STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315329	A. BUILDING _____ B. WING _____	C 12/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT DENVILLE, THE	**21 POCONO ROAD DENVILLE, NJ 07834**

(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
F 000	INITIAL COMMENTS Complaint #: NJ00135191 Census: 50 Sample Size: 3 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 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to complete a comprehensive assessment for Resident #1's [NJAC 8:43E-2.1 and Exec Order 26] by failing to obtain measurements on a possible deep tissue injury upon admission for 1 of 3 (Resident #1) sampled residents reviewed with [NJAC 8:43E-2.1 and Exec Order 26, 4]. Findings included:	F 686	What corrective action(s) will be accomplished for those residents affected by the deficient practice: 1. Resident #1 had the [NJAC 8:43E-2.1 and Exec Order] measured by Nurse Practitioner in the facility on [NJAC 8:43E-2.1 and Ex]. How will you identify other residents having the potential to be affected by the	12/25/20

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

Electronically Signed | 12/17/2020

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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F 686	Continued From page 1 Resident #1 was admitted to the facility on [redacted] with diagnoses of [redacted], NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] A review of Resident #1's hospital transfer form dated [redacted] revealed the resident was admitted to the facility with [redacted] to the [redacted]. There were no measurements to identify the size of the [redacted] documented on the transfer form. A review of the Facility Nursing Admission Assessment dated [redacted] revealed the resident was admitted with a [redacted] of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] The [redacted] area was described as [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted]. There was no measurement of the [redacted] area [redacted] area documented. A review of Resident #1's admission Minimum Data Set (MDS) dated [redacted] indicated a Brief Interview for Mental Status score of [redacted] indicating the resident's [redacted] Resident #1 required extensive assistance with activities of daily living and was continent of [redacted]. Under Section M of the MDS, Resident #1 was assessed as having two NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] injuries on admission. A review of Resident #1's Care Plan dated 03/17/2020, revealed the resident was care	F 686	same deficient practice and what corrective action will be taken: 2. All current resident wound assessments and most recent comprehensive assessments will be reviewed by the Director of Nursing or designees for the presence of any wound(s) and ensure wound assessments contain measurements. Any resident with missing wound measurements will have the measurement obtained and reflected in the resident's medical record with notification to the Administrator. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur: 3. The Director of Nursing or designee will provide in-service education to the nursing personnel regarding the inclusion and frequency of measurements for wound assessment documentation. A weekly meeting will include a review of residents with wound care and ensure the wound assessment requirements are in compliance. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place: 4. The Director of Nursing or designee will monitor compliance to the practice by	

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F 686	Continued From page 2 planned for skin breakdown. A review of the Physician's Orders dated 03/17/2020, revealed the physician ordered to cleanse the [redacted] with soap and warm water, dry and apply [redacted] and cover with [redacted]. The order was discontinued on 03/20/2020. A review of the Physician's Orders dated 03/20/2020, revealed the order changed to cleanse the [redacted] and apply [redacted] and cover with a dry dressing daily. A review of a change in condition dated 03/25/2020, written by Registered Nurse (RN #1) revealed that the [redacted] had a [redacted] on the center and edges. The physician was notified, and new orders were received and noted. A review of the Physician's Orders dated 03/25/2020, revealed that the [redacted] area had opened, and staff were to clean the area with normal [redacted] and apply [redacted] and cover with a dry dressing. During an interview on 12/02/2020 at 3:30 PM, RN #1 revealed that Resident #1 was admitted to the facility with an [redacted] to [redacted] was purple in color and very large. RN #1 further indicated the area on Resident #1's [redacted] began to open on [redacted]. The physician was notified and ordered [redacted] RN #1 further revealed that the facility had a [redacted] Nurse Specialist that came to the facility on	F 686	conducting weekly wound assessment audits for a period of eight (8) weeks, then monthly for four (4) months. The summary audit findings will be shared at least quarterly with the quality assurance committee who will determine the need for continued monitoring after six (6) months.	

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F 686	Continued From page 3 Wednesdays and assessed and did [NJAC 8:43E-2.1] measurements. A review of the Nurse Practitioner Notes dated 03/27/2020, revealed that the [NJAC 8:43E-2.1 and Exec Order 2] was a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. During an interview on 12/02/2020 at 5:15 PM, the Director of Nursing (DON) indicated that when Resident #1 was admitted to the facility, he/she had a very [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1] on the [NJAC 8:43E-2.1 a] and a [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.]. The DON revealed she could not find any measurements for the [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] when Resident #1 was admitted or any measurements during the weekly skin assessments. The DON revealed that [NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.] measurements should have been done on the day the resident was admitted, and on Wednesdays when the [NJAC 8:43E-2.1 a] Nurse Specialist came to the facility. The DON further stated that Resident #1 was placed on [NJAC 8:43E-2.1 and] and the [NJAC 8:43E-2.1 a] Nurse Specialist was not allowed to enter Resident #1's room. The [NJAC 8:43E-2.1 and Exec Order 26, 4.] measurements were not done until 03/27/2020 when the Nurse Practitioner did the measurements.	F 686		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315329		12/28/2020

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT DENVILLE, THE	21 POCONO ROAD DENVILLE, NJ 07834

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0686 Reg. # 483.25(b)(1)(i)(ii) LSC	Correction Completed 12/25/2020	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
12/2/2020	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO