

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

PRINTED: 01/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/02/2021
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NAME OF PROVIDER OR SUPPLIER CARE ONE AT HOLMDEL	STREET ADDRESS, CITY, STATE, ZIP CODE 188 HIGHWAY 34 HOLMDEL, NJ 07733
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS Complaint #: NJ145544, NJ143676, and NJ145982 Census: 105 Sample Size: 18 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 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609		8/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/20/2021
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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 609	<p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145982</p> <p>Based on record reviews and interviews, it was determined the facility failed to report an allegation of staff to resident abuse to the New Jersey Department of Health (NJDOH) and provide a summary of the final investigation for 1 (Resident #1) of 3 sampled residents reviewed for abuse.</p> <p>Findings included:</p> <p>1. Resident #1 was initially admitted to the facility on [REDACTED] and discharged to the hospital on [REDACTED]. The resident was re-admitted on [REDACTED]. The most recent 5-day PPS Minimum Data Set (MDS), dated [REDACTED], revealed the active diagnoses were [REDACTED].</p> <p>[REDACTED] The Brief Interview for Mental Status (BIMS) revealed the resident's cognition was [REDACTED] with a score of [REDACTED]. The resident required extensive assistance from staff for transfers using a transfer board.</p> <p>A nurse's note dated [REDACTED] at 3:08 PM revealed the resident complained of feeling something during a transfer and complained of [REDACTED]. The note indicated this occurred during a prior transfer (no date or time</p>	F 609	<p>1. The report of [REDACTED] was addressed immediately upon report. Resident was medicated for [REDACTED] was completed and negative and the resident returned to the center with no new orders. The center requested an evaluation by physical therapy. Abuse was not claimed and unsubstantiated at the time of the investigation. The reportable event form was submitted for this individual</p> <p>2. No other residents were affected by this practice. Any resident who is at risk for [REDACTED] during a transfer are at risk to be affected.</p> <p>3. The ADON/designee will educate staff to report new onset of [REDACTED] related to an event/transfer to their supervisor. Administrator and DON will review and determine if an allegation has been made an ensure appropriate notifications to state agencies are completed.</p> <p>DON/Designee will review 24 hour report and identify any new complaints to ensure that it is properly investigated and reported. Weekly tracking for four weeks will be submitted to the administrator then monthly for two months. Tracking will be presented at the monthly QAPI for 3 months to ensure compliance.</p>		

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F 609	<p>Continued From page 2</p> <p>mentioned). The transfer was completed by two Certified Nurse Aides (CNAs), CNA #5 and CNA #1.</p> <p>A facility Incident Report dated [REDACTED] at 8:50 AM [possibly wrong time] indicated Resident #1 complained of [REDACTED]. The resident reported that during a transfer the resident felt something, stating, "[REDACTED]". The physician was notified, and a new order was issued for a [REDACTED].</p> <p>The [REDACTED] results dated [REDACTED] were negative for a [REDACTED].</p> <p>The clinical record indicated the identified transfer had occurred on [REDACTED] during a morning transfer from the bed to the wheelchair. The resident had not reported the incident until 3:08 PM the following day [REDACTED], and the resident complained of [REDACTED]. A nurse's note dated [REDACTED] at 11:17 PM revealed the resident complained of [REDACTED] and was transferred to a local hospital.</p> <p>On 07/23/2021 at 3:00 PM, CNA #1 stated she was assisting CNA #5 (CNA #5 was also a newly licensed Registered Nurse (RN) but was working as a CNA at the time of this incident) to transfer Resident #1 from the bed to the wheelchair with the aid of a [REDACTED]. She stated the resident was sitting on the edge of the bed and she placed the [REDACTED] under the resident's [REDACTED] while CNA #5 put his arms around the resident's [REDACTED] to enable the resident to move the [REDACTED] to the right and then sit down on the [REDACTED]. She stated the resident did the rest without help. She stated the resident did not complain of [REDACTED] or of anything being wrong during the transfer. She added the resident left the room in</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>the [REDACTED] wheelchair to attend activities. The CNA stated physical therapy (PT) had provided a demonstration to the staff of how to safely transfer the resident with a [REDACTED]. She stated she was surprised when a few days later, there was an investigation of the transfer.</p> <p>On 07/23/2021 at 1:00 PM, the Director of Nursing (DON) stated the resident's family phoned her from the hospital on [REDACTED]. The family member stated the resident wanted her to know that the staff did not do anything wrong, and it did not bother the resident until the previous night. The DON stated she investigated the incident to find out what had happened. She added she did not think it was an allegation of abuse, so she did not report it and she did not send in a summary of the investigation findings. She stated the investigation findings indicated abuse had not occurred.</p> <p>New Jersey Administrative Code § 8:39-5.1(a)</p>	F 609			