

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

PRINTED: 10/02/2019
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315515 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/05/2019 |
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| NAME OF PROVIDER OR SUPPLIER ATRIUM AT NAVESINK HARBOR, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 40 RIVERSIDE AVENUE RED BANK, NJ 07701 |
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| F 000 | INITIAL COMMENTS STANDARD SURVEY: 9/5/19 CENSUS: 35 SAMPLE SIZE: 15+3+3 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. | F 000 | | |
| F 610 SS=D | Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to investigate an injury of unknown origin. This deficient practice was identified for 1 of 2 residents reviewed for skin conditions (Resident | F 610 | 1- An investigation was completed on the [REDACTED] on resident #13 2- All residents that sustain injury are at risk of this practice. 3- Interdisciplinary team will review all | 10/1/19 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/19/2019 |
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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 610 | <p>Continued From page 1 #13), and was evidenced by the following:</p> <p>On 9/3/19 at 10:31 AM the surveyor observed Resident #13 sitting in activities looking at a picture book. The surveyor observed a [REDACTED] on the resident's [REDACTED]. The resident did not acknowledge the surveyor.</p> <p>The surveyor reviewed the medical record for Resident #13.</p> <p>A review of the Face Sheet (an admission summary) reflected that the resident was admitted to the facility on [REDACTED] and had diagnoses which included [REDACTED]</p> <p>A review of the most recent quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated [REDACTED] reflected that the resident had a brief interview for mental status (BIMS) score that [REDACTED]. The resident had [REDACTED]</p> <p>A review of the resident's individualized comprehensive care plan dated effective 2/3/18 did not reflected the resident was at risk for [REDACTED]</p> <p>A review of the Physician's Orders Form reflected a physician's order dated 9/2/19 to [REDACTED]</p> <p>A review of the electronic assessments did not</p> | F 610 | <p>incidents and accidents during AM report. The DON/designee will complete investigation into injury within 48 hours. An in-service to all nursing staff was completed on the importance of reporting and documenting injuries immediately. An audit of the 24 hour report will be performed daily by the DON/designee to ensure proper documentation and initiation of investigations on all injuries of unknown origin for 6 months.</p> <p>4- Results of the audit will be reported during the quarterly QAPI meeting for 6 months.</p> | |

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| F 610 | <p>Continued From page 2</p> <p>reflect a nurse's note regarding the [REDACTED].</p> <p>On 9/4/19 at 10:00 AM, the surveyor requested any and all investigations conducted for Resident #13 for the past six months.</p> <p>At 10:46 AM, the Director of Nursing (DON) provided the surveyor with one investigation dated 7/20/19 for a fall.</p> <p>At 12:31 PM, the Licensed Practical Nurse (LPN) #1 informed the surveyor that the resident had gotten a [REDACTED] over the weekend and had received a [REDACTED]. The LPN was unable to provide any additional information on how the resident acquired the [REDACTED] since she had not worked at the facility over the weekend.</p> <p>At 12:40 PM, the DON confirmed that she had provided the surveyor with all the investigations conducted by the facility for Resident #13 for the past six months.</p> <p>At 1:20 PM, the surveyor in the presence of the facility Administration and survey team requested any additional information regarding Resident #13's [REDACTED].</p> <p>On 9/5/19 at 8:00 AM, the surveyor reviewed an investigation dated 9/4/19 for Resident #13 provided by the facility. The investigation included a statement provided by the Certified Nursing Assistant (CNA) on 9/4/19 that indicated on 9/1/19 when the CNA was getting the resident out of bed, she noticed a small [REDACTED] on the [REDACTED] with a [REDACTED]. The CNA informed LPN #2.</p> | F 610 | | | |

