ UNIT/ML [milliliters] as per ██████████;</p>	F 755	<p>Resident #1 no longer resides at the center. Residents #s 2, 3, and 4 physicians were notified of deficient practice and no new orders were received. Residents were not affected by the deficient practice.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All other residents have the potential to be affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>All licensed nurses in the center will be in-serviced by the Director of Nursing (DON) or designee on timely administration of ██████████ administration and the center's policy on documenting in the medical record.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>The Director of Nursing or nursing supervisor will review three diabetic residents receiving ██████████ to make sure they receive their prescribed ██████████ in a safe and timely manner. Audits will be conducted weekly times four (4) weeks, then biweekly times four (4) weeks, then monthly times three (3) months. Any areas of concern identified will be</p>		

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F 755	<p>Continued From page 9</p> <p>Call MD [medical doctor], and at Call [MD] if</p> <p>A PO dated , which was active from , indicated, UNIT/ML one time a day for</p> <p>A PO dated , which was active from , indicated, UNIT/ML (Insulin one time a day for</p> <p>A PO dated , which was active from , indicated, UNIT/ML one time a day for ."</p> <p>A PO dated , which was active from , indicated, UNIT/ML ) before [MD] Call</p> <p>A PO dated , which was active from , indicated, UNIT/ML</p>	F 755	addressed by the director of nursing. The findings of the audits will be presented at the Quality Assurance Performance Improvement (QAPI) meetings x three (3) months.	
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F 755	<p>Continued From page 10</p> <p>A PO dated [REDACTED] which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] one time a day related to [REDACTED]."</p> <p>A PO dated [REDACTED] which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] Call MD if [REDACTED]</p> <p>A PO dated [REDACTED], which was active from [REDACTED], indicated, [REDACTED] /ML [REDACTED] one time a day related to [REDACTED]."</p> <p>A PO dated [REDACTED], which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] before meals for [REDACTED]</p> <p>A PO dated [REDACTED], which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] before meals for [REDACTED]</p> <p>A PO dated [REDACTED] 3, which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] one time</p>	F 755		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 755	<p>Continued From page 11</p> <p>a day related to [REDACTED]</p> <p>A review of Resident #1's Medication Administration Record (MAR) and Location of Administration Report (LAR) for [REDACTED] revealed the following:</p> <p>[REDACTED] as per [REDACTED]</p> <p>= Call MD, [REDACTED] Call [MD] if [REDACTED], " was ordered for 11:30 [REDACTED] were documented with an administered time of 14:45 [2:45 PM].</p> <p>[REDACTED] as per [REDACTED]</p> <p>= Call MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 07:30 [REDACTED] were documented with an administered time of 11:39.</p> <p>[REDACTED] UNIT/ML [REDACTED] unit[s] one time a day for [REDACTED] was ordered for 09:00 and was documented with an administered time of 11:40.</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day for [REDACTED] was ordered for 09:00 and was documented with an administered time of 10:59.</p>	F 755		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077</b>
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F 755	<p>Continued From page 12</p> <p>UNIT/ML _____ t as per _____</p> <p>_____ = Call MD, _____ or _____ Call [MD] if _____ was ordered for 21:00 [9:00 PM], _____ were documented with an administered time of 22:59 [10:59 PM].</p> <p>UNIT/ML _____ as per _____</p> <p>_____ + = Call MD, _____ for _____ Call [MD] if _____, " was ordered for 16:30 [4:30 PM], _____ were documented with an administered time of 17:47 [5:47 PM].</p> <p>_____ 100 UNIT/ML _____ unit[s] _____ one time a day for _____ " was ordered for 09:00 and was documented with an administered time of 11:11.</p> <p>UNIT/ML _____ as per _____</p> <p>_____ = Call MD _____ and at _____ Call [MD] if _____, " was ordered for 16:30 [4:30 PM], _____ were documented with an administered time of 18:08 [6:08 PM].</p> <p>UNIT/ML _____ as per _____</p>	F 755		
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>
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F 755	<p>Continued From page 13</p> <p>[REDACTED] = Call MD, and at [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 21:00 [9:00 PM] [REDACTED] were documented with an administered time of 00:00 [12 AM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 07:30, [REDACTED] were documented with an administered time of 11:53.</p> <p>[REDACTED] UNIT/ML [REDACTED] [s] one time a day for [REDACTED] was ordered for 09:00 and was documented with an administered time of 11:54.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 07:30 [REDACTED] were documented with an administered time of 10:07.</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day for [REDACTED] " was ordered for 09:00 and was documented with an administered time of 10:07.</p>	F 755		
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	Continued From page 14  UNIT/ML _____ as per _____ _____ = Call MD, _____ for _____ Call [MD] if _____, " was ordered for 21:00 [9:00 PM], _____ were documented with an administered time of 22:52 [10:52 PM].  UNIT/ML _____ as per _____ _____ = Call MD, _____ for _____ Call [MD] if _____, " was ordered for 16:30 [4:30 PM], _____ were documented with an administered time of 19:04 [7:04 PM].  UNIT/ML _____ as per _____ _____ = Call MD _____ and at _____ for _____ Call [MD] if _____, " was ordered for 07:30, _____ were documented with an administered time of 09:27.  UNIT/ML _____ as per _____ _____ = Call MD, _____ and at _____ Call [MD] if _____, " was ordered for 11:30, _____ were documented with an	F 755			

