

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

PRINTED: 03/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/10/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAMBRIDGE REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>255 EAST MAIN ST</b> <b>MOORESTOWN, NJ 08057</b>		
(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 000	INITIAL COMMENTS  COMPLAINT #: NJ 141112  CENSUS: 102  SAMPLE SIZE: 3  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=E	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 141112  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 response to actual or potential	F 658	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by Provider of the truth or 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 require it.  1. Resident #1, 2 and 3 were not adversely affected by this deficient practice. Documentation was audited that	3/9/21	

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

TITLE

(X6) DATE

Electronically Signed

03/08/2021

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>physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to restorative of life and well being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: "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 otherwise legally authorized physician or dentist."</p> <p>Based on interviews, review of the Medical Records (MR), and other pertinent facility documentation on 2/10/21, it was determined that the facility's nursing staff failed to follow the Standards of Nursing Practice by not following a Physician Orders for 3 of 3 Residents (Resident #1, Resident #2, and Resident #3) sampled, as well as failed to follow the Facility Policies titled [REDACTED] Clinical Protocol" and "Charting and Documentation." This deficient practice was evidenced by the following:</p> <p>1. According to the Medical Record (MR), Resident #1 was admitted on [REDACTED] with diagnoses which included but were not limited to:</p>	F 658	<p>day for each of the three residents and documentation was completed.</p> <p>2. All residents have the potential to be affected. All MARs and TARs were audited to validate compliance.</p> <p>3. The DON initiated education of all licensed staff on medication administration, including EMAR and ETAR documentation on 2/11/2021 and completed on 2/26/2021 except for few per diem staff that will not be scheduled until educated.</p> <p>4. To monitor and maintain ongoing compliance, the Director of Nursing will audit/observe EMARs and ETARs for administration and documentation daily for 1 week, weekly for 4 weeks and monthly for 3 months. Audits will be shared with the QAPI committee.</p>		

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F 658	<p>Continued From page 2</p> <p>██████████</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated ████████, Resident #1 had a Brief Interview for Mental Status Score (BIMS) of ██████, which indicated ██████ cognitive impairment.</p> <p>Review of Resident #1's Medication Administration Record (MAR) dated February 2021, revealed an order for ██████ to apply to ██████ topically ever shift for preventative with a start date of ██████. The MAR did not include documentation to show that the treatment was completed on ██████ for the evening shift.</p> <p>Review of Resident #1's Treatment Administration Record (TAR) revealed an order to elevate the resident's ██████ every shift for ██████ with a start date of ██████. The TAR did not include documentation to show that the resident's ██████ was elevated on ██████, on the evening shift.</p> <p>Review of an Order Summary Report/Physician Orders (POS) dated ██████, revealed an order for Resident #1 for the following: ██████ Evaluation every shift for monitoring of patient's ██████ with an order date of ██████</p> <p>Review of Resident #1's MAR showed no documentation to show the resident was assessed for ██████ on ██████, evening shift and the Progress notes for Resident #1 did not show documentation that the nurse assessed the resident for ██████ on ██████</p> <p>Review of the POS dated ██████, revealed an order for Resident #1 for the following: ██████ Evaluation: Vital Signs Every Shift with a start</p>	F 658			

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F 658	<p>Continued From page 3 date of [REDACTED]</p> <p>Review of Resident #1's MAR showed no documentation that the Vital Signs were assessed on [REDACTED], evening shift.</p> <p>2. According to the MR, Resident #2 was admitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the MDS, an assessment tool dated [REDACTED], Resident #2 had a BIMS of [REDACTED] which indicated the resident was cognitively intact.</p> <p>Review of the MAR for February 2021, revealed Resident #2's physician ordered a [REDACTED] to be applied to the [REDACTED] 2 times a day for [REDACTED] management. However, the February MAR, did not show documentation that the resident's [REDACTED] was addressed by applying the patch on 2/3/21 at 4:00 p.m., and 2/6 and 2/7/21, at 8:00 am. and 4:00 p.m.</p> <p>During an interview on 2/10/21 at 12:15 p.m., Resident #2 reported that the [REDACTED] patch does address the [REDACTED] when the nurse remembers to put the patch on his/her [REDACTED]</p> <p>3. According to the MR, Resident #3 was admitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the MDS, an assessment tool dated [REDACTED], Resident #3 had a BIMS of [REDACTED], which indicated the resident was cognitively intact.</p> <p>Review of the MAR dated December 2020, for</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>Resident #3 revealed the following incomplete documentation:</p> <p>██████████ 4 ounces daily in the afternoon for a ██████████ with a start date of ██████████, did not include documentation/signature to show that the ██████████ was given on 12/4/20.</p> <p>██████████ at bedtime for ██████████ with a start date of ██████████, did not include documentation to show that the ██████████ were given on ██████████</p> <p>██████████ apply in the morning for ██████████ with a start date of ██████████ did not include documentation to show the patch was applied on 12/4/20 and 12/26/20. No documentation to show that the patch was removed on 12/13, 12/26, and 12/27/20.</p> <p>██████████ milligrams (mg) at bedtime for ██████████ with a start date of ██████████, did not include documentation to show that the medication was given on 12/13/20 at 9:00 p.m.</p> <p>██████████ mg at bedtime for ██████████ with a start date of ██████████, did not include documentation to show that the medication was given on 12/13/20, at 9:00 p.m.</p> <p>██████████ mg for ██████████ with a start date of ██████████, did not include documentation/signature to show that the medication was given on 12/12, 12/14, 12/22, and 12/26/20.</p> <p>██████████ mg ordered for 9:00 p.m. for depression with a start date of ██████████, did not include documentation to show that the medication was given on 12/13/20.</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>Review of the MAR dated January 2021, for Resident #3 revealed the following incomplete documentation:</p> <p>██████████ mg once daily for ██████████ with a start date of ██████████, did not include documentation/signature to show that the medication was given on 1/1/21 and 1/26/21.</p> <p>██████████ apply to ██████████ in the morning for ██████████ with a start date of ██████████, did not include documentation to show the patch was applied on 1/23 and 1/24/21.</p> <p>██████████ mg for ██████████ ) with a start date of ██████████, did not include documentation/signature to show that the medication was given on 1/1, 1/2, 1/5, 1/8, 1/11, 1/15, 1/16, 1/22, 1/23, and 1/25/21.</p> <p>Review of the Resident #3's TAR dated January 2021, revealed a treatment for gauze pad (4x4) between ██████████ daily one time a day for prevention with a start date of ██████████, did not include documentation to show that the treatment was completed 8 times in January.</p> <p>Also on the TAR was an alarm check to the bed and ██████████ for placement and function every shift for safety with a start date of ██████████ no documentation to show the alarms were checked 13 times in January 2021 and 2 times in February.</p> <p>Also the TAR included a ██████████ to wheelchair for prevention/safety, check for placement every shift with a start date of ██████████ no documentation to show it was checked 13 times in January and 2 times in February 2021.</p>	F 658		

