

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

PRINTED: 04/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/21/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SILVER HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1417 BRACE ROAD</b> <b>CHERRY HILL, NJ 08034</b>		
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F 000	INITIAL COMMENTS  COMPLAINT # 131828, 132077, 126000, 125491, 132068, 131109, 115665, 108613, 131009, 132741, 126963, 130780, 132708, 109083, 119898  CENSUS: 186  SAMPLE SIZE: 11	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: Complaint # NJ 119898, NJ 126963, NJ 126000, NJ 115665, NJ 108613  Based on observation, interviews, review of medical record (MR) and other pertinent facility documentation, it was determined that the facility staff failed to consistently; administer medication and treatments according to physician orders (POs), clarify POs, transcribe POs accurately for 2 of 11 sampled residents (Resident #1, Resident #8). This deficient practice was evidenced by the following:  Reference: <a href="https://medlineplus.gov/druginfo/meds/a688004.html">https://medlineplus.gov/druginfo/meds/a688004.html</a> : <b>Executive Order 26, 4.b.</b> , is used to treat impetigo as well as other skin infections caused by bacteria. ... <b>Executive Order 26, 4.b.</b> <a href="https://medlineplus.gov/druginfo/meds/a614052">https://medlineplus.gov/druginfo/meds/a614052</a> .	F 658	1. Resident #1 was re-assessed immediately. New <b>Executive Order</b> report with accurate location of the remaining <b>Executive Order</b> was completed. Prescribed treatment is in place and followed. All licensed nurses were re-in-serviced and performed return demonstration of order transcription, proper location and measurement of the <b>Executive Order</b> . A med error form was completed, family, pharmacy and physician were notified of med error. Disciplinary action for the nurse who made an error as well as a nurse who performed 24-hour chart check incorrectly were taken with additional 1-1 education and completed treatment competency. Resident # 8 No longer resides in facility. For resident #8 wrong <b>Executive Order 26, 4.b</b> form was utilized on this unit. The form was discontinued immediately with all existing	3/21/20	

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

TITLE

(X6) DATE

Electronically Signed

03/24/2020

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>html: [redacted] is used to help prevent minor skin injuries such as cuts, scrapes, and burns from becoming infected. [redacted] is in a class of medications called [redacted]. [redacted] works by stopping the growth of bacteria. [redacted] comes as an [redacted].</p> <p>1. According to the Admission Record (MR) Resident #1 was admitted to the facility in [redacted] with diagnoses which included but were not limited to: [redacted]</p> <p>A Minimum Data Set (MDS), an assessment tool, dated [redacted], showed a Brief Interview for Mental Status (BIMS) score of [redacted]. Resident #1 [redacted]. The MDS also indicated Resident #1 [redacted]</p> <p>Review of a Care Plan, initiated 2/12/2020 included a "Focus" for an [redacted]</p> <p>A Nursing progress note (PN), dated 1/27/2020 by Licensed Practical Nurse (LPN) #1 at 5:05 pm, revealed LPN #1 was made aware of a [redacted] found on Resident #1. The PN indicated a</p>	F 658	<p>[redacted] orders identified. All licensed nursing were in-serviced on proper medication administration and transcription of the [redacted] orders. In addition, all orders were re-transcribed onto POS and regular MARs and followed accordingly.</p> <p>2. All residents have the potential to be affected by the same deficient practice.</p> <p>3. Infection Preventionist(IP)/ADON performed immediate in-servicing and are ongoing on treatment protocol, assessment/measurement/infection control procedures/physicians orders and consults for wound treatments and care which began on 2-12-20 utilizing a treatment competency which is ongoing for all new licensed nurses as well as new agency staff.</p> <p>IP/ADON will perform treatment competencies with licensed nurses during times nurses are performing wound care to ensure accurate assessment/measurement/infection control procedures during wound treatments. IP/ADON will complete quarterly treatment competencies with current licensed nurses and with new licensed nurses upon hire. Unit Managers/ADON completed an immediate audit of all MARS/TARS of current residents in house on 2-13-20 which was reported to Director of Nursing and will be ongoing. Findings recorded and any items found, addressed and corrected into the MAR/TAR audit</p>	

