

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315213	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Willow Springs Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1049 Burnt Tavern Road Brick, NJ 08724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>38079</p> <p>Complaint # NJ 160656</p> <p>Based on interview, record review, and review of other facility documents, it was determined that the facility failed to ensure medications, treatments, and Enteral feedings were administered within the required time frame consistent with professional standards and facility policy. This deficient practice was identified for 1 of 7 residents (Resident # 234) reviewed for medication, treatment, and Enteral feedings administration.</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 medical regimes 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>A review of Resident # 234's Admission Record revealed diagnoses which included but were not limited to; retention of urine, other symbolic dysfunctions (a breakdown in communications), and dysphagia (difficulty in swallowing).</p> <p>A review of the most recent comprehensive Minimum Data Set (MDS) an assessment tool used to facilitate resident care dated 11/08/2022, included but was not limited to; Section G documented the resident required staff assistance for Activities of Daily Living (ADLs), and Section K0510 that the resident required a feeding tube while a resident at the facility.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 315213	Facility ID: 315213 If continuation sheet Page 1 of 14

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Order Summary Report, active orders as of 11/30/2022, included but were not limited to; Enteral Feed . every shift [name redacted] via feeding pump at 65 ml (milliliters) per hour X 18 hours or until total volume infused: total volume = 1200 ml; Enteral feeding via bolus every 4 hours, 5 times a day; Apixaban 5 mg (milligram) 1 tablet via PEG-tube (a tube inserted directly into the stomach) two times a day; Metoprolol 50 mg give 1 tablet via PEG-tube two times a day; Phos-NaK (phosphorus, sodium, potassium) 280-160-250 mg give 1 packet via G-tube before meals and at bedtime; active liquid protein 30 ml two times a day; Ipratropium-Albuterol 0.5-2.5 mg/3 ml inhale orally four times a day; tamsulosin Capsule 0.4 mg give 2 capsules via PEG-tube in the evening; and Nystatin suspension 1000000 unit/ml give 5 ml by mouth every 6 hours. On 11/08/2022, an order for Augmentin 500-125 mg give 1 tablet via G-tube three times a day for infection until 11/09/2022.</p> <p>A review of the Medication Admin (Administration) Audit Report dates run 11/01/2022 through 12/02/2022, identified the following as being administered 2 or more hours late:</p> <p>Enteral Feeding [name redacted] either via pump or bolus 16 times on 11/02/2022 x 1; 11/03/2022 x 2; 11/04/2022 x 2; 11/05/2022 x 1; 11/06/2022 x 1; 11/07/2022 x 2; 11/16/2022 x 2; 11/22/2022 x 2; 11/25/2022 x 1; 11/28/2022 x 1; and 11/30/2022 x 1.</p> <p>Apixaban 22 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022 through 11/13/2022; 11/16/2022; 11/17/2022; 11/18/2022; 11/21/2022; 11/22/2022; 11/23/2022; 11/24/2022; 11/25/2022; 11/27/2022; 11/28/2022; 11/29/2022; and 11/30/2022.</p> <p>Augmentin 1 time on 11/08/2022.</p> <p>Metoprolol 6 times on 11/03/2022; 11/08/2022; 11/13/2022; 11/18/2022; 11/24/2022; and 11/28/2022.</p> <p>PhosNaK 13 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022; 11/08/2022; 11/09/2022; 11/10/2022; 11/11/2022; 11/12/2022; 11/13/2022; 11/18/2022; 11/19/2022; and 11/28/2022.</p> <p>Active Liquid Protein 4 time on 11/17/2022; 11/23/2022; 11/24/2022; and 11/30/2022.</p> <p>Ipratropium-Albuterol 16 times on 11/02/2022; 11/03/2022; 11/04/2022; 11/07/2022; 11/08/2022; 11/09/2022; 11/10/2022; 11/11/2022; 11/16/2022; 11/22/2022; 11/23/2022; 11/24/2022; 11/25/2022 x 2; 11/28/2022; and 11/29/2022.</p> <p>Tamsulosin 11 times on 11/03/2022; 11/04/2022; 11/08/2022; 11/09/2022; 11/12/2022; 11/14/2022; 11/17/2022; 11/22/2022; 11/23/2022; 11/24/2022; and 11/28/2022.</p> <p>Nystatin suspension 7 times on 11/08/2022; 11/09/2022; 11/13/2022; 11/23/2022; 11/24/2022; 11/26/2022; and 11/28/2022.</p> <p>A review of the Progress Notes failed to document medications, treatments, or Enteral feedings being administered late or the physician and family notification.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/09/2024 at 10:42 AM, during an interview with the surveyor, a Licensed Practical Nurse (LPN) stated the process for Enteral feedings was to gather the supplies, prime the feeding tube, use a stethoscope to ensure correct placement of the feeding tube, flush the tube with water, and hook up and start the feeding or medication administration. She further stated that the dressing would be changed daily, and that staff were to provide continuous feedings and bolus feedings as close to the ordered time as possible. The LPN stated that the staff would only have an hour before or after the ordered times to administer feedings, treatments, and medications.