

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

PRINTED: 08/23/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD HILLS HEALTHCARE CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>425 WOODBURY-TURNERSVILLE ROAD BLACKWOOD, NJ 08012</b>		
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F 000	INITIAL COMMENTS  Survey: 4/22/21  CENSUS: 246  SAMPLE: 38 + 4 = 41 + 3 employees = 44  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.  A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000			
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g)  §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. 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 the Minimum Data Set (MDS) Quarterly assessment was completed accurately. This was observed for 1 of 38 residents observed for MDS accuracy.  This deficient practice was evidenced by the following:	F 641	HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE  1. The [REDACTED] Quarterly MDS for resident #20 was modified and resubmitted to include accurate coding of [REDACTED] & [REDACTED].	5/28/21	

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

TITLE

(X6) DATE

Electronically Signed

05/10/2021

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 641	<p>Continued From page 1</p> <p>According to the Admission Record, Resident #20 was admitted to the facility with medical diagnoses that included [REDACTED]</p> <p>Review of the Quarterly MDS, an assessment tool, dated [REDACTED], revealed Resident #20 was [REDACTED], needed extensive assistance from staff for Activities of Daily Living (ADLs) (transfers, dressing, toileting, personal hygiene and bathing). The [REDACTED] Quarterly MDS did not reflect an [REDACTED].</p> <p>On 04/19/21 at 10:26 AM, the surveyor observed Resident #20 in bed eating breakfast. Resident #20 stated that he/she was unable to use his/her [REDACTED] and his/her [REDACTED] was observed to be [REDACTED] with very little movement. The surveyor observed the resident was eating with the [REDACTED].</p> <p>On 04/19/21 at 10:42 AM, the surveyor reviewed Resident #20's Care Plan which indicated the resident required complete care from the staff for all Activities of Daily Living (ADLS).</p> <p>On 04/19/21 at 11:17 AM, the surveyor interviewed the MDS Coordinator who stated that because Resident #20 doesn't have an impairment of daily functions. The resident had no impairment that puts them at risk for injury or function because the resident doesn't get out of bed.</p> <p>The MDS Coordinator provided the surveyor with three pages of the CMS RAI 3.0 manual, pages</p>	F 641	<p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <ol style="list-style-type: none"> <li>Any residents with the diagnosis of [REDACTED] has potential to be effected.</li> <li>A Facility wide audit was conducted by the MDS Department to assure that each resident with the diagnosis of [REDACTED] has accurate MDS coding of section [REDACTED] and [REDACTED].</li> <li>Other residents that were identified as affected by this practice were modified and resubmitted to include accurate coding of [REDACTED].</li> </ol> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <ol style="list-style-type: none"> <li>In-services will be conducted for the Nurses, Therapy Department, and Certified Nurse Aide on documentation/reporting any observed impaired ROM to ensure it is documented in the resident's medical record.</li> <li>MDS coordinators will be reeducated regarding coding of section [REDACTED] of the RAI.</li> <li>An audit will be conducted by the MDS coordinator or designee of each unit prior to the Assessment Reference Date to ensure documentation coincide with resident's actual functional status. Any</li> </ol>		

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F 641	<p>Continued From page 2</p> <p>█████ through █████, dated █████, which noted a specific example regarding █████ on a resident with █████ from a prior █████, and was able to use their █████ side. The RAI manual coded it as an █████, of the █████. The RAI manual noted coding should be █████." The rationale was as follows: "Impairment due to left █████ affects both █████ and █████ on one side."</p> <p>The MDS Coordinator stated that because Resident #20 functions without limitations with the use of █████, the resident should be coded as "█████" The MDS Coordinator was unsure if the resident could perform his/her own ADLs, but stated that when you meet the resident, he/she is able to function and is not impaired, even though the resident cannot use the █████ side at all.</p> <p>During an interview with the surveyor on 04/19/21 at 12:00 PM, the Licensed Practical Nurse Unit Manager ( LPN UM) on █████ Unit stated that Resident #20 had limited movement on the █████. The LPN UM stated that she would code Resident #20 as an impairment on one side of the █████. Resident #20 was asked in the presence of the LPN UM to move his/her █████ and █████ Resident #20 stated that he/she was unable to move the █████ since he/she was "disabled." Resident #20 stated that if he/she had to move the █████, he/she used the █████ to do so. Resident #20 stated that he/she was not able to move his/her █████ to rub his/her head</p>	F 641	<p>discrepancies found during this audit will be rectified prior to the Assessment Reference Date to ensure accurate coding/documentation and need for modification of resident plan of care.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E. WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE</p> <p>1. The MDS director or Designee will conduct monthly audit to ensure all MDS are coded properly for ROM (█████). Findings of the audit will be forward to the Quality Assurance Committee on a quarterly basis for the next two quarters (through 2021) to assure compliance.</p>		