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F 658	Continued From page 2 [REDACTED] LPN #1 documented that the Supervisor and Nurse Practitioner (NP) were notified and a treatment was put in place.  A facility [REDACTED] Report," dated 1/27/2020, revealed Resident #1 developed a facility acquired [REDACTED] on 1/27/2020. Treatments for the [REDACTED]  A Physician Order Sheet (POS), dated 1/27/2020 at 11:30 am indicated the following: [REDACTED] dated 1/27/2020, which included but was not limited to: 1. [REDACTED]  Review of the POS did not reveal any PO to discontinue (d/c) the initial order for the [REDACTED]  A Physician Progress Note (PPN), dated 1/28/2020 at 1:38 pm, [REDACTED] [REDACTED] The	F 658	spreadsheet. For newly admitted residents an admission checklist to be implemented and completed by the licensed nurse, then checked by the night nurse and additionally final check to be performed by the unit manager to ensure that all items are completed, including medication reconciliation with accurate transcription of orders. On-going in-service of the licensed nurses is in place.  4. ADON/DON will perform random audits on compliance with treatment competencies weekly X 4 weeks, then bi-weekly for 4 weeks, then monthly. ADON/DON will perform audits of MAR's and TAR's accuracy weekly X 4 weeks, then bi-weekly for 4 weeks, then monthly. Results of the audits will be presented to the monthly QAPI meetings for review and revision as deemed appropriate.	