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| F 610 | Continued From page 3 At 9:53 AM, the surveyor interviewed LPN #2 via telephone who confirmed that she had worked at the facility that past weekend. The LPN stated that when the CNA was getting the resident out of bed for dinner, the CNA noticed that the resident had a [REDACTED] that was [REDACTED], but had [REDACTED] as well. The LPN was unsure how the [REDACTED] happened because she had not received a report regarding it from the 7:00 AM to 3:00 PM shift nurse. The LPN stated that she [REDACTED]. [REDACTED] The LPN stated that she did not inform anyone of the [REDACTED], but she should have told the supervisor. The LPN stated that she did not call the doctor for an order; she just wanted to stop the [REDACTED]. The LPN stated that she should have notified the supervisor and contacted the doctor for a treatment order but did not because "she had a lot going on with only one aide." The LPN confirmed that she did not document the [REDACTED]. At 10:10 AM, the surveyor interviewed the Registered Nurse Unit Manager (RN/UM) who stated that investigations were conducted for anything that would be considered abuse, bruises, falls, and skin tears. If a [REDACTED] was found, the CNA would be asked about it. The facility would ask staff from the past twenty-four hours to determine how the [REDACTED] occurred. The goal of the investigation would be to rule out abuse and determine what interventions can be put into place to prevent this from occurring again. At 10:32 AM, the DON in the presence of the facility Administration and survey team stated that an investigation was started yesterday after | F 610 | | | |

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| F 610 | Continued From page 4 surveyor inquiry. Investigations were completed for injuries of unknown origin. The Licensed Nursing Home Administrator confirmed that an investigation should have been completed when the CNA discovered the [REDACTED] A review of the facility's Incident Reporting policy dated revised 12/30/16 included that incidents will be documented in Risk Watch on the shift that it occurred as well as in the nurses notes section of the resident's medical record at the time of occurrence and on the twenty-four hour report. The policy also included that incidents will immediately be reported to the nurse in charge, attending physician, supervisor or department manager. Included under the section Risk Watch Reporting Process, that during an occurrence/incident, the reporter completes the occurrence report by end of shift including gathering supplementary employee and witness statements. | F 610 | | | |
| F 656 SS=D | NJAC 8:39-4.1(a)5 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must | F 656 | | 10/1/19 | |

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| F 656 | <p>Continued From page 5</p> <p>describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop a comprehensive person-centered care plan for a.) a resident with behaviors who required the usage of an [REDACTED] medication and b.) a resident on an [REDACTED] medication. This deficient practice was identified</p> | F 656 | <p>1-a. A care plan for the use of [REDACTED] medication was initiated on resident #5.</p> <p>b. A care plan on the use of [REDACTED] was initiated on resident #27.</p> <p>2- All residents receiving medications are at risk of this practice.</p> <p>3- The interdisciplinary team will review</p> | | |

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| F 656 | <p>Continued From page 6</p> <p>for 2 of 18 resident's reviewed for the development of a comprehensive person-centered care plans, (Resident #5 and Resident #27) and was evidenced by the following:</p> <p>1. On 9/4/19 at 8:39 AM, the surveyor observed Resident #5 seated in a recliner chair in his/her room. The resident was finishing up the breakfast meal, smiled at the surveyor and stated that he/she was, "good." The surveyor asked the resident how long he/she had been living at the facility. The resident looked at the surveyor and stated, "I have no idea."</p> <p>The surveyor reviewed the medical records for Resident #5.</p> <p>A review of the resident's Face Sheet (an Admission Summary) reflected that the resident was admitted to the facility on [REDACTED] and had medical diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the resident's most recent quarterly Minimum Data Set, MDS, an assessment tool used to facilitate the management of care, dated [REDACTED] reflected that the resident had a Brief Interview of Mental Status (BIMS) score of [REDACTED]</p> <p>The MDS further reflected in Section E for Behaviors that the resident had one to three days of verbal and physical behaviors directed at others during the seven-day assessment reference date.</p> <p>A review of the resident's September 2019 Physician Order Sheet (POS) reflected a</p> | F 656 | <p>care plans on residents that are due for quarterly review prior to the completion of the MDS weekly on Tuesday after morning report. All care plans will be updated as needed. All department heads attending morning report will bring laptops and as new problems are identified, the team will discuss interventions and update plan of care immediately.</p> <p>The DON/designee will run a report on all new MD orders, discuss at morning meeting with the interdisciplinary team and care plans will be updated immediately. These interventions will remain standard practice. An audit of 5 care plans weekly will be performed by the DON for 6 months.</p> <p>4- The results of this audit will be reported during the quarterly QAPI meeting for 6 months.</p> | | |