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F 641	Continued From page 3 or comb his/her hair. Resident #20 stated that he/she could use his/her [REDACTED] to do that, but his/her [REDACTED] was not functional.  During an interview with the surveyor on 04/20/21 at 09:34 AM, the Director of Nursing (DON) regarding the MDS for resident. The DON stated the staff was well aware of Resident #20's impairment and the resident was [REDACTED] on the [REDACTED]  The facility policy "Comprehensive RAI Process MDS/CAA/Plan of Care Guidelines" not dated, noted under Purpose: "The purpose of the RAI is to incorporate the identified medical, nursing, nutritional, rehabilitative, spiritual, and psychosocial needs of each resident into resident-centered goals and interventions to meet those needs. The RAI is a process that defines an interdisciplinary approach to resident assessment and development of an individualized plan of care to help the resident attain and maintain the highest practicable physical, mental and psychosocial well-being." Further noted under #3: "The RNAC establishes a schedule for each subsequent assessment and reviews changes in residents as they occur to determine if a Significant Change MDS assessment is clinically warranted" and #7: "The MDS is completed through interview of the resident, resident representative and staff members and review of assessments and documentation."	F 641			
F 658 SS=E	NJAC 8:39 (11.1) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans	F 658		5/28/21	

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F 658	<p>Continued From page 4</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to</p> <p>a.) supervise the administration of one medication and b.) follow their policy for self-medication administration for 1 of 3 residents (Resident # 77) reviewed for [REDACTED], c.) follow [REDACTED] instructions in accordance with the physician's order, professional standards of care and the care plan for 1 of 5 residents (Resident #242) reviewed for unnecessary medications, and d.) verify and accurately document the presence of a physician ordered [REDACTED] device to the bed for 1 of 3 residents (Resident #242) reviewed for [REDACTED]</p> <p>This deficient practice evidenced by the following:</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 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, 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</p>	F 658	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE.</p> <p>1. Resident #77 was assessed for [REDACTED] self-administration by the physician and an order was obtained. The care plan was updated.</p> <p>Resident #77 had no negative outcomes. Nurse was immediately educated on the policy and procedure for medication administration.</p> <p>2. Upon review, the [REDACTED] order template may have been challenging for the licensed nurse to recognize the documentation that was being requested. The order for resident #242 was modified so that the licensed nurse can clearly read the entire description of the [REDACTED] order, ensuring accurate documentation.</p> <p>3. Upon review for resident #242, the use of an [REDACTED] was no longer indicated. The order for resident #242 for the [REDACTED] was discontinued. The care plan was resolved.</p>		

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F 658	<p>Continued From page 5</p> <p>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>According to the Admission Record, Resident #77 was admitted to the facility with diagnoses that included: [REDACTED].</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS), an assessment tool, dated [REDACTED] reflected the resident had a Brief Interview for Mental Status of [REDACTED] which indicated the resident's [REDACTED].</p> <p>Review of the resident's Order Summary Report, dated [REDACTED] revealed a physician's order for "[REDACTED] every [REDACTED] hours for [REDACTED]" The Order Summary Report did not include an order for the resident to self-administer the [REDACTED] medications.</p> <p>Review of Resident #77's Medication Administration Record (MAR), dated [REDACTED] indicated the administration times for [REDACTED] were at 12:00 AM, 4:00 AM, 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM.</p> <p>Review of the resident's Care Plan dated</p>	F 658	<p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE</p> <p>1. Residents with orders for a [REDACTED] treatment had the potential to be affected by this practice. An audit was conducted for all residents with [REDACTED] treatments. An audit was also conducted for all residents regarding the request of self-administration of medications. No other residents were affected by this practice.</p> <p>2. Residents with orders for [REDACTED] had the potential to be affected by this practice. An audit was conducted for all residents with [REDACTED] orders. No other residents were affected by this practice.</p> <p>3. All residents had the potential to be affected by this practice. An audit was conducted on all beds in the facility. All orders for [REDACTED] mattresses were found to be accurate. No other residents were affected by this practice.</p> <p>WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR</p> <p>1. Licensed nurses will be reeducated regarding self-administration of medication and [REDACTED] administration. An audit will be conducted by the Unit</p>		