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F 658	<p>Continued From page 3 plan included but was not limited to [REDACTED]"</p> <p>A POS, dated 1/28/2020 revealed the following order; [REDACTED]</p> <p>[REDACTED] Additionally, the POS did not reveal an order to d/c the previous physician ordered treatment with [REDACTED].</p> <p>A review of the 1/2020 Treatment Administration Record (TAR) revealed the initial physician ordered treatment for [REDACTED] ordered on 1/27/2020 was transcribed onto the TAR as [REDACTED]</p> <p>[REDACTED] The TAR was not initialed/signed as completed.</p> <p>The TAR revealed that on 1/28/2020, the aforementioned treatment was "Rewritten." The PO was re-transcribed as [REDACTED]</p> <p>[REDACTED] However, the PO on 1/28/2020 was for [REDACTED] There was no indication/clarification on the PO or the TAR as to what [REDACTED]</p> <p>[REDACTED] The 1/2020 TAR for the treatment of [REDACTED] was signed/initialed by nurses as completed from 1/28 through 1/31/2020 (4 days).</p> <p>In addition, review of the 1/2020 TAR also reflected a concurrent treatment. The TAR included the 1/27/2020 POs to cleanse the [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>█. The treatment for the █ was signed/initialed as completed from 1/27 through 1/31/2020 (4 days) and the treatment to the █ was signed/initialed as completed, one time, from 1/27 through 1/31/2020 (on 1/31/2020).</p> <p>Facility nursing staff signed/initialed that █ and █ were both being applied to the █.</p> <p>A review of a █ report, dated 2/5/2020, indicated the █ was resolved and noted to d/c the current treatment. In addition the report indicated the █</p> <p>In the current treatment section:</p> <p>█</p> <p>Review of the 2/2020 POS did not reveal any PO for treatment to the █ or the █</p> <p>However, the 2/2020 TAR indicated the following treatments were administered during the period from 2/1 through 2/11/2020 (11 days);</p> <p>1. Apply █</p> <p>█</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>[REDACTED]</p> <p>The TAR was signed as administered on 2/3, 2/4, 2/7, 2/8, 2/9, 2/10 and 2/11/2020.</p> <p>During an interview with the surveyor on 2/12/2020 at 11:07 am, Unit Manager (UM) Registered Nurse (RN) #1 reviewed the TAR and noted that the facility protocol was to sign the TAR after a treatment is administered. The UM also stated that 24 hour chart checks were completed by the 11-7 shift nursing staff daily. He confirmed that 24 hr checks included to review all POs with the TAR to ensure accuracy.</p> <p>Review of the 1/2020 and 2/2020 POS confirmed that the 24 hr. chart checks were signed/initialed as completed by nursing staff daily.</p> <p>During a post surveyor interview with the surveyor on 3/11/2020 at 9:30 am, the Director of Nursing (DON) confirmed that a PO is needed before any treatments are administered. She also confirmed that nursing staff, completing the 24 hr. chart checks/recapitulations (recaps) should have been reviewing the POS and the TAR to ensure that all treatments were transcribed as ordered by the physician.</p> <p>Review of an email to the surveyor post survey on 3/11/2020 from the DON included that the reason Resident #1's [REDACTED] orders were not on the 2/2020 POS was because the nurse responsible for the (monthly) recaps completed the recap on 1/24/2020, however, the POs for the [REDACTED] were not initiated/written until 1/27/2020. Despite the TARS not being properly filled out, treatment orders were transcribed on the 2/2020 TARs.</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>2. According to the [REDACTED], Resident #8 was admitted to the facility in [REDACTED] with diagnosis which included but were not limited to; [REDACTED]</p> <p>An MDS, dated 6/30/2018 and 9/30/2019 revealed the resident had a BIMS score of [REDACTED] which indicated [REDACTED]</p> <p>A CP, initiated 3/21/2017 and revised on 1/1/2019 revealed a "Focus" for [REDACTED] with interventions which included but was not limited to; [REDACTED] as ordered by doctor..."</p> <p>Review of a 7/2018 POS, initiated 11/23/2017, included but was not limited to a PO for [REDACTED]</p> <p>[REDACTED] call MD [physician]."</p> <p>In addition, the 7/2018 POS included POs for other [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 7</p> <p>[REDACTED]</p> <p>Review of the "Blood Glucose Medication Administration Record" (BG MAR) had 2 pages (pgs), pg. 1 was for July 1-15 and pg. 2 was for July 15-31. The [REDACTED]</p> <p>[REDACTED]</p> <p>Review of the 7/2018 MAR did not indicate that the BS was ever documented [REDACTED]</p> <p>Additionally the 7/2018 BG MAR revealed that the sliding scale (SS) indicated that [REDACTED]</p> <p>[REDACTED]</p> <p>administered.</p> <p>Review of the 8/2018 POS included but was not limited to the following POs; [REDACTED]</p> <p>[REDACTED]</p> <p>Review of the 8/2018 POS did not include a PO [REDACTED]</p> <p>However, review of the 8/2018 [REDACTED] within the aforementioned parameters on the 7/2018 POS. Pg. 1 indicated to call the physician if the [REDACTED] and pg. 2</p>	F 658		



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F 658	Continued From page 8 indicated to call the physician if the [REDACTED] Review of the 8/2018 BG MAR did not indicate the [REDACTED]  However, the BG MAR revealed that [REDACTED]  Review of the 9/2018 POS included but was not limited to the following POs; <b>Executive Order 26</b> [REDACTED]  <b>Executive Order 26</b> [REDACTED]  Review of the 9/2018 MAR confirmed the above POs. The PO for [REDACTED] [REDACTED] The MAR on 9/15 at 11:30 am was blank which indicated it was not signed as administered and there was not progress note in the MR to indicate it was administered.  In addition, on 9/28 and 9/29 at 7:30 and 11:30 the MAR was circled to indicate that the	F 658		

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F 658	<p>Continued From page 9 medication was not given.</p> <p>Review of PNs, dated 9/28/2018 at 1:50 pm by LPN # 3 revealed the resident had a [redacted]. The PN indicated the resident had some [redacted]. A PN, dated 9/28/2018 at 10:34 pm by an LPN "Agency Nurses" revealed the BS was [redacted] and was "rechecked" at bedtime and was [redacted]. The LPN noted [redacted]. There were no PNs on 9/29 to indicate why the [redacted] was held or that the physician was notified that the medication was held.</p> <p>Review of the 9/2018 POS did not include a PO for the [redacted]. However, review of the 9/2018 BG MAR revealed the resident was to be [redacted].</p> <p>The 9/2018 BG MAR indicated the [redacted]. g. 1 of the BG MAR indicated the physician was to be called if the [redacted].</p>	F 658		

