STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315283	A. BUILDING ______ B. WING ______	12/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH MOUNTAIN HC	2385 SPRINGFIELD AVENUE VAUXHALL, NJ 07088

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F 000	INITIAL COMMENTS Standard Survey 12/11/19 Census: 174 Sample Size: 37 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690		12/31/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 12/23/2019

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 690	Continued From page 1 continence to the extent possible. §483.25(e)(3) For a resident with , based on the resident's comprehensive assessment, the facility must ensure that a resident who is receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to provide appropriate treatment and services to prevent for 2 of 4 residents (Resident #54 and #366) reviewed for This deficient practice was evidenced by the following: 1. On 12/4/19 at 10:08 AM, the surveyor observed Resident #54 awake and seated in a wheelchair next to the bed. During the initial interview, the resident told the surveyor that they had a in place and wore a The resident further stated they got OOB daily and returned back to bed on the the evening shift. On 12/4/19 at 10:20 AM, the surveyor went into Resident #54's bathroom and observed a that was covered in a plastic bag. The tip of was not capped. On 12/5/19 at 8:20 AM, the surveyor observed	F 690	1. WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS AFFECTED BY THE DEFICIENT PRACTICE? • Resident # 54 was identified by this deficient practice. Resident #54 was replaced. CNA #1 received in-service education on the Policy and procedure for care and storage. • Resident #366 was identified by this deficient practice. Resident #366 was replaced. CNA# 2 and CNA# 3 received in-service education on the policy and procedure for care and storage. 2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE SAME POTENTAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN? All residents having a have the same potential to be effected by this deficient practice. No other residents were affected by this deficient practice.	

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F 690	Continued From page 2 Resident #54 seated in a wheelchair next to the bed. A Certified Nurse Assistant (CNA #1) was in the room making the resident's bed. The surveyor observed a [redacted] attached to the metal base of the bed and covered in a [redacted] The [redacted] was laying on the floor and the [redacted] was [redacted]. After CNA #1 finished performing Resident #54's morning care, she told the resident she was leaving the room and would return later. When CNA #1 left the room, the [redacted] was still on the floor. On 12/05/19 at 8:35 AM, the surveyor went into Resident #54's room and observed that the [redacted] was no longer on the floor. The surveyor went into the resident's bathroom and observed a [redacted] in a plastic bag. The tip of the [redacted]. The surveyor reviewed Resident #54's medical record and noted the following: According to the Admission record, Resident #54 was admitted to the facility on [redacted] with diagnoses that included [redacted] The resident was admitted to the facility with a [redacted] in place. The Quarterly Minimum Data Set (MDS) assessment tool dated [redacted], revealed the resident scored a [redacted]	F 690	3. WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RE-OCCUR? The policy and procedure for [redacted] and storage was revised. The DON/ facility educator will in-service nursing staff on the new Policy and Procedure of [redacted] and storage. The IPC/designee will conduct a random audit of 5 residents weekly x 4 and then monthly x 5 months to ensure appropriateness and care of the [redacted]. 4. HOW THE FACILITY WILL MONIOTR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE IS BEING CORRECTED AND WILL NOT RE-OCCUR? The Director of Nursing or designee will report outcomes of all audits to the Quality Improvement Committee for 2 quarters to monitor this deficient practice to ensure compliance. The committee will then determine the need for continuation after.	

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The December 2019 physician's Order Summary Report showed Resident #54 had a physician's orders dated 4/3/19, to apply a [redacted] to the [redacted] and to change the [redacted] [redacted] every week and as needed.

Resident #54 had a care plan for "At risk for [redacted] related to [redacted]."

The December 2019 Medication Administration Record revealed that the resident was currently receiving [redacted]c treatment for five days for a diagnosis of a [redacted].

On 12/05/19 11:20 PM, the surveyor interviewed CNA #1 who was assigned to Resident #54 concerning the steps she took after she switched the resident's [redacted]

CNA #1 told the surveyor that she emptied, rinsed and stored the [redacted] in a plastic bag in the resident's bathroom. CNA #1 further stated that the evening shift would remove the [redacted] and [redacted] when the resident went to bed.