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F 658	<p>Continued From page 6</p> <p>██████████, included a focus for "[history] of refusing care, noncompliant with medication usage (nebs), refusal of medication, refusing to get [out of bed], and other interventions." The Care Plan did not include interventions for the resident to self-administer medications.</p> <p>On 04/13/2021 at 9:54 AM, the surveyor observed Resident #77 sitting up in bed and a ██████████ with a clear liquid inside the medication chamber was on the resident's overbed table.</p> <p>On 4/14/2021 at 9:36 AM, the surveyor observed Resident #77 asleep in bed. The surveyor further observed a ██████████ a clear liquid inside the medication chamber on the resident's overbed table.</p> <p>On 04/15/2021 at 10:15 AM, the surveyor observed Resident #77 sitting up in bed. The surveyor further observed a ██████████ with a clear liquid inside the medication chamber on the resident's overbed table. When interviewed, the resident stated that the nurse set up his/her ██████ treatment, but he/she hadn't taken the treatment yet. The resident further stated that he/she would take the medication later. At 10:18 AM, the surveyor observed the resident's Registered Nurse (RN) enter the room to check if the resident took his/her ██████ treatment and the resident informed the RN that he/she had not taken it yet. The surveyor further observed that after the RN left the room, the resident turned on the ██████ machine and self-administered the ██████ treatment.</p> <p>During an interview with the surveyor on 04/15/2021 at 11:12 AM, the RN stated that she</p>	F 658	<p>Manager or designee of each unit on a weekly basis for the next two quarters to ensure compliance. Any discrepancies will be rectified immediately to ensure compliance. Each resident will be reviewed quarterly.</p> <p>Any resident verbally requesting to self-administer medications will be re assessed by the nursing team and physician for the ability to safely administer medications.</p> <p>2. Licensed nurses will be reeducated regarding ██████ r ██████ documentation. All ██████ order templates were modified so that the licensed nurse can clearly read the entire description of the ██████ order, ensuring accurate documentation. An audit will be conducted by the Unit Manager or designee of each unit on a weekly basis for the next two quarters to ensure compliance. Any discrepancies will be rectified immediately to ensure compliance.</p> <p>3. Licensed nurses will be reeducated regarding the use of ██████ and the process of checking the function of an ██████. An audit will be conducted by the Unit Manager or designee of each unit on a weekly basis for the next two quarters to ensure compliance. Any discrepancies will be rectified immediately to ensure compliance.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E.</p>		

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F 658	<p>Continued From page 7</p> <p>set up Resident #77's [REDACTED] treatment in the morning and turned on the machine at that time, but the resident is non-compliant by turning on and off the machine on their own.</p> <p>During an interview with the surveyor on 04/15/2021 at 11:18 AM, the Unit Manager (UM) stated Resident #77 is non-compliant with [REDACTED] treatments. The UM further stated the resident will tell the nurse to set up the [REDACTED] medication in the medication chamber and leave it at the bedside so the resident can self-administer it himself/herself. The RN stated the process for a resident to self-administer a medication included assessing the resident, educating the resident and having the resident perform a return demonstration of the medication administration.</p> <p>During an interview with the surveyor on 04/15/2021 at 11:33 AM, the Director of Nursing (DON) stated the process for a resident to self-administer medications included a physician's assessment of the resident's ability to self-administer, a physician's order, revision of the care plan to include self-administration and documentation of the resident's return demonstration of self-administering medications. The DON further stated that nurses should remain in the resident's presence when administering [REDACTED] treatments; and if a resident refuses to take the treatment, the nurse should remove the medication from the room, reattempts, document the refusal and notify the doctor.</p> <p>During a follow-up interview with the surveyor on 04/15/2021 at 1:44 PM, the DON stated the importance of following the procedure for a</p>	F 658	<p>WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE</p> <p>1. The Director of Nursing or designee will report the findings to the Quality Assurance Committee on a quarterly basis for the next two quarters to assure compliance.</p>		