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F 658	<p>Continued From page 10</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>Additionally, on 9/28 at 7:30 am and 11:30 am, the BG MAR confirmed the PNs which indicated the <b>Executive Order 26, 4.b.</b> The BG MAR revealed a <b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>Review of the 9/2018 POS indicated that the 24 hr. chart checks (recapitulation/recap) were initialed as completed.</p> <p>Review of a Nurse Practitioner PN, dated 10/4/2018 at 2:17 pm included but was not limited to; <b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>During a post surveyor telephone interview with the surveyor on 3/11/2020 at 9:30 am, the current Director of Nursing (DON) confirmed that she reviewed Resident #8's MR and confirmed that there was no PO for the <b>Executive Order 26, 4.b.</b> [REDACTED] he confirmed that the facility BG MAR was preprinted with the <b>Executive Order 26, 4.b.</b> already documented and that pg. 2 of the BG MAR had preprinted to call physician if <b>Executive Order 26, 4.b.</b> The DON stated that any medication administered is required to have a corresponding PO. She confirmed that 24 hr. facility chart checks are completed by licensed nurses from, all shifts daily, and the discrepancies should have been noted.</p>	F 658		

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F 658	<p>Continued From page 11</p> <p>During an interview on 2/20/19 at 12:43 p.m., the Director of Nursing (DON) stated, "... We obtain orders approved from the physician. Orders received get transcribed to the Physician Order Sheet (POS) then transcribed to the Medication Administration Record (MAR) and Treatment Administration Record (TAR)." The DON further stated, "A blank means either the treatment was not given, or the resident refused. There should be additional information why there was an omission..."</p> <p>Review of the facility's policy titled "Charting, Transcribing of Orders, and Documentation" dated 12/2019, revealed the following: Policy Statement: All orders made by Physician/NP (Nurse Practitioner)/PA (Physician's Assistant) or consultant shall be properly transcribed, carried out by designated personnel and acted upon within a timeframe that does not delay care. Policy Interpretation and Implementation: #1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records. #6. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum: a. The date and time the procedure/treatment was provided; b. The name and title of the individual(s) who provide care; c. The assessment data and/or any unusual findings obtained during the procedure/treatment; d. How the resident tolerated the procedure/treatment; e. Whether the resident refused the procedure/treatment; f. Notification of family, physician or other staff, if</p>	F 658			

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F 658	Continued From page 12 indicated and g. The signature and title of the individual documenting. #7. If a medication or a treatment is not carried out, documentation must be provided in the medical record, including but not limited to: MAR/TAR (Physical or Electronic), and the Electronic medical record. Documentation is expected using the same criteria as in #6 of this policy.  A review of the facility's "Policy and procedure: 24 Hour Chart Check dated 6/2019 indicated but was not limited to the following: Resident medical records, specifically the physician order sheets will be reviewed on the 11-7 shift nightly to minimize the occurrence of missed physician orders and to double check the transcription of orders that are written. Procedure: Each night the Licensed 11-7 nurse will review all physician order sheets for new orders and proper transcription of the orders. b. Medication orders/changes are transcribed properly on the MAR, TAR, including but not limited to: date written, medication, dose, frequency, route and supporting diagnosis. AS well as start and stop dates shall be indicated on the MAR/TAR. c. Treatment orders shall be double checked to ensure that they are transcribed accurately...	F 658			
F 842 SS=E	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	F 842		3/21/20	

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

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F 842	<p>Continued From page 13</p> <p>resident-identifiable to the public.</p> <p>(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.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§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-</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>	F 842			