</p> <p>On 07/10/2024 at 8:37 AM, the Registered Dietitian (RD) stated it was important to administer tube or bolus feedings in a timely fashion, and that it was vital to see if the resident could be eating orally and if they still need the bolus. She further stated, you don't want to cram it [the enteral feedings] if you are late which it shouldn't be, and that staff would have to check for residuals (Enteral feed that had not been absorbed and left in the stomach). When inquired if an Enteral feeding was administered two or more hours late, the RD stated, That's a big stretch and it should be documented why it was late. When asked about Resident #234, the RD stated she was not the RD at the facility at that time.</p> <p>On 07/10/2024 at 12:12 PM, during an interview with the surveyor, a second LPN stated the process for administering a feeding or medications via a PEG tube. She stated that the staff should flush the tube, and check for residual and placement. She stated that she was caring for a resident who had a G-tube and was being administered bolus feedings which would be done via gravity.</p> <p>On 07/10/2024 at 1:04 PM, the Director of Nursing (DON) stated the nurses should be documenting as they are administering Enteral feedings, medications, and treatments. She stated the best practice was to check off the medication or treatment at the time it was administered. When asked about the Medication Admin Audit Report, the DON was unable to provide additional information as to why the medications, treatments, and Enteral feedings were documented as being administered two or more hours late.</p> <p>A review of the facility provided policy, Enteral Nutrition revised 2018, included but was not limited to; Policy Statement: Adequate nutritional support through enteral nutrition is provided to residents as ordered.</p> <p>A review of the facility provided policy, Administering Medications undated, included but was not limited to; Medications are administered in a safe and timely manner, and as prescribed. Policy: 4. medications are administered in accordance with prescriber orders, including any required time frame. 7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified . 21. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the MAR (Medication Administration Record) space provided for that drug and dose. 22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> <p>NJAC 8:39-27.1(a)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49712</p> <p>C/O # NJ163363</p> <p>Based on interview, review of the medical record and review of other facility documentation, it was determined that the facility failed to: a) assess a resident (Resident #534) in a timely manner by a Registered Nurse (RN) who had an unwitnessed fall which resulted in the resident experiencing pain and a right hip fracture. Resident #534 fell on [DATE] at approximately 6:00 PM, and was not assessed until the next day at approximately 10:15 AM (over 12 hours) by the Medical Doctor. This deficient practice was identified for 1 of 4 residents reviewed for falls; and b) failed to ensure that there was a physician order for the use and monitoring of a safety device (Wander Bracelet) used to prevent residents from elopement (leaving a specified area without permission or supervision) in place. This deficient practice was identified for 1 of 6 residents reviewed for accidents (Resident #107).</p> <p>This deficient practice was evidenced by the following:</p> <p>A review of an undated facility provided policy titled, Assessing Falls and Their Causes revealed under Steps in the Procedure, After a Fall:</p> <ol style="list-style-type: none">1. If a resident has just fallen or is found without a witness to the event evaluate for possible injuries to the head, neck, spine, and extremities.3. If there is evidence of injury, provide appropriate first aid and/or obtain medical treatment immediately.5. Notify the resident's attending physician and family in an appropriate time frame. <p>a. When a fall results in a significant injury or condition change, notify the practitioner immediately by phone.</p> <p>The policy also revealed, under Documentation, that When a resident falls, the following should be recorded:</p> <ol style="list-style-type: none">1. The condition in which the resident was found (e.g., resident found lying on the floor between bed and chair).2. Assessment data, including vital signs and any obvious injuries.3. Interventions, first aid, or treatment administered.4. Notification of the physician and family, as indicated.5. Completion of a falls risk assessment.6. Appropriate interventions taken to prevent future falls. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>7. The signature and title of the person recording the data.</p> <p>1) According to the Admission Record, Resident #534 was admitted to the facility with diagnoses including but not limited to: Dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and osteoarthritis (a degenerative joint disease, in which the tissues in the joint break down over time).