

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/31/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT EVESHAM			STREET ADDRESS, CITY, STATE, ZIP CODE 870 EAST ROUTE 70 MARLTON, NJ 08053		
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F 000	INITIAL COMMENTS COMPLAINT #: NJ 123783, NJ 120892, NJ 124797, NJ 130274, NJ 122057, NJ 129013 CENSUS: 123 SAMPLE SIZE: 9	F 000			
F 835 SS=D	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Complaint # NJ 124797 Based on interviews and review of the medical record (MR) and other facility documentation, it was determined that the facility failed to follow their policy for "Skin Tears-Abrasions and Minor Breaks," complete an investigation to determine causation, complete an incident report (IR) and document the notification of the responsible party (RP) for 1 of 2 sampled residents (Resident #6) reviewed for skin alterations. This deficient practice is evidenced by the following; Review of a facility policy, dated 9/2013 and titled; "Skin Tears-Abrasions and Minor Breaks, Care of" included but was not limited to; "This purpose of this procedure is to guide the prevention and treatment of abrasions, skin tears, and minor breaks in the skin...Preparation: ...Document physician notification in medical	F 835	1. Resident #6 was discharged home on [REDACTED]. The corrective action accomplished for the deficient practice was to re-educate all nursing staff including the [REDACTED] Treatment Nurse and the IDC Team of Registered Dietician; Rehab Director; Social Workers; and Activity Director on the "Skin Tears Abrasions and Minor Breaks" policy and procedure. An investigation was performed for Resident #6 to identify the causative factor(s) as [REDACTED], and an in-service was performed for all nursing staff on maintaining good skin care; proper transfer techniques, and the avoidance of [REDACTED]. In addition, nursing staff was re-educated to identify and report ANY skin change, irrespective of the size, to	3/6/20	

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

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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 835	<p>Continued From page 1</p> <p>record...Documentation: Record the following information in the resident's medical record: 1. Complete in-house investigation of causation. 2. Generate "██████████" form 3. Document physician and family notification...9. When an ██████████ is discovered, complete a Report of Incident/Accident..."</p> <p>1 According to the facility Admission Record, Resident #6 was admitted in ██████████ with diagnoses which included but were not limited to; ██████████</p> <p>A resident evaluation on ██████████ indicated the resident had ██████████, needed assistance with all activities of daily living (ADLs) and had no skin breakdown.</p> <p>A care plan (CP), initiated on 5/19/2019, included a focus related to (r/t) the risk for alteration in skin integrity. Interventions included to encourage and assist to reposition and observe skin condition with ADL care daily and report abnormalities.</p> <p>Review of a physician order (PO) dated 5/24/2019 revealed; ██████████</p> <p>Review of the 5/2019 Treatment Administration Record (TAR) confirmed the above treatment and it was scheduled to be administered on the evening shift. The treatment was initiated on 5/24/2019.</p> <p>Review of progress notes (PNs) from ██████████ through discharge on ██████████ did not reveal</p>	F 835	<p>the charge nurse, who will initiate an investigation to determine causative factor(s).</p> <p>2. All residents who incur changes requiring an Incident/Accident (I/A) report have the potential to be affected by the deficient practice; therefore, this POC applies to all residents who incur an I/A as verified through the 24 hour report and/or shift-to-shift report.</p> <p>3. The systematic changes made to prevent recurrence of the deficient practice are:</p> <p>a. Review the EMR 24 hour report, and identify concerns requiring an I/A report, if not already done, in the AM daily meeting.</p> <p>b. New order for treatment will be added in the dashboard to alert the unit managers to review the completion of the I/A reports and documentation.</p> <p>c. Review that both the investigation and RP notification are complete with the I/A report.</p> <p>d. Once complete, the I/A report within the EMR is electronically signed by the DON, and then the Administrator.</p> <p>e. The DON/ADON and or the Unit Manager will cross-reference the electronic I/A report for all active incident reports to ensure there is a corresponding investigative file, as appropriate, and the RP is notified and documented.</p> <p>4. To monitor the corrective action, the DON/ADON will review all I/A reports monthly for three (3) months for completeness to include an investigation</p>		