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F 842	<p>Continued From page 14</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 services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ119898, NJ126963, NJ126000</p> <p>Based on observation, interviews, review of medical record and other pertinent facility documentation, it was determined that the facility staff failed to sign the Medication Administration Records (MAR) and the Treatment Administration Records (TAR) to indicate that the medications and treatments were administered according to the Physicians orders. This deficient practice was evidenced for 2 of 11 sampled residents (Resident #1, Resident #7) reviewed for routine</p>	F 842	<p>1. Unit manager and ADON immediately performed and evaluated an audit of resident #1's current medical records, including MARS, TARS, and POS' with any items if any addressed immediately. The licensed nurse/Nurses were given a 1:1 Education, as well as written discipline regarding the signing of MARs/TARs after completion of administration of medication and or treatment, clarification of physician orders, transcription of physician orders</p>		

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F 842	<p>Continued From page 15</p> <p>medication administration and treatments. This deficient practice was evidenced by the following:</p> <p>The surveyor reviewed the facility's policy "Charting, Transcription of Orders, and Documentation" dated 12/2019 on 2/20/20. According to the policy: All orders made by the Physician/NP [Nurse Practitioner] /PA [Physician Assistant] or consultant shall be properly transcribed, carried out by designated personnel and acted upon within a timeframe that does not delay care. The signature and title of the individual documenting. If a medication or treatment is not carried out, documentation must be provided in the medical record, including but not limited to: MAR/TAR (Physical or Electronic) and the Electronic Medical Record.</p> <p>1. A review of Resident #1's Physician Order Sheet (POS) Treatment Record (TAR) dated January and February 2020 indicated the following:</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] There was no initials present on the TAR for 1/6/20, 1/9/29, 1/15/20, 1/16/201/21/20, 1/22/20, 1/28/20, 2/1/20, 2/2/20, 2/5/20 at 9 am and 2/1/20 through 2/11/20 at 5 pm to indicate the <b>Executive Order 26, 4.b.</b></p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] There was no initials present on the TAR for 1/6/20, 1/9/20, 1/11/20, 1/16/20, 1/20/20, 1/23/20, 1/29/20, 2/1/20, 2/3/20 at 9 am to indicate the <b>Executive Order 26, 4.b.</b></p>	F 842	<p>to MAR, TAR, POS, Recap, and 24 Hour chart check process. In addition the nurses who were involved will be followed by ADON and or Pharmacy consultant for proper medication administration on a quarterly basis x 4 quarters with findings reported to director of nursing. All licensed nurses received immediate in-services on 2/13/20 which are ongoing; and included proper transcription of orders, proper medication administration, medication reconciliation to MAR/TAR/POS and RECAP, Properly signing MAR/TAR after completion of medication administration and or treatment, calling physician with a change in condition which includes abnormal vital signs, lab values, and or changes to treatment regimen, as well as the 24 hour chart check process. Competencies on proper medication pass and treatments were performed on all licensed nurses in addition to the agency nurses.</p> <p>2. All residents have the potential to be affected by the same deficient practice.</p> <p>3. Unit Managers/ADON completed an immediate audit of all MARS/TARS of current residents in house on 2-13-20 and is ongoing. Findings if any reported to the Director of Nursing, addressed and corrected into the MAR/TAR audit spreadsheet. For newly admitted residents an admission checklist implemented and will be completed by the licensed nurse, then checked by the night nurse and additionally a final check</p>	