</p> <p>According to the Minimum Data Set (MDS), an assessment tool used to facilitate care dated 02/12/2023, Resident #534 had a Brief Interview for Mental Status (BIMS) score of 02/15, indicating severely impaired cognition. Section GG indicated that Resident #534 was independent with walking in the corridor.</p> <p>A review of the Progress Notes revealed the following:</p> <p>a) On 04/17/2023 at 8:10 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM#2) was alerted by staff that Resident #534 had fallen on 04/16/2023 at about 6:00 PM. LPN/UM #2 went to check on the resident who was still in bed. Resident #534 stated he was in pain while pointing to his right hip which was externally rotated. Resident #534 was unable to move their right lower extremity without pain. LPN/UM #2 called the Nurse Practitioner and received orders for x-rays of right hip, pelvis, and lower extremity and pain medication. The Medical Doctor (MD) was asked to consult.</p> <p>b) On 04/17/2023 at 10:15 AM, the MD assessed Resident #534. The resident stated his right hip pain was 10/10 (10 being the highest level on the pain scale).</p> <p>c) On 04/17/2023 at 10:16 AM, the MD ordered the resident to be sent to ER (emergency room) for a possible right hip fracture.</p> <p>d) On 04/17/2023 at 11:19 AM, the resident was transported to the ER.</p> <p>e) On 04/17/2023 at 18:08 PM (6:08 PM), Resident #534 was admitted to the hospital with a closed fracture of the right hip (a fracture that does not break the skin).</p> <p>A review of the facility investigation titled Full QA (Quality Assurance) Report dated 4/17/2023, revealed the following under the Summary:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Resident # 534 had an unwitnessed fall resulting in an injury. The resident fell in front of the nursing station. Certified Nursing Assistant (CNA #2) heard the resident fall and went to check on the resident. CNA #2 then notified the assigned Licensed Practical Nurse (LPN #2). The resident was brought back to their room and further assessed for injury. LPN #2 said the resident had no visible redness or bruising injuries noted and was observed without any complaints of pain. LPN #2 failed to follow the facility policy and standard of practice for unwitnessed falls and failed to notify the Registered Nursing (RN) supervisor to conduct a full body assessment. In addition, LPN #2 also failed to complete a risk report, document in the medical record, endorse the incident to the following shift, and notify primary medical doctor and the resident's family. On 04/17/2023, at approximately 8:00 AM, CNA #2, who was present the night before when the fall happened, approached LPN/UM #2 inquiring about how Resident #534 was doing. LPN/UM #2 immediately assessed the resident who complained of pain to their right hip area, was unable to move their right lower extremity when asked and the right leg was noted to be externally rotated. Vitals were obtained, neurological checks initiated, ice was applied to right hip area and Tylenol was administered. The Director of Nursing (DON), Administrator, Advanced Practical Nurse (APN), and the resident's family were notified of incident. New orders were given for x-rays of right hip, pelvis, and lower extremity; and for Tramadol 50 milligrams twice day for pain. The Physiatrist (Rehabilitation physician) was in the facility at the time and staff requested a consult. An assessment was completed and new orders were received to send the resident to the ER for further evaluation. Resident #534 was admitted with a diagnosis of a closed right hip fracture.</p> <p>The resident did not return to the facility.</p> <p>During an interview with the surveyor on 07/10/2024 at 10:01 AM, CNA #2 who originally reported the fall stated, I don't really remember that night, it was a long time ago. When asked what would you do if you found a resident on the floor, CNA #2 replied, I would call for the nurse and stay with the resident until the nurse got there.</p> <p>During an interview with the surveyor on 07/10/2024 at 12:05 PM, LPN/UM #2 stated, I don't remember that incident. The surveyor asked LPN/UM #2 when should a resident be assessed after a fall. LPN/UM #2 told the surveyor that Residents should be assessed immediately after a fall by the RN supervisor.</p> <p>During an interview with the surveyor on 07/10/2024 at 01:12 PM, the DON replied Yes, when asked if LPN #2 should have notified an RN to assess Resident #534 after the fall. The DON also replied Yes, when asked if LPN #2 should have reported the fall at that time. The DON also stated, The resident should have been assessed right away.</p> <p>41442</p> <p>A review of the facility policy titled, Wander Management and Elopement Prevention, updated March 2022 revealed:</p> <p>2. The staff will implement a wander management system device, if recommended, as a part of the plan of care.</p> <p>3. Resident care plans will include resident specific interventions to ensure safe wandering and prevent elopement.