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| F 656 | <p>Continued From page 7</p> <p>Physicians Order (PO) dated 8/28/19 for the medication [REDACTED] by mouth [REDACTED]</p> <p>A review of the resident's Comprehensive Person-Centered Care Plan (CPCCP) dated 5/27/19 to present reflected an undated note that the Interdisciplinary Team met today to discuss the resident's care and identified that over the past few days the resident was noted to have [REDACTED] in the evening hours and medication changes had been made. The note further reflected that the resident would be monitored for any changes in mood or worsening behaviors.</p> <p>A further review of the resident's CPCCP did not identify the type of medication that was changed for the resident's mood, what the resident's behaviors were, or the type of care required for the resident based on his/her mood and behavior.</p> <p>On 9/4/19 at 8:53 AM, the surveyor interviewed Resident #5's Certified Nursing Aide (CNA) who stated that she worked all shifts and took care of the resident at all different times. The CNA stated that the resident was alert and oriented with confusion and had behaviors which occurred more frequently during the evening and night time hours. The CNA told the surveyor that she thought that the resident used to have to get up for work very early in the morning because the resident would try and get up out of bed at 4:00 AM and say that he/she needed to get ready to go to work. The CNA stated that when the resident tried to get up out of bed in the middle of the night, she would open the blinds to show the resident it was still dark outside and sit with the resident until he/she went back to sleep. The</p> | F 656 | | |

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| F 656 | <p>Continued From page 8</p> <p>CNA further stated that at times the resident could be easily re-directed and other times the resident could be combative to the point of knocking another CNA's glasses off their face which had happened last week. The CNA further stated that if the resident was being combative during care, she would stop the care, make sure the resident was safe, and then tell the nurse working.</p> <p>On 9/4/19 at 11:03 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN) who stated that the resident had behaviors at times of being aggressive with caregivers. The LPN further stated that at times the resident would demonstrate [REDACTED] around four and five o'clock in the afternoon. The LPN gave the surveyor an example of the resident's [REDACTED] and stated that the resident would try and take, "the trolley" home from work and attempted to pay the staff for meals. The LPN stated that lately the resident's behaviors had increased so the resident was seen by the [REDACTED] who increased the resident's [REDACTED] medication [REDACTED] to twice daily. The LPN told the surveyor that since the medication change the resident had not been sedated and had been participating in activities more and liked to be around other people on the unit. The LPN stated that if a resident was on an [REDACTED] medication and had behaviors that should be something that was included in the resident's care plan.</p> <p>On 9/4/19 at 11:30 AM, the surveyor interviewed the Registered Nurse/Unit Manager (RN/UM) who stated that at times the resident could be the sweetest person and very social and then at other times the resident would have behaviors and yell.</p> | F 656 | | | |

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| F 656 | <p>Continued From page 9</p> <p>The RN/UM stated that the resident's behaviors occurred more often during the evening hours and the resident was administered the [REDACTED] medication [REDACTED] to reduce the behaviors. The RN/UM stated that the staff's priority was making sure that the resident was safe related to these behaviors so staff would closely monitor Resident #5. The RN/UM stated that the resident's behaviors should be included in the care plan and all staff could add to the resident's care plan.</p> <p>On 9/04/19 at 1:15 PM, the surveyor interviewed the Director of Nursing (DON) who stated that everyone working at the facility was responsible for updating a care plan. The DON further stated that everything regarding the resident's care could be included in the resident's care plan such as behaviors, fall risk, pressure ulcer risk, preferences and likes and dislikes.</p> <p>2. On 9/03/19 at 9:59 AM, the surveyor observed Resident #27 seated in a chair in their room. The surveyor observed that the resident was wearing a long-sleeved shirt and the skin on the resident's hands were observed to be thin and translucent. The surveyor interviewed the resident. The resident smiled at the surveyor and stated that he/she was happy living at the facility and knew that he/she was administered the correct medications from the nursing staff.</p> <p>The surveyor reviewed the medical records for Resident #27.</p> <p>A review of the resident's Face Sheet (an Admission Summary) reflected that the resident was admitted to the facility on [REDACTED] and had medical diagnoses which included but were not</p> | F 656 | | | |

