## **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING С 315488 B. WING 10/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **151 MADISON AVENUE** CARE ONE AT MADISON AVENUE MORRISTOWN, NJ 07960 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 000 **INITIAL COMMENTS** F 000 NJ # 139932 CENSUS: 77 SAMPLE SIZE: 5 F 658 Services Provided Meet Professional Standards F 658 10/30/20 SS=D 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 : 139932 How the corrective action will be accomplished for those residents found to have been affected by the deficient Reference: New Jersey statutes, Annotated Title practice 45 Chapter 11, Nursing Board. The nurse practice act for the state of New Jersey states; "the Resident #2 no longer resides in the practice of nursing as a Registered Professional center after being discharged home Nurse is defined as diagnosing, and treating safelv. human response to actual or potential physical How the facility will identify other residents and emotional health problems, through such services as casefinding, health teaching, health having the potential to be affected by the counseling, and provision of care supportive to same deficient practice restorative of life and well being, and executing medical regimens as prescribed by a licensed or The center acknowledges the residents other wise legally authorized Physician or dentist." who are discharged have the potential to be affected. At morning meeting and clinical meeting Reference: "The practice of nursing as a the director of social services informs the Licensed Practical Nurse is defined as performing team of the residents scheduled for tasks, and responsibilities within the framework of discharge. The case management team case finding, reinforcing the patient and family and social worker also identify the teaching program through health teaching, health residents planned for discharge via the counseling, and provision of supportive and monthly discharge calendar, which is LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE Electronically Signed 10/27/2020

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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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		315488	B. WING		C 10/06/2020	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/00/2020	
				151 MADISON AVENUE		
CARE ON	E AT MADISON AVENUE	1		MORRISTOWN, NJ 07960		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 658	Continued From page	e 1	F 65	8		
	restorative care, under the direction of a			accessible to the interdisciplinary care	sciplinary care	
	Registered Nurse, or other wise legally authorized Physician or Dentist."			plan team.		
	,			What measures will be put into place	or	
				systemic changes will be made to ens		
				that the deficient practice will not recu	r	
	Based on interviews, review of the facility Medical			Licenced nervennel Department		
	Records, and other pertinent facility documents on <b>example</b> , it was determined that the facility			Licensed personnel, Department managers, and other team members	Mara	
	staff failed to document discharge education		in-serviced on patient and famil			
	related to, and			(discharge instruction) and documenti	-	
	administration, as well as follow their own facility		such teaching.		•	
	policy titled "Teaching: Resident/Family," for 1 of					
	5 sampled residents (Resident #2). This deficient practice is evidenced by the following:		Director of Nursing or designee		ıdit	
	practice is evidenced	by the following:		two (2) charts weekly of discharged		
				patients for one month, then 4 charts monthly for two months to review for		
	1. According to the "A	Admission Record," Resident		documentation of patient and family		
	#2 was admitted to the facility on with diagnoses including but not limited to:			teaching prior to discharge.		
				How the facility will monitor its correct	ive	
			action to ensure that the deficient		otice	
				will not recur		
	According to the Mini	mum Data Set (MDS), an		The Director of Nursing will report the		
	assessment tool date			findings from audits to the QAPI		
		for Mental Status (BIMS)		committee for review monthly for three		
	score of indicati	ing that Resident #2 had . The MDS document		months and revise the plan based on trending or additional changes to the		
	indicated that Reside	nt #2 required extensive			Jian.	
	staff assistance for Activities of Daily Living					
	(ADLs).	, ,				
		2's Care Plan (CP), date				
	initiated , rev	/ealed under "Focus:"				
		r discharge. Under				
	"Interventions/Tasks" patient/representative	e education to include				
		medications, treatments,				

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 315488 B. WING 10/06/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **151 MADISON AVENUE** CARE ONE AT MADISON AVENUE MORRISTOWN, NJ 07960 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 658 Continued From page 2 F 658 diet, daily activity plan." During an interview on 10/6/2020 at 10:11 a.m., the Registered Nurse Unit Manager (RNUM) stated that education provided to residents or care givers that is related to treatment for a safe discharge is documented in 2 places, "the education tab, (in the computer), or the Progress Notes (PN)." During an interview on 10/6/2020 at 11:30 a.m., the Registered Nurse (RN) stated that education given to care givers is documented in the PN. During an interview on 10/6/2020 at 1:00 p.m., the Director of Nursing (DON) stated that the education the nurses give to the family should be in the PN. Review of the Progress notes for Resident #2 did not contain any documentation of education related to the resident's care for discharge. Review of the Education tab also did not contain any documentation of education provided to the care giver. Review of a facility policy titled "Teaching: Resident/Family," effective date 11-01-09 revealed the following under Process: 8. Teaching /Learning will be initiated and documented by appropriate team members on the Documentation Sheet. 14. The Teaching /Learning Documentation Sheet will be completed prior to the resident's discharge. NJAC 8:39-27.1(a)

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