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F 658	<p>Continued From page 8</p> <p>resident to be able to self-administer their medications is to ensure the resident is physically and mentally capable of safely administering medications as prescribed.</p> <p>Review of the facility's Medication Administration policy, revised 01/2021, included, "The nurse will remain in the presence of the resident while the resident takes the medication."</p> <p>Review of the facility's Self Medication Administration policy, revised 01/2021, included, "If the resident chooses to self-administer medication, the licensed nurse will assess the resident's cognitive, physical, and visual ability to administer his/her own medications and document in [electronic medical record]," "The attending physician will be notified, and order will be obtained," and "All self-administration residents will be trained in the self-administration of medication by the nursing staff documentation will be done in [electronic medical record].</p> <p>2.) According to the Admission Record, Resident #242 was readmitted to the facility with medical diagnoses that included: [REDACTED].</p> <p>Review of the Quarterly MDS, dated [REDACTED] revealed that Resident #242 was [REDACTED], required extensive assist of two staff for activities of daily living, and was at risk of developing [REDACTED].</p> <p>A review of Resident #242's Care Plan on 04/16/21 at 10:05 AM revealed that Resident</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>#242 had a [REDACTED] related to [REDACTED]. The Care Plan further revealed an intervention that was initiated on [REDACTED], for [REDACTED] restriction of [REDACTED] daily. The resident's daily fluid allowance was divided between nursing and dietary departments and indicated for nursing to provide [REDACTED] while dietary provided [REDACTED] for a total of [REDACTED].</p> <p>Review of Resident #242's "Order Summary Report" revealed a physician's order (order) dated [REDACTED], for [REDACTED] per day. The order indicated [REDACTED] for dietary per day and [REDACTED] for nursing. The order further instructed a [REDACTED] of [REDACTED] on 7-3 shift (day shift), [REDACTED] of [REDACTED] on 3-11 shift (evening shift), and fluid restriction of [REDACTED] on 11-7 shift (night shift).</p> <p>Review of the [REDACTED] Comprehensive Nutrition Assessment revealed an estimated [REDACTED] need of [REDACTED].</p> <p>Review of Resident #242's [REDACTED] and [REDACTED] Electronic Medication Administration Records (eMARs) reflected the above [REDACTED] order for [REDACTED] per day. The order was also specified on the eMARs as: [REDACTED] on day shift, [REDACTED] on evening shift, and [REDACTED] ml on night shift.</p> <p>The [REDACTED] eMAR reflected that nurses administered [REDACTED] outside the physician ordered [REDACTED] as follows: 03/20/21: the nurse administered [REDACTED] on day shift 03/21/21: the nurse administered [REDACTED] on day</p>	F 658			

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F 658	<p>Continued From page 10</p> <p>shift.</p> <p>03/25/21: the nurse administered [REDACTED] on day shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on day shift.</p> <p>03/20/21: the nurse administered [REDACTED] on evening shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on evening shift.</p> <p>03/19/21: the nurse administered [REDACTED] on night shift.</p> <p>03/20/21: the nurse administered [REDACTED] on night shift.</p> <p>03/23/21: the nurse administered [REDACTED] on night shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on night shift.</p> <p>The [REDACTED] eMAR reflected that nurses administered fluids outside the physician ordered fluid restriction as follows:</p> <p>04/03/21: the nurse administered [REDACTED] on day shift</p> <p>04/04/21: the nurse administered [REDACTED] on day shift.</p> <p>04/12/21: the nurse administered [REDACTED] on day shift.</p> <p>04/13/21: the nurse administered [REDACTED] on day shift.</p> <p>04/17/21: the nurse administered [REDACTED] on day shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on day shift.</p> <p>04/08/21: the nurse administered [REDACTED] on evening shift.</p>	F 658			

