

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

PRINTED: 04/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/19/2019
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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS COMPLAINT #: NJ118269 CENSUS: 102 SAMPLE SIZE: 7	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without	F 550		9/30/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/24/2019
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1</p> <p>interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ 118269</p> <p>Based on observation and interviews on 9/19/19, it was determined that the facility failed to maintain Residents' dignity during lunch for two Sampled Residents (Resident #6 and Resident #7) who were not served their lunch trays and were seated at the same table with with other Residents who were eating lunch.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record, Resident #6 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]. The Minimum Data Set (MDS), an assessment tool dated [REDACTED], indicated Resident #6 scored a [REDACTED] on the Basic Interview for Mental Status (BIMS), which indicated the Resident was [REDACTED] impaired. The MDS also reflected that the resident required extensive assistance with Activities for Daily Living (ADLs).</p> <p>Review of Resident #6's Progress Notes (PN) dated [REDACTED], showed Resident #6's "appetite fair for all meals, feed self with set up and supervision...."</p>	F 550	<p>F550: Residents Rights/Exercise of Rights Corrective Action For resident #6 and Resident #7 both have similar care needs. Staff was re-educated on the protocols to be followed regarding meal service, what actions are to be taken to ensure residents who require assistance ensure that their needs are met timely. All residents who are seated together should have their meal served at the same time.</p> <p>Identify any other residents who could be impacted. All residents could be impacted if protocols are not followed. Systemic Changes: The Unit manager or designee will perform random audit of meal distribution weekly and non-compliance will be addressed with staff. Monitoring of Corrective Action</p> <p>The results of these audits will be reviewed at the monthly Quality assurance Steering Committee for three months. Following the three months, the committee will determine the future</p>		

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F 550	<p>Continued From page 2</p> <p>During lunch observation in the dining area on the [REDACTED] floor on 9/19/19 at 12:08 p.m., Resident #6 was not served his/her lunch tray and sat at the same table with other Residents who were eating lunch.</p> <p>2. According to the Admission Record, Resident #7 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED]. The Minimum Data Set (MDS), an assessment tool dated [REDACTED], indicated Resident #7 had a BIMS of [REDACTED], which indicated the Resident was [REDACTED] impaired. The MDS also reflected that the resident required extensive assistance with Activities for Daily Living (ADLs).</p> <p>During lunch observation in the dining area on the second floor on 9/19/19 at 12:08 p.m., Resident #7 was not served his/her lunch tray and sat at the same table with other Residents who were eating lunch.</p> <p>During lunch observation on 9/19/19 at 12:17 p.m., a second meal truck was brought up to the second floor dining area. Certified Nurse's Aides (CNAs) #2 and #3 wheeled Resident #6 and Resident #7 into the hallway, from out of the dining area where other Residents were eating their lunch.</p> <p>During lunch observation on 9/19/19 at 12:37 p.m., staff brought the third food truck on the [REDACTED] floor and staff wheeled Residents #6 and #7 back into the dining area and the Residents were served their lunch trays.</p>	F 550	<p>needs/frequency of the audits.</p> <p>Date of Compliance 9/30/19</p>		

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F 550	<p>Continued From page 3</p> <p>During an interview on 9/19/19 at 12:12 p.m., CNA #2 stated, "there are three trucks that deliver meals on the unit, only one came up and other Residents are waiting for their trays."</p> <p>During an interview on 9/19/19 at 12:29 p.m., CNA #3 stated Resident #6 and Resident #7 were wheeled from the dining room because "their trays are not up yet."</p> <p>During an interview on 9/19/19 at 12:35 p.m., the RN/UM stated, "they are changing the list now , who gets meals in the dining room, who gets meals in their rooms or who gets fed first, it depends on who's in the lounge, and which cart comes up first." The RN/UM also indicated, "the cart that comes up first is the people in the lounge area."</p> <p>During an interview on 9/19/19 at 12:38 p.m., the RN/UM stated, "yes, we can start serving when all the trays are not on the floor, one or two could be served while others wait."</p> <p>During an interview with the the Director of Nursing (DON) on 9/19/19 at 2:20 p.m., the DON stated " the Residents who need assistance, the aides will assist with their meals."</p> <p>Review of an undated Facility's Policy titled, "Serving of Food," revealed the following: Under "Residents Requiring Full Assistance:" A nursing staff will remove food trays from the food cart and deliver the trays to each resident's room. Nursing staff and/or feeding assistants will feed those Residents needing full assistance within fifteen minutes of the delivery of food trays. Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity. Under "Dining Room Residents:" Nursing staff and/or</p>	F 550			

