STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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 STANDARD SURVEY: 12/9/19 CENSUS: 174 SAMPLE SIZE: 37 + 16 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 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: Based on observation, interview, and record review, it was determined that the facility failed to document the physician notification of a significant weight gain in a timely manner in accordance with professional standards of nursing practice and facility policy for 2 of 6 residents reviewed for weight management (Resident #145 and #488). 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 and potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care	F 658	F658 SS-D 1) Residents #145 and # 488 did not have any negative outcome related to failure to document physician notification of a significant weight change in a timely manner. 2) All residents with Significant weight change can be affected. 3) Nurses will be in serviced on properly documenting Physician notification of a significant weight change. 4) Director of Nursing, ADON or designee will Audit charts randomly, weekly x 4	1/3/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/16/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 1 supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." 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 registered nurse or licensed or otherwise legally authorized physician or dentist." The deficient practice was evidenced by the following: 1. On 12/3/19 at 10:15 AM, the surveyor reviewed the closed medical record for Resident #145. A review of the resident's Admission Record face sheet (an admission summary) reflected that the resident was admitted to the facility on [redacted] and re-admitted on [redacted] with diagnoses which included but were not limited to [redacted] A review of the resident's November 2019 Order Recap Report reflected a physician's order dated 6/15/19 for weekly weights. A review of the resident's Weight Summary (WS) reflected the following:	F 658	weeks then monthly x 3 months to ensure there is proper documentation reflecting a Physician notified with a significant weight change. Director of Nursing or designee will report outcomes of all audits to the QA and IDC team at the Quarterly Quality Assurance Performance Improvement meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 2 On 11/2/19, the resident weighed [redacted] On 11/9/19 the resident weighed [redacted] This was a significant weight gain of [redacted] equaling 22% of the residents weight in one week. There was no evidence of a re-weigh on 11/9/19. On 11/16/19 the resident weighed [redacted]. On 11/23/19 the resident weighed [redacted] On 11/30/19 the resident weighed [redacted] A review of the resident's electronic Progress Notes (ePN) completed by the Registered Dietician (RD) dated 11/20/19 documented that the resident was re-weighed three times in the presence of the RD and another nurse to verify the resident's significant weight gain. The ePN further documented that the resident did not have [redacted] and that the resident's physician was notified of the significant weight gain. This physician notification was documented 11 days after the 29.4% significant weight gain was identified. An ePN completed by the resident's physician dated 11/20/19 documented the significant weight gain, that the resident had no signs or symptoms of [redacted] upon physician's assessment and that the resident would be put on a calorie restriction for the significant weight gain. On 12/6/19 at 10:03 AM, the surveyor interviewed Resident #145's Certified Nursing Aide (CNA) who stated a report would come out every Sunday on when to weigh the residents and the nurse would give the CNA's a morning report on which resident's needed to be weighed that day. The CNA stated that after the residents were weighed, she would write the weight down on a piece of paper next to the resident's name and	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 3	F 658		

the RD would review the weights and let her know if she had to do a reweigh. The CNA further stated that the nurse in charge would also tell her if a resident needed to be re-weighed.

On 12/06/19 at 10:14 AM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN) who stated that Resident #145 had a diagnosis of [redacted], was on weekly weights, and had, "an awesome" appetite. The LPN stated that she was unsure why the physician had ordered weekly weights for the resident. The LPN further stated that if there was a significant weight discrepancy a re-weight would be performed on the resident and she would notify the RD, unit manager, and resident's physician of the significant weight discrepancy immediately after she noticed it. The LPN stated that the facility took a multidisciplinary approach, and everyone would get involved in the evaluation and assessment of the resident. The LPN told the surveyor that she honestly didn't remember if the resident had a significant weight gain, but she remembered during report that they were asking the staff to re-weigh Resident #145.

On 12/6/19 at 10:25 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated that Resident #145 had a history of [redacted]. The LPN/UM stated that the unit had a list of weekly and monthly weights that they would give to the CNA's so they could appropriately weigh the residents. The LPN/UM told the surveyor that the RD would compare the weekly weights and would follow up with a re-weight if there was a weight discrepancy of four to five pounds. The LPN/UM further stated that a re-weight would be done the same day and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 4	F 658		

the physician would be notified immediately if a resident had a significant weight gain. She confirmed it should be documented in the resident's medical record.

On 12/6/19 at 10:37 AM, the surveyor interviewed the resident's RD who stated that the resident had, "a big weight gain." At first, she was doubting if the weight gain was true because it was so drastic, so she and another nurse watched the CNA re-weigh the resident. The RD further stated that she and another nurse assessed the resident. The RD stated that the resident was on a weekly weight because he/she had a history of weight fluctuations. The RD stated that the physician was notified the day she found out about the significant weight gain and the physician came into the facility to assess the resident. The RD stated that the policy of the facility was as soon as she or a nurse identified that there was a significant weight gain, the doctor would be notified immediately. The surveyor reviewed the resident's weights in the presence of the RD and the RD stated that she was unsure why it took so long for the facility to notify the resident's physician of the of the significant weight gain. The RD stated that as soon as she noticed the weight gain, that was when she acted on it.