The surveyor and CNA #1 went into the resident's bathroom. The surveyor asked CNA #1 if the [redacted] that was in the bathroom was the same [redacted] that she had removed from the resident earlier that morning. The CNA stated, "Yes."

The surveyor discussed with CNA #1 the observations that were made on 12/4/19 and

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F 690	Continued From page 4	F 690		

12/5/19 of the [redacted] that was not [redacted] while stored in the bathroom. The surveyor further discussed with CNA #1 the observation of the [redacted] being left on the floor prior to her storing it in the bathroom.

CNA #1 stated, "I was very busy this morning." CNA #1 removed the [redacted] and said she was going to throw it out and tell the nurse. CNA #1 further stated that she wasn't aware that the tip of the [redacted] needed to be [redacted] when stored.

On 12/05/19 11:30 AM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPNUM) about the above concerns. The LPNUM stated that CNA #1 should have discarded the [redacted] after it was found on the floor and then let a nurse that it needed to be replaced. The LPNUM further stated that the [redacted] should always be [redacted] when not in use to prevent an infection.

2. On 12/4/19 at 11:52 AM, the surveyor observed Resident #366 seated in the wheelchair watching television. The resident stated that he/she had a [redacted] because he/she was unable to [redacted] on their own. The resident also reported that a [redacted] was changed to a [redacted] during the day and was stored in the bathroom in a plastic bag. The resident stated that he/she thinks he/she had a [redacted]

The surveyor observed a [redacted] stored in a plastic bag in the resident's bathroom and noted the tip of the [redacted] was uncapped. The [redacted] contained

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F 690	Continued From page 5 [redacted]. On 12/5/19 at 9:20 AM, the surveyor observed a [redacted] stored in a plastic bag in the resident's bathroom the end of the [redacted] was [redacted]. The [redacted] contained a [redacted] inside. On 12/5/19 at 12:34 PM, the surveyor interviewed the CNA #2 assigned to Resident #366, who stated that the [redacted] was removed when the resident gets [redacted]. CNA #2 stated she would [redacted] and [redacted] with soap and water before applying the cap. CNA #2 further stated that sometimes she would rinse the [redacted] out but if there was a lot of [redacted] she would discard the [redacted] and provide the resident with a new one. CNA #2 observed in the presence of the surveyor, Resident #366's [redacted] in the resident's bathroom. CNA #2 confirmed that the [redacted] CNA #2 discarded the [redacted] and stated that she would get a new one right away. On 12/5/19 at 1:01 PM, the surveyor interviewed CNA #3 that had been assigned to Resident #366 on 12/4/19, who stated that on 12/4/19 she rinsed out the [redacted] and placed it in a bag in the bathroom, she stated she did not [redacted] the [redacted] because she did not see a [redacted] in the bathroom. CNA #3 stated she should have [redacted]. The surveyor reviewed Resident #366's medical	F 690		

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F 690	Continued From page 6 record that revealed the following: The Admission Record for Resident #366 revealed that the resident was admitted to the facility on [redacted] with diagnoses that included [redacted]. According to the Annual MDS dated 1[redacted], revealed that Resident #366 scored a [redacted] Resident #366's Care Plan dated 11/13/19, under Focus, revealed that the resident had a [redacted] The Progress Note (PN) dated 12/2/19, revealed that the Nurse Practitioner (NP) examined Resident #366. The NP documented that the resident complained of [redacted] The NP documented that the resident's [redacted] The [redacted] laboratory report dated [redacted] revealed that Resident #366 was [redacted]. On 12/5/19 at 1:18 PM, the surveyors discussed the above concerns with the Administrator and Director of Nursing (DON). The DON provided the policy regarding [redacted] A review of the facility's policy titled, [redacted] and Change" under Procedure 3 d-e. revealed the following procedure when replacing the [redacted]	F 690		

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F 690	Continued From page 7 : "d. Detach the Under Procedure #4-a the following: "Check if the was stored properly if not discard." N.J.A.C. 8:39-27.1 (a)	F 690		