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F 550	Continued From page 4 feeding assistants will serve Residents trays and will help Residents who require assistance with eating.	F 550			
F 657 SS=D	N.J.A.C. 8:39-27.1 (a) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: C#: NJ 118269	F 657		9/30/19	
			F657: Care Plan Timing and Revision Corrective Action Resident 2 could not		

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F 657	<p>Continued From page 5</p> <p>Based on interviews and record reviews, as well as review of pertinent facility documents on 9/17/19 and 9/19/19, it was determined that the facility failed to update the Care Plan (CP) for 1 of 3 sampled residents (Resident #2), who was on hospice care and had a change in condition. This deficient practice was evidenced by the following:</p> <p>1. According to Resident #2's "Admission Record (AR)," the Resident was originally admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED] impaired. The MDS also indicated Resident #2 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #2's Progress Notes (PN) showed the Resident was on [REDACTED] care and had a change in condition which showed the following:</p> <p>On [REDACTED] at 3:30 p.m., "Resident continues to decline," medicated with [REDACTED]...</p> <p>On [REDACTED] at 3:55 p.m., No Improvement in Resident's status....</p> <p>On [REDACTED] Resident health status is declining, [REDACTED] present...., turning and repositioning maintained....</p> <p>On [REDACTED] at 3:51 p.m., Resident #2 "noted with [REDACTED]" Resident #2's PN also showed [REDACTED] and [REDACTED]</p>	F 657	<p>have corrective action performed as this is a closed record.</p> <p>Identification of other residents. all residents are potentially at risk for this deficient practice.</p> <p>Systemic Changes Due to Changes All staff nurses, Unit Managers and supervisors will be re-educated on Comprehensive Care plans, significant change in Residents Condition and hospice documentation. All careplans will be audited by unit managers for compliance.</p> <p>Monitoring of Corrective action. DON or designee will perform monthly audit for three months. The results of these audits will be reviewed at the monthly Quality assurance Steering Committee for three months. Following the three months, the committee will determine the future needs/frequency of the audits. Date of Compliance <input type="checkbox"/> 9/30/19</p>	

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F 657	<p>Continued From page 6</p> <p>██████████</p> <p>Review of Resident #2's (CP) initiated ██████████ and revised on ██████████ revealed the following: Under "Focus" showed, Resident #2 has potential for ██████████ Under "Goal" showed, Resident #2's skin will remain free from skin breakdown thru next review date. "Under Interventions," included, keep skin clean and dry, monitor skin during daily care, weekly skin assessments....</p> <p>Review of Resident #2's CP showed no documentation that Resident #2's CP was revised and updated following Resident #2's change in condition after Resident #2 developed ██████████</p> <p>During an interview on 9/19/19 at 9:40 a.m., The DON stated turning and reposition will be on the care plan. In addition, the DON indicated that "when in-services are done, staff are educated and sometimes it is not automatically written on the care plan but staff are aware when they see a Resident who is immobile and not able to turn themselves, they should make it their duty as part of the facility culture to turn or reposition the Resident.</p> <p>During an interview on 9/19/19 at 10:30 a.m., the Certified Nurses Aide (CNA #1) stated he/she would reposition Residents every two hours and would know when a Resident needs to be repositioned by just looking at them.</p> <p>Review of an undated facility's policy titled "Change in a Resident's Condition or Status" indicated the following: Under "Policy Interpretation And Implementation:" A significant change of condition is a decline or improvement</p>	F 657			

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F 657	Continued From page 7 in the Resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting). b. Impacts more than one area of the Resident's health status. c. Requires interdisciplinary review and/or revision to the CP. Review of a second undated Facility's Policy titled "Care Planning-Interdisciplinary" undated, indicated the following: Under "Policy Interpretation And Implementation:" A comprehensive CP for each Resident is developed within seven days of completion of the Resident assessment (MDS). The CP is based on the Resident's comprehensive assessment and is developed by a Care Planning/Interdisciplinary Team which includes, but is not limited to the following personnel: The Charge Nurse responsible for the Resident's care, Nursing Assistants responsible for the Resident's care....	F 657			
F 658 SS=D	N.J.A.C: 8:39-11.1 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: C#: NJ118269 Based on interviews, Medical Record (MR)	F 658	F658: Corrective action Resident 2 is a closed record.	9/30/19	