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F 755	<p>Continued From page 15 administered time of 12:46.</p> <p>UNIT/ML _____ as per _____</p> <p>= Call MD _____ Call [MD] if _____, " was ordered for 16:30 [4:30 PM], _____ were documented with an administered time of 17:39 [5:39 PM].</p> <p>UNIT/ML _____ as per _____</p> <p>Call [MD], _____ Call [MD] if _____, " was ordered for 07:30, _____ were documented with an administered time of 10:29.</p> <p>_____ one time a day for _____ was ordered for 09:00 and was documented with an administered time of 10:30.</p> <p>UNIT/ML _____ as per _____</p> <p>= Call MD, _____ for _____ Call [MD] if _____, " was ordered for 07:30, _____ were documented with an administered time of 08:54.</p>	F 755		
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
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F 755	<p>Continued From page 16</p> <p>_____ unit _____ one time a day for _____ was ordered for 09:00 and was documented with an administered time of 11:03.</p> <p>UNIT/ML _____ as per _____ _____ = Call MD _____ for _____ Call [MD] if _____ was ordered for 07:30 _____ were documented with an administered time of 12:18.</p> <p>UNIT/ML _____ one time a day for _____ was ordered for 09:00 and was documented with an administered time of 12:18.</p> <p>UNIT/ML _____ as per _____ _____ = Call MD, _____ for _____ Call [MD] _____ " was ordered for 16:30 [4:30 PM], _____ were documented with an administered time of 18:25 [6:25 PM].</p> <p>UNIT/ML _____ as per _____ _____ = Call MD, _____ or _____ Call [MD] if _____, " was ordered for 07:30, _____ were documented with an</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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F 755	<p>Continued From page 17 administered time of 12:35.</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day for [REDACTED] " was ordered for 09:00 and was documented with an administered time of 12:36.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD [REDACTED] and at [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 11:30, [REDACTED] were documented with an administered time of 12:36.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD, [REDACTED] [MD] [REDACTED] was ordered for 07:30 [REDACTED] were documented with an administered time of 13:28 [1:28 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day for [REDACTED] " was ordered for 09:00 and was documented with an administered time of 13:24 [1:24 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD, [REDACTED]</p>	F 755		

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F 755	<p>Continued From page 18</p> <p>[REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 11:30, [REDACTED] were documented with an administered time of 13:25 [1:25 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] all MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED] was ordered for 07:30, [REDACTED] were documented with an administered time of 09:12.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] Call MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED], " was ordered for 11:30, [REDACTED] were documented with an administered time of 12:45.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = Call MD, [REDACTED] for [REDACTED] Call [md] if [REDACTED] was ordered for 11:30 [REDACTED] were documented with an administered time of 12:45.</p> <p>Resident #1's MAR and LAR for 06/23 revealed the following:</p> <p>[REDACTED]</p>	F 755		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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F 755	<p>Continued From page 19</p> <p>_____ as per _____ _____</p> <p>Call MD, _____ _____ for _____ Call [MD] if _____ was ordered for 07:30, _____ were documented with an administered time of 13:37 [1:37 PM].</p> <p>_____ UNIT/ML _____ _____ one time a day for _____ " was ordered for 09:00 and was documented with an administered time of 13:28 [1:28 PM].</p> <p>_____ UNIT/ML _____ as per _____ _____ = _____ Call MD, _____ and at _____ _____ for _____ Call [MD] if _____ was ordered for 11:30, _____ were documented with an administered time of 13:29 [1:29 PM].</p> <p>_____ UNIT/ML _____ as per _____ _____ = _____ Call MD, _____ and at _____ _____ Call [MD] if _____ was ordered for 07:30, _____ were documented with an administered time of 08:53.</p> <p>_____ UNIT/ML _____ as per _____ _____ = _____ Call MD, _____ s and at _____</p>	F 755		

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F 755	<p>Continued From page 20</p> <p>██████████ Call [MD] if ██████████ was ordered for 11:30, ██████████ were documented with an administered time of 14:56 [2:56 PM].</p> <p>██████████ UNIT/ML as per ██████████ = ██████████ Call MD, ██████████ for ██████████ Call [MD] if ██████████," was ordered for 7:30, ██████████ were documented with an administered time of 14:01 [2:01 PM].</p> <p>██████████ /ML ██████████ one time a day ██████████" was ordered for 09:00 and documented with an administered time of 14:03 [2:03 PM].</p> <p>██████████ UNIT/ML as per ██████████ + = ██████████ Call MD, ██████████ and at ██████████ for ██████████ Call [MD] ██████████" was ordered for 11:30, ██████████ were documented with an administered time of 14:05 [2:05 PM].</p> <p>██████████ UNIT/ML as per ██████████ = ██████████ Call MD ██████████ Call [MD] ██████████," was ordered for 7:30, ██████████ were documented with an administered time of 18:34</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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F 755	<p>Continued From page 21 [6:34 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day for [REDACTED] was ordered for 09:00 and was documented with an administered time of 18:35 [6:35 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] + = [REDACTED] Call MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED] was ordered for 11:30, [REDACTED] were documented with an administered time of 18:36 [6:36 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] + = [REDACTED] Call MD, [REDACTED] and at [REDACTED] Call [MD] [REDACTED] was ordered for 16:30 [4:30 PM], [REDACTED] were documented with an administered time of 23:37 [11:37 PM].</p> <p>[REDACTED] as per [REDACTED] = [REDACTED] Call MD, [REDACTED] for [REDACTED] Call [MD] if [REDACTED] was ordered for 21:00 [9:00 PM] [REDACTED] were documented with an administered time of 23:38 [11:38 PM].</p> <p>[REDACTED]</p>	F 755		

