STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315491	A. BUILDING _____ B. WING _____	C 12/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREST/MOUNTAINVIEW GARDENS	4 CEDAR CREST VILLAGE DRIVE POMPTON PLAINS, NJ 07444

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F 000	INITIAL COMMENTS Complaints #: NJ00133439 and NJ00139747 Census: 94 Sample size: 8 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must	F 585		2/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/16/2021

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include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;

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F 585	Continued From page 2 (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00139747 Based on observations, record review, interviews, and facility policy review, the facility failed to ensure residents grievances were promptly resolved for two (Residents #4 and #6) of four residents reviewed for call light response times. Specifically, the facility failed to resolve grievances related to call light response times. Findings included: 1. Resident #4 was admitted with diagnoses of [redacted]	F 585	F585 CFR(s): 483.10(j)(1)-(4) Grievances How corrective actions will be accomplished for those residents affected by the deficient practice " Residents #4 and #6 had their call bell reports pulled over the past 30 days and the results reviewed with the caregiving staff. All caregiving staff were educated on call bell response, including proper operation of paging equipment as well as proper response time parameters. How will the facility identify other residents who have potential to be affected by the same deficient practice	

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F 585	Continued From page 3 The Minimum Data Set (MDS) assessment, dated [redacted] revealed the resident had intact cognition, with a Brief Interview for Mental Status (BIMS) score of [redacted]. Review of the concern report from Resident #4, dated [redacted], revealed in part, "Resident stated that (he's/she's) been in bed for hours, didn't get up all morning ....Investigation revealed staff had gone in four times between 1pm-3pm. Interviews revealed [redacted] called for various reasons including toileting, transfer and for snacks. [Staff member] stated [she/he] wanted to stay in bed, then got busy with other residents. Contacted family, will ...encourage to get [resident] out of bed [OOB] at her preference." The above concern form was not documented to reveal resolution. Resident #4 was interviewed on 12/05/2020 at 11:23 a.m. The resident said call lights did not get answered timely. He/she said the night before was the worst. He/she had pressed the button for the call light. The resident said the care associate (CA) said she would let the nurse know about the pain. He/she said a half hour went by and there was no response. The resident went down to the nurse's station to wait for the nurse. The resident said the nurse told him/her was on break and there was nobody else to help [redacted]. The resident said she/he never had to wait half an hour before and was in [redacted]" Review of the call history response time records revealed call light times greater than 20 minutes, four times in [redacted] and 23 times in [redacted]. Response times were above 30 minutes on seven occasions in [redacted]. 2. Resident #6 was admitted with diagnoses of	F 585	" A call bell report from the last 7 days was generated for all of Skilled Nursing residents to identify any delays with call be response times. Identified variances were appropriately addressed. " All residents have the potential to be affected by the deficient practice. What measures will be implemented to prevent the recurrence of the deficient practice " Call bell response reports will be generated daily and reviewed during the morning clinical meeting. Any delays in response time will be addressed by Clinical Manager and or Shift Supervisor to determine appropriate interventions. o Date of Completion: Ongoing " All staff will be re-educated on call bell response time parameters as well as proper operation of the VIGIL phone system to ensure all Spectralink phones are working properly and pages are being received. This also includes the paging escalation plan to ensure leadership team members are being notified if pages are not being answered timely. How will the facility monitor to ensure the deficient practices do not occur " Results of the call bell reports will be reviewed by the Director of Nursing or other designee at the clinical operations meeting daily x 30 days, then weekly for 4 weeks and monthly for 2 months.	

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F 585	Continued From page 4 [redacted]	F 585	" Results of the call bell report will also be reviewed as part of our monthly QAPI process until the response times meet acceptable parameters.	

The Minimum Data Set (MDS) assessment, dated [redacted] revealed the resident had intact cognition with a Brief Interview for Mental Status (BIMS) score of [redacted]

Review of the concern report from Resident #6, dated [redacted], revealed in part, "[Family member] stated that [the resident] was in bed all morning and used [his/her] call light bell but got no response. Called [family] to review call bell report. Explained that we responded as quickly as we could with other resident needs. Thankful for call ...We worked with four CNAs [certified nursing assistants] and we were so busy on the morning and call bell, it did not stop. Also, [she/he] had completed bed bath and all meals on [sic] bed." The above concern form was not documented to reveal resolution.