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>4. The wander management system device will be used in conjunction with other resident-specific interventions for the management of unsafe wandering.</p> <p>2) According to the Admission Record, Resident #107 was admitted with diagnoses that included but were not limited to; Senile Degeneration of the Brain, Alzheimer's Disease, and Dementia.</p> <p>During the initial tour on 07/09/2024 at 09:22 AM, Resident #107 was observed in their room eating breakfast. At that time, a Wander Bracelet (a device that would alarm and lock doors to prevent a resident from leaving an area attended) was fastened to their right ankle.</p> <p>A review of Resident #107's Physician Orders did not include a physician order for a Wander Bracelet monitoring device.</p> <p>A review Resident #107's Care Plan did not include a focus area for the Risk for Elopement and no indication that a Wander Bracelet was placed to the right ankle.</p> <p>A review the most recent MDS dated [DATE], revealed Resident #107 had severe cognitive impairment. Under Section P-Restraints and Alarms, there was no documentation that a Wander/Elopement alarm was used.</p> <p>A review of a Quarterly Evaluation dated 04/12/2024, under the Elopement/Wandering Risk Evaluation section, indicated that Resident #107 was assessed and found to have at risk behaviors including wandering aimlessly and had actual/potential risk for elopement. Included in the interventions was a Wander Bracelet.</p> <p>During an interview with the surveyor on 07/10/2024 at 12:45 PM, LPN/UM #2 verified that Resident #107 did not have a Physician Order or Care Plan for a Wander Bracelet. At that time, LPN/UM #2 indicated that she would get working on it.</p> <p>During an interview with the surveyor on 7/11/2024 at 01:11 PM, the DON stated that the process for assessing for risk of elopement is done on admission and as needed. The DON stated that if a resident was indicated to be at risk and a Wander Bracelet was recommended, the Physician would be notified and an order for a Wander Bracelet would be obtained. In addition, the family is notified and the Care Plan is updated.</p> <p>NJAC 8:39 - 27.1 (a)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>34423</p> <p>Complaint # NJ00168248, NJ00168274</p> <p>Based on interviews, review of the Nurse Staffing Report and the PB&J (Payroll Based Journal) report and other facility documentation, it was determined that the facility failed to ensure there was sufficient nursing staff on a 24-hour basis to provide nursing care to the residents. This deficient practice was evidenced by the following:</p> <p>A review of the Facility Assessment revealed under the Staffing Guidelines that the facility created a staffing pattern to ensure their residents needs are met on a consistent basis. The assessment went on to indicate that Our facility staffing pattern provides a base to ensure that the facility has a sufficient number of qualified staff to meet the needs of the residents. We incorporate the State of New Jersey's regulatory requirements for ratios of direct care staff members to residents into our staffing baseline.</p> <p>A review of the Nurse Staffing Reports revealed the following:</p> <p>1.For the 2 weeks of Complaint staffing from 01/08/2023 to 01/21/2023, the facility was deficient in Certified Nursing Assistant (CNA) staffing for residents on 14 of 14 day shifts and deficient in total staff for residents on 1 of 14 overnight shifts as follows:</p> <p>-01/08/23 had 9 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-01/09/23 had 10 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/10/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/11/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/12/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-01/13/23 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-01/13/23 had 9 total staff for 136 residents on the overnight shift, required at least 10 total staff.</p> <p>-01/14/23 had 11 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-01/15/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-01/16/23 had 10 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-01/17/23 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-01/18/23 had 11 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-01/19/23 had 12.5 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-01/20/23 had 11.5 CNAs for 138 residents on the day shift, required at least 17 CNAs.</p> <p>-01/21/23 had 11 CNAs for 141 residents on the day shift, required at least 18 CNAs.</p> <p>2. For the week of Complaint staffing from 02/05/2023 to 02/11/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts and deficient in total staff for residents on 1 of 7 overnight shifts as follows:</p> <p>-02/05/23 had 11 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-02/05/23 had 9 total staff for 137 residents on the overnight shift, required at least 10 total staff.</p> <p>-02/06/23 had 12 CNAs for 136 residents on the day shift, required at least 17 CNAs.