

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

PRINTED: 06/10/2021
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315134 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 08/20/2020 |
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| NAME OF PROVIDER OR SUPPLIER COMPLETE CARE AT GREEN KNOLL | STREET ADDRESS, CITY, STATE, ZIP CODE 875 ROUTE 202-206 NORTH BRIDGEWATER, NJ 08807 |
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| F 000 | INITIAL COMMENTS Complaint #: NJ: 138474, 135174, 135831 Census: 176 Sample Size: 12 | F 000 | | |
| F 689 SS=E | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: C #: NJ: 135831 Based on observation, interviews, record reviews and as well as review of other pertinent documents, the facility failed to consistently implement their safety measure by ensuring that 8 out of 20 residents' bathroom windows had double brackets in place. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)" Resident #8 was admitted to the facility on [REDACTED] with diagnoses that included but were not limited to: [REDACTED] The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Resident #8's | F 689 | F Tag 689 Complete Care at Green Knoll What corrective action will be accomplished with those affected residents affected by the deficient practice? Remaining 9 resident bathrooms which had side guards, were additionally provided metal brackets on each bathroom window on August 20, 2020. How are other residents identified as potentially affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected with deficient practice. | 8/20/20 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 09/11/2020 |
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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 689 | <p>Continued From page 1</p> <p>cognition was intact and was independent with Activities of Daily Living (ADLs).</p> <p>The Facility Reportable Event (FRE) dated 5/2/20 at approximately 8:30 am, showed that the Licensed Practical Nurse (LPN) was about to administer medication to Resident #8, as the LPN walked into the room, he noticed that the Resident was not in her/his bed. The LPN observed that the Resident's (bedroom) window was opened, and the chair was near the window. The LPN then looked outside of the Resident's window and saw Resident was laying on the ground with her/his belongings near her/him. The LPN immediately called another nurse and went outside and assessed Resident #8. Resident was [REDACTED]. The facility immediately called 911. The paramedics and the police arrived at the building. Resident #8 was transferred to an Acute Care Hospital (ACH).</p> <p>The FRE further showed that the Resident somehow tore the window guard apart and was able to fully open the window (bedroom window) and attempted to [REDACTED]. The Maintenance Director (MD) replaced window guard on the Resident's room (bedroom) and inspected all rooms of the facility to ensure all other windows were intact.</p> <p>Attached with the FRE the form "Window Quarterly Inspection (WQI)" showed that on [REDACTED] the Residents windows were added angle brackets to secure the window.</p> <p>During the tour on the [REDACTED] floor with the Unit Manager (UM) on 8/20/20 at 9:45 am, the UM confirmed the aforementioned incident on [REDACTED] involving Resident #8. The UM stated that the facility added brackets on all windows to prevent</p> | F 689 | <p>What measures will be put in place or what systemic changes you will make to ensure that the deficient practice will not re-occur?</p> <p>The Maintenance Director reviewed all bathrooms and checked all windows in the entire facility and found no others to be without metal brackets.</p> <p>How will the corrective action be monitored to ensure that the deficient practice will not re-occur?</p> <p>The Maintenance Director will be checking monthly x 3, then quarterly, the windows in the facility to ensure that they are secured with the additional metal brackets and side guards. Results of the audits will be submitted to the Quality Assurance Performance Committee during the Monthly Quality Assurance Performance Improvement Meetings for identification of trends and recommendations.</p> | | |

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| F 689 | <p>Continued From page 2</p> <p>it from opening more than 6 inches high. She further stated that to prevent reoccurrence of the aforementioned incident the facility applied window brackets (a lifesaving safety device that help prevent from falling out of open or unsafe windows) on all windows on the [REDACTED] floor.</p> <p>The surveyor observed that there were [REDACTED] residents' rooms. The bedroom windows had safety guards with additional brackets on each side of the window. However, [REDACTED] of the windows in the residents' bathrooms had only window guards (window guards prior to the incident) with no additional brackets, which was not according to the safety plan of the facility.</p> <p>The surveyor conducted a telephone interview with the Maintenance Director (MD) on 8/20/20 at 2:59 pm. The MD stated that right after the incident on [REDACTED] he checked the window guards on all the residents' bedroom windows. He further stated to keep the residents safe he added the window brackets on all the bedroom windows to prevent residents from opening the window more than 6 inches high. However, the MD revealed that he did not apply additional brackets on the residents' bathroom windows because he did not have the time. The MD further revealed he did not mention the aforementioned to the Administration. Furthermore, the MD stated that the size of the bathroom windows were approximately 4 feet high and 2 feet wide and a normal body structure would be able to pass through these windows. The MD resigned from the facility on [REDACTED]</p> <p>The surveyor conducted an interview with the Administrator on 8/20/20 at 3:16 pm, she stated she did not check the residents' bathroom windows.</p> | F 689 | | | |

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| F 689 | Continued From page 3 | F 689 | | | |
| F 837 SS=D | <p>The facility's undated Job Description for Maintenance Manager, under "Administrative Functions...actively participate in facility's ongoing plan to correct and prevent occurrences...". Under "Personal Functions...Perform all assigned tasks in accordance with our established policies and procedures, and as instructed by you supervisors...To assist in identifying and correcting problem areas, and/or the improvement of service...Safety...Ensures a safe environment..."</p> <p>NJAC 8:39-4.1(11) Governing Body CFR(s): 483.70(d)(1)(2)</p> <p>§483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and</p> <p>§483.70(d)(2) The governing body appoints the administrator who is-</p> <ul style="list-style-type: none"> (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. <p>This REQUIREMENT is not met as evidenced by: C #: NJ: 135174, 138474</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 8/20/20, it was determined that the facility staff failed to</p> | F 837 | <p>F Tag 837 Complete Care at Green Knoll</p> <p>What corrective actions will be accomplished for those affected residents affected by the deficient practice? Resident #3 did not manifest any</p> | 9/30/20 | |

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| F 837 | <p>Continued From page 4</p> <p>follow their own "Falls and Fall Risk, Managing" for 1 of 12 residents (Resident #6) reviewed for falls and the "Weights Assessment and Intervention" for 1 of 12 residents (Resident #3) reviewed for weights. These deficient practices are evidenced by the following:</p> <p>1. According to the "Admission Record (AR)", Resident #6 was initially admitted to the facility on [REDACTED] and readmitted on [REDACTED], with diagnosis including but not limited to: [REDACTED]. The Minimum Data Set (MDS), an assessment tool dated [REDACTED] showed that the Resident was [REDACTED] and required minimal assistance from staff with Activities of Daily Living (ADL).</p> <p>The Fall Incident for Resident #6 showed that the Resident had a fall on the following dates: On [REDACTED] the Resident was found on the floor on his/her left side with no injury. On [REDACTED] the Resident was found on the floor in the bathroom with no injury. On [REDACTED], the Resident was found on the floor in front of the bathroom with no injury.</p> <p>Resident #6's Care Plan (CP), initiated on [REDACTED], showed that the Resident had a fall due to [REDACTED]. Intervention included [REDACTED] but was not limited to maintain a clutter free environment. The Resident's CP did not reflect the aforementioned falls with new goals and interventions.</p> <p>The surveyor conducted an interview with the covering Unit Manager (UM) on 8/20/20 at 10:15 am. He stated that resident's fall should reflect on the CP with goals and new interventions after each fall. He stated that nurses would initiate and update the CP and the UM should ensure that the</p> | F 837 | <p>negative outcome.</p> <p>Nurses were counseled and re in-serviced.</p> <p>Resident #6 did not manifest any negative outcome.</p> <p>Nurses were counseled and re in-serviced.</p> <p>How will other residents be identified as potentially affected by same deficient practice and what corrective actions will be taken?</p> <p>All residents have the potential to be affected by the deficient practice. All resident weights were reviewed for completeness and care plans were reviewed to reflect any changes or need for revisions</p> <p>What measures will be put in place or what systemic changes you will make to ensure the deficient practice will not re-occur?</p> <p>All residents who sustain a fall within 30 days will have care plans reviewed, and findings will be corrected.</p> <p>All new admissions and re-admissions within 30 days will be reviewed for weekly weights. Any discrepancies will be addressed and corrected.</p> <p>Director of Nursing/ designee will provide education to all nurses regarding weight policy and care plan policy.</p> <p>Director of Nursing/ designee will provide an in-service to all nurses, unit managers and supervisors on revision of comprehensive care plans and the need to be timely in completing them.</p> | | |

