

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: 315279	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Embassy Manor at Edison Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Brunswick Avenue Edison, NJ 08817	
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>50919</p> <p>Complaint # NJ160740, NJ166295, NJ167271, NJ169912</p> <p>Based on observations, interviews, medical record review, and review of other pertinent facility documentation on 07/24/2024, it was determined that the facility failed to administer medications according to the acceptable standards of nursing practice for 1 of 3 residents (Resident #3) . The facility also failed to follow its policy titled Administering Medications.</p> <p>This deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated Title 45. Chapter 11. New Jersey Board of Nursing Statutes 45:11-23. Definitions b. 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 regimens as prescribe by a licensed or otherwise legally authorized physician or dentist. Diagnosing in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen. Such diagnostic privilege is distinct from a medical diagnosis. Treating means selection and performance of those therapeutic measures essential to the effective management and execution of the nursing regimen. Human response means those signs, symptoms and processes which denote the individual's health need or reaction to an actual or potential health problem.</p> <p>According to the Admission Record (AR), Resident #3 was admitted to the facility with diagnoses which included but were not limited to, Essential Hypertension (high blood pressure), Hyperlipidemia (elevated cholesterol), Major Depressive Disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and Diabetes (high blood sugar levels).</p> <p>A review of the 05/08/2024 Quarterly Minimum Data Set (MDS), an assessment tool reflected that the Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated the resident's cognition was cognitively intact.</p> <p>A review of the Order Summary Report (OSR) Active Orders as of 07/24/2024 included the following Physician's Orders (Pos):</p> <p>Clopidogrel Bisulfate Tablet 75 mg Give 1 tablet by mouth one time a day.</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: 315279	Facility ID: 315279 If continuation sheet Page 1 of 2

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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>Escitalopram Oxalate Tablet 20mg Give 1 tablet by mouth one time a day.</p> <p>Amlodipine Besylate Tablet 5mg Give 1 tablet by mouth two times a day.</p> <p>Eliquis 2.5mg Tablet Give 1 tablet by mouth two times a day.</p> <p>Metformin HCL Tablet 1000mgs Give 1 tablet by mouth two times a day.</p> <p>Vitamin D3 5000 Unit Tablet Give 1 tablet by mouth one time a day.</p> <p>During an interview with Resident #3 on 07/24/2024 at 10:13 A.M., the Surveyor observed six pills in a medicine cup on Resident # 3's bedside table. Resident #3 stated the nurse left the pills and never gave me water.</p> <p>On 07/24/2024 at 10:20 A.M., the Surveyor notified the Charge Nurse of pills in medicine cup on Resident #3's bedside table. The Charge Nurse removed the medicine cup with pills from Resident #3's bedside and notified the Registered Nurse (RN#1) assigned to Resident #3.</p> <p>The Surveyor attempted to interview RN #1 on 07/24/2024 at 10:23 A.M., but RN #1 was not available at that time.</p> <p>During an Interview with the Surveyor on 07/24/2024 at 10:23 A.M., the Charge Nurse stated, the expectation was not to leave medications unattended in a resident's room. The Charge Nurse further stated the expectation for nurses was to ensure residents took their medications before leaving the resident's room.</p> <p>During an interview with the Surveyor on 07/24/2024 at 1:02 P.M., RN #1 stated, this morning was a mistake. RN #1 further stated she became distracted with Resident #3's roommate and did not observe Resident #3 take their medications. RN #1 stated expectation was to make sure resident took medications prior to leaving room. RN #1 stated she should not leave room without ensuring medications are taken by resident. RN #1 was able to confirm that medications in the medicine cup found at Resident #3's bedside were Clopidogrel Bisulfate Tablet 75 mg, Escitalopram Oxalate Tablet 20mg, Amlodipine Besylate Tablet 5mg, Eliquis 2.5mg Tablet, Metformin 1000mg, and Vitamin D3 5000 Unit.</p> <p>During an interview with the Director of Nursing (DON) on 07/25/2024 at 4:45 P.M., the DON stated the expectation was the nurse should have ensured that the resident swallowed the pills with water or juice. The DON further stated, I would never expect the nurse to leave medications at the resident's bedside. The DON stated, it was important that the nurse ensures the resident swallows their medication to ensure they are getting the medication that they need.</p> <p>Review of the undated facility policy titled, Administering Medications revealed under Policy Statement, Medications shall be administered in a safe and timely manner, and as prescribed. Under Policy Interpretation and Implementation, 15. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.</p> <p>NJAC 8:39-29.2(d)</p>		