

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

PRINTED: 03/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2019
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
(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	F 000			
F 677 SS=E	<p>COMPLAINT # NJ 125111, NJ 124485</p> <p>CENSUS: 98</p> <p>SAMPLE SIZE: 8</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 124485</p> <p>Based on observation, interviews, and review of Medical Records (MR), and other pertinent facility documentation on 10/29/2019 and 10/30/2019, it was determined that the facility staff failed to provide appropriate incontinence care, for 2 of 3 residents (Resident #6, and Resident #8) sampled for incontinence, as well as, personal hygiene care, for 5 of 7 unsampled residents. In addition, the facility staff failed to follow their Policies titled "Incontinence Care." and "Nail Care." This deficient practice was evidenced by the following:</p>	F 677	<p>1. Residents #6 and #8 were immediately provided incontinence care. Residents #6 and #8 had skin assessments completed by RN with no skin integrity impairment identified. Residents who were identified to be in need of nail care had their nails cut and cleaned.</p> <p>2. Unit managers completed skin assessment of incontinent residents with no skin integrity impairments identified. DON and Unit Managers inspected the nails of all residents with nail care provided as needed</p> <p>3. All nursing staff were re-educated on the policies for incontinence care and nail care by the Nurse Educator. Unit Managers will be responsible to round on incontinent residents to verify incontinence care is being provided timely and round on residents on their units to</p>	11/30/19	

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

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11/25/2019

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 677	Continued From page 1 1. According to the Face Sheet, Resident #6 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED] According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #6 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating Resident #6 was cognitively intact. The MDS also indicated Resident #6 was total assist for Activities of Daily Living (ADLs) and was incontinent of bowel and bladder. According to the Braden Scale, an assessment tool used for predicting pressure sore risk, dated [REDACTED] Resident #6 total score was [REDACTED] which indicated he/she is a moderate risk for skin issues. According to the Care Plan dated [REDACTED] Resident #6 was a "potential for skin integrity impairment secondary to incontinence and impaired mobility." The Care Plan also showed Resident #6 had a history of an [REDACTED] [REDACTED] which had resolved. According to Resident #6's Care Plan an intervention put in place on [REDACTED], listed a [REDACTED] daily and remove on [REDACTED] and [REDACTED] to promote skin integrity. It also stated: the resident prefers to use the [REDACTED] During a Care Tour on 10/29/2019 at 10:38 a.m., accompanied by the Unit Manager (UM), Resident #6 was observed with a disposable	F 677	verify nail care is being provided as needed. 4. The Clinical ADON will randomly audit, by direct observation, 10 incontinent resident weekly for the next 12 weeks to verify proper care is being provided. The Clinical ADON will randomly inspect 10 residents nails weekly to verify nail care is being provided as needed. Any issues identified will be immediately addressed. Results of these audits will be reviewed monthly at the Quality Assurance Improvement meetings for the next 3 months with follow up provided as needed.		

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F 677	<p>Continued From page 2</p> <p>diaper in place and a [REDACTED] pad tucked inside of the diaper. Both were [REDACTED]. The draw sheet was also wet with [REDACTED] and had brown stains and smelled of [REDACTED]. Resident #6's skin was intact however; the [REDACTED] was observed to be [REDACTED] and [REDACTED].</p> <p>During a resident interview on 10/29/2019 at 10:38 a.m., Resident #6 reported that no one had changed him/her since last night around 8:00 or 8:30 p.m., when he/she was put to bed.</p> <p>During an interview on 10/29/2019 at 10:40 a.m., the Certified Nursing Assistant (CNA#1) reported changing the resident that morning around 8:30 a.m. The CNA also reported, the resident is constantly wet. He/she is a [REDACTED]."</p> <p>During an interview on 10/29/2019 at 10:45 a.m., the UM stated: she believed the resident that he/she was not changed since last night because there were brown stains on the draw sheet. The UM also stated: the resident should be checked every 2 hours and changed as needed since the resident is a [REDACTED]" and he/she should have the [REDACTED] on.</p> <p>During a second interview on 10/29/2019 at 2:45 p.m., CNA#1 stated: she left the [REDACTED] pad in place because she knew the resident was a [REDACTED]," there were only 3 Aides that day and it would be awhile before she could get back to the resident. The CNA also reported she is aware the resident's skin can breakdown if left wet.</p> <p>During an interview on 10/29/2019 at 11:42 a.m., the Director of Nursing (DON) reported Resident #6 should be checked every 2 hours for</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>incontinence. The DON was unable to provide a facility policy on [REDACTED] and was not sure if it was facility policy.</p> <p>During an interview on 10/29/2019 at 3:23 p.m., the Administrator reported: they finished an investigation into the care of Resident #6. "We believe the resident. The CNA will be terminated. We don't put up with inadequate care. The residents suffer."</p> <p>2. According to the Face Sheet, Resident #8 was admitted to the facility on [REDACTED], and readmitted on [REDACTED] with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #8 was [REDACTED]. The MDS also indicated Resident #8 was extensive assist for Activities of Daily Living (ADLs), and was occasionally incontinent of bowel, and frequently incontinent of bladder.</p> <p>According to the [REDACTED] Scale, an assessment tool used for predicting [REDACTED] risk, dated [REDACTED], Resident #8 total score was [REDACTED] which indicated he/she is a [REDACTED] risk for skin issues.</p> <p>According to the Care Plan dated [REDACTED], Resident #8 "Presents with [REDACTED] behavior, and [REDACTED]." The Care Plan also showed Resident #8 had a history of skin impairment.</p>	F 677			