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| F 656 | <p>Continued From page 10</p> <p>limited to [REDACTED]</p> <p>A review of the resident's most recent quarterly MDS dated [REDACTED] reflected that the resident had a Brief Interview of Mental Status (BIMS) score of [REDACTED]. The MDS further reflected in Section N related to medication usage that the resident received an [REDACTED]</p> <p>A review of the resident's September 2019 POS reflected a PO dated 8/26/19 for the [REDACTED] by mouth three times weekly for [REDACTED]. The September 2019 POS further reflected a PO dated 8/27/19 for [REDACTED] by mouth four times weekly for [REDACTED]</p> <p>A review of the resident's CPCCP effective 5/10/18 to present did not reflect that the resident was receiving an [REDACTED] medication, or the care related to the usage of the [REDACTED] medication.</p> <p>On 9/4/19 at 11:00 AM, the surveyor interviewed the resident's LPN who stated that if the resident was receiving the [REDACTED] medication [REDACTED] it would be important to monitor the resident for [REDACTED]</p> <p>The LPN further stated that the resident would require [REDACTED]</p> | F 656 | | |

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| F 656 | <p>Continued From page 11</p> <p>██████████ to be monitored by the physician for the appropriate dosage of the ██████████ medication. The LPN stated that the RN/UM was the staff member responsible for updating the resident's care plans.</p> <p>On 9/4/19 at 11:28 AM, the surveyor interviewed the RN/UM who stated that if a resident was receiving the ██████████ ██████████ nursing would have to monitor the resident for ██████████. The RN/UM stated that if a resident was on a medication that required monitoring it should be something that was included in the resident's care plan. The RN/UM stated that the MDS Coordinator was responsible for creating the care plans and the care plans were discussed in morning meeting.</p> <p>On 9/5/19 at 10:37 AM, the surveyor interviewed the DON who stated that all care plans should be based on the resident's needs and care. The DON further stated that the facility would specifically care plan for medications, psychosocial needs of the resident, skin conditions, falls, the resident's preferences and dislikes.</p> <p>A review of the facility's Resident Care Plan Policy and Procedure revised on 9/11/17 included, "The Interdisciplinary Team, in coordination with the resident, his/her family or representative (sponsor), develops and maintains a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain. The resident care plan will include measurable objectives and timeframes to meet the resident's medical, nursing, mental, and psychosocial needs. The</p> | F 656 | | | |

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| F 656 | Continued From page 12 facility's Care Plan Policy and Procedure further included, " 1. Resident Care plan will be developed for all care planning issues including but not limited to: a. Resident problem b. Resident's goal, incorporate personal and cultural preferences c. Resident's risk factors associated with identified problems d. Resident's needs e. Resident's strengths f. Resident's Functional Status g. Maintenance levels h. Improvement possibilities i. Rehabilitation/Restorative Nursing j. Discharge Potential k. Daily Care Needs." | F 656 | | | |
| F 658 SS=D | NJAC 8:39-11.2(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: Based on observation, interview, and record review it was determined that the facility failed to: a.) administer an as needed medication for [REDACTED] according to the physician's order and b.) appropriately cleanse the [REDACTED] medication according to the manufacturer's guidelines. This deficient practice was identified for 1 of 15 resident's reviewed for professional standards of nursing practice, (Resident #186) and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: | F 658 | 1- a. Resident #186 was discharged from facility and returned home without further episodes of [REDACTED]. b. A new [REDACTED] was ordered for resident #186. 2- a. All residents with PRN orders are at risk of this practice. b. All residents receiving [REDACTED] medications are at risk of this practice. 3- a. An in-service on monitoring resident [REDACTED] and determining need for PRN medication was provided to all nurses. During daily morning report, resident's [REDACTED] movements will be | 10/1/19 | |

