

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

PRINTED: 10/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/26/2021
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NAME OF PROVIDER OR SUPPLIER OAKLAND REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 20 BREAKNECK ROAD OAKLAND, NJ 07436
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F 000	INITIAL COMMENTS Survey: 3/26/21 CENSUS: 160 SAMPLE: 32 (plus 3 closed records) A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-	F 842		4/13/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/30/2021
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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 842	<p>Continued From page 1</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic</p>	F 842			

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F 842	<p>Continued From page 3</p> <p>A review of the [REDACTED] binder revealed there were no [REDACTED] nurse visit notes from [REDACTED], through [REDACTED].</p> <p>On 3/22/21 at 9:44 AM, the LPN/UM informed the surveyor that the [REDACTED] notes were filed in the [REDACTED] binder. She stated that it was her responsibility to make sure that the notes and all other documents about the care of the resident with regards to [REDACTED] will be filed in the binder as part of the resident's medical records.</p> <p>On that same date and time, the surveyor and the LPN/UM checked the [REDACTED] binder. The LPN/UM did not find the weekly visit notes from the [REDACTED] nurse since the resident was admitted on [REDACTED]. The LPN/UM stated that the [REDACTED] Liaison [REDACTED] was in the facility on [REDACTED] and removed some documents because it was "overflowing."</p> <p>Furthermore, the LPN/UM called the [REDACTED] in the surveyor's presence to ask for the [REDACTED] nurse notes. The [REDACTED] stated that she had some of the [REDACTED] notes and would bring them back to the facility. The [REDACTED] further said, "I don't know why the facility does not have the copy of the notes, but I will bring it there today."</p> <p>On 3/23/21 at 10:20 AM, the LPN/UM, in the presence of the Director of Risk Management and the Director of Nursing (DON), could not provide the weekly visit [REDACTED] nurse's notes. The DON stated that there should be weekly [REDACTED] visit notes. The DON stated, "I even called the Clinical Manager" of the [REDACTED] company to follow up with the [REDACTED] notes.</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>At that same time, the DON called the facility medical record staff and verified whether-or-not there were thinned [REDACTED] notes for Resident #116. According to the Medical Record's staff, the DON informed the surveyor that there were no thinned [REDACTED] notes. The DON stated that she would get back to the surveyor and follow up with hospice "again" about the [REDACTED] nurse's notes.</p> <p>On 3/23/21 at 10:57 AM, the surveyor called the [REDACTED] nurse, and the surveyor left a message.</p> <p>The [REDACTED] nurse did not return the call of the surveyor.</p> <p>A review of the General Inpatient Care Agreement of the facility and the [REDACTED] signed on [REDACTED] included [REDACTED]. Medical Record. Facility and [REDACTED] shall prepare and maintain complete medical records for [REDACTED] Clients receiving facility services in accordance with this Agreement and shall include all treatment, progress notes, authorizations, physician orders, and other pertinent information. Copies of all documents of services provided by [REDACTED] shall be filed and maintained in the facility chart."</p> <p>On 3/23/21 at 1:52 PM, the surveyors met with the Licensed Nursing Home Administrator (LNHA), DON, Regional Nurse, Regional Director of Operations (RDO) and discussed the above concerns. The Regional Nurse stated that [REDACTED] visit notes should be in the medical records.</p> <p>On 3/24/21 at 1:26 PM, the surveyors met with the LNHA, DON, Regional Nurse. The Regional Nurse informed the surveyors that the [REDACTED] L stated that the facility staff told [REDACTED] not to put [REDACTED]</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>notes in the medical records "because it was too much paper." The Regional Nurse further noted that the [REDACTED] was unable to remember the facility staff's name, who told her not to put [REDACTED] notes in the medical records.</p> <p>On that same date and time, the Regional Nurse stated that the Unit Manager would check and make sure that the previous notes are submitted and filed in the resident's medical records on the [REDACTED] nurses's following visit.</p> <p>A review of the undated [REDACTED] Program Policy that the Regional Nurse provided did not include medical records information.</p> <p>A review of the facility Medical Record Filing Policy provided by the LNHA with an adopted date of July 2017 included "Current Residents: 3. File the information in the records in a timely manner. Place the papers in the appropriate section and in the appropriate order. 4. Check information for completeness and accuracy prior to filling, i.e., name, medical record number, date, signatures, etc."</p> <p>On 3/25/21 at 1:27 PM, the surveyors met with the LNHA, DON, Regional Nurse; the facility provided no additional information.</p> <p>NJAC 8:39-35.2 (d)(5)</p>	F 842			