

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

PRINTED: 05/20/2021
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 08/10/2020
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NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055
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(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
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F 000	INITIAL COMMENTS COMPLAINT #: NJ00132107, NJ00133663, and NJ00136832 CENSUS: 95 SAMPLE SIZE: 7 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2)	F 580		8/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/20/2020
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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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint #: NJ00136832</p> <p>Based on interview and record review, it was determined that the facility failed to notify the resident's emergency contact of a facility acquired pressure ulcer for 1 of 6 residents (Resident #6) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>According to the Face Sheet, Resident #6 was readmitted to the facility with diagnoses that included but were not limited to: [REDACTED]</p>	F 580	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of federal and state law</p> <ol style="list-style-type: none"> 1. The family of resident #6 was notified of the change in condition. 2. All residents may be affected by the 		

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F 580	<p>Continued From page 2</p> <p>[REDACTED]</p> <p>Review of the Significant Change Minimum Data Set (MDS), an assessment tool used in the management of care, dated [REDACTED] reflected that the resident was [REDACTED] impaired, [REDACTED], required extensive assist of two persons for bed mobility and had [REDACTED] r [REDACTED]. The MDS further revealed that Resident #6 had been identified as being at risk for developing pressure ulcers and had [REDACTED] r at that time. The MDS noted that [REDACTED] treatments were in place and included the use of [REDACTED] reducing devices on the wheelchair and the bed, turning/repositioning program, [REDACTED], and application of ointment/medications.</p> <p>Review of Resident #6's [REDACTED] Documentation revealed that the resident had a [REDACTED] with the onset date of [REDACTED].</p> <p>Review of the resident's Care Plan (CP), initiated on [REDACTED], reflected the resident presented with an [REDACTED].</p> <p>Review of the Nursing Clinical Notes (nursing notes) for the month of [REDACTED] did not include notification to the emergency contact of Resident #6's [REDACTED].</p> <p>On 08/07/2020 at 1:36 PM, the surveyor conducted an interview with the Registered Nurse</p>	F 580	<p>notification policy not being properly followed. All occurrences related to change in condition have been reviewed to ensure family notification was done and documented. No issues were found.</p> <p>3. The clinical ADON educated all licensed nurses on the Facility Notification Policy and documentation of communication to families when changes in condition occur.</p> <p>4. The clinical ADON will audit 3 charts weekly for residents with change in condition to ensure documentation has been provided by licensed nurse on contacting families when changes in condition occur. The clinical ADON will report findings at monthly QAPI meeting for 3 months with follow up as needed.</p>

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F 580	<p>Continued From page 3</p> <p>(RN) responsible for the care of Resident #6. The RN stated that if a resident presented with a new wound, the nurse was to report the findings to the Director of Nursing (DON), notify the physician and inform the family. The RN further stated she would document family notification in the nursing notes.</p> <p>During an interview with the Administrator on 08/07/2020 at 2:10 PM, the Administrator stated that families were called weekly to provide an update on the residents' [REDACTED] status and that clinical change in conditions were not discussed during these [REDACTED] status update calls. The Administrator stated it was the responsibility of the nurses and physicians to update the family with any clinical change in status. The Administrator further stated that family notification of change in status should be documented in the resident's medical record.</p> <p>During an interview with the Acting Director of Nursing (DON) on 08/10/2020 at 9:28 AM, the Acting DON stated she expected the nurse to measure the wound, call the physician for any new orders and inform the resident's family. The DON stated that a resident's family should be notified whenever there was a change in the resident's condition. The DON further stated that family notification should be documented in the nursing notes and 24-hour report.</p> <p>During a follow-up interview with the Administrator on 08/10/2020 at 11:20 AM, the Administrator stated the Registered Dietician (RD) placed a call to Resident #6's emergency contact on [REDACTED] to provide an update on the resident [REDACTED] status and [REDACTED].</p> <p>During an interview with the RD on 08/10/2020 at</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>11:29 AM, the RD stated the calls placed to residents' families were to update them on the resident's [REDACTED] status and that it was not her responsibility to inform the family of a [REDACTED]. The RD further stated that she did not address wounds during these calls because it was the responsibility of the nurse to inform the family with any change in conditions.</p> <p>During an interview with the Licensed Practical Nurse (LPN) assigned to the [REDACTED] unit on 08/10/2020 at 12:51 PM, the LPN stated if a resident presented with a new wound, the nurse should assess the [REDACTED], inform the RN and they both would measure the [REDACTED], notify the physician, initiate a [REDACTED] consult, and document findings in the nursing notes and 24-hour report. The LPN further stated she was familiar with the resident and that Resident #6's [REDACTED] was present when transferred to the [REDACTED] unit in May 2020. The LPN stated she specifically spoke to Resident #6's emergency contact to provide an update on the resident's [REDACTED]. At that time, the surveyor requested documentation that reflected she spoke with Resident #6's emergency contact about the resident's [REDACTED]. The facility was unable to provide documentation that the LPN informed or discussed Resident #6's [REDACTED] with the resident's emergency contact.</p> <p>In a follow-up interview with the Administrator on 08/10/2020 at 1:06 PM, the Administrator confirmed that she was unable to find documentation that Resident #6's emergency contact had been notified of the [REDACTED].</p> <p>Review of the facility's "[REDACTED] Prevention and Management Policy," with the revision date of</p>	F 580			

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F 580	Continued From page 5 09/2017, revealed the resident, family and/or Power of Attorney (POA)/legal guardian would be informed of newly identified [REDACTED]. Review of the facility's "Condition: Significant Change in" policy, with the review date of 11/2019, revealed the resident and/or responsible party would be promptly notified by the nurse in the event of a condition change. The policy further revealed the notification including date, time and by whom, should be documented in the clinical record by appropriate personnel and on the 24-hour report. NJAC 8:39-13.1 (c)	F 580			