

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

PRINTED: 03/31/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2020
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NAME OF PROVIDER OR SUPPLIER CREST POINTE REHABILITATION AND HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD PT PLEASANT, NJ 08742
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F 000	INITIAL COMMENTS COMPLAINT NJ # 133881 CENSUS : 103 SAMPLE SIZE : 5	F 000		
F 658 SS=D	Services Provided Meet Professional Standards 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: 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 casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; 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."	F 658	Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it. Resident #3 identified in the Statement of Deficiencies did not return to the facility. No negative outcomes noted as a result of the deficient practice. All residents have the potential to be effected by the practice. Nursing Administration/Designee has completed an audit on 3/23/2020 of all resident receiving ██████ to ensure an order was obtained. Any issues noted was addressed as indicated.	3/25/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/24/2020
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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 658	Continued From page 1 Based on interviews, review of facility Medical Records (MR), and other pertinent documentation on 3/11/2020, it was determined that the facility failed to follow Standards of Practice, as well as Care Plan Interventions by administering [REDACTED] without an order to 1 of 5 sampled residents, (Resident #3). This deficient practice is evidenced by the following: 1. According to the "Admission Record," Resident #3 was admitted to the facility on [REDACTED], with diagnoses including but not limited to: [REDACTED]. According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating that Resident #3 had [REDACTED] cognition. Review of Resident #3's Care Plan (CP) dated [REDACTED], under "Focus" revealed "I have [REDACTED] Under "Goals" included; decrease my risk for [REDACTED] complications during the next review date. Under "Interventions" included but were not limited to: [REDACTED] d. Review of Resident #3's Physician Order Sheet (POS) dated [REDACTED], did not contain an order for [REDACTED]. Review of a facility "Weights and Vitals Summary" document dated [REDACTED], through [REDACTED], revealed that [REDACTED] was delivered	F 658	On 3/20/2020 the Administrator introduced a new system whereas all new admissions charts will be reviewed in clinical meeting within 72 hours of admission to ensure that all residents requiring [REDACTED] administration have appropriate physician orders. Prior to 3/25/2020 all licensed nurses will be provided with reinforcement education by the Assistant Director of Nursing/Designee on following Standards of Professional Practice, including obtaining an order timely to administer oxygen, in accordance with professional standards. Nursing Administration/Designee will audit a random selection of half of the residents receiving [REDACTED] monthly to ensure that an order for [REDACTED] was obtained. The Director of Nursing/Designee will review the results of the audits, including actions taken for any issues identified at the monthly Quality Assurance Performance Improvement Meeting. The audits will continue for a period of at least three months or until the Quality Assurance Performance Improvement Committee has identified substantial compliance.		

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F 658	<p>Continued From page 2</p> <p>██████████ to Resident #3 without a Physician Order, and also given 2 ██████████ without a Physician Order.</p> <p>Further review of Resident#3's POS dated ██████████ revealed an order for ██████████ (██████████) via (by way of) ██████████ to attain ██████████ in ██████████ above ██████████ every shift. There were no Interventions on the CP containing the above order for ██████████.</p> <p>Review of a Progress Note dated ██████████ 05:43 (5:43 a.m.) revealed the following: 12:15 a.m. resident c/o (complaining of) ██████████ treatments given, ██████████ on ██████████). ██████████. Resident did not feel better after ██████████, ██████████ remains in the ██████████. ██████████ switched to ██████████ at ██████████ immediately went to ██████████ ... Resident left on ██████████. Maintained ██████████ changed to ██████████ resting comfortably ██████████</p> <p>There were no Physician orders for the above interventions.</p> <p>During an interview on 3/11/2020 at 1:12 p.m., the Director of Nursing (DON) stated that you "do not necessarily need an order for ██████████, it is a nursing judgement." The DON further stated with regard to Resident#3's ██████████ being switched to a ██████████; "if you get an order during an emergency, the resident will have to wait."</p>	F 658			