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 22</p> <p>UNIT/ML [redacted] as per [redacted] = [redacted]</p> <p>Call MD, [redacted] and at [redacted] for [redacted] Call [MD] if [redacted] was ordered for 11:30, [redacted] were documented with an administered time of 12:48.</p> <p>[redacted] UNIT/ML [redacted] per [redacted] = [redacted]</p> <p>Call MD [redacted] and at [redacted] Call [MD] if [redacted] was ordered for 11:30, [redacted] were documented with an administered time of 13:40 [1:40 PM].</p> <p>[redacted] UNIT/ML [redacted] as per [redacted] = [redacted]</p> <p>Call MD, [redacted] and at [redacted] Call [MD] [redacted] was ordered for 07:30, [redacted] were documented with an administered time of 11:27.</p> <p>[redacted] UNIT/ML [redacted] one time a day for [redacted] was ordered for 09:00 and was documented with an administered time of 11:27.</p> <p>[redacted] UNIT/ML [redacted] as per [redacted] = [redacted]</p> <p>Call MD [redacted] and at [redacted] for [redacted] Call [MD] if [redacted]</p>	F 755		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
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F 755	<p>Continued From page 23</p> <p>was ordered for 11:30, [REDACTED] ulin were documented with an administered time of 13:15 [1:15 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] = [REDACTED] Call MD, [REDACTED] and at [REDACTED] Call [MD] if [REDACTED] was ordered for 07:30, an undocumented number [REDACTED] was documented with an administered time of 09:42.</p> <p>[REDACTED] UNIT/ML [REDACTED] if [REDACTED] = [REDACTED] Call MD, [REDACTED] and at [REDACTED] Call [MD] if [REDACTED] was ordered for 11:30, an undocumented number of [REDACTED] was documented with an administered time of 13:22. However, review of the Progress Notes revealed a Nurses Note dated [REDACTED] and timed 14:49 [2:49 PM], "[REDACTED] given. MD made aware." Further review of the progress notes did not reveal how [REDACTED] the resident was administered at 09:42 or 13:22 [1:22 PM].</p> <p>The surveyor continued the review of the MAR and LAR for [REDACTED] which revealed the following:</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] [REDACTED] and at [REDACTED]</p>	F 755		



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F 755	<p>Continued From page 24</p> <p>██████████ for ██████████ Call [MD] if ██████████ was ordered for 07:30 ██████████ were documented with an administered time of 09:36.</p> <p>██████████ UNIT/ML ██████████" was ordered for 07:30 and was documented with an administered time of 09:40.</p> <p>██████████ UNIT/ML ██████████ was ordered for 11:00 and was documented with an administered time of 12:12.</p> <p>UNIT/ML ██████████ as per ██████████ and at ██████████ for ██████████ Call [MD] if ██████████ was ordered for 07:30, ██████████ were documented with an administered time of 10:41.</p> <p>██████████ UNIT/ML ██████████ fo ██████████ was ordered for 07:30 and was documented with an administered time of 10:42.</p> <p>██████████ UNIT/ML ██████████ one time a day related to ██████████, " was ordered for 09:00, and was documented with an administered time of 10:42.</p>	F 755		
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F 755	<p>Continued From page 25</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:20.</p> <p>[REDACTED] UNIT/M [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 20:30 [8:30 PM].</p> <p>[REDACTED] as per [REDACTED] and at [REDACTED] Call [MD] if [REDACTED]" was ordered for 16:30 [4:30 PM], [REDACTED] were documented with an administered time of 20:29 [8:29 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] = 5 [REDACTED] for [REDACTED] Call [MD] if [REDACTED] was ordered for 21:00 [9:00 PM], [REDACTED] were documented with an administered time of 22:20 [10:20 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED]" was ordered for 07:30, [REDACTED] was documented with an administered time of 14:03 [2:03 PM].</p>	F 755		

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F 755	<p>Continued From page 26</p> <p>UNIT/ML _____ t as per _____ and at _____ Call MD if _____ was ordered for 07:30, _____ were documented with an administered time of 14:03 [2:03 PM].</p> <p>UNIT/ML _____ one time a day related to _____," was ordered for 09:00, was documented with an administered time of 14:04 [2:04 PM].</p> <p>UNIT/ML _____ for _____ was ordered for 11:00, _____ was documented with an administered time of 14:05 [2:05 PM] .</p> <p>_____ as per _____ and at _____ Call MD if _____ was ordered for 07:30, _____ was documented with an administered time of 10:23.</p> <p>UNIT/ML _____ for _____ was ordered for 07:30 and was documented with an administered time of 10:23.</p>	F 755		

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F 755	<p>Continued From page 27</p> <p>UNIT/ML [REDACTED] one time a day related to [REDACTED] " was ordered for 09:00, was documented with an administered time of 10:24.</p> <p>UNIT/ML [REDACTED] before [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:19.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 and was documented with an administered time of 21:43 [9:43 PM].</p> <p>UNIT/ML [REDACTED] as per [REDACTED] and at [REDACTED] for [REDACTED] Call [MD] if [REDACTED] " was ordered for 16:30 [4:30 PM] [REDACTED] was documented with an administered time of 21:43 [9:43 PM].</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] [REDACTED] was documented with an administered time of 17:40 [5:40 PM].</p> <p>UNIT/ML [REDACTED] as per [REDACTED]</p>	F 755		
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F 755	<p>Continued From page 28</p> <p>[REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED]. " was ordered for 21:00 [9:00 PM], [REDACTED] were documented with an administered time of 22:23 [10:23 PM].</p> <p>[REDACTED] lution [REDACTED] UNIT/ML [REDACTED] fo [REDACTED] was ordered for 07:30 and was documented with an administered time of 10:36.</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day related to [REDACTED] " was ordered for 09:00, and was documented with an administered time of 10:36.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED]. " was ordered for 21:00 [9:00 PM], [REDACTED] were documented with an administered time of 22:31 [10:31 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] fo [REDACTED] was ordered for 07:30 and was documented with an administered time of 13:05 [1:05 PM].</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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F 755	<p>Continued From page 29</p> <p>[REDACTED] UNIT/ML [REDACTED] one time a day related to [REDACTED], " was ordered for 09:00, and was documented with an administered time of 13:05 [1:05 PM].</p> <p>[REDACTED] UNIT/M [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 13:06 [1:06 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] and at bedtime for [REDACTED] Call MD if [REDACTED] was ordered for 11:30, [REDACTED] were documented with an administered time of 13:06 [1:06 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] and at [REDACTED] for Diabetic Call MD if BS &lt;80 or &gt;480," was ordered for 07:30, 3 units of insulin were documented with an administered time of 15:00 [3:00 PM].</p> <p>06/16/23 "Insulin Glargine Subcutaneous Solution 100 UNIT/ML Insulin Glargine) Inject 23 units subcutaneously one time a day related to TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA," was ordered for 09:00, and was documented with an administered time of</p>	F 755			