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F 658	<p>Continued From page 6</p> <p>Review of the MAR dated February 2021, for Resident #3 revealed the following incomplete documentation:</p> <p>██████████, ██████████ at bedtime for ██████████ with a start date of ██████████, did not include documentation to show that the ██████████ were given on 2/7/21.</p> <p>██████████ apply in the morning for ██████████ with a start date of ██████████, did not include documentation to show the patch was applied on 2/6/21 and 2/7/21.</p> <p>██████████ mg for ██████████ (██████████) with a start date of ██████████, did not include documentation to show that the medication was given on 2/3/21.</p> <p>██████████ mg one capsule 2 times a day for ██████████ with a start date of ██████████, no documentation to show that the medication was given on 2/6/21, evening dose and 2/7/21, morning dose.</p> <p>Review of the Medication Administration Record (MAR) dated November 2020 to February 2021, revealed a physicians order for Resident #3 for a ██████████ Evaluation every shift for monitoring of patient's ██████████, with an order start date of ██████████. The MAR did not show documentation that the nurse assessed Resident #3 for ██████████ 4 times in November 2020, 15 times in December 2020, 14 times in January 2021, and once in February on 2/4/21.</p> <p>During an interview on 2/10/21 at 12:08 p.m., Resident #3 reported that the ██████████ patch helps his/her ██████████ but the staff does not always</p>	F 658			

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F 658	<p>Continued From page 7 remember to put it on.</p> <p>Review of Resident #3's MAR revealed a physician order dated [REDACTED], for [REDACTED]. Evaluation by vital signs check [REDACTED].</p> <p>Review of the MAR revealed no documentation/signature that the nurse evaluated Resident #3 for [REDACTED], 61 times over 3 shifts for the month of December 2020, 70 times over 3 shifts for the month of January 2021, and on 2/4/21 evening shift.</p> <p>Review of the Treatment Administration Record (TAR) dated January 2021, for Resident #3 revealed the following incomplete documentation:</p> <p>Apply [REDACTED] due to redness apply twice daily until healed with a start date of [REDACTED], did not include documentation to show that the treatment was completed on 1/4, 1/5, 1/9, 1/11, 1/15, 1/17, 1/26, and 1/28/21.</p> <p>[REDACTED] apply to [REDACTED] one time per day with a start date of [REDACTED], did not include documentation to show that the treatment was done on 2/4, and 2/7/21.</p> <p>Review of the Treatment Administration Record (TAR) dated February 2021, for Resident #3 revealed the following incomplete documentation:</p> <p>[REDACTED] due to redness apply twice daily until healed with a start date of [REDACTED], did not include documentation to show that the treatment was completed on 2/4, and 2/7/21.</p> <p>Review of the TAR dated February 2021, for</p>	F 658			



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F 658	<p>Continued From page 8</p> <p>Resident #3 revealed incomplete documentation to show the bed and [REDACTED] were checked for placement and function every shift for safety with a start date of [REDACTED], no documentation to show the alarms were checked 2 times in February.</p> <p>During an interview on 2/10/21 at 1:10 p.m., the Unit Manager reported that if the nurse does not sign the MAR for a [REDACTED] assessment she can not be sure that it was done.</p> <p>During an interview on 2/10/21 at 1:50 p.m., the DON reported that the nurse should sign for the medications when they are given. She further stated, "I know my nurses and I'm sure they gave the medications, they just did not sign for them," and stated that it is a documentation error.</p> <p>According to the facility policy titled "Charting and Documentation" not dated under "Policy Statement" All services provided to the resident , progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. Under "Policy Interpretation and Implementation," 2. The following information is to be documented in the resident medical record.: b. Medications administered.</p> <p>According to the facility policy titled [REDACTED] Clinical Protocol," dated 11/2020 under Monitoring #1. The staff will reassess the individual's [REDACTED] and related consequences at regular intervals; as least each shift for acute [REDACTED] or significant changes in levels of chronic [REDACTED] and at least weekly in stable chronic [REDACTED]</p>	F 658			

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