On 12/9/19 at 10:19 AM, the surveyor interviewed the Director of Nursing (DON) who stated there was a ten-day time frame that the physician was not notified of the resident's significant weight gain and the physician should have been notified right away. She was unable to provide documented evidence that the Physician was notified sooner than 11 days. She stated there was no negative outcome to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 5	F 658		

2. On 12/2/19 at 9:49 AM, the surveyor observed Resident #488 in bed watching TV. The resident stated to the surveyor he/she was at the facility for a short term stay and that he/she goes to the [redacted] center every Monday, Wednesday and Friday due to [redacted].

The surveyor reviewed the medical record for Resident #488.

A review of the Admission Record face sheet (an admission summary) reflected the resident was recently admitted to the facility on [redacted] with diagnoses which included, [redacted]

A review of the weekly Weight Summary for Resident #488 revealed the following:

On 11/19/19, the resident weighed [redacted]
On 11/24/19, the resident weighed [redacted]
(This was a weight gain of [redacted] in one week and a significant weight gain of 6.5%)
On 11/30/19, the resident weighed [redacted].
(This was a weight gain [redacted] in one week and a significant weight gain of 7.56%)
On 12/1/19 the resident was re-weighed and noted to be [redacted] a gain of [redacted] in 13 days.

The surveyor reviewed the electronic Dietary Note dated 11/26/19 at 2:50 PM. The note

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 6	F 658		

included that the Registered Dietician (RD) spoke to the RD at the [redacted] Center to discuss Resident #488's significant weight fluctuation. The RD documented that the RD at the [redacted] Center stated that the "weight gain is r/t [related to] fluid shifts" as the resident could not always complete a full [redacted] treatment due to blood pressure fluctuations. There was no documented evidence of a physician notification of the significant weight gain that was identified from the first significant weight gain from 11/19/19 through 11/24/19.

A review of the electronic Progress Notes (ePN) for November 2019 reflected that the Physician had not been notified of the first significant weight gain of 6.5% identified on 11/24/19 until the Attending Physician came in for his weekly visit three days later on 11/27/19. The electronic Progress Note dated 11/27/19 at 12:11 PM included that as per the Attending Physician, "patient is a new enteral feeding patient and is on [redacted]. Patient has no [redacted] and no signs of [redacted]..."

A further review of the ePN dated 12/1/19 included that resident weighed [redacted] on [redacted] and weighed [redacted] during a re-weigh on [redacted]. The note was signed by the Registered Nurse/Unit Manager (RN/UM). There was no documented evidence that the physician was notified of the second significant weight gain of [redacted] in one week.

On 12/4/19 at 12:17 PM, 12/5/19 at 9:43 AM, and 12/6/19 at 11:00 AM, the surveyor attempted to observe and interview Resident #488, but the resident was out of the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 7 On 12/6/19 at 9:06 AM, the surveyor interviewed the RD. The RD stated that she had been covering for another RD who had been out the last month. She stated that both she and the Unit Managers review the resident weights once entered into the electronic chart. The RD stated that the facility had reached out to the RD at the [redacted] Center once due to the resident's significant weight gain, and were informed that Resident #488 wasn't always able to complete the [redacted] session. She stated that the communication was documented in the resident's medical record. She further added that she does not notify the Attending Physician but that nursing handles the notification. She indicated that any significant weight gain should be reported to the Attending Physician as soon as possible, and that the notification should be documented. She stated she would look into the record more closely to see if the notification was documented anywhere. On 12/6/19 at 11:32 AM, the surveyor interviewed the RN/UM who stated that both she, the nurses and the RD look at the weekly weights. She stated that if the RD identified a significant weight gain first then the RD would inform nursing and the Attending Physician should be made aware. The RN/UM stated that when the Attending Physician came in for the weekly visits on Wednesdays then he would be made aware of any significant weight gains. She confirmed it should be documented in the resident's medical record. She further stated that the resident did not have any [redacted] during the time of the significant weight gains. The surveyor inquired about the documentation of physician notification and she stated she would have to review the chart in more detail.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315010	A. BUILDING _____ B. WING _____	12/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMORA HILLS HEALTH & REHABILITATION CENTER	225 W JERSEY STREET ELIZABETH, NJ 07202

(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	Continued From page 8 On 12/9/19 at 9:43 AM, the surveyor interviewed the DON and LNHA in the presence of the survey team. The DON stated that the Attending Physician knew about the resident's weight gain. The DON added that she would expect the nurses to document the weight change and physician. She stated that the Physician was made aware, but the DON was unable to provide documented evidence of the notification. A review of the facility's Resident Weight Policy and Procedure revised June 2019 indicated, "The Charge Nurse/Unit Manager and Dietician will review the weights and determine whether a re-weigh is needed." The facility's Resident Weight Policy and Procedure did not indicate a specific amount of weight that would be needed for a re-weight to occur. The facility's Resident Weight Policy and Procedure further indicated, "The nurse will call the physician to inform him or her of any significant weight changes and recommendations." A review of the facility's Physician Services Policy and Procedure revised June 2019 indicated, " The resident's Attending Physician may be notified in the following circumstances: In the event of an acute change of condition (ACOC). ACOC is a sudden, clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains. In accordance with previously established Physician orders, care plans, or facility policies." NJAC 8:39-27.1(a)	F 658		