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F 755	<p>Continued From page 30 15:01 [3:01 PM].</p> <p>[REDACTED] UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 07:30 and was documented with an administered time of 15:00 [3:00 PM].</p> <p>[REDACTED] UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 11:00 and was documented with an administered time of 15:04 [3:04 PM].</p> <p>[REDACTED] UNIT/ML ( [REDACTED] ) for [REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED] was ordered for 11:30, [REDACTED] were documented with an administered time of 15:06 [3:06 PM].</p> <p>[REDACTED] UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 11:00 and was documented with an administered time of 13:21 [1:21 PM].</p> <p>[REDACTED] UNIT/ML ( [REDACTED] ) as per [REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED] was ordered for 11:30, [REDACTED] were documented with an administered time of 13:22 [1:22 PM].</p>	F 755		

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F 755	<p>Continued From page 31</p> <p>UNIT/ML for was ordered for 07:30 and was documented with an administered time of 14:21 [2:21 PM].</p> <p>UNIT/ML as per and at for Call MD if," was ordered for 07:30, were documented with an administered time of 14:21 [2:21 PM].</p> <p>one time a day related to " was ordered for 09:00, and was documented with an administered time of 14:22 [2:22 PM].</p> <p>UNIT/ML for was ordered for 11:00 and was documented with an administered time of 14:23 [2:23 PM].</p> <p>2. On 06/23/23 at 07:32 AM, the surveyor observed Resident #2 in their room. Resident #2 stated that he/she was a and received and that the staff did a good job monitoring their and providing them with . Resident #2 stated that since they have been at the facility, their have been "pretty good."</p>	F 755		



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F 755	<p>Continued From page 32</p> <p>The surveyor reviewed Resident #2's electronic health record (EHR):</p> <p>According to the admission record, Resident #2 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to [REDACTED]</p> <p>The quarterly MDS, dated [REDACTED], indicated that the resident had a BIMS score of [REDACTED] possible [REDACTED] which indicated that the resident was [REDACTED]. The MDS also indicated that the resident received [REDACTED] while at the facility.</p> <p>A review of the Order Summary Report (OSR) revealed the following:</p> <p>An active PO dated [REDACTED] for [REDACTED] [REDACTED] UNIT/ML [REDACTED] at bedtime for [REDACTED]</p> <p>An active PO dated [REDACTED] for [REDACTED] [REDACTED] UNIT/ML [REDACTED] for [REDACTED]</p> <p>An active PO dated [REDACTED] for [REDACTED] [REDACTED] UNIT/ML [REDACTED] t as per [REDACTED] notify MD if [REDACTED]</p>	F 755		

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F 755	<p>Continued From page 33 and at [REDACTED] for [REDACTED]</p> <p>Resident #2's MAR and LAR for [REDACTED] revealed the following:</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:51.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] " was ordered for 07:30, [REDACTED] were documented with an administered time of 08:51.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 13:15 [1:15 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] than [REDACTED] and at [REDACTED] for [REDACTED] was ordered for 11:30 [REDACTED] were documented with an administered time of 13:16 [1:16 PM].</p>	F 755		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 755	<p>Continued From page 34</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:24 [5:24 PM].</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:55.</p> <p>UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] greater than [REDACTED] and at [REDACTED] for [REDACTED] " was ordered for 07:30, [REDACTED] were documented with an administered time of 08:55.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:27.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:56.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an</p>	F 755		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 35 administered time of 09:06.</p> <p>UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:56.</p> <p>UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:33.</p> <p>UNIT/ML ( [REDACTED] ) as per [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] ," was ordered for 16:30 [4:30 PM], [REDACTED] n were documented with an administered time of 18:16 [6:16 PM].</p> <p>UNIT/ML ( [REDACTED] ) for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:49.</p> <p>UNIT/ML ( [REDACTED] ) as per [REDACTED] ts notify MD if [REDACTED] than [REDACTED] for [REDACTED] ," was ordered for 07:30</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 36</p> <p>were documented with an administered time of 08:50.</p> <p>UNIT/ML _____ for _____ was ordered for 11:00 and was documented with an administered time of 12:53.</p> <p>UNIT/ML _____ as per _____ notify MD if _____ than _____ and at _____ for _____ was ordered for 11:30, _____ were documented with an administered time of 12:53.</p> <p>UNIT/ML _____ for _____ was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:50 [5:50 PM].</p> <p>UNIT/ML _____ as per _____ notify MD if _____ than _____ and at _____ for _____" was ordered for 16:30 [4:30 PM] _____ were documented with an administered time of 17:50 [5:50 PM].</p> <p>UNIT/ML _____</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 37</p> <p>██████████ for ██████████" was ordered for 07:30 and was documented with an administered time of 08:50.</p> <p>██████████ on 100 UNIT/ML ██████████ as per ██████████</p> <p>██████████ notify MD if ██████████ and ██████████ me for ██████████ was ordered for 07:30, ██████████ were documented with an administered time of 08:50.</p> <p>██████████ UNIT/ML ██████████ for ██████████ was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:34 [5:34 PM].</p> <p>██████████ for ██████████ was ordered for 21:00 and was documented with an administered time of 22:33.</p> <p>██████████ UNIT/ML ██████████ as per ██████████</p> <p>██████████ notify MD if ██████████ and at ██████████ for ██████████," was ordered for 21:00 [9:00 PM], ██████████ were documented with an administered time of 22:32 [10:32 PM].</p> <p>██████████</p>	F 755		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 38</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 09:05.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:24.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 08:42.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:26.</p> <p>[REDACTED] UNIT/ML [REDACTED] is for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 18:40 [6:40 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] [REDACTED] [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] [REDACTED] " was ordered for 16:30, [REDACTED] were documented with an administered time of 18:41 [6:41 PM].</p>	F 755		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 39</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 09:30.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:29.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:39.</p> <p>UNIT/ML [REDACTED] as per [REDACTED] units notify MD if [REDACTED] and at [REDACTED] for [REDACTED] was ordered for 11:30, [REDACTED] were documented with an administered time of 12:39.</p> <p>UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:30 [5:30 PM].</p> <p>UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED]</p>	F 755		