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| F 658 | <p>Continued From page 13</p> <p>"The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, 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 casefinding; 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 licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 9/3/19 at 11:03 AM, the surveyor observed Resident #186 seated in a chair in their room. The resident stated that he/she was [REDACTED] to the facility and had resided in the [REDACTED] of the facility for about [REDACTED]. The resident told the surveyor that when he/she first arrived at the facility they had [REDACTED] but then became really [REDACTED]. The resident further stated that he/she had a [REDACTED] first thing this morning and the [REDACTED] had thankfully resolved itself with medication.</p> <p>The surveyor reviewed the medical records for Resident #186.</p> | F 658 | <p>reported and nursing will review PRN orders to determine need for intervention. An audit of 10 residents weekly will be performed by the DON/designee to determine proper intervention and administration of PRN medications for 3 months.</p> <p>b. An in-service on the proper cleaning technique of [REDACTED] was provided to all nurses. An in-service on following manufacturer's instructions was completed on all nurses.</p> <p>A medication competency focusing on [REDACTED] will be completed on 2 nurses weekly by the DON/designee for 3 months.</p> <p>4- The results of the audit will be reported during the quarterly QAPI meeting for 3 months.</p> | | |

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| F 658 | <p>Continued From page 14</p> <p>A review of the resident's Face Sheet (an admission summary) reflected that the resident was admitted to the facility on [REDACTED] and had medical diagnoses which included but were not limited to [REDACTED].</p> <p>A review of the resident's most recent admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, reflected that the MDS assessment was still in progress, as the resident was admitted to the facility [REDACTED].</p> <p>A review of the resident's September 2019 Physician Order Sheet (POS) reflected a physicians order (PO) dated 8/26/19 for the medication [REDACTED]; administer two tabs by mouth as needed every two days for [REDACTED].</p> <p>A review of the facility's 24-hour unit report dated 8/29/19, 8/30/19, and 8/31/19 reflected that the last [REDACTED] the resident had was on 8/28/19.</p> <p>A review of the facility's Activities of Daily Living (ADL) Worksheet reflected that the resident did not have a [REDACTED] on 8/29/19, 8/30/19, and 8/31/19.</p> <p>A review of the August 2019 electronic Medication Administration Record (eMAR) reflected that the resident was not administered the medication [REDACTED] as needed for [REDACTED] on 8/29/19 and 8/30/19.</p> | F 658 | | |

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| F 658 | <p>Continued From page 15</p> <p>On 9/04/19 at 11:14 AM, the surveyor interviewed the resident's Certified Nursing Aide (CNA) who stated that the resident was alert and oriented to person, place, and time and would let the CNA know if he/she had to use the bathroom. The CNA further stated that the resident usually had [REDACTED]. The CNA stated she monitored the resident's [REDACTED] and then would report it to the nurse at the end of every shift. The CNA stated that this was done because if the resident did not have regular [REDACTED], then the nurse would need to administer medication.</p> <p>On 9/04/19 at 11:18 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN) who stated that the resident was a new admission to the facility, was alert, and was [REDACTED]. The LPN stated that since the resident was admitted to the facility, his/her motility and ambulation (walking) had improved so the resident's [REDACTED] had become more frequent. The LPN stated that the resident was not [REDACTED] and had a [REDACTED] yesterday morning. The LPN further stated that the facility followed a [REDACTED]. The process was that the staff monitored the resident's [REDACTED] documenting the resident's [REDACTED] on the 24- hour unit report, and then administer medication such a [REDACTED]. The LPN did not know that the resident had the as needed medication, [REDACTED].</p> <p>On 9/05/19 at 10:30 AM, the surveyor interviewed the Director of Nursing who stated that the resident had a PO for the medication [REDACTED], and</p> | F 658 | | | |