Resident #6 was interviewed on 12/05/2020 at 9:10 a.m. The resident said she/he was looking forward to getting out of bed. The resident said they got him/her out of bed yesterday, but he/she was in bed for an extended amount of time the day before yesterday. The resident said the call light responses took a while, but they would eventually answer.

A family member for Resident #6 was interviewed on 12/05/2020 at 2:30 p.m. He/she said this resident was "always" left in bed for an extended period. The resident was put to bed early and was transferred out of bed late. The family member said this resident could use the call light.

Review of the call history response time records revealed call light times greater than 20 minutes,

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four times in [redacted] and 26 times in [redacted]. Response times were 30 minutes or longer, two times in [redacted] and 13 times in [redacted]. Response time was three hours (two times) on [redacted] and one hour (two times) on [redacted].

Licensed Practical Nurse (LPN #1) was interviewed on 12/05/2020 at 10:19 a.m. He/she said if a call light was on for three hours, then maybe the call light was out of order. He/she was not aware of any residents declining to get out of bed.

CA #1 was interviewed on 12/05/2020 at 11:09 a.m. He/she said the call lights went directly to the phone. He/she said they tried to avoid having the residents wait too long.

CA #3 was interviewed on 12/05/2020 at 12:42 p.m. He/she said sometimes they were busy with other residents, but he/she would call another co-worker to help.

The Director of Nurses (DON) was interviewed on 12/05/2020 at 2:24 p.m. The DON said there was no specific care plan interventions related to the resident's call light aside from encouraging use and reminder for use. The DON said the expectation was for call lights to be answered in five minutes or less. He/she said at times it may have taken 10 minutes. The DON said the call lights got sent to everyone, not just one CA. He/she confirmed, "It needs more attention ."

Review of the Call Bell System Response policy, dated 06/2019, provided by the NHA on 12/05/2020 at 2:38 p.m. revealed in part, "Continuing care staff will respond to each residents' need when a call bell system

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F 585	Continued From page 6 activates." Review of the Concerns/Resolution policy, dated 11/2017, provided by the NHA on 12/05/2020 at 2:38 p.m. revealed in part, "Whenever possible the staff member will take the initiative to resolve the concern when received and document the analysis and resolution on the form."	F 585		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133439 Based on observations, record review and interviews, the facility failed to ensure residents that were unable to carry out activities of daily living received the necessary services to maintain grooming for three (Residents #3, #7, and #8) of eight residents reviewed for nail care. Specifically, the facility failed to provide adequate nail care for the residents. Findings included: 1. Resident #3 was admitted with diagnoses of [redacted] The Minimum Data Set (MDS) assessment, dated [redacted], revealed the resident had severe cognitive deficit with a Brief Interview for Mental Status (BIMS) score of [redacted] out of [redacted] The resident had a functional status for personal hygiene of extensive assistance.	F 677	F677 CFR(s): 483.24 (a) (2) ADL Care Provided for Dependent Residents How corrective actions will be accomplished for those residents affected by the deficient practice " The [redacted] of Resident #3 were [redacted] and [redacted] removed as part of AM care. Any [redacted] underneath the [redacted] was also removed and cleaned. " The [redacted] of Resident #7 were [redacted] and any [redacted] that accumulated underneath the [redacted] was removed and the area cleaned. " The [redacted] of Resident #8 were [redacted] and any [redacted] that accumulated underneath the [redacted] was removed and the area cleaned.	2/5/21