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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 755	<p>Continued From page 40</p> <p>[REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] was ordered for 21:00 [9:00 PM], [REDACTED] were documented with an administered time of 22:39 [10:39 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 10:16.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED]</p> <p>[REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED], " was ordered for 07:30, [REDACTED] were documented with an administered time of 10:19.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 13:49 [1:49 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED]</p> <p>[REDACTED] notify MD if [REDACTED] than [REDACTED] and at [REDACTED] for [REDACTED] was ordered for 11:30, [REDACTED]</p>	F 755		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 41</p> <p>were documented with an administered time of 13:49 [1:49 PM].</p> <p>[REDACTED] UNIT/ML at [REDACTED] " was ordered for 21:00 [9:00 PM] and was documented with an administered time of 22:10 [10:10 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] " was ordered for 07:30 and was documented with an administered time of 08:46.</p> <p>[REDACTED] UNIT/ML ( [REDACTED] as [REDACTED]</p> <p>[REDACTED] notify MD if [REDACTED] than [REDACTED] and a [REDACTED] for [REDACTED] " was ordered for 07:30, [REDACTED] were documented with an administered time of 08:47.</p> <p>[REDACTED] UNIT/ML ( [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:56.</p> <p>[REDACTED] UNIT/ML ( [REDACTED] for [REDACTED] " was ordered for 11:00 and was documented with an administered time of 12:56.</p> <p>[REDACTED]</p>	F 755		

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 755	<p>Continued From page 42</p> <p>UNIT/ML [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] " was ordered for 11:30, [REDACTED] were documented with an administered time of 12:57.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 13:09 [1:09 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 and was documented with an administered time of 18:02 [6:02 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] " was ordered for 16:30 [4:30 PM] [REDACTED] were documented with an administered time of 18:03 [6:03 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] " was ordered for 11:00 and was documented with an administered time of 12:22.</p>	F 755		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	Continued From page 43  [REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:37 [5:37 PM].  [REDACTED] UNIT/ML [REDACTED] notify MD if [REDACTED] than [REDACTED] and at [REDACTED] for [REDACTED], [REDACTED] was ordered for 16:30 [4:30 PM], [REDACTED] were documented with an administered time of 17:38 [5:38 PM].  [REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 09:42.  [REDACTED] UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] than [REDACTED] at [REDACTED] for [REDACTED], [REDACTED] was ordered for 07:30 [REDACTED] were documented with an administered time of 09:43.  [REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:52.	F 755			

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 755	<p>Continued From page 44</p> <p>UNIT/ML ( [REDACTED] as per [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] " was ordered for 11:30, [REDACTED] were documented with an administered time of 12:52.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:07 [5:07 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] at [REDACTED] " was ordered for 21:00 [9:00 PM] and was documented with an administered time of 22:17 [10:17 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] " was ordered for 07:30 and was documented with an administered time of 09:14.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED] notify MD if [REDACTED] and at [REDACTED] for [REDACTED] was ordered for 07:30, [REDACTED] were documented with an administered time of at</p>	F 755		

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 755	<p>Continued From page 45 09:14.</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] ordered for 11:00 and was documented with an administered time of 13:06 [1:06 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:27 [5:27 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 11:00 and was documented with an administered time of 12:17.</p> <p>[REDACTED] UNIT/ML [REDACTED] at [REDACTED] for [REDACTED] was ordered for 21:00 [9:00 PM] and was documented with an administered time of 23:16 [11:16 PM].</p> <p>[REDACTED] UNIT/ML [REDACTED] for [REDACTED] was ordered for 07:30 and was documented with an administered time of 09:07.</p> <p>[REDACTED] UNIT/ML [REDACTED] as per [REDACTED]</p> <p>[REDACTED] notify MD if [REDACTED] than [REDACTED] and at [REDACTED] for [REDACTED]</p>	F 755		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 755	<p>Continued From page 46</p> <p>" was ordered for 07:30, were documented with an administered time of 09:07.</p> <p>UNIT/ML at for was ordered for 21:00 [9:00 PM] and was documented with an administered time of 22:48 [10:48 PM].</p> <p>UNIT/ML for " was ordered for 16:00 [4:00 PM] and was documented with an administered time of 18:18 [6:18 PM].</p> <p>UNIT/ML for " was ordered for 11:00 and was documented with an administered time of 12:23.</p> <p>UNIT/ML for was ordered for 16:00 [4:00 PM] and was documented with an administered time of 17:55 [5:55 PM].</p> <p>UNIT/ML as per</p> <p>notify MD if than and at for was ordered for 16:30 [4:30 PM] were documented with an administered time of 17:56 [5:56 PM].</p>	F 755			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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F 755	<p>Continued From page 47</p> <p>3. On 06/23/23 at 07:24 AM, the surveyor observed Resident #3 in their room. Resident #3 stated that they were [REDACTED] and that the nursing staff measured their [REDACTED] every day [REDACTED]. Resident #3 stated that at times their [REDACTED] was high, but that staff give [REDACTED] and control it.</p> <p>The surveyor reviewed Resident #3's EHR:</p> <p>The Admission Record indicated that Resident #3 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to [REDACTED].</p> <p>The quarterly MDS, dated [REDACTED], indicated that the resident had a BIMS score of [REDACTED] out of a possible [REDACTED] which indicated that the resident was [REDACTED]. The MDS also indicated that the resident received [REDACTED] while at the facility.</p> <p>A review of the OSR revealed the following:</p> <p>An active PO dated 04/18/23 indicated, [REDACTED] UNIT/ML as per [REDACTED].</p> <p>Call MD for [REDACTED] than [REDACTED] for [REDACTED].</p> <p>A review of the 06/23 MAR and LAR revealed the following:</p> <p>[REDACTED] UNIT/ML as per [REDACTED].</p>	F 755		