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F 677	<p>Continued From page 4</p> <p>During a Care Tour on 10/30/2019 at 9:10 a.m., accompanied by the Unit Manager (UM), Resident #8 was observed with a disposable diaper in place. The front and back of the diaper were [REDACTED]. The draw sheet was dry. Resident #8's skin was intact however; the [REDACTED] was observed to be red.</p> <p>During an interview on 10/30/2019 at 9:15 a.m., CNA #2 reported she had not changed the resident that morning. She looked in on him/her but did not check the diaper because she was busy caring for other residents. She also reported [REDACTED] of the skin and [REDACTED] are a result of poor incontinence care.</p> <p>During an interview on 10/30/2019 at 9:16 a.m., the UM reported Resident #8 wets a lot, so they check him/her frequently. She also stated; Incontinent residents should be checked or changed every 2 hours to prevent skin issues.</p> <p>During a care tour observation on 10/29/2019 at 9:20 a.m., accompanied by the UM, 4 residents were observed sitting in their wheelchairs in front of the nursing station. They were dressed and appeared clean. No odors were noted. However, the resident's fingernails were long, dirty, jagged and extended beyond their fingertips.</p> <p>During an interview with the UM on 10/29/2019 at 9:23 a.m., the UM stated; "I will address it."</p> <p>During an interview on 10/29/2019 at 11:42 p.m., the DON reported that the UM told her about the dirty, jagged nails. The DON stated; "It's being addressed now. Activities also helps or addresses nails. I don't know why they stopped cleaning them."</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>During an interview on 10/29/2019 at 2:45 p.m., CNA #2 reported nail care is included in hygiene. "If you see them you should clean them and clip them."</p> <p>During a care tour observation on 10/30/2019 at 9:30 a.m., accompanied by the UM, 7 residents were checked for hygiene. All 7 appeared clean without any odors, however, 5 out of 7 had long, dirty, jagged nails which extended beyond their finger tips.</p> <p>During an interview with the UM 10/30/2019 at 9:37 a.m., the UM reported they started cleaning nails yesterday. "I guess they didn't get to all of them. It should be done with a.m. care."</p> <p>According to the Facility Policy titled "Incontinence Care" with an implemented date of 9/99, and a revised date of 11/17, under "Policy" included the following: "It is the policy of the facility to ensure that all residents will be routinely checked for incontinence." Under "Purpose" it included the following statement: "To ensure that the resident is clean, comfortable, free of odors, and to prevent infections and any skin irritations."</p> <p>According to the Facility Policy titled "Nail Care" with an implemented date of 11/99, and a revised date of 6/17, under "Policy" included the following: "Resident's nails will be kept clean and trimmed...."</p> <p>N.J.A.C. 8:39-27.2(h) N.J.A.C. 8:39-27.2(g)</p>	F 677			

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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		11/30/19

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S1680	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ125111, NJ124485</p> <p>Based on review of staffing schedules provided by the facility for the weeks of 6/02/19, and 6/16/19, it was determined that the facility failed to provide the necessary nursing staff to meet the staffing requirements. This deficient practice was evidenced by the following:</p> <p>For the week of 6/02/19. Required staffing hours: 256.25</p> <table border="0"> <tr> <td>Date</td> <td>Actual Staffing Hours</td> <td>Difference</td> </tr> <tr> <td>6/02/19</td> <td>240</td> <td>-16.25</td> </tr> </table> <p>For the week of 6/16/19. Required staffing hours: 266.00</p> <table border="0"> <tr> <td>Date</td> <td>Actual Staffing Hours</td> <td>Difference</td> </tr> <tr> <td>6/16/19</td> <td>248</td> <td>-18.00</td> </tr> </table> <p>During a post-survey phone interview on 11/7/19 at 11:53 p.m., the Director of Nursing (DON) reported; The per-diem people are called if they</p>	Date	Actual Staffing Hours	Difference	6/02/19	240	-16.25	Date	Actual Staffing Hours	Difference	6/16/19	248	-18.00	S1680	<ol style="list-style-type: none"> The facility cannot retroactively address the concern identified. The Administrator and DON reviewed the recruitment procedures currently in place. They have contacted nursing and CNA schools. Bonus programs were initiated for Nurses and Certified Nurse Aides (CNAs). Utilizing CNAs who are currently working in other capacities to be CNAs on there off days and hours. Advertising in Job sites. Offering referral bonuses. Utilization of nursing management for patient care as needed. Nursing management on the on call rotation are assisting with staffing issues. Open shifts are posted weekly for nursing staff to sign up for additional shifts. DON will monitor staffing daily and will meet with the staffing coordinator to review schedules. DON will be responsible to verify adequate staffing is in place to meet the state requirements and resident needs. Staffing is reviewed with supervisors daily. 	
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S1680	<p>Continued From page 2</p> <p>have a call out. Nurse managers are always on call if needed. The facility does not use agency staff.</p> <p>During a post-survey phone interview on 11/15/19 at 2:50 p.m., the Administrator reported: Only 20 full-time Aides work at the Facility. They do a lot of over-time and the Licensed Practical Nurses will work as Aides when needed.</p>	S1680	4. DON will review recruitment and retention for 3 months and report results at the monthly Quality Assurance Improvement meetings.	