STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 315159	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/19/2020
NAME OF PROVIDER OR SUPPLIER **ELMWOOD HILLS HEALTHCARE CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **425 WOODBURY-TURNERSVILLE ROAD BLACKWOOD, NJ**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 656	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 129119, NJ 129469 Based on staff interviews, Medical Record (MR) review, and review of other pertinent facility, it was determined that the facility failed to use mechanical lift for for 1 of 6 sampled residents (Resident [redacted]) upon transfer in accordance with the resident's individualized care plan. This deficient practice and was evidenced by the following: A review of the electronic closed record revealed the following: Resident [redacted] had diagnoses which included but were not limited to: of [redacted] (Prior to admission), history of [redacted]. According to the Minimum Data Set (MDS), an assessment tool dated [redacted], Resident [redacted] had short-term and [redacted] In addition, Resident [redacted] had [redacted]. The MDS also indicated Resident [redacted] required extensive assistance with Activities of Daily Living (ADLs).

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

The above isolated deficiencies pose no actual harm to the residents

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A review of an undated facility document titled "Visual/Bedside Kardex Report" revealed Resident [redacted] was a [redacted] transfer of [redacted] people.

Review of Resident [redacted]s Care Plan (CP) with an initiation date of [redacted] revealed the following: "Focus" Resident is at [redacted] related to [redacted], history of [redacted] .... Resident had a [redacted] on [redacted]. Under "Interventions" [redacted] transfer of [redacted] people.

A review of a facility's document titled Reportable Event (FRE) Record/ Report dated [redacted] revealed the following:

On [redacted] at approximately 6:00 a.m., Certified Nursing Assistants (CNA) #1 and CNA #2 failed to follow Resident [redacted]'s CP and used a draw sheet to transfer the resident from the bed to [redacted]. CNA #1 stated she did not see a [redacted] in Resident [redacted]'s room and she got help from CNA #2 to transfer the resident to from the bed to the [redacted] using a draw sheet. Resident [redacted] showed no signs of [redacted] after being transferred to the [redacted].

CNA #1 and CNA #2 no longer work in the facility and were not available for interview.

During an interview on 2/14/20 at 11:00 a.m., CNA #3 stated if a [redacted] was wet or not available, he/she would notify the nurse and call the laundry to get another pad. In addition, CNA #3 stated he/she would never transfer any resident who requires [redacted] transfer by using another method of transfer.

During an interview on 12/14/20 at 11:20 a.m., License Practical Nurse (LPN) #1 stated if a [redacted] [redacted] was wet or not available, the resident would stay in bed until staff can get a [redacted] and assistance from another staff.

During an interview on 2/19/20 at 10:30 a.m., Registered Nurse (RN) #1 stated she was Resident [redacted] assigned nurse on [redacted] on the 7:00 a.m. to 3:00 p.m. shift. RN #1 also stated Resident [redacted] the resident went to [redacted] Therapy [redacted] in the morning on [redacted] on the 7:00 a.m. to 3:00 p.m. shift and the resident tolerated [redacted] In addition, Resident [redacted] did not show any distress.

During the exit conference on 2/19/20 at 2:30 p.m., the Administrator and the Director of Quality Assurance and Performance Improvement (QAPI) agreed that CNA #1 and CNA #2 failed to follow Resident [redacted]s CP by not using the the [redacted] for the transfer from the bed to the [redacted]

NJAC 8:39-27.1(a)