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F 755	Continued From page 48  [REDACTED] Call MD for [REDACTED] or [REDACTED] s for [REDACTED]" was ordered for 11:00, [REDACTED] were documented with an administered time of 12:14.  [REDACTED] UNIT/ML [REDACTED] as per sliding scale: if 151- 200 = 2 units; 201 -250 [REDACTED]  [REDACTED] Call MD for [REDACTED] or [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM], [REDACTED] were documented with an administered time of 17:56 [5:56 PM].  [REDACTED] UNIT/ML [REDACTED] as per [REDACTED]  [REDACTED] Call MD for [REDACTED] or [REDACTED] for [REDACTED] was ordered for 11:00, [REDACTED] were documented with an administered time of 12:14.  [REDACTED] UNIT/ML [REDACTED] as per [REDACTED]  [REDACTED] Call MD for [REDACTED] or [REDACTED] for [REDACTED] was ordered for 16:00 [4:00 PM], [REDACTED] were documented with an administered time of 17:27 [5:27 PM].  [REDACTED] UNIT/ML [REDACTED] as per [REDACTED]	F 755			

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F 755	<p>Continued From page 49</p> <p>Call MD for [redacted] or [redacted] for [redacted] was ordered for 07:30, [redacted] were documented with an administered time of 08:48.</p> <p>UNIT/ML [redacted] as per [redacted]</p> <p>Call MD for [redacted] or [redacted] for [redacted] was ordered for 11:00, [redacted] were documented with an administered time of 12:16.</p> <p>UNIT/ML [redacted] as per [redacted]</p> <p>Call MD for [redacted] or [redacted] for [redacted] was ordered for 07:30, [redacted] were documented with an administered time of 08:45.</p> <p>UNIT/ML [redacted] as per [redacted]</p> <p>Call MD for [redacted] or [redacted] for [redacted] was ordered for 11:00, [redacted] were documented with an administered time of 12:14.</p> <p>UNIT/ML [redacted] as per [redacted]</p> <p>s Call MD for [redacted] or [redacted] s for [redacted] was ordered for 11:00, [redacted] were</p>	F 755		

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F 755	<p>Continued From page 50 documented with an administered time of 12:24.</p> <p>UNIT/ML _____ t as per _____</p> <p>Call MD for _____ or _____ for _____</p> <p>was ordered for 16:00 [4:00 PM], _____ were documented with an administered time of 17:07 [5:07 PM].</p> <p>UNIT/ML _____ t as per _____</p> <p>Call MD for _____ or _____ for _____</p> <p>was ordered for 11:00, _____ were documented with an administered time of 12:29.</p> <p>4. On 06/23/23 at 08:02 AM, the surveyor observed Resident #4 in bed during medication administration, receiving medications from the Licensed Practical Nurse (LPN #2), including insulin.</p> <p>The surveyor reviewed Resident #4's EHR:</p> <p>According to the Admission Record, Resident #4 was admitted to the facility on _____ with medical diagnoses which included but were not limited to _____).</p> <p>The admission MDS, dated _____ indicated that Resident #4 had a BIMS score of _____ out of a possible _____ which indicated that the resident was</p>	F 755		

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F 755	<p>Continued From page 51</p> <p>_____. The MDS also indicated that the resident received _____ while at the facility.</p> <p>Resident #4 had an active PO dated _____, _____ as per _____ le: if _____ notify MD of _____ and at _____ for _____</p> <p>Resident 4's MAR and LAR for 06/23 revealed the following:</p> <p>_____ UNIT/ML _____ ct as per _____ _____ _____ notify MD of _____ cutaneously _____ _____ and at _____," was ordered for 07:30, _____ were documented with an administered time of 08:43.</p> <p>_____ UNIT/ML _____ as per _____ _____ _____ notify MD of _____, _____ and at _____," was ordered for 07:30 _____ were documented with an administered time of 08:45.</p> <p>06/07/23 _____ UNIT/ML _____ as per _____ _____ notify MD of _____</p>	F 755		

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F 755	<p>Continued From page 52</p> <p>_____ notify MD of _____ _____ and at _____ for _____ was ordered for 07:30, _____ were documented with an administered time of 08:57.</p> <p>_____ as per _____ _____ notify MD of _____ _____ notify MD of _____ _____ and at _____ for _____," was ordered for 11:30, _____ were documented with an administered time of 12:51.</p> <p>_____ as per _____ _____ notify MD of _____ _____ and at _____," was ordered for 07:30, _____ were documented with an administered time of 08:49.</p> <p>During an interview with the surveyor on 06/23/23 at 12:52 PM, Licensed Practical Nurse (LPN) #1 stated that the correct window to administer medications to residents was an hour before or an hour after it was ordered and that she was expected to document medication administration right when she administered the medications. LPN #1 stated that she was able to give medications to residents within these timeframes. The LPN continued that for Resident #1, she would first check their _____ at 7:30 AM and that, depending on the _____, she</p>	F 755		