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F 835	<p>Continued From page 2</p> <p>any documentation r/t a skin altercation on the [REDACTED]</p> <p>Review of physician progress notes (PPNs), dated 5/24/2019 at 9:11 am revealed; "pt [patient] seen/examined chart reviewed...pt has skin [REDACTED] area..." The assessment and plan included a treatment of [REDACTED] ..."</p> <p>The surveyor requested any information including the investigation and IR r/t the skin altercation of the [REDACTED] that the resident was being treated for, from the DON.</p> <p>The surveyor was provided with a "Non-Pressure Skin Condition Record," dated 5/24/2019, which was not located in the closed MR. The "Non-Pressure Skin Condition Record," indicated the resident had an "[REDACTED]" on the [REDACTED] which measured [REDACTED]. Additionally, a "Skin and Body Alert Form," which indicated to "use anytime a new area is found to document communication and initial interventions" was provided. The form included that the physician was made aware and interventions put in place; chair cushion. There was an area on the form to check off if the RP was notified, however it was blank.</p> <p>During an interview with the surveyor on 1/31/2020 at 10:30 am and 12:40 pm, the DON confirmed that she was unable to locate an IR or an investigation/summary to determine the causation of the [REDACTED]. The DON confirmed that if a RP is notified it should be documented in the MR.</p>	F 835	<p>for causative factors, prevention methods for further actions, and notification of the RP. The results of the I/A review will be submitted to the QA Committee for acceptance and/or further action as appropriate.</p>		

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

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F 835	Continued From page 3 NJAC 8:39-27.1 (a) (b)	F 835			

New Jersey Department of Health

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S1680	<p>8:39-25.2(b)(1)&(2) Mandatory Nurse Staffing</p> <p>(b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of:</p> <p>1. Total number of residents multiplied by 2.5 hours/day; plus</p> <p>2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day:</p> <p>Wound care 0.75 hour/day</p> <p>Nasogastric tube feedings and/or gastrostomy 1.00 hour/day</p> <p>Oxygen therapy 0.75 hour/day</p> <p>Tracheostomy 1.25 hours/day</p> <p>Intravenous therapy 1.50 hours/day</p> <p>Use of respirator 1.25 hours/day</p> <p>Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day</p>	S1680		3/10/20

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 124797, NJ 130274, NJ 122057, NJ 129013</p> <p>Based on review of the Nurse Staffing Reports for the weeks of 9/29/2019 and 10/13/2019, it was determined that the facility failed to provide at least minimum staffing levels for 3 of 14 days. The required staffing hours (hrs.) and actual staffing hrs. are as follows:</p> <p>For the week of 9/29/2019 Required Staffing Hours: 392.50</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hrs.</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>9/29/19</td> <td>376</td> <td>-16.50</td> </tr> <tr> <td>10/5/19</td> <td>388</td> <td>-4.50</td> </tr> </tbody> </table> <p>For the week of 10/13/2019 Required Staffing Hrs.: 343.50</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Actual Staffing Hrs.</th> <th>Difference</th> </tr> </thead> <tbody> <tr> <td>10/13/19</td> <td>304</td> <td>-39.50</td> </tr> </tbody> </table> <p>During an interview with the surveyor on 1/31/2019 at 12:40 pm, the Director of Nursing (DON) confirmed that staff, including licensed nurses assist with care if staffing is short due to a</p>	Date	Actual Staffing Hrs.	Difference	9/29/19	376	-16.50	10/5/19	388	-4.50	Date	Actual Staffing Hrs.	Difference	10/13/19	304	-39.50	S1680	<ol style="list-style-type: none"> The corrective action accomplished for the deficient practice was to review weekend staffing hours from 10-14-19 to the present for compliance with minimum standards. The staffing coordinator and unit managers were re-educated on minimum staffing hours plus acuity hours relative to in-house census to ensure that sufficient staffing hours are maintained. Since staffing hours affect all residents and patients, this POC applies to all residents and patients. The systematic changes made to prevent recurrence are: <ol style="list-style-type: none"> Added the "easy-apply" option to all of our nursing advertisements for employment. Implemented the Weekend Bonus Program effective 2-10-20 Implemented the Open Shift Coverage Bonus Program effective 2-10-20 Scheduled a open house for new applicants on 2-27-20. Created the daily nursing spreadsheet to calculate minimum staffing hours 	
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S1680	Continued From page 2 call out. The DON confirmed that she was not made aware of any resident care concerns during that time.	S1680	<p>automatically compared to actual staffing hours to maintain compliance</p> <p>f. Nursing Administration including Unit Managers; Center Educator; ADON; DON; and the Administrator will be required to cover any shortfall to maintain compliance.</p> <p>To monitor the corrective action, the weekend staffing schedules are reviewed each Thursday, and the daily staffing schedule spreadsheet is reviewed daily by the DON; ADON, and Administrator for three (3) months to ensure all hours are in compliance with minimum standards. Results of the three month review will be submitted to the center's QA Committee quarterly to determine if further action is necessary.</p>	