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F 658	<p>Continued From page 8</p> <p>review, and review of other pertinent facility documents on 9/17/19 and 9/19/19, it was determined that the facility Nursing Staff failed to document on the Treatment Administration Record (TAR) to indicate that the treatments were administered according to the Physician Orders (POs), and acceptable standards of clinical practice in accordance with the New Jersey Board of Nursing Statutes. In addition, the Nursing staff failed to follow the Facility's own policy titled "Administering Medication," and "Physician Medication Orders" for 2 of 3 residents (Resident #2 and Resident #3), reviewed for medication and treatment documentation. This 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 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</p>	F 658	<p>Systemic Changes - this deficient practice has the potential to impact all residents . Systemic Changes to prevent reoccurrence.</p> <p>Services Provided Meet Professional Standards In-services will be given by the DON or designee on medication administration and documentation to all existing and new hired staff. Monitoring of Corrective Action Unit manager and or designee with audit Medication administration record and treatment administration record every shift for three months for compliance. The results of these audits will be reviewed at the monthly Quality assurance Steering Committee for three months. Following the three months, the committee will determine the future needs/frequency of the audits. Date of Compliance 9/30/19</p>		

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F 658	<p>Continued From page 9</p> <p>registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. According to Resident #2's "Admission Record (AR)," the Resident was originally admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #2 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED] impaired. The MDS also indicated Resident #2 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #2's "Order Summary Report (OSR)" revealed the following physician's orders: [REDACTED] Apply to [REDACTED] area topically every shift for [REDACTED], apply with each incontinent care, dated [REDACTED]</p> <p>Review of Resident #2's Treatment Administration Record (TAR) showed no documentation of initials which indicated the above orders were administered as follows: On 12/27/18 and 12/29/18, on the 11:00 p.m. to 7:00 a.m. shift. On 1/16/19, on the 3:00 p.m. to 11:00 p.m. shift. On 1/17/19, on the 7:00 a.m. to 3:00 p.m. and 11:00 p.m. to 7:00 a.m. shifts. On 1/28/19, on the 11:00 p.m. to 7:00 a.m. shift.</p> <p>2. According to Resident #3's AR, the Resident was admitted to the facility on [REDACTED] with</p>	F 658			

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F 658	<p>Continued From page 10</p> <p>diagnoses including but not limited to: [REDACTED]</p> <p>[REDACTED] and Need for Assistance with Personal Care.</p> <p>According to the MDS, an assessment tool dated [REDACTED] Resident #3 had a BIMS score of [REDACTED], which indicated the Resident was [REDACTED] impaired. The MDS also indicated Resident #3 required extensive assistance with ADLs.</p> <p>Review of Resident #3's OSR revealed the following:</p> <p>[REDACTED]) Apply to [REDACTED] area topically every day shift for [REDACTED] care cleanse with [REDACTED]) apply [REDACTED] cover with gauze border, dated [REDACTED].</p> <p>Apply to [REDACTED] topically every eight hours as needed (PRN) for [REDACTED] care. Cleanse with [REDACTED] apply nickel thick [REDACTED] areas. Apply [REDACTED] areas, cover [REDACTED] and bordered gauze dressing daily and PRN for soilage, dated [REDACTED].</p> <p>Apply to [REDACTED] topically every day shift for wound care. Cleanse with [REDACTED], apply nickel thick [REDACTED] base, [REDACTED] areas. Apply [REDACTED] areas, cover [REDACTED] and bordered gauze dressing daily and PRN for soilage, dated [REDACTED].</p> <p>Review of Resident #3's TAR , showed no documentation of initials which indicated the above treatments were administered as follows: On 9/3/19 and 9/11/19, on the 7:00 a.m. to 3:00 p.m. shift.</p>	F 658			

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 658	<p>Continued From page 11</p> <p>During an interview on 9/17/19 at 1:33 p.m., the Licensed Practical Nurse (LPN #1) stated that blanks on the Medication Administration Record (MAR)/TAR "probably means it wasn't given."</p> <p>During a post-survey interview on 9/24/19 at 2:45 p.m., the DON stated, blanks on the MAR/TAR could either mean the medication or treatment is on hold, Resident is out on pass or an appointment, or "maybe the Resident couldn't take the meds. (medications)." The DON further stated, "it is definitely a possibility that the medication was not given." In addition, the DON stated, "it should be documented in the Progress Notes (PN), the MAR documentation and the assessment note" when a medication is not given.</p> <p>Review of an undated Facility's policy titled "Administering Medication" revealed the following: Under "Policy Interpretation and Implementation," Medications must be administered in accordance with the orders, including any required time frame. The individual administering the medication must document in PCC (Point Click Care) EMAR (Electronic Medication Administration Record) after giving each medication by clicking on the "Y." Topical medications used in treatments must be recorded on the Resident's TAR.</p> <p>Review of a second undated Facility's Policy titled, "Administering Medications" indicated the following: Under "Policy Interpretation and Implementation:" All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order. The signing of orders shall be by signature or a personal</p>	F 658			

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

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F 658	Continued From page 12 computer key. Signature stamps may not be used. N.J.A.C 8:39-29.2(d)	F 658			