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F 755	<p>Continued From page 53</p> <p>would give the resident their [REDACTED] of the day at 7:30 AM. The surveyor showed LPN #1 the repeated times when she signed for Resident #1's medication more than an hour after it was due. LPN #1 stated, "I must have forgotten to sign." The LPN stated that the medications were given as ordered but that her documentation of the administration was late.</p> <p>During an interview with the surveyor on 06/23/23 at 1:31 PM, the Licensed Practical Nurse/Unit Manager (LPN/UM) stated that her expectation of how nurses on her unit gave medications was an hour before or an hour after it was due. The LPN/UM continued that she expected that when the nurses on her unit gave medications, they would go back to their computers and sign for the administration of the medication so that the documentation would be roughly accurate to the actual administration time. The LPN/UM stated that Resident #1's medications were being given on time but were being signed off late, and she knew this because she would see LPN #1 and the other nurses at their medication carts passing medications at the right time.</p> <p>During an interview with the surveyor on 06/23/23 at 2:07 PM, the Director of Nursing (DON) stated that her expectation was that nurses give medications an hour prior to and an hour after the time when they were ordered. The DON stated that a nurse signing the MAR means that they delivered the medication at that time. The DON stated that the nurses should be signing when they give medications. The DON stated that she believed that the medications were given as ordered but that they were signed for at the end of the shift. The DON stated that she observed the nurses, including LPN #1, giving medications</p>	F 755			

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F 755	<p>Continued From page 54</p> <p>at the appropriate times. The DON stated that she knew from working with LPN #1 that she gave the medications at the right time, but because she documented late, it looks like she gave them at the wrong time. The DON stated that prior to the surveyor inquiry, she completed medication reviews to ensure that all medications that were ordered were administered within the shift and that nothing was flagged by her audit as long as the medications were given within the shift.</p> <p>The updated facility policy, "Medication Administration," indicated under the "Policy Explanation and Compliance Guidelines," to "Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by a physician." The facility policy also indicated to "Sign MAR after administered."</p> <p>The updated facility policy, "Documentation in Medical Records," revealed under the "Policy" section, "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation." The policy also indicated under the "Policy Explanation and Compliance Guidelines" section, "Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred." The policy also indicated, "When documentation occurs after the fact, outside acceptable time limits, the entry shall be clearly indicated as "late entry."</p>	F 755			

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F 755	Continued From page 55	F 755			
F 842 SS=D	<p>NJAC 8:39-29.2(d). Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation</p>	F 842		8/11/23	



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F 842	<p>Continued From page 56</p> <p>purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165109</p> <p>Based on interviews, review of the medical records, and other pertinent facility documentation on 6/23/23 and 6/27/23 it was determined that the facility failed to ensure that notification to a resident's Medical Doctor of a</p>	F 842	<p>F842 Resident Records- Identifiable Information CFR(s): 483.20 (f)(5), 483.70 (i)(1)-(5)</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p>		

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F 842	<p>Continued From page 57</p> <p>change in condition was documented in the Resident's medical record. The deficient practice was identified for 1 of 5 residents (Resident #1) reviewed for change in condition.</p> <p>The deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the closed record for Resident #1:</p> <p>According to the Admission Record, Resident #1 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to [REDACTED].</p> <p>The admission Minimum Data Set, an assessment tool used to facilitate the management of care, dated [REDACTED] indicated that the Resident had a Brief Interview for Mental Status (BIMS) score of [REDACTED] out of a possible [REDACTED] which indicated that the Resident was [REDACTED]. The MDS also indicated that the Resident received [REDACTED] while at the facility.</p> <p>A review of the Order Recap Report for Resident #1 revealed the following physician orders (PO):</p> <p>A PO dated [REDACTED], which was active from [REDACTED] indicated, "[REDACTED] UNIT/ML [milliliters] ([REDACTED])</p>	F 842	<p>Resident number one no longer resides at the facility.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>All licensed nurses in the center will be in-serviced by the Director of Nursing or Nursing Supervisor on the center's Notification of Changes and Documentation in the Medical Record Policies.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>The Director of Nursing or Nursing Supervisor will review the daily summary during clinical meeting to ensure all residents with change in conditions primary physician was notified. Audits will be conducted weekly times four (4) weeks, then biweekly times four (4) weeks, then monthly times three (3) months. Any areas of concern identified will be addressed by the director of nursing. The findings of the audits will be presented at the Quality Assurance</p>	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	<p>Continued From page 58</p> <p>[REDACTED] = Call MD [medical doctor], [REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED]."</p> <p>A PO dated [REDACTED], which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] as per [REDACTED] and at [REDACTED] for [REDACTED] etic Call MD if [REDACTED]."</p> <p>A PO dated [REDACTED], which was active from [REDACTED], indicated, [REDACTED] UNIT/ML [REDACTED] as per [REDACTED] and at [REDACTED] for [REDACTED] Call MD if [REDACTED]."</p> <p>A review of Resident #1's Progress Notes revealed the following:</p> <p>A [REDACTED] Nurse's Note timed 13:30 indicated, "Resident [REDACTED] [family member] stated Resident acting funny. Came in the room resident was noted to be s [REDACTED] [and] [REDACTED]. Resident [REDACTED]. [REDACTED] given [REDACTED] min later, [REDACTED] recheck [REDACTED]. Resident responding appropriate[ly]."</p> <p>Further review of the Progress Notes failed to indicate that the Resident's physician was notified that Resident #1's blood sugar was 54.</p>	F 842	Performance Improvement (QAPI) meetings x three (3) months.	

