

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 10/08/2019
NAME OF PROVIDER OR SUPPLIER MEDFORD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 185 TUCKERTON ROAD MEDFORD, NJ 08055		
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F 000	INITIAL COMMENTS STANDARD SURVEY 10/8/19 CENSUS: 94 SAMPLE SIZE: 19	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 ensure that Physician's orders were accurate on the Physician's Order Form and Medication Administration Record at the beginning of a new month. This was identified for 1 of 5 residents observed during the medication pass (Resident #148). The facility also failed to follow the facility policy and complete an accurate skin assessment. This was identified for 1 of 1 residents reviewed for skin care (Resident #80). This deficient practice 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: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching,	F 658	1. Resident #148 - The resident's physician was contacted and a new order was obtained to apply [REDACTED]. The order was sent to the pharmacy for printing on future recaps and transcribed to the Medication Administration Record. Resident #80 - RN was clinically counseled regarding facility policy related to skin checks. 2. DON and Unit Managers completed audits of October recaps to verify accuracy. All residents had skin checks completed and documentation reviewed by DON on October 2, 2019. Areas of concern were addressed. 3. Staff nurses were re-educated, by the Assistant Director on Nurses (ADON) regarding recap completion, review of recaps and proper skin checks and	10/25/19	

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

TITLE

(X6) DATE

Electronically Signed

10/22/2019

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 658	<p>Continued From page 1</p> <p>health counseling and provision of care supportive to or restorative of life and wellbeing, and executing medical regimes 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 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."</p> <p>1. On 10/2/19 at 8:57 AM the surveyor observed a nurse administer medications to Resident #148. The medications the nurse administered to the resident included a [REDACTED]. The October 2019 Medication Administration Record (MAR) noted the [REDACTED] order as [REDACTED] every day (12 hours on, 12 hours off)." The MAR noted an order date of 9/26/19 and administration time for 8:00 AM for [REDACTED] application and 8:00 PM for [REDACTED] removal. The nurse followed the instructions on the MAR and applied the [REDACTED].</p> <p>Following the medication pass observation, the surveyor reviewed the resident's medical record to confirm that the Physician's orders had been carried out as ordered. The surveyor observed</p>	F 658	<p>documentation.</p> <p>4. The ADON will audit five (5) recaps on each unit monthly for the next 3 months to verify accuracy. Areas of concern will be immediately addressed. ADON will audit complete skin checks and documentation for 2 residents weekly for the next 12 weeks to verify skin checks are properly completed and documented. Areas of concern will be immediately addressed. Results of these audits will be reviewed at the Quality Assurance Performance Improvement Meetings for the next three months with follow up provided, as needed.</p>		

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F 658	<p>Continued From page 2</p> <p>that the resident had been admitted to the facility on [REDACTED]. The facility's "Face Sheet" noted the resident had been in the hospital from [REDACTED] to [REDACTED]. The surveyor reviewed the hospital records that had been sent to the facility upon the resident's admission and observed that the resident "came to the hospital with complaints of [REDACTED]." The hospital records noted the resident's diagnoses included "[REDACTED]" and the resident was transferred to the Long Term Care facility on [REDACTED].</p> <p>The surveyor reviewed the facility's "Physician's Order Form" (POF) that was hand-written by a nurse on [REDACTED] with the medication orders that had been given by the Physician. These orders included [REDACTED]. The POF also included a "Diagnosis" section that documented [REDACTED]." The surveyor reviewed the September MAR which included the Physician's order for the [REDACTED] to be applied to the resident's [REDACTED].</p> <p>The surveyor observed a "Occupational Therapy Initial Evaluation" form which documented that Resident #148 had [REDACTED]." The surveyor reviewed the Physician's 9/27/19 "History and Physical" form that included "[REDACTED]" under the "Diagnosis, Assessment and Plan" section and the Physician's 10/3/19 "Progress Note" which also included "[REDACTED]."</p> <p>The surveyor reviewed the October 2019 POF and October MAR that had been sent from the pharmacy at the end of September. The surveyor observed that a facility nurse had signed the October POF on 9/28/19 indicating that the Physician's Orders on the form were correct.</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>However, the October POF and MAR both noted that the [REDACTED] was to be placed on the resident's [REDACTED]. The nurse performing the "recap" on 9/28/19 had failed to identify and correct the error that had been printed on the October POF and MAR by the pharmacy.</p> <p>When interviewed on 10/2/19 at 11:04 AM, the surveyor asked the Unit Manager (UM) if the order for the [REDACTED] to the [REDACTED] had changed. The UM went through the resident's medical record and said there was no new physician's order to change the [REDACTED] to the [REDACTED].</p> <p>On 10/2/19 at 1:36 PM the surveyor interviewed Resident #148 who was sitting in a wheelchair in the unit day room. The surveyor asked the resident if he/she had any [REDACTED] in his/her [REDACTED], the resident said "no." The surveyor asked the resident if he/she ever got [REDACTED] in the [REDACTED], the resident said "yes, at times I have [REDACTED]." The surveyor asked "do you get [REDACTED] in both [REDACTED]?" The resident said "no, just my [REDACTED]."</p> <p>The surveyor reviewed the facility's policy "Recapitulation Of Medication Policy" which included "5. Nursing will compare previous orders to newly printed orders to assure accuracy and completeness."</p> <p>2. Resident #80 had diagnoses that included [REDACTED]. The surveyor reviewed the resident's [REDACTED] Minimum Data Set, an assessment tool, which identified the resident as being [REDACTED].</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>During a review of the medical record the surveyor observed a 10/24/18 physician's order for "weekly skin check (observation) on Tuesday 7-3 shift." The surveyor observed that the skin check was signed as being completed by a nurse on October 1 on the Treatment Administration Record (TAR) and that the nurse had documented that the skin was "intact" at that time.</p> <p>On 10/3/19 at 11:10 AM the surveyor observed Resident #80's [REDACTED] in the presence of the District Nurse and Nurse Manager. The surveyor observed the [REDACTED] on the resident's [REDACTED] that, according to documentation in the medical record, had been present since August of 2019.</p> <p>When interviewed on 10/3/19 at 11:30 AM, the Registered Nurse (RN) stated that he had completed a skin assessment on Resident #80 on October 1, 2019 and that the resident's skin was intact. When the surveyor mentioned to the RN that the resident had an [REDACTED] the RN responded that he must have missed it.</p> <p>During an interview on 10/4/19 at 10:00 AM, the Director of Nursing (DON) and Licensed Nursing Home Administrator (LNHA) stated that their expectation was that during a skin check, a head to toe assessment should be done which would include every inch of skin. They both agreed that the nurse did not do a thorough skin check.</p> <p>On 10/4/19 at 10:55 AM the surveyor reviewed the "Skin Care Policy" provided by the LNHA. The policy included "all residents will have a complete skin check upon admission, readmission, and</p>	F 658			