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| F 658 | <p>Continued From page 16</p> <p>it was not administered according to the PO when the resident did not have a [REDACTED] in two days.</p> <p>A review of the facility's [REDACTED] Protocol revised on 9/25/17 included, "To prevent/resolve [REDACTED] and promote normal [REDACTED], all elders, including those exhibiting signs/symptoms of constipation or having a history of [REDACTED], or those at risk for [REDACTED] related to prescribed medications, will be placed on a [REDACTED] unless contraindicated or otherwise ordered by the physician. A physician's order will be obtained to implement the [REDACTED]." The [REDACTED] Protocol further included, "2. All elders will be placed on [REDACTED] to include: Elders that have not had a [REDACTED] [REDACTED]</p> <p>2. On 9/4/19 at 9:04 AM during medication pass, the surveyor observed LPN #1 administer an [REDACTED], to Resident #186. After Resident #186 had put the [REDACTED] in their mouth and [REDACTED], the surveyor observed LPN #1 use a Super Sani Cloth Germicidal wipe (an alcohol based wipe used to kill bacteria and viruses on non porous surfaces) to clean the mouth piece and [REDACTED].</p> <p>At 9:07 AM, the surveyor interviewed LPN #1 who stated that she had never looked at or was aware of the manufacturer's instructions on how to clean the [REDACTED]. The LPN added that the instructions were located in the medication box.</p> | F 658 | | | |

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| F 658 | Continued From page 17 At 9:16 AM the surveyor interviewed LPN #2 who stated that she did not know the manufacturer's suggested cleaning of the [REDACTED] but thought that the [REDACTED] should be wiped with an alcohol pad. At 9:38 AM, the surveyor interviewed the Director of Nursing (DON) who stated that the nurses have access to the manufacturer's inserts, precautions and medication information, linked to that medication on the computer system used for medication pass. The DON stated the nurses should have referenced the manufacturer's instructions prior to cleaning because it is important to know the proper cleaning procedure. Review of the [REDACTED] information sheets that were linked to the medication on the computer provided by the facility indicated, "Do not take the [REDACTED] apart or wash the [REDACTED] or any part of the device. Close the device after each use." | F 658 | | | |
| F 880 SS=D | NJAC 8:39-27.1(a) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention | F 880 | | 10/1/19 | |

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| F 880 | <p>Continued From page 18</p> <p>and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed</p> | F 880 | | | |

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| F 880 | <p>Continued From page 19 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of facility documentation, it was determined that the facility failed to provide appropriate hand hygiene practices during a.) medication pass for 2 of 2 nurses observed and b.) during a [REDACTED] care treatment for 1 of 1 resident reviewed for [REDACTED] (Resident #29).</p> <p>These deficient practices were evidenced by the following:</p> <p>1. During medication administration on 9/4/19 the surveyor observed the following handwashing procedures performed by Licensed Practical Nurse (LPN) #1 and LPN #2:</p> <p>At 8:28 AM, the surveyor observed LPN #1 wet her hands, apply soap and produce friction for 10 seconds before she placed her hands under the running water. At 8:39 AM, the surveyor observed LPN #1 wet her hands, apply soap and produce friction for 7 seconds before she placed her hands under the running water. At 8:44 AM,</p> | F 880 | <p>1- LPN #1 & #2 and RN were educated on proper handwashing technique. Handwashing policy and procedure was reviewed.</p> <p>2- All residents residing in this facility are at risk of this practice.</p> <p>3- An in-service on proper handwashing was completed on all nursing staff. Handwashing competencies will be completed on all clinical staff. The DON/designee will perform handwashing competencies on 3 staff members weekly for 6 months.</p> <p>4- Results of the handwashing audits will be reported during the quarterly QAPI meeting for 6 months.</p> | | |

