

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

PRINTED: 05/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/16/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARISTACARE AT WHITING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>23 SCHOOLHOUSE ROAD</b> <b>WHITING, NJ 08759</b>
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F 000	INITIAL COMMENTS  COMPLAINT#: NJ146034  Census: 124  Sample Size: 3  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the	F 656		7/9/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  07/01/2021
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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 656	<p>Continued From page 1</p> <p>findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ146034</p> <p>Based on interviews, record review, and review of pertinent documents on 6/16/2021, it was determined that the facility failed to follow a resident's care plan interventions for the resident's preferences for female caregivers for 1 of 3 residents (Resident [REDACTED]) reviewed for care plans. This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>According to the "Admission Record (AR)," Resident [REDACTED] was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED]</p>	F 656	<p>Element 1: Facility implemented a visual on the door for Resident #1 indicating the CP preference of having a female aide.</p> <p>Element 2: facility will audit all residents with aide preference care plan to ensure compliance.</p> <p>Element 3: Facility updated Visual Cue policy to reflect care givers. Facility staff to be educated on updated policy.</p> <p>Element 4: Nursing administration will conduct audits to ensure compliance and will be reported to the quality steering committee meeting monthly for three month. Following the three months, the committee will determine the frequency and need of the reports/audits.</p>		

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F 656	Continued From page 2  According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident [REDACTED] had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating the resident was [REDACTED]. The MDS also showed that Resident #2 needed assistance with Activities of Daily Living (ADLs).  Review of Resident [REDACTED] Care Plan (CP) showed under Focus: Resident at-risk/wander r/t (related to) disorientation to place. Resident wanders aimlessly and cognitive impairments, dated [REDACTED]. Further review of the CP revealed under Interventions: Resident prefers female caregivers, dated [REDACTED].  A review of the staffing schedule dated 6/13/2021 for the 3:00 p.m. to 11:00 p.m. shift revealed a male Certified Nurse's Assistant (CNA) was assigned to Resident #2.  During an interview on 6/16/2021 at 12:32 p.m., when asked by the Surveyor if he was assigned to Resident [REDACTED], on 6/13/2021, the CNA confirmed he was assigned to the resident. The CNA also stated that he was previously assigned to Resident [REDACTED]. The CNA explained he did not know if the resident prefers male or female staff members.  During an interview on 6/16/2021 at 12:50 p.m., the Unit Manager (UM) stated, "the resident prefers females only. We had five CNAs that night (6/13/2021); the resident usually is assigned a female. The UM further stated, "I educated everybody that she prefers female staff."  During an interview on 6/16/2021 at 1:36 p.m., the Assistant Administrator (AA) stated, "the	F 656			

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F 656	Continued From page 3 purpose of the care plan is to follow the care of the resident." The AA also stated, "we try to staff according."  N.J.A.C.: 8:39-27.1(a)	F 656			