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F 658	Continued From page 5 weekly."	F 658			
F 812 SS=E	<p>NJAC 8:39-11.2(b) Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to handle potentially hazardous food and maintain kitchen sanitation in a safe and consistent manner in order to prevent food borne illness. This deficient practice was evidenced by the following: On 10/1/19 from 8:11 AM to 9:10 AM the surveyor, accompanied by the Director of Food Service (DOFS) and the Registered</p>	F 812		10/25/19	
			1. The Food Service Director (FSD) and Assistant Food Service Director (AFSD) addressed the areas identified during survey at the time of discovery, including chemical storage, hair and beard guards, cleanliness of kitchen, hand washing/glove procedures and food storage. Chemicals were removed, debris was cleaned, boxes were sealed as required. Staff were immediately inspected to ensure beard and hair		

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F 812	<p>Continued From page 6</p> <p>Dietitian/Nutritionist (RDN), observed the following in the kitchen:</p> <ol style="list-style-type: none"> 1. On a middle shelf in the walk-in refrigerator, a box of frozen omelets was open and the omelets were exposed to the air. The DOFS stated "that should be closed completely from the air." 2. The surveyor observed a Dietary Aide (DA) in the dry storage area. The DA had a lengthy beard. The DA was not wearing a beard guard and his beard was exposed. 3. On top of the metal counter in the back of the kitchen, a bottle of "Glass-N-ALL" glass and window cleaner was opened and had no lid. The "Glass-N-All" cleaner was on the counter next to the cleaned and sanitized meat slicer and above an opened and exposed case of bananas. The DOFS picked up the bottle of cleaner and removed it from the counter. When interviewed, the DOFS stated "that shouldn't have been there, nope not at all. It also should have a sprayer attached to the top of the bottle." The DOFS took the bottle of "Glass-In-All" and placed it in the dietary office. 4. During the observation of the cook's box, the surveyor noted that the bottom of the refrigerator was covered with browned lettuce leaves. An unidentified brown sticky to the touch substance was also observed on the bottom of the refrigerator. Upon interview the surveyor asked the DOFS if the cook's refrigerator was cleaned on a regularly scheduled basis. The DOFS stated "we have a schedule, it should be cleaned daily." When questioned further, the DOFS stated "Yeah, I would clean this." The DOFS instructed the RDN to get a DA to clean the 	F 812	<p>guards were being worn as required.</p> <ol style="list-style-type: none"> 2. The kitchen and adjacent kitchen areas were inspected for cleanliness including food and chemical storage on October 1, 2019. This inspection was completed by FSD and AFSD. 3. Dietary staff were re-educated by the FSD on chemical storage, hair and beard guards, cleanliness, hand washing/glove procedures and food storage. Re-education included infection control procedures, cleaning schedule, proper storage of chemicals and procedures for storing food after opening. 4. The FSD or Register Dietitian will complete random audits of the kitchen on a weekly basis X 12 weeks, utilizing the kitchen inspection report. Areas of concern will be immediately addressed. Results of these audits will be reviewed at the Quality Assurance Performance Improvement meeting monthly for the next three months with follow up as needed. 		