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F 677	Continued From page 7 Resident #3 was observed on 12/05/2020 at 9:15 a.m. in bed sleeping with a breakfast meal on the tray in front of him/her. The resident's [redacted] were [redacted], with [redacted] coming off the [redacted]. Resident #3 was observed again on 12/05/2020 at 12:49 p.m. The resident was sleeping in front of the mirror in a wheelchair. The resident's [redacted] remained [redacted] and with [redacted] coming off the [redacted]. A family member for Resident #3 was interviewed on 12/05/2020 at 1:30 p.m. He/she said the resident was not admitted with [redacted] and this resident's [redacted] were [redacted] Resident #3 was observed alongside the Director of Nursing (DON) on 12/05/2020 at 1:46 p.m. He/she confirmed there was "accumulation underneath" the resident's [redacted] but was unsure what it was. He/she asked the resident if he/she wanted his/her [redacted] and [redacted], and the resident agreed. The DON asked the care associate to take care of this resident's [redacted] 2. Resident #7 was admitted with diagnoses of [redacted]. The Minimum Data Set (MDS) assessment, dated [redacted], revealed the resident had moderate cognitive deficit with a Brief Interview for Mental Status (BIMS) score of [redacted] out of [redacted] The resident had a functional status for personal hygiene of extensive assistance. Resident #7 was interviewed on 12/05/2020 at 12:20 p.m. The resident's [redacted] were observed with [redacted] matter underneath. The	F 677	How will the facility identify other residents who have potential to be affected by the same deficient practice " An audit of all residents was conducted to ensure appropriate nail hygiene was performed. Variances from the audit was addressed as appropriate. " All residents have the potential to be affected by the deficient practice. What measures will be implemented to prevent the recurrence of the deficient practice " All caregiving staff were in-service on nail hygiene. Staff also educated on new process implemented to perform nail care during resident shower days or when bed baths are performed. " Manicure kits have been provided to every resident for nail care to be performed. How will the facility monitor to ensure the deficient practices do not occur " Audits will be conducted by a designee from Nursing Leadership weekly X 8 weeks and monthly x 3 months to ensure nail care is being performed in a timely manner. Any discrepancies will be reported to the Director of Nursing for follow-up and resolution.	

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F 677	Continued From page 8 resident said he/she needed nail care and, [redacted]." The resident was unable to remember the last time it was done, likely because of the resident's diagnosis of [redacted]. Resident #7 was observed alongside the Director of Nursing (DON) on 12/05/2020 at 1:48 p.m. The DON confirmed the resident's dirty [redacted] and asked if the resident wanted to have his/her [redacted] cleaned up and [redacted] and the resident agreed. The DON asked a care associate to complete this task for the resident. 3. Resident #8 was admitted with diagnoses of [redacted]. The Minimum Data Set (MDS) assessment, dated [redacted], revealed the resident had intact cognition with a Brief Interview for Mental Status (BIMS) score of [redacted]. The resident had a functional status for personal hygiene of extensive assistance. The resident had [redacted] on one side for functional limitation in range of motion. Resident #8 was interviewed on 12/05/2020 at 11:04 a.m. The resident was observed with brown matter underneath his/her [redacted] on the [redacted]. The resident said the staff did not clean his/her [redacted]. "I can't do it." The resident said he/she was scheduled about two days ago, but the staff did not have time. The resident said she/he had been waiting a long time for a [redacted]. Licensed Practical Nurse (LPN #1) was interviewed on 12/05/2020 at 10:19 a.m. He/she said [redacted] care was provided with or without showers and it was documented.	F 677	" Results of these audits will also be reported as part of our QAPI process until satisfactory compliance is met.	

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Care Associate (CA #1) was interviewed on 12/05/2020 at 11:09 a.m. He/she said the resident's [redacted] were checked every day and they received [redacted] if they wanted.

CA #2 was interviewed on 12/05/2020 at 12:46 p.m. He/she said they washed the resident's [redacted], and the residents needed to tell the CAs what they wanted done. When CA #2 observed Resident #8's [redacted], he/she said that activities was "in charge of it."

The Director of Nurses (DON) was interviewed on 12/05/2020 at 1:02 p.m. The DON said [redacted] care was supposed to be provided in the morning and in the evening but there was no documentation completed. He/she said activities completed [redacted] and the CAs cleaned and cut the residents' [redacted]. The CAs were expected to complete [redacted] care for the residents.

The DON was interviewed again on 12/05/2020 at 1:46 p.m. The DON said there was no consistent schedule for [redacted] care, and it may need to be assigned with showers.

The nursing home administrator (NHA) was interviewed on 12/05/2020 at 2:38 p.m., and he/she said they did not have a specific policy for [redacted] care.