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| F 880 | <p>Continued From page 20</p> <p>the surveyor observed LPN #1 wet her hands, applied soap and produced friction for 9 seconds before she placed her hands under the running water. At 8:48 AM, the surveyor observed LPN #1 wet her hands, apply soap and washed her hands the entire time under the running water for 7 seconds. At 9:06 AM, the surveyor observed LPN #1 wet her hands, apply soap and produce friction for 5 seconds before she placed her hands under the running water. The surveyor did not observe any additional hand hygiene in conjunction with the hand washing.</p> <p>At 9:07 AM, the surveyor interviewed LPN #1 who stated that handwashing should be done when gloves are changed or when touching a resident. The LPN stated that the procedure is to wash your hands for a total of 60 seconds; in which 30 seconds wet hands produced friction out of the stream of water. LPN #1 stated handwashing was important for infection control.</p> <p>At 9:13 AM, the surveyor observed LPN #2 wet her hands, apply soap and produce friction for 13 seconds before she placed her hands under the running water.</p> <p>At 9:16 AM, the surveyor interviewed LPN #2 who stated that the process was to wash your hands for 60 seconds, the soap and friction were to be outside of the water. The LPN informed that proper handwashing prevented the spread of infections.</p> <p>At 10:08 AM, the surveyor interviewed the Director of Nursing (DON) who stated that handwashing was to be done by turning on the faucet, putting soap on hands, lather hands at least 30 seconds and then rinse hands. The</p> | F 880 | | | |

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| F 880 | <p>Continued From page 21</p> <p>DON stated this was done to avoid the spread of infection.</p> <p>At 10:56 AM, the surveyor interviewed the Infection Control Registered Nurse (IC/RN) who stated that she conducted handwashing in-services with the staff. The IC/RN stated the handwashing procedure was to wet hands, apply soap and friction for 30 seconds with friction being the most important part before rinsing hands in a downward position under running water. Then hands were dried using a paper towel, and a new paper towel was used in hand to shut the water off. The IC/RN confirmed that the friction of hands should not be performed under running water. The IC/RN stated that handwashing was important to prevent the spread of infection.</p> <p>A review of LPN #1's in-service transcript reflected a Hand Hygiene in-service dated 2/23/19. A review of LPN #1's handwashing technique competency, dated 9/4/19, revealed steps that included applying soap, lathering hands for 20 seconds, and then rinsing hands.</p> <p>A review of LPN #2's in-service transcript reflected a Hand Hygiene in-service dated 4/11/19. A review of LPN #2's handwashing technique competency, dated 9/4/19, revealed steps that included applying soap, lathering hands for 20 seconds, and then rinsing hands.</p> <p>2. On 9/5/19 at 9:23 AM, the surveyor, in the presence of the Director of Nursing (DON), observed the Register Nurse (RN) perform wound care on Resident #29. The RN performed handwashing five times during the procedure and during each instance of hand washing, the RN</p> | F 880 | | | |

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| F 880 | <p>Continued From page 22</p> <p>rubbed her hands together with soap for six to seven seconds before placing her hands under the running water.</p> <p>At 9:58 AM, the surveyor interviewed the RN who explained that the handwashing process included wetting hands, applying soap, and rubbing soapy hands under the water for 30 seconds.</p> <p>At 10:30 AM, the DON confirmed that the RN did not wash her hands properly and stated, "I have already talked to her about it."</p> <p>A review of the RN's handwashing competency, dated 12/10/18, revealed steps that included applying soap, lathering hands for 20 seconds, and then rinsing hands.</p> <p>A review of the facility's Handwashing policy dated revised 7/18/18, included, "Vigorously lather hands with soap and rub them together, creating friction to all surfaces, for a minimum of 20 seconds (or longer) away from the stream of water."</p> <p>NJAC 8:39-19.4(a)(1)</p> | F 880 | | | |