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F 658	<p>Continued From page 11</p> <p>04/11/21: the nurse administered [REDACTED] on evening shift.</p> <p>04/15/21: the nurse administered [REDACTED] on evening shift.</p> <p>04/16/21: the nurse administered [REDACTED] on evening shift.</p> <p>04/17/21: the nurse administered [REDACTED] on evening shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on evening shift.</p> <p>04/01/21: the nurse administered [REDACTED] on night shift.</p> <p>04/06/21: the nurse administered [REDACTED] on night shift.</p> <p>04/09/21: the nurse administered [REDACTED] on night shift.</p> <p>04/14/21: the nurse administered [REDACTED] on night shift.</p> <p>The physician order reflected Nursing was to administer [REDACTED] on night shift.</p> <p>Further observation of the resident throughout the survey and the review of medical record did not reveal that Resident #242 sustained adverse effects from receiving extra [REDACTED] than was ordered.</p> <p>During an interview with the surveyor on 04/21/21 at 9:10 AM, the Registered Nurse Unit Manager (RN/UM) stated that nursing had a certain amount they were allowed to administer by shift. The RN/UM further stated the nurses should follow the physician's [REDACTED] order and document on the eMAR the amount given on their shift.</p> <p>During an interview with the surveyor on 04/22/21 at 9:16 AM, the DON stated that the amount</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>allotted to nursing was [REDACTED] and that staff were aware of the physician order. The DON further stated that the nurses may have included dietary liquids in with the nursing. DON stated the nurses should follow the physician order and should be documenting the amount of fluids allotted to nursing which was [REDACTED] for day and evening shift and [REDACTED] for the night shift.</p> <p>A review of Resident #242's [REDACTED] and [REDACTED] Progress Notes revealed no documentation that a change was made to the resident's order, reflecting that the order for [REDACTED] of fluid per day was the only active order for the resident.</p> <p>A review of the facility's [REDACTED] Policy, with the revision date of 01/12/21, reflected the purpose was to ensure [REDACTED] served by nursing and dietary services would not exceed a physician ordered [REDACTED] ction. The policy further reflected that nursing would record the resident's [REDACTED] intake on the eMAR and ensure the total per 24-hour period did not exceed the specified amount.</p> <p>3.) During the tour of the [REDACTED] unit on 04/13/21 at 10:42 AM, the surveyor observed Resident #242 seated in a [REDACTED]. Resident #242 stated that he/she had a [REDACTED] area that was currently being treated at the facility. The resident was unable to provide any additional information about the current status of the [REDACTED]. The surveyor observed a regular mattress applied to Resident #242's bed.</p> <p>A review of Resident #242's [REDACTED] Order Summary Report on 04/16/21 at 10:24 AM revealed an order dated [REDACTED] for [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 13</p> <p>on bed for [REDACTED] prevention. The order further instructed to check the setting and function on the [REDACTED] every shift.</p> <p>On 04/14/21 at 10:45 AM, the surveyor observed Resident #242 resting in bed with the head of bed elevated. The surveyor observed that the resident did not have an [REDACTED] applied to the bed. The surveyor made the same observation on 04/15/21 at 10:13 AM, 04/16/21 at 12:32 PM, 04/20/21 at 10:34 AM and 12:38 PM.</p> <p>Review of Resident #242's [REDACTED] Electronic Treatment Administration Records (eTAR) reflected the above [REDACTED] order for [REDACTED] on bed for [REDACTED] prevention and to check the setting and function on the [REDACTED] every shift.</p> <p>The [REDACTED] eTAR reflected that nurses documented the air mattress was present and that the setting and functioning were checked and verified on the following dates and shifts: 4/13/21: evening and night shifts. 4/14/21: day, evening, and night shifts. 4/15/21: day, evening, and night shifts. 4/16/21: day, evening, and night shifts. 4/17/21: day, evening, and night shifts. 4/18/21: day, evening, and night shifts. 4/19/21: day, evening, and night shifts. 4/20/21: day shift.</p> <p>During an interview with Resident #242 on 04/20/21 at 12:22 PM, Resident #242 was unable to provide information on the use of the physician ordered [REDACTED].</p> <p>During an interview with the surveyor on 4/20/21</p>	F 658			

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F 658	<p>Continued From page 14</p> <p>at 12:27 PM, the CNA stated that Resident #242 required total assist with activities of daily living. The CNA further stated the resident previously had a [REDACTED] that had since healed. The CNA was unable to provide information on the use of the physician ordered [REDACTED].</p> <p>During an interview with the surveyor on 04/20/21 at 12:31 PM, the LPN stated that she was regularly assigned to the [REDACTED] unit and that Resident #242's required total assist with activities of daily living. The LPN further stated the resident currently had an [REDACTED] applied to bed and that it was checked on every shift daily. The surveyor requested the LPN to accompany surveyor to Resident #242's room to check the setting and functioning of the resident's [REDACTED]. The LPN and the surveyor donned on the required Personal Protective Equipment (PPE) and entered Resident #242's room. At which time, the LPN noted and confirmed that resident did not have an [REDACTED] applied to the bed.</p> <p>During a follow up interview with the surveyor on 4/20/21 at 01:30 PM, the LPN stated that she did not know what happened to Resident #242's [REDACTED]. The LPN further stated she did not know when it was discontinued and that she thought the [REDACTED] was still on the resident's bed.</p> <p>During an interview with the surveyor on 04/21/21 at 9:10 AM, the RN/UM stated that [REDACTED] rounds were completed on [REDACTED] and that the resident's [REDACTED] was discontinued at that time. The RN/UM further stated that she should have discontinued the physician order when the [REDACTED] was removed. The RN/UM stated</p>	F 658		