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F 842	<p>Continued From page 16</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>There was no initials present on the TAR for 1/6/20, 1/9/20, 1/11/20, 1/16/20, 1/20/20, 1/23/20, 1/29/20, 2/3/20 at 9 am to indicate the <b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>Weekly Skin Assessment on Tues [Tuesday] on 7-3 shift and Fri [Friday] 3-11 shift. There was no initials present on the TAR for 1/7/20, 1/14/20, 1/21/20 1/28/20 at 7-3 shift and 1/31/20 at 3-11 shift to indicate the weekly skin assessments were done.</p> <p>Side rails up x 2 for enabling, positioning and mobility. There was no initials present on the TAR for 1/6/20, 1/9/20, 1/12/20, 1/18/20, 1/19/20, 1/27/20, 1/30/20, 1/31/20, 2/1/20, 2/2/20, 2/5/20 at 7-3 shift and 1/31/20, 2/4/20 2/8/20 at 11-7 shift to indicate the side rails were in an up position.</p> <p><b>Executive Order 26, 4.b.</b> [REDACTED] here was no initials present on the TAR for 1/27/20 through 1/30/20 and 2/5/20 at 7-3 shift to indicate the TAO was applied. The entry also indicated the TAR was pre-signed on 2/11/20 for 2/12/20.</p> <p>Review of a POS, dated 1/28/2020 at 1 pm indicated: <b>Executive Order 26, 4.b.</b> [REDACTED]</p> <p>A review of the TAR reflected nurses signatures/initials as completed from 2/1/20 through 2/13/20 and entered as days 5 through 10, with signatures that should have ended 2/6/20, however were continued to be signed until 2/13/20 on the 7-3 shift. There were</p>	F 842	<p>to be performed by the unit manager to ensure that all items are completed, including medication reconciliation with accurate transcription of orders. On-going in-service of the licensed nurses is in place.</p> <p>4. Unit Managers/ADON/DON will perform random audits of MARs and TARs to ensure proper transcription of orders, MAR/TAR Omissions, Incomplete or incorrect orders, incomplete follow up, and incomplete notification of any change in condition. In addition, Med passes will continue with all licensed nurses</p> <p>MAR/TAR Audits will be conducted weekly X 4 weeks, then biweekly for 4 weeks, then monthly. Results of the audits will be presented to the monthly QAPI meetings for review and revision as deemed appropriate.</p>	

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F 842	<p>Continued From page 17</p> <p>no initials on 2/1/20, 2/2/20, 2/5/20 for the 7-3 shift, and no initials for February on the 3-11 shift to indicate the <b>Executive Order 26.4.b.</b></p> <p>During an interview with Registered Nurse (RN) #1 on 2/12/20 at 10:10 am, RN #1 stated all MARs and TARs must be signed by the nurse dispensing the medications or applying the treatments.</p> <p>During an interview with the surveyor on 2/12/20 at 11:07 am, RN #2 stated that nurses must sign the TAR after each treatment. The 11-7 shift is responsible to do a 24 hour check for accuracy of transcription.</p> <p>During an interview on 2/20/19 at 12:43 pm, the Director of Nursing (DON) stated, "...A blank means either the treatment was not given, or the resident refused. There should be additional information why there was an omission. I don't know why this was not transcribed over to the MAR and TAR."</p> <p>Review of the facility's policy titled "Charting, Transcribing of Orders, and Documentation" dated 12/2019, revealed the following: Policy Statement: All orders made by Physician/NP (Nurse Practitioner)/PA (Physician's Assistant) or consultant shall be properly transcribed, carried out by designated personnel and acted upon within a timeframe that does not delay care. Policy Interpretation and Implementation: #1. All observations, medications administered, services performed, etc., must be documented in the resident's clinical records. #6. Documentation of procedures and treatments shall include care-specific details and shall</p>	F 842			

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F 842	<p>Continued From page 18</p> <p>include at a minimum:</p> <ol style="list-style-type: none"> <li>The date and time the procedure/treatment was provided;</li> <li>The name and title of the individual(s) who provide care;</li> <li>The assessment data and/or any unusual findings obtained during the procedure/treatment;</li> <li>How the resident tolerated the procedure/treatment;</li> <li>Whether the resident refused the procedure/treatment;</li> <li>Notification of family, physician or other staff, if indicated and</li> <li>The signature and title of the individual documenting.</li> </ol> <p>#7. If a medication or a treatment is not carried out, documentation must be provided in the medical record, including but not limited to: MAR/TAR (Physical or Electronic), and the Electronic medical record. Documentation is expected using the same criteria as in #6 of this policy.</p> <p>A review of the facility's "Policy and procedure: 24 Hour Chart Check dated 6/2019 indicated but was not limited to the following: Resident medical records, specifically the physician order sheets will be reviewed on the 11-7 shift nightly to minimize the occurrence of missed physician orders and to double check the transcription of orders that are written. Procedure: Each night the Licensed 11-7 nurse will review all physician order sheets for new orders and proper transcription of the orders.</p> <ol style="list-style-type: none"> <li>Medication orders/changes are transcribed properly on the MAR, TAR, including but not limited to: date written, medication, dose, frequency, route and supporting diagnosis. AS</li> </ol>	F 842			