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

PRINTED: 09/25/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315047</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
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F 842	<p>Continued From page 59</p> <p>A [REDACTED] Nursing Note timed 15:46 indicated, "Patient [REDACTED]. The patient was given 8oz of soda. Will continue to monitor."</p> <p>Further review of the Progress Notes failed to indicate that the Resident's physician was notified that Resident #1's [REDACTED] was [REDACTED].</p> <p>A [REDACTED] Nursing Note timed 21:40 indicated, "Resident's [REDACTED] Resident given 8oz of [REDACTED] I will continue to monitor."</p> <p>Further review of the Progress Notes failed to indicate that the Resident's physician was notified that Resident #1's [REDACTED] was [REDACTED].</p> <p>During an interview with the surveyor on 06/23/23 at 2:07 PM, the Director of Nursing (DON) stated that the doctor should be notified when [REDACTED] was outside of certain parameters or if the Resident experienced a change in condition.</p> <p>During an interview with the surveyor on 06/27/23 at 11:26 AM, the Medical Director stated that he or one of the other medical providers were notified during the three instances when Resident #1's [REDACTED] went below normal parameters. The Medical Director stated that he would expect to see documentation that a doctor was notified in the Resident's chart by the nurse who called.</p> <p>During an interview with the surveyor on 06/27/23 at 1:51 PM, the Registered Nurse Supervisor (RNS) stated that he remembered two of the episodes when Resident #1's [REDACTED] was [REDACTED] and gave the resident soda each time. Afterward, he let their family member and doctor know. The RNS stated that he should have</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
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F 842	<p>Continued From page 60</p> <p>documented this information in the Resident's EHR in a nurse's note. The RNS stated that documenting is important because "if it's not documented, then it's not done."</p> <p>The updated facility policy, "Notification of Changes," indicated under the "Compliance Guidelines" section, "The facility must inform the Resident, consult with the Resident's physician and /or notify the Resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include [ ...] Significant change in the Resident's physical, mental, or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include: a. Life-threatening conditions, or b. Clinical complications."</p> <p>The updated facility policy, "Documentation in Medical Records," revealed under the "Policy" section, "Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation." The policy also indicated under the "Policy Explanation and Compliance Guidelines" section, "Documentation shall be completed at the time of service, but no later than the shift in which the assessment, observation, or care service occurred." The policy also indicated, "When documentation occurs after the fact, outside acceptable time limits, the entry shall be clearly indicated as "late entry."</p> <p>NJAC 8:39- 13.1(d)</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE</b> <b>CINNAMINSON, NJ 08077</b>		
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F 842	Continued From page 61  NJAC 8:39-35.2(d)(6).	F 842			

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060314	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/5/2023
NAME OF FACILITY WYNWOOD REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077	

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

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix S0560	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/11/2023	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

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

FOLLOWUP TO SURVEY COMPLETED ON 6/27/2023

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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>06/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WYNWOOD REHABILITATION AND HEALTHCARE CE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 WYNWOOD DRIVE CINNAMINSON, NJ 08077</b>
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S 000	Initial Comments  Complaint #: NJ00165109  Census: 102  Sample: 5  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 interview and review of other facility documents on 6/23/23 and 6/27/23, 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. The facility was deficient in Certified Nursing Assistants (CNA) staffing for residents on 14 of 14 day shifts. This deficient practice had the potential to affect all residents.  Findings include:	S 560	S560- Mandatory Access to Care  All residents have the potential to be affected by staffing shortages. However, no care issues that were identified on the fourteen shifts.  The Administrator in-serviced the Staffing Coordinator regarding the requirement for S560 to ensure that the staffing requirements are met.	8/11/23

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

Electronically Signed

TITLE

(X6) DATE

08/18/23



New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>060314</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/27/2023</b>
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S 560	<p>Continued From page 1</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) 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</p> <p>One (1) direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. As per the "Nurse Staffing Report" completed by the facility for the weeks of 06/04/2023 through 06/17/2023, the staffing-to-resident ratio did not meet the minimum requirements and is documented below:</p> <p>The facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows: -06/04/23 had 9 CNAs for 110 residents on the day shift, required 14 CNAs. -06/05/23 had 7 CNAs for 110 residents on the day shift, required 14 CNAs. -06/06/23 had 10 CNAs for 108 residents on the</p>	S 560	<p>We are constantly conducting extensive wage analysis and studies in order to be competitive in today's market. We are utilizing all resources recruit, hire, and retain staff. Highly competitive Sign on and referral bonuses are in place. Staffing agencies are being utilized to fill any vacancies on the schedule.</p> <p>All residents have the potential to be affected by a staffing shortage.</p> <p>The Administrator and/or staffing coordinator have weekly meetings to review staffing schedules, needs, and the efficacy of the systems in place to fill needs. The results of the audits will be submitted to the Quality Assurance Committee every month for 3 months, then quarterly x3.</p>	

New Jersey Department of Health

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S 560	<p>Continued From page 2</p> <p>day shift, required 13 CNAs. -06/07/23 had 9 CNAs for 107 residents on the day shift, required 13 CNAs. -06/08/23 had 6 CNAs for 105 residents on the day shift, required 13 CNAs. -06/09/23 had 7 CNAs for 104 residents on the day shift, required 13 CNAs. -06/10/23 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -06/11/23 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -06/12/23 had 7 CNAs for 103 residents on the day shift, required 13 CNAs. -06/13/23 had 9 CNAs for 103 residents on the day shift, required 13 CNAs. -06/14/23 had 7 CNAs for 107 residents on the day shift, required 13 CNAs. -06/15/23 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -06/16/23 had 8 CNAs for 103 residents on the day shift, required 13 CNAs. -06/17/23 had 8 CNAs for 103 residents on the day shift, required 13 CNAs.</p> <p>During an interview with the surveyor on 06/23/23 at 2:29 PM, the Director of Nursing (DON) stated that she was aware of the staffing regulations. The DON stated that the facility was engaged in, "heavy recruiting" of CNAs.</p>	S 560		