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F 658	Continued From page 15 that she expected the nurses to check the setting and function of the air mattress before signing off on the eTAR. The RN/UM was unable to provide an answer as to why the nurses continued to sign off on the [REDACTED] order.  During an interview with the surveyor on 04/22/21 at 09:16 AM, the DON stated the resident's [REDACTED] was resolved on [REDACTED] and it was decided at that time to discontinue the [REDACTED]. The DON stated that the nurses should have obtained an order to discontinue the [REDACTED]. The DON further stated that she expected the nurses to check for the status of the [REDACTED] before signing off on the eTAR.	F 658			
F 880 SS=D	NJAC 8:39-27.1(a); 29.2 (c) 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,	F 880		6/20/21	



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F 880	<p>Continued From page 16</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or 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>	F 880			

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F 880	<p>Continued From page 17</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: Based on observation, interview and review of facility documentation, it was determined that the facility failed to a.) ensure that staff wore Personal Protective Equipment (PPE) properly when caring for long term care residents, this was noted for 1 staff member on 1 of 6 units ( [REDACTED] ) and b.) ensure the [REDACTED] was stored in an appropriate manner to prevent the spread of infection for Resident #20, 1 of 3 resident's reviewed for the use of an [REDACTED].</p> <p>This deficient practice was evidenced by the following:</p> <ol style="list-style-type: none"> <li>During the Entrance Conference with the facility on 04/13/21 at 9:50 AM, the Director of Nursing (DON) stated that the required PPE used on all units was an N95 face mask and face shield or goggles. The DON stated that [REDACTED] and [REDACTED] units house the new admission and readmission residents and [REDACTED] and [REDACTED] Units house the long term care residents.</li> </ol> <p>On 04/15/21 at 11:37 AM, the surveyor observed a Registered Nurse (RN) at the medication cart in the hallway near room [REDACTED] on the [REDACTED] Unit. The surveyor observed that the RN was wearing</p>	F 880	<p>HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE PRACTICE.</p> <ol style="list-style-type: none"> <li>A root cause analysis was conducted, and it was determined that human error was the contributing factor to the deficient practice. The Licensed Nurse stated she did have a face shield on however she lifted it up to read the electronic Medication Administration Record but forgot to lower it while entering the resident room to complete a task. The identified Licensed Nurse in the 2567 was immediately reeducated on proper Personal Protection Equipment use. The Licensed Nurse also completed the following directed in-service training sessions on 5/11/2021. CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! <a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a> CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 <a href="https://youtu.be/YYTATw9yav4">https://youtu.be/YYTATw9yav4</a></li> <li>A root cause analysis was conducted,</li> </ol>	