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| F 837 | <p>Continued From page 5 resident's CP was updated.</p> <p>The surveyor conducted an interview with the Director of Nursing on 8/20/20 at 2:15 pm. The DON stated that the Resident centered approaches referred to the CP. She stated that the resident's fall should reflect on the CP; the nurses should initiate the CP and the UM should ensure it was updated/ revised. The DON did not explain why the aforementioned falls were not reflected on Resident #6's CP with goals and interventions.</p> <p>The undated Job Description titled "Nurse Manager" under Specific Job Function showed "Oversees or initiates care plans based upon resident needs identified in the Resident Assessment Protocols and for updating care plans according to Federal and State Guidelines ..."</p> <p>The undated Job Description titled "Staff Nurse" under Personnel Functions showed "Follows established personnel policies...Specific Job Function...Develops a nursing care plan, individualizing the care, revises the plan as necessary..."</p> <p>The facility's policy titled "Falls and Fall Risk, Managing" was updated on 10/2019 showed "...Based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling...Resident-Centered Approaches to Managing Falls and Fall Risk...5. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant. 6. If</p> | F 837 | <p>How the corrective actions will be monitored to ensure the deficient practice will not re-occur?</p> <p>Director of Nursing/designee will conduct audits during daily clinical meeting (M-F) X 4 weeks, then monthly times two.. Dietician/designee will audit 5 admissions and re-admissions weekly x 4, then monthly x 2. All findings will be discussed at the monthly Quality Assurance Performance Improvement meetings. Administrator and the team will review monthly.</p> | | |

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| F 837 | <p>Continued From page 6</p> <p>underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or stopped, or until the reason for the continuation of the falling is identified as unavoidable..."</p> <p>2. According to the AR, Resident #3 was admitted to the facility on [REDACTED], with diagnosis that included but was not limited to [REDACTED]</p> <p>According to the MDS dated [REDACTED], Resident #3 had no [REDACTED] and required extensive assistance from staff with ADL.</p> <p>The "Care Plan (CP)" initiated on [REDACTED] showed that the Resident had unexpected weight loss.</p> <p>Resident #3's "Weights and Vitals Summary" showed that the Resident was weighed upon admission on [REDACTED] and then on [REDACTED] which was 14 days later and not in accordance with the facility's policy to weigh weekly for four weeks thereafter.</p> <p>The surveyor conducted an interview with the Registered Dietician (RD) on 8/20/20 at 1:09 pm. The RD revealed that all Residents that were admitted or readmitted to the facility had to be weighed weekly for four (4) weeks and then monthly. She further stated that all Residents had to be weighed weekly for 4 weeks upon admission and readmission to determine that weights were accurate and to recognize if there were any issues with weight and if the Resident's diet had to be adjusted for weight gain or loss.</p> <p>The surveyor conducted an interview with the Director of Nursing (DON) on 8/20/20 at 1:20 pm.</p> | F 837 | | | |

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| F 837 | <p>Continued From page 7</p> <p>The DON revealed that it was the facility's policy to weigh Residents upon admission and readmission weekly for 4 weeks and then monthly. She further revealed that the weekly weighs for 4 weeks were necessary to monitor any undesired weight gain or loss. She stated that she did not know why Resident #3 was not weighed in accordance with the facility's policy.</p> <p>The facility's job description of a Staff Nurse showed that: "...Purpose of Your Job Position...You will also assist in modifying their treatment regiment to meet the physical and psychological need of the resident, in accordance with established medical practice and requirements of the policies and procedures of this facility..."</p> <p>The facility's policy titled "Weight Assessment and Intervention" adopted 10/2018 and updated on 10/2019 showed that: "...The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents...Weight Assessment 1.The nursing staff will measure resident weights on admission, and weekly for four weeks thereafter. If no weight concerns are noted at this point, weights will be measured monthly thereafter. 2. weights will be recorded in each unit's Weight Record chart or notebook and in the individual's medical record..."</p> <p>NJAC 8:39-27.1(b)</p> | F 837 | | | |