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F 812	<p>Continued From page 7 cook's box.</p> <p>5. On 10/1/19 at 12:54 PM the surveyor observed the cook at the steam table during the lunch meal service in the main dining room. The cook donned a pair of disposable gloves and proceeded to manually chop a cooked chicken breast on a cutting board. The cook then removed his disposable gloves and threw them in the trash. The cook then donned a new pair of disposable gloves. The cook did not perform handwashing between glove changes. When interviewed, the DOFS stated "Employees are supposed to perform handwashing when changing gloves."</p> <p>The surveyor reviewed the facility policy titled "5.2 Handwashing", Implemented 12/99. Under Policy, the policy noted the following: "It is essential for each Food Service worker to wash his/her hands at times stated. Times for handwashing:" 5. "After removal of gloves."</p> <p>The surveyor reviewed the facility policy titled "Chemical Storage Policy", Revised: 2/17. Under the Procedure section, the policy noted the following: 2. "Store product in a separate designated area away from food and food preparation area."</p> <p>The surveyor reviewed the facility policy titled "5.0 Cleaning Schedule", Revised: 2/18. The following was noted under Policy: "A cleaning schedule will be developed by the Food Service Director. This is to assure that the department is clean and sanitary at all times."</p> <p>The surveyor reviewed the "Medford Care Center Daily Cleaning Grid", Updated 1/2/2018. The grid</p>	F 812			

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F 812	Continued From page 8 noted that "Position 1" was responsible to "Clean and Polish Cooks Cooler (by caddies) in the AM on Monday" and to "Clean in and out of single door Cooks Cooler" on Thursday in the AM. The grid further noted that the #6 Position is responsible to "Clean cooks Refer inside & out, ss polish" on Sunday on the PM shift. The surveyor reviewed the facility policy titled "1.5 Uniform Policy", Revised: 5/19. The policy noted the following under Procedure 3. "Dietary staff must wear hair restraints (e.g., hairnet, hat and/or beard restraints) to prevent their hair from contacting exposed food."	F 812			
F 814 SS=D	NJAC 8:39-17.2(g) Dispose Garbage and Refuse Properly CFR(s): 483.60(i)(4) §483.60(i)(4)- Dispose of garbage and refuse properly. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide a sanitary environment for residents, staff and the public by failing to keep the garbage container area free of garbage and debris and keeping a cover over the opening of 2 of 2 garbage containers/dumpsters. This deficient practice was evidenced by the following: On 10/1/19 from 8:59 AM to 9:05 AM the surveyor, accompanied by the Director of Food Services (DOFS) and the Registered Dietitian/Nutritionist observed the following in the designated facility trash disposal area: On observation of the outside garbage area, the	F 814	1. The dumpster area was immediately cleaned of any debris at the time of the findings. 2. The dumpster and adjacent areas were re-inspected on the evening of October 1, 2019 by the Licensed Nursing Home Administrator, Housekeeping Director and Food Service Director. Areas of concern were addressed. 3. Housekeeping/porter staff and food service staff were re-educated on the procedures for disposing of trash in the dumpster, cleaning schedule for the	10/25/19	

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F 814	<p>Continued From page 9</p> <p>surveyor observed two green "Waste Management" garbage dumpsters with their lids/doors in an upward position which was exposing their contents. The first dumpster contained 4 clear plastic bags of garbage and cardboard boxes. The second dumpster contained multiple bags of garbage, bags of dirty linens, plastic buckets, and cardboard boxes. The loading dock area adjacent to the dumpsters was littered with garbage, consisting of used disposable rubber gloves, paper products, Styrofoam cups, condiment packages and empty plastic buckets and other unidentifiable debris. The surveyor observed empty milk cartons, plastic wrappers, plastic cups, Styrofoam cups and plates, and empty cold cereal containers on the ground surrounding the dumpsters, along with other unidentifiable debris.</p> <p>When interviewed, the DOFS stated "this is a joint responsibility between housekeeping and dietary to maintain the cleanliness of the area. I'm gathering some staff now to get this area cleaned up. We usually alternate days between housekeeping and dietary to keep the area cleaned."</p> <p>When interviewed on 10/7/19 at 10:37 AM, the DOFS stated "We do not have a facility policy addressing the maintenance of the garbage area. We have a dumpster cleaning schedule for the housekeeping and the dietary departments that we follow."</p> <p>The surveyor reviewed the "Dumpster Cleaning Schedule" provided by the DOFS. The schedule noted that "Dumpsters need to be checked when garbage is disposed of and 2x trough (sic) out the day once in AM and once in PM."</p>	F 814	<p>dumpster area and verifying that the ramp and the ground around the dumpster are free of debris.</p> <p>4. The Housekeeping Director will inspect the dumpster and adjacent area two (2) times daily to verify the area remains free from debris. Areas of concern will be addressed. Results of the next 12 week of audits will be reviewed at the Quality Assurance Performance Improvement meeting monthly for the next three month with follow up as needed.</p>		

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