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F 880	<p>Continued From page 18</p> <p>an N95 face mask. The surveyor further observed that the RN had her face shield (consisting of glasses with a clear shield attached to the glasses) positioned on the top of her head. The surveyor observed that the face shield did not cover the RN's eyes, nose or mouth. At that time, the surveyor observed the RN gathered supplies from the medication cart in preparation to hang an █. The RN applied her gloves, knocked on Resident # 246's door and entered the room carrying the █ supplies. The surveyor observed that the RN did not lower her face shield to cover her eyes, nose or mouth prior to entering the resident's room. The surveyor observed the RN hang the █ on the █ pole and leave the room returning to the medication cart with her face shield positioned on the top of her head. At that time, the RN applied gel to her hands and gathered supplies to take a resident's █. The surveyor observed that the RN applied gloves, knocked on Resident #121's door and entered the room carrying the supplies. The surveyor observed that the RN did not lower her face shield to cover her eyes, nose or mouth prior to entering the resident's room. The surveyor further observed that the RN took the █ of Resident #121 with her face shield positioned on top of her head and then returned to the medication cart.</p> <p>During an interview with the surveyor on 04/15/21 at 11:57 AM, the RN stated that she was an agency nurse. She stated that when she comes in, she generally goes to the nursing office to get instruction on what PPE is required. The RN stated that she always wears the N95 face mask and has her face shield with her. The RN told the surveyor that she sometimes wears the face shield down and that she should be wearing it</p>	F 880	<p>and it was determined that human error was the contributing factor. The identified Certified Nursing Assistance in the 2567 was interviewed and she stated that she placed the █ in the █ and it was not touching the floor when she left the room, but it is possible that either strap came loose or when bed was lowered to the floor for █ touched the floor or came out of the █. Certified Nursing Assistance was immediately reeducated on proper placement of █. She also completed the following directed in-service training sessions on 5-11-2021.</p> <p>CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Keep COVID-19 Out! <a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a></p> <p>CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 <a href="https://youtu.be/YYTATw9yav4">https://youtu.be/YYTATw9yav4</a></p> <p>The nursing staff were also reeducated on the proper Personal Protection Equipment use, the storage of █ and following in services were completed by the facility Infection Preventionist on 5/21/21 and started for all front line staff on 5-11-2021. All front line staff to complete following in-services by 6/20/2021</p> <p>CDC COVID-19 Prevention Messages for all Front Line Long-Term Care Staff: Keep COVID-19 Out! <a href="https://youtu.be/7srwrF9MGdw">https://youtu.be/7srwrF9MGdw</a></p>	

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F 880	<p>Continued From page 19</p> <p>down. The RN stated, "I'm not sure if we need the face shield, but definitely need the N95."</p> <p>During an interview with the surveyor on 04/15/21 at 12:02 PM, the Licensed Practical Nurse Unit Manager (LPN UM) stated that the required PPE for this unit is a face shield and an N95 face mask. The LPN UM stated that when agency staff come onto the unit, they are told what PPE is required. The LPN UM confirmed that the RN was made aware of the required PPE.</p> <p>During an interview with the surveyor on 04/15/21 at 1:06 PM, the Infection Preventionist (IP) stated that the agency nurses received orientation for PPE. The IP stated that when staff checks in for their shift, there is PPE available. The IP further stated that we have PPE signage when staff checks in and there are signs posted prior to entering each unit.</p> <p>During an interview with the surveyor on 04/15/21 at 1:50 PM, the Assistant Director of Nursing confirmed that agency staff receive orientation regarding PPE and the required PPE are posted on the units.</p> <p>During an interview with the surveyor on 04/15/21 at 1:50 PM, the Day Supervisor stated that the LPN UM would be one person who made sure that staff have on and wear the required PPE. The Day Supervisor further stated that when she made rounds, she would ensure that staff were wearing the appropriate PPE. The Day Supervisor further stated that when she went to see the RN, she had the face shield pushed up and covering her nose. The Day Supervisor stated that the RN would push up her shield to see the computer screen. The Day Supervisor</p>	F 880	<p>CDC COVID-19 Prevention Messages for all Front Line Long-Term Care Staff: Use PPE Correctly for COVID-19 <a href="https://youtu.be/YYTATw9yav4">https://youtu.be/YYTATw9yav4</a></p> <p>The following in-service training was also completed by the Infection Preventionist as of 5/21/2021. The addition top line staff including Director of Nursing, Director of quality Assurance &amp; Performance Improvement and Assistant Director will also complete it by 6/20/2021.</p> <p>Module 1-Infection Prevention&amp; Control Program <a href="https://www.train.org/main/course/1081350/">https://www.train.org/main/course/1081350/</a></p> <p>HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE:</p> <p>1. All residents had the potential to be affected by this practice. An observation audit was conducted for all staff for proper use of Personal Protective Equipment. No other residents were affected by this practice.</p> <p>2. Residents who use a [REDACTED] had the potential to be affected by this practice. An audit was conducted for all residents who use [REDACTED]. No other residents were affected by this practice.</p> <p>WHAT MEASURES WILL BE PUT INTO</p>		