</p> <p>-02/07/23 had 11 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-02/08/23 had 13 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-02/09/23 had 12 CNAs for 131 residents on the day shift, required at least 16 CNAs.</p> <p>-02/10/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-02/11/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>3. For the week of Complaint staffing from 04/16/2023 to 04/22/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-04/16/23 had 10 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-04/17/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-04/18/23 had 13 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-04/19/23 had 12 CNAs for 137 residents on the day shift, required at least 17 CNAs.</p> <p>-04/20/23 had 10 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-04/21/23 had 10 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-04/22/23 had 12 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>4. For the week of Complaint staffing from 10/08/2023 to 10/14/2023, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Willow Springs Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1049 Burnt Tavern Road Brick, NJ 08724	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-10/08/23 had 11.5 CNAs for 133 residents on the day shift, required at least 17 CNAs.</p> <p>-10/09/23 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-10/10/23 had 12 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-10/11/23 had 11 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-10/12/23 had 10 CNAs for 126 residents on the day shift, required at least 16 CNAs.</p> <p>-10/13/23 had 11 CNAs for 125 residents on the day shift, required at least 16 CNAs.</p> <p>-10/14/23 had 12.5 CNAs for 124 residents on the day shift, required at least 15 CNAs.</p> <p>5. For the 2 weeks of Complaint staffing from 12/17/2023 to 12/30/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-12/17/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/18/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/19/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/20/23 had 11 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/21/23 had 12 CNAs for 118 residents on the day shift, required at least 15 CNAs.</p> <p>-12/22/23 had 10 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-12/23/23 had 12 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-12/24/23 had 9 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-12/25/23 had 12.5 CNAs for 119 residents on the day shift, required at least 15 CNAs.</p> <p>-12/26/23 had 8 CNAs for 120 residents on the day shift, required at least 15 CNAs.</p> <p>-12/27/23 had 12 CNAs for 120 residents on the day shift, required at least 15 CNAs.</p> <p>-12/28/23 had 10 CNAs for 120 residents on the day shift, required at least 15 CNAs.</p> <p>-12/29/23 had 12 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>-12/30/23 had 14 CNAs for 123 residents on the day shift, required at least 15 CNAs.</p> <p>6. For the week of Complaint staffing from 01/21/2024 to 01/27/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-01/21/24 had 10 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-01/22/24 had 13 CNAs for 130 residents on the day shift, required at least 16 CNAs.</p> <p>-01/23/24 had 11 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-01/24/24 had 12 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-01/25/24 had 11 CNAs for 129 residents on the day shift, required at least 16 CNAs.</p> <p>-01/26/24 had 11 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>-01/27/24 had 13 CNAs for 128 residents on the day shift, required at least 16 CNAs.</p> <p>7. For the week of Complaint staffing from 02/25/2024 to 03/02/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-02/25/24 had 13 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-02/26/24 had 11 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-02/27/24 had 10 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-02/28/24 had 9 CNAs for 132 residents on the day shift, required at least 16 CNAs.</p> <p>-02/29/24 had 11 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-03/01/24 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>-03/02/24 had 9 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>8. For the 2 weeks of Complaint staffing from 05/12/2024 to 05/25/2024, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts as follows:</p> <p>-05/12/24 had 10 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-05/13/24 had 10.5 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-05/14/24 had 14 CNAs for 143 residents on the day shift, required at least 18 CNAs.</p> <p>-05/15/24 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-05/16/24 had 15 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-05/17/24 had 11 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-05/18/24 had 14 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-05/19/24 had 12.5 CNAs for 142 residents on the day shift, required at least 18 CNAs.