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F 842	Continued From page 19 well as start and stop dates shall be indicated on the MAR/TAR. c. Treatment orders shall be double checked to ensure that they are transcribed accurately...	F 842			
F 880 SS=D	N.J.A.C. 8:39-11.2(b) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		3/21/20	

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F 880	<p>Continued From page 20</p> <p>infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ119898, NJ126963,</p>	F 880	1. Nurse that performed treatment for		

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F 880	<p>Continued From page 21 NJ131828, NJ132077</p> <p>Observations by the surveyor were made on 2/11/2020.</p> <p>Based on observation, interviews and review of facility's policy, it was determined that the facility staff failed to implement hand washing techniques in accordance to the facility's policy and accepted standards of infection control practice. The surveyor observed a Licensed Practical Nurse (LPN) perform a [redacted] for 1 of 1 resident (Resident #1) observed for [redacted], without preparing a clean surface for treatment supplies and lack of hand washing after removal of gloves during the treatment. This deficient practice was evidenced by:</p> <p>According to the Admission Record (AR) Resident #1 was admitted to the facility in [redacted]</p> <p>A Minimum Data Set (MDS), an assessment tool, dated 1/17/2020, showed a Brief Interview for Mental Status (BIMS) score of [redacted] which indicated Resident #1 had an [redacted]. The MDS also indicated Resident #1 required [redacted]</p> <p>A Care Plan dated 2/12/2020, contained a focus of [redacted] related to [redacted]. Interventions initiated to manage the focus included but were not limited</p>	F 880	<p>Resident #1 was provided with immediate disciplinary counseling as well as 1-1 education and return demonstration on proper infection control techniques while performing treatment.</p> <p>All nursing staff were in-serviced on proper infection control techniques while performing treatment with return demonstration via treatment competencies.</p> <p>2. All residents who receive treatment have potential to be affected by the same deficient practice.</p> <p>3. Infection Preventionist(IP)/ADON in-serviced all licensed nurses on proper treatment techniques/infection control protocol. via treatment competency's and is ongoing.</p> <p>To assure compliance, IP/ADON will continue to perform treatment competencies during times nurses are performing wound care to ensure infection control procedures are being followed during wound treatments. IP/ADON will complete quarterly treatment competencies with current licensed nurses and with new licensed nurses upon hire and review annually for all existing nursing staff.</p> <p>4. Unit Managers/ADON/DON will conduct spot check audits/competencies to ensure that nursing staff follow facility infection control protocol and using proper infection control techniques while performing treatments.</p> <p>Audits will be conducted weekly X 4</p>	

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F 880	<p>Continued From page 22</p> <p>to: Follow facility protocols for treatment of injury," dated 2/12/2020.</p> <p>A Physician's Order Sheet (POS) included the following treatment order dated 1/28/2020 at 1 pm, "Executive Order 26, 4.b. [REDACTED]"</p> <p>On 2/11/2020 at 10:45 am, the surveyor with the permission from Resident #1 observed the Executive Order 26, 4.b. [REDACTED].</p> <p>The following observations were made by the surveyor:</p> <p>LPN #2 gathered the treatment supplies from the treatment cart, used hand sanitizer, entered the room and placed the supplies on the resident's bed, then picked up the supplies and placed them on the overbed table which contained two urinals. The surveyor observed the urinals were empty and lying sideways on top of the overbed table. LPN #2 failed to remove the urinals, failed to clean and sanitize the overbed table and failed to cover the overbed table with a clean drape to place the Executive Order 26, 4.b. [REDACTED]. LPN #2 then donned clean gloves, opened a trash bag and placed it on Resident #1's bed. With the gloved hand LPN #2 wet the clean gauze with Executive Order [REDACTED]</p> <p>[REDACTED] then took off the gloves and donned clean gloves. The nurse failed to wash her hands after removing the soiled gloves and before donning clean gloves. LPN #2 then applied Executive Order [REDACTED]</p> <p>[REDACTED] and took off the gloves. LPN #2 washed her hands, donned a new pair of gloves, Executive Order [REDACTED]</p> <p>[REDACTED] LPN #2 removed the trash bag containing the soiled dressing and gloves out of</p>	F 880	<p>weeks, then bi-weekly X 4 weeks, then monthly.</p> <p>Results of the audits will be presented to the monthly QAPI meetings for review and revision as deemed appropriate.</p>	