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F 880	<p>Continued From page 20</p> <p>further stated that the face shield should be worn flush against the nose, and that she would expect staff to have their face shield down when entering a resident's room.</p> <p>On 04/21/21 at 2:04 PM, surveyor interviewed the DON and Administrator. The DON stated that it's hard to miss the big yellow signs regarding what PPE to wear. The Administrator stated that the signs for PPE requirements were posted at the entrance where the staff were screened and at the entrance to each unit. The Administrator stated that every department head and nurse ensure that PPE was properly worn by staff. The Administrator confirmed that the facility had been using the N95 face mask and a face shield since March of 2020 and will continue to do so.</p> <p>Review of the facility's agency employee orientation checklist dated [REDACTED] for the RN revealed that the RN received education regarding Infection Control, PPE and Handwashing.</p> <p>Review of the U.S. Centers for Disease Control and Prevention (CDC) guidelines, Guidance for Wearing Masks Help Slow the Spread of COVID-19, updated 04/19/21, under the section "Face shield and goggles" included, "Choose a face shield that wraps around the sides of your face and extends below your chin."</p> <p>Review of the U.S. CDC guidelines, Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19, dated 06/3/2020, included, "Face shields provide full face coverage."</p>	F 880	<p>PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR:</p> <p>1. Licensed nurses will be reeducated regarding proper use of Personal Protective Equipment. An observation audit will be conducted by the Infection Preventionist or designee on each unit on a weekly basis for the next two quarters to ensure compliance. Any discrepancies will be rectified immediately. To ensure compliance</p> <p>2. All nursing staff were reeducated regarding proper storage of [REDACTED]. An audit will be conducted by the Infection Preventionist or designee of each unit on a weekly basis for the next two quarters to ensure compliance. Any discrepancies will be rectified immediately to ensure compliance.</p> <p>HOW THE FACILITY WILL MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR, I.E. WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE:</p> <p>1. The Director of Nursing or designee will report the findings to the Quality Assurance Committee on a quarterly basis for the next two quarters to assure compliance.</p>		

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F 880	<p>Continued From page 21</p> <p>2. According to the Admission Record, Resident #20 was admitted to the facility with medical diagnoses that included, [REDACTED]).</p> <p>Review of the Quarterly MDS, an assessment tool, dated [REDACTED], revealed Resident #20 was [REDACTED], required the use of an [REDACTED] and needed extensive assistance from staff for Activities of Daily Living (ADLs) (transfers, dressing, toileting, personal hygiene and bathing).</p> <p>Review of Resident #20's current care plan included risk for [REDACTED] related to [REDACTED] usage with a goal to remain free from complications r/t [related to] [REDACTED] evidenced by remaining free from the signs and symptoms [REDACTED]</p> <p>Review of the Order Summary Report for Active Orders as of [REDACTED] revealed orders for [REDACTED] every shift ordered [REDACTED] and to maintain [REDACTED] at all times, check placement every shift ordered [REDACTED]</p> <p>On 04/13/21 at 9:55 AM, the surveyor observed the resident's [REDACTED] lying on the ground next to the bed in a [REDACTED]. The resident had just received AM care.</p> <p>On 04/15/21 at 8:48 AM, the surveyor observed</p>	F 880		

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

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F 880	<p>Continued From page 22</p> <p>the resident's [REDACTED] lying on the floor, out of the [REDACTED]</p> <p>On 04/21/21 at 9:03 AM, the surveyor observed the [REDACTED] secured to side of bed touching the floor. At that time, the surveyor interviewed the Certified Nursing Assistant (CNA) about the [REDACTED] placement. The CNA stated, "The [REDACTED] needs to be tightened. it shouldn't be touching the floor." The CNA adjusted the [REDACTED] and [REDACTED] to position it off the floor.</p> <p>During an interview with the surveyor on 04/21/21 at 9:20 AM, the LPN UM stated, "The [REDACTED] is supposed to be in a [REDACTED] and it's not supposed to be touching the floor. If the [REDACTED] is touching the floor, we have to educate the CNA. If the CNA doesn't know the proper procedure, then we show her what to do."</p> <p>During an interview with the surveyor on 04/22/21 at 9:15 AM, the DON stated that the [REDACTED] should not be touching the floor.</p> <p>Review of the facility's [REDACTED] policy dated 01/23/2021 revealed, "The [REDACTED] should be kept from [REDACTED] and the [REDACTED] should always be kept [REDACTED] of the [REDACTED] (and not touching the floor)."</p> <p>NJAC 8:39-19.4</p>	F 880			