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F 658	Continued From page 3 Review of a facility policy titled [REDACTED] Administration" dated April 2016, revealed the following, under Preparation 1. Review the resident's care plan and physician order to assess for any special needs of the resident. NJAC 8:39-11.2 (b)	F 658			

New Jersey Department of Health

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H5750	<p>8:43E-13.4(b) UNIVERSAL TRANSFER FORM:MANDATORY USE OF FORM</p> <p>A licensed healthcare facility or program shall complete all sections of the Universal Transfer Form, to the best of the licensed healthcare facility or program's ability.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 133881</p> <p>Based on interviews, review of the Medical Record (MR), as well as other pertinent facility documentation on 3/11/2020, it was determined that the facility staff failed to properly complete all sections of the Universal Transfer Form (UTF), for 1 of 5 sampled residents (Resident #3). This deficient practice was evidenced by the following.</p> <p>1. According to the "Admission Record," Resident #3 was admitted to the facility on [REDACTED], with diagnoses including but not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating that Resident #3 had [REDACTED] cognition.</p> <p>A review of a Progress Note (PN) dated [REDACTED] 14:17 (2:17 p.m.), revealed the following Nurse Practitioner Note : Pt. (Patient)</p>	H5750	<p>Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the Provider of the truth or the facts alleged, or conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and/or executed because the provisions of Federal and State Laws that require it.</p> <p>Resident #3 identified in the Statement of Deficiencies did not return to the facility. No negative outcomes noted as a result of the deficient practice.</p> <p>All facility residents transferred out to another licensed healthcare facility have the potential to be effected by this practice. All facility residents transferred out to another licensed healthcare facility in the months of February and March 2020 have been audited by the Director of Nursing/Designee on 03/20/2020 to ensure that all sections of the Universal Transfer Form (UTF, hereafter) have been completed appropriately including sections #1: "Transferred to" , and #2: "Time of Transfer". Any issues identified through the course of the audit were</p>	3/25/20
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(X6) DATE

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H5750	<p>Continued From page 1</p> <p>not feeling well, [REDACTED] @ BS (Bedside), c/o (complaining of) worsening [REDACTED] (Estimate of the amount of [REDACTED] now on [REDACTED] reviewed, + [REDACTED], pt requesting to go to hospital....</p> <p>Further review of a PN dated [REDACTED], at 19:49 (7:49 p.m.), revealed "Sent to ER for eval (evaluation) and treat (Treatment). Still being evaluated at this time."</p> <p>Review of the UTF for Resident #3 dated [REDACTED], under #1: "Transferred to" was blank, and # 2: "Time of Transfer" was blank.</p> <p>During an interview with the Director of Nursing (DON) on 3/11/2020, the DON stated that he/she will talk to staff about the UTF not having a time of transfer on it.</p> <p>Per the facility Corporate Nurse the resident went out of the facility immediately and the form should be filled out completely.</p> <p>Review of a facility policy titled "Charting and Documentation" not dated, revealed the following : All services provided to the resident, progress toward the care plan goals, or any changes in the residents' medical, physical, functional, or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p>	H5750	<p>addressed as indicated.</p> <p>Prior to 3/25/2020, all licensed nurses will be provided with reinforcement education by the Assistant Director of Nursing/Designee on appropriately completing the UTF, including sections #1: "Transferred to", and # 2: "Time of Transfer".</p> <p>For a period of 3 months, Director of Nursing/Designee will audit a random selection of at least half of the UTFs of residents transferred out to another licensed healthcare facility during that time period to ensure they were appropriately completed, including sections #1: "Transferred to", and # 2: "Time of Transfer. The Director of Nursing/Designee will review the results of the audits, including actions taken for any issues identified at the monthly Quality Assurance Performance Improvement Meeting. The audits will continue for a period of at least three months or until the Quality Assurance Performance Improvement Committee has identified substantial compliance.</p>	