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

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F 880	<p>Continued From page 23</p> <p>Resident #1's room. LPN #2 returned to Resident #1's room using hand gel sanitizer upon entering the room. LPN #2 then took the remaining supplies and placed them back into the treatment cart. The surveyor observed LPN #2 donned clean gloves, however failed to wash her hands throughout the treatment process and according to facility policy.</p> <p>During an interview with the surveyor on 2/11/2020 at 11:10 am, LPN #2 stated that she knew the urinals were on the overbed table. She stated that she should have removed the urinals and should have washed the overbed table. "I thought you wanted it done right away so I did not clean the overbed table. I only used a small part of the table." LPN #2 further stated that she used the hand sanitizer upon entering the room and one time during the treatment but agreed that she failed to wash hands during the treatment because she was nervous with the surveyor watching her.</p> <p>The Director of Nursing (DON) provided the surveyor with a printed "State Concerns &amp; Facility Follow Up upon Exit 2/21/2020" The documentation indicated LPN #2 conducted a treatment without removing 2 urinals from the resident's table or wiping down the surface. The nurse proceeded to complete the treatment placing the items on end of soiled table. "All licensed nurses immediately educated on the correct treatment protocol as well as infection control measure. A treatment competency was performed with licensed nurses and hand hygiene competency. Glove use and basic infection control practices were also reviewed and a plan in place to reinforce such measures. Nurse was given 1:1 education and a Written</p>	F 880			



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F 880	<p>Continued From page 24 Discipline."</p> <p>The surveyor requested the facility's policy on "Wound Care - Treatment Procedure." According to the policy supplied by the facility dated with a revision date of 10/2019, which included but was not limited to:</p> <p>Policy It is the policy... to provide guidelines for the care of wounds as ordered by the attending physician.</p> <p>Steps in Procedure</p> <ol style="list-style-type: none"> <li>1. Review MD (Medical Doctor) order.</li> <li>5. Clean over-bed table.</li> <li>6. Drape top of over-bed table (may use any disposable item e.g. plastic bag, paper towel etc.) and prepare needed supplies on top, including gloves (2 sets) and dated dressing/tape, etc.</li> <li>7. Perform Hand Hygiene Apply gloves.</li> <li>9. Loosen tape and remove dressing. Pull gloves over dressing and discard into appropriate receptacle.</li> <li>10. Remove gloves and Perform Hand Hygiene Apply gloves.</li> <li>11. Cleanse wound as ordered.</li> <li>17. Remove gloves and Perform Hand Hygiene Apply gloves.</li> <li>18. Apply treatment / dressing as ordered.</li> <li>21 Remove gloves and Perform Hand Hygiene.</li> <li>22. Clean over-bed table with alcohol and hand towels.</li> <li>23. Discard garbage in soiled utility room.</li> <li>24. Remove gloves Perform Hand Hygiene.</li> </ol> <p>A review of the facility policy, "Hand Hygiene." with a revision date 10/2019 included but was not limited to the following: The role of hand</p>	F 880			

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F 880	Continued From page 25 hygiene is reducing the risk of infection and improving patient outcomes. The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  Hand Hygiene guidelines. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care/Wound care. Decontaminate hands after removing gloves.  NJAC 8:39 - 19.4(a)1	F 880			