

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315524</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAUREL BROOK REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3718 CHURCH ROAD</b> <b>MOUNT LAUREL, NJ 08054</b>		
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F 000	INITIAL COMMENTS  Complaint #: NJ 130657  Census: 179  Sample Size: 4	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 # NJ  Based on interviews, review of the medical records (MRs) and other facility documentation, the facility staff failed to consistently clarify physician orders for concurrent treatments to the same wound and failed to consistently sign/initial the Treatment Administration Record (TAR) to indicate treatments were administered, according to standards of practice, for 2 of 4 sampled residents (Resident #3 and Resident #4). This deficient practice is evidenced by the following:  1. According to the facility Admission Record (AR) Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but was not limited to; [REDACTED]  A Minimum Data Set (MDS), an assessment tool, dated [REDACTED], revealed that Resident #3 had a	F 658	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State laws that require it.  1. For Resident #3, Director of Nursing clarified orders with [REDACTED] to insure appropriate [REDACTED] care order in place. For those nurses identified, interviews were conducted, and [REDACTED] order was confirmed to be applied daily as per MD order. [REDACTED] examined resident, no negative outcome noted. For those nurses identified, immediate education and counseling was provided by the Director of Nursing. For Resident #4, Director of Nursing reviewed orders to insure no omissions.	12/20/19	

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

TITLE

(X6) DATE

Electronically Signed

12/13/2019

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>Brief Interview of Mental Status (BIMS) score of [REDACTED]. In addition, Resident #3 required extensive assistance with Activities of Daily Living (ADL's).</p> <p>Review of Resident #3's Care Plan (CP) indicated the following "Focus", initiated 10/6/2019; "[Resident #3 was] at risk for [REDACTED] r/t [related to] disease process, [REDACTED]...Interventions: Administer medications as ordered. Monitor/ [and or] document for side effects and effectiveness..."</p> <p>Review of a physician "Order Summary Report" (OSR), dated 9/1/19 - 9/30/19, revealed the following order, initiated 9/26/19; "[REDACTED]...Apply to [REDACTED] every day shift for [REDACTED] healing. Cleanse w/ [with] NSS [Normal Saline Solution], apply wound base [with] [REDACTED] and cover w/ [with] foam border gauze dressing." The physician order (PO) was discontinued on 10/15/19.</p> <p>Review of the 10/2019 TAR revealed the aforementioned order was documented as administered for 13/15 opportunities. Additionally, during the same time, the 10/1/19-11/30/19 OSR revealed another PO for the same [REDACTED]</p> <p>Review of an OSR dated 10/1/19 - 11/30/2019 revealed the following order, initiated 10/3/2019; [REDACTED] [units per gram] apply to [REDACTED] every day shift for [REDACTED] care cleanse with saline, apply dressing." This order was discontinued on 10/15/2019.</p>	F 658	<p>For those nurses identified, immediate education and counseling was provided by the Director of Nursing.</p> <p>2. All residents receiving medications and/or wound care treatments have the potential to be affected by this deficient practice. DON and North 1 UM audited resident MARS and TARS to insure orders were clarified and no blanks present.</p> <p>3. Licensed nurses will be in-serviced by the facility educator and/or her designee regarding facility MAR/TAR requirements, i.e. signatures. The facility educator and/or her designee will in-service licensed nurses on wound care treatment policies and procedures.</p> <p>4. For the next 3 months the DON, and/or her designee will audit 25% of all resident electronic MARs and TARs for completion and accuracy in the weekly Risk Meeting. Monthly data will be consolidated and presented to the QAPI committee by the DON and/or her designee. The Administrator, and/or her designee will review the results of these audits, including any actions taken for correction. Audits will remain in place for 3 months, and/or until the committee has identified substantial compliance. Completion Date: December 20, 2019</p>	

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F 658	<p>Continued From page 2</p> <p>Review of the 10/2019 TAR revealed the aforementioned order was documented as administered for 11/13 opportunities.</p> <p>During an interview with the surveyor on 11/21/19 at 1:15 p.m., Licenced Practical Nurse (LPN) #1 revealed that during rounds with physician, on 10/3/19 the physician changed the order from [REDACTED] order was added to the OSR, however, the [REDACTED] order was not discontinued. LPN #1 explained that he administered the [REDACTED] as ordered. LPN #1 explained that he was not administering [REDACTED] after 10/3/19, however, he was documenting on the TAR that it has been administered. LPN #1 explained that the order for [REDACTED] should have been questioned with the ordering physician. LPN #1 stated that the order for [REDACTED] should not have been documented as administered.</p> <p>A statement provided to the surveyor via email on 11/22/19 from LPN #2, dated 11/21/19, revealed the following: "Two different treatments were in place for [Resident #3] to the same body location. I overlooked this error and signed out both treatments and subsequently failed to report this discrepancy to the doctor and ask for clarification. The treatment that I followed was the [REDACTED]...the treatment had been changed from [REDACTED]"</p> <p>A statement provided to the surveyor via email from the Director of Nursing (DON) on 11/22/19 from the Medical Doctor [MD], dated 11/22/19, revealed the following: "[REDACTED] care Solutions ordered [REDACTED] on 9/26/2019. [REDACTED] was ordered by [MD] on 10/3/2019. All medical personnel on the floor were informed of the change. However, the order for [REDACTED]"</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>██████ was not d/c'd [discontinued] in the computer. The nurse was aware of the change and the order for ██████ was implemented."</p> <p>During an interview with the surveyor on 11/21/19 at 1:35 p.m., the DON explained that the TAR should be signed off when a treatment is completed. The DON stated that the nurse should have clarified the order with the MD.</p> <p>2. According to the facility AR, Resident #4 was admitted in ██████ with diagnoses which included but were not limited to ██████.</p> <p>An MDS, dated ██████, revealed the resident had a BIMS score of ██████</p> <p>Review of a CP included a focus on the actual/potential impairment to skin integrity. Additionally, the resident had a CP for a PU related to (r/t) the disease process and a history of ulcers and impaired mobility. Interventions included but were not limited to; administer treatments as ordered.</p> <p>Review of the 10/1-11/30/2019 Physician "Order Summary" included but was not limited to the following treatment orders;</p> <p>a. ██████ apply to ██████ every (q) day shift for ██████ healing, cleanse with NSS (normal saline) apply ██████ and CDD (clean dry dressing), initiated 10/18/2019</p> <p>b. ██████ q day shift, cleanse ██████ with NSS, apply ██████ nd bed and cover</p>	F 658			

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F 658	<p>Continued From page 4 with CDD, initiated 10/5 and 10/17/2019.</p> <p>c. [REDACTED], let dry, cover with gauze and wrap with Kling, initiated 10/5/2019.</p> <p>d. [REDACTED] q day shift for wound for 5 days after cleansing with NSS, cover with non-adherent pad and wrap with kling, initiated 10/5/2019.</p> <p>e. [REDACTED] 3 part mixture cream; [REDACTED] and water, [REDACTED] to open areas and cover with [REDACTED] q day and evening shift, initiated 10/5 and 10/17/2019.</p> <p>Review of the 10/2019 TAR confirmed the aforementioned treatment orders and for the following dates, the treatments on the TAR were not initialed/signed as completed;</p> <p>a. [REDACTED] to the [REDACTED] was blank for 1 of 14 opportunities on 10/27/2019.</p> <p>b. [REDACTED] to the [REDACTED] was blank for 3 of 19 opportunities on 10/6, 10/7 and 10/27/2019.</p> <p>c. [REDACTED] to the [REDACTED] was blank for 2 of 5 opportunities on 10/6 and 10/7/2019.</p> <p>d. [REDACTED] was blank for 2 of 5 opportunities on 10/6 and 10/7/2019.</p> <p>e. [REDACTED] to the [REDACTED] area was blank for 3 of 30 opportunities on 10/6, 10/7 and 10/27/2019.</p> <p>There was no indication in the Progress Notes (PNs) that the treatments were completed on 10/6, 10/7 or 10/27/2019.</p> <p>Statements from the assigned nurses on 10/6, 10/7 and 10/27/2019 were emailed to the surveyor from the DON on 11/22/2019. The statements indicated that the nurses completed</p>	F 658			

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

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F 658	<p>Continued From page 5</p> <p>the treatments, however, forgot to sign off on the TAR.</p> <p>During an interview with the surveyor on 11/21/2019 at 1:35 p.m., the DON confirmed that after completing a treatment the TAR was to be signed off by the nurse.</p> <p>Review of a facility policy titled "Dressings, Dry/Clean", dated 4/2019, revealed the following; "The following information should be recorded in the resident's medical record, treatment sheet or designated [REDACTED] form... 3. The name and title (or initials) of the individual changing the dressing..."</p> <p>NJAC 8:39-27.1</p>	F 658			