</p> <p>-05/20/24 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-05/21/24 had 11 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-05/22/24 had 12 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-05/23/24 had 10.5 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-05/24/24 had 10 CNAs for 139 residents on the day shift, required at least 17 CNAs.</p> <p>-05/25/24 had 13 CNAs for 135 residents on the day shift, required at least 17 CNAs.</p> <p>9. For the 1 week of staffing prior to survey from 06/30/2024 to 07/06/2024, the facility was deficient in CNA staffing for residents on 7 of 7 day shifts as follows:</p> <p>-06/30/24 had 9.5 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/01/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/02/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/03/24 had 14 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/04/24 had 13 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>-07/05/24 had 11 CNAs for 146 residents on the day shift, required at least 18 CNAs.</p> <p>-07/06/24 had 12 CNAs for 144 residents on the day shift, required at least 18 CNAs.</p> <p>During the initial tour on 07/08/2024 at 08:12 AM, the surveyor asked for census and current staffing for the Birch Unit. Licensed Practical Nurse/Unit Manager (LPN/UM #1) said there are 56 residents, 2 nurses and 4 CNA's.</p> <p>During an interview with the surveyor on 07/08/2024 at 09:45 AM, Resident # 99 said that on weekends they seem short staffed.</p> <p>During an interview with the surveyor on 07/10/2024 at 11:10 AM, CNA #1 who said we have a heavy workload. I average 15 residents for my shift, and it depends on call outs. Even if we have 5 aides, I still have 12 residents.</p> <p>During an interview with the surveyor on 07/10/2024 at 12:33 PM, the Director of Human Resource said I also do staffing and payroll. When asked if she was aware of the minimum staffing requirements for CNA's she stated 1:8 for CNA for 7a-3p shift, 1:10 3p-11p, 1:14 for 11p-7a shift. She went on to say when I do the schedule, I try to meet it, but when there are call outs, it puts a damper on the schedule. I do the schedule for the week, if there are call outs we try to call per diems. The Director of Human Resources said that not all the time meeting the staffing ratio requirements.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview with the surveyor on 07/11/2024 at 09:12 AM, the Director of Nursing (DON) was asked What is your current staffing pattern that you use for each unit for each unit? The DON relayed the following:</p> <p>Cedar unit</p> <p>Day shift- 2 nurses, 1 Unit Manager (UM), and we try to have 3rd nurse depending on census to help. For CNA's depends on census and we try to follow CNA ratios per New Jersey Department of Health (NJDOH), of 1-8 and try to go for 5 CNA's.</p> <p>Evening shift- 2 nurses, 1 Registered Nurse (RN) or Licensed Practical Nurse (LPN) supervisor. There is always an RN in the building on all shifts. We try to follow 1-10 CNA guidelines. The DON gave no specific number of CNA's.</p> <p>Night shift- 1 nurse, 1 RN or LPN supervisor to help with morning med pass depending on census. CNA's 1-14 ratio and we try to make sure we have that in place.</p> <p>Applewood Unit</p> <p>Days shift- 2 nurses, 1 UM, and follow state guidelines for CNA's as well.</p> <p>Evening shift-2 nurses, supervisor for house, 1-10 ratio for CNA's.</p> <p>Night shift- 1 nurse, CNA's 1-14 ratio per state guidelines.</p> <p>Birch Unit-</p> <p>Day shift- 2 nurses, 1 UM, CNA's 1-8 based on state guidelines.</p> <p>Evening shift- 2 nurses, 1 supervisor for house RN or LPN, CNA's 1-10 based on state guidelines.</p> <p>Night shift- 1 nurse, 1 supervisor for house RN or LPN and CNAs based on state guidelines 1-14.</p> <p>The surveyor questioned what about supervisors? The DON said, 1 supervisor on evenings and night shift either RN or LPN, but we always have an RN in the building. The DON was asked if there was any difference on the weekends? And the DON replied the only difference is the UMs are not here on weekends so there is a supervisor on 7-3, 3-11 and 11-7.</p> <p>During a follow-up interview with the surveyor on 07/11/2024 at 09:23 AM, the DON said we do our best to meet the state requirements and do our best to fill the call outs and if we need to the Assistant Director of Nursing, DON, UM, and Infection Preventionist are to assist and to support staff. We staff the best we can, and I don't really think weekend call outs are any different then weekday.</p> <p>During an interview with the surveyor on 07/11/2024 at 12:47 PM, CNA #3 said she has 12 residents today. When asked if she feels as though she can take care of residents properly when she has 12 residents CNA #3 stated, Not all the time.</p> <p>(continued on next page)</p>		

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview with the surveyor on 07/11/2024 at 01:34 PM, the DON confirmed the minimum requirement for CNA is 7-3 shift 1-8 ratio, 3-11 shift is 1-10 ratio, and for 11-7 shift is 1-14. We do the best that we can to meet the ratios. The DON again said I don't feel weekends are any worse that weekday. NJAC 8:39-5.1(a), 27.1(a)		