

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80A007	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/13/2020
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NAME OF PROVIDER OR SUPPLIER CHELSEA AT BRIDGEWATER, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 202/206 NORTH BRIDGEWATER, NJ 08807
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00123601</p> <p>CENSUS: 91</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/24/20

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00123601</p> <p>Based on interview and record review it was determined that the facility failed to implement its policy and procedure titled, "Incident Report" by not providing documented evidence that the Responsible Party (RP) and the resident's Physician were notified of a fall that occurred at the facility with a serious injury for 1 of 3 residents reviewed for falls, Resident #3. This deficient practice was evidenced by the following:</p> <p>According to surveyor review of Resident #3's closed medical record, the resident no longer resided at the facility but was admitted to the facility in [REDACTED] with diagnoses which included [REDACTED]. The surveyor reviewed the "Nursing Assessment Summary," which was dated 12/28/18 and signed as prepared by a Registered Nurse (RN) and documented that the resident was disoriented to person, place and time, required occasional cueing and re-orientation and the resident ambulated with a walker.</p> <p>The surveyor reviewed a progress note which was dated [REDACTED] and signed as written by the Director of Nursing (DON) which documented, "Family informed ED ..., that resident passed away at ... Noted with sympathy."</p> <p>The surveyor observed the, "New Jersey Universal Transfer Form" dated 3/1/19 which documented that the resident fell and complained of [REDACTED].</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>At 1:25 p.m., the surveyor interviewed the DON regarding the above documentation. The DON stated that Resident #3 was observed on the floor and was transferred to the hospital for evaluation due to [REDACTED] and was admitted with a diagnosis of [REDACTED]. At that point, the surveyor requested the investigative report and asked if the RP and the Physician were notified of the incident. The DON stated that both were notified, however, the surveyor did not observe documented evidence of the same.</p> <p>Surveyor review of the facility policy and procedure titled, "Incident Reports" documented, "An Incident Report must be generated when there is an injury ... " "After appropriate medical treatment has been provided, the nurse documents both in the Resident Record and on an Incident Report (HS-9) all pertinent details and follow-up information." "The nurse will notify the physician and responsible party, as appropriate."</p> <p>At 2:05 p.m., during interview with the DON and the Executive Director, the DON confirmed that she did not complete a report and stated that it was a "Weekend." Neither the DON nor the Executive Director were able to provide the surveyor with documented evidence that the RP and Physician were notified when Resident #3 fell on [REDACTED] and sustained [REDACTED]. The resident later expired at the hospital.</p>	A 310		
A 753	<p>8:36-7.3(c) Resident Assessments and Care Plans</p> <p>(c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.</p>	A 753		

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A 753	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00123601</p> <p>Based on interview and record review it was determined that the facility failed to develop and/or update a resident's "General Service Plan (GSP)/Health Service Plan (HSP)" for 1 of 3 residents reviewed for falls, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 3/13/20 at 1:10 p.m., the surveyor reviewed Resident #3's medical record and according to the "Resident Information Sheet," the resident moved into the facility in [REDACTED] with diagnoses which included [REDACTED] and the resident no longer resided at the facility. The surveyor also reviewed the "Nursing Assessment Summary," dated 12/28/18 and signed as prepared by a Registered Nurse (RN), and observed documented that the resident was disoriented to person, place and time, required occasional cueing and re-orientation and the resident ambulated with a walker.</p> <p>During continued review of the "Care Notes" (CN) section of the medical record the surveyor observed the following:</p> <p>The CN dated 3/13/18 at 1 p.m., and signed as written by a Licensed Practical Nurse (LPN), which documented that the resident had an unwitnessed fall. The LPN documented that Resident #3 was found on the floor in the</p>	A 753		

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A 753	<p>Continued From page 4</p> <p>television area of the cottage and sustained a [REDACTED]</p> <p>The CN dated 6/11/18, no time indicated and signed as written by a LPN, documented that while the resident was being escorted to activities, lost his/her balance and fell in the hallway and no injury was noted.</p> <p>The CN dated 6/16/2018, no time documented, signed as written by a RN, documented that the RN was notified on [REDACTED] at approximately 5:50 p.m., that Resident #3 was observed on the floor in the bathroom. It was further documented that the resident complained of [REDACTED] and was sent to the hospital and was admitted with [REDACTED].</p> <p>The CN dated 7/29/18 at 8:20 a.m., and signed as written by a RN documented that he was notified by a LPN that the resident was observed on the floor at approximately 7:38 a.m., when an Aide went into the room to provide morning care. The RN documented that no injury was noted.</p> <p>The CN dated 9/29/18, no time documented, signed as written by a LPN documented, "Resident sitting in chair in med room chair waiting while CMA [Certified Medication Aide] was preparing his/her meds, he/she fell forward, out of the chair and [REDACTED] on the floor." The LPN documented that [REDACTED] was noted to the resident's [REDACTED]</p> <p>The CN dated 11/1/18, no time documented, signed as written by a LPN documented that the resident lost his/her balance and fell while walking in the dining area of the cottage and that no injury was noted.</p>	A 753		

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A 753	<p>Continued From page 5</p> <p>The CN dated 12/20/18, no time documented, signed as written by a LPN documented, "Staff reported she [staff] went to get resident walker to escort the resident to the dining area for breakfast. As staff was coming back to the room, she heard resident say [he/she] fell." No injury was noted.</p> <p>The CN dated [REDACTED], no time documented, signed as written by a RN documented that she received notification at 6 a.m., from a Patient Care Assistant that the resident was observed on the floor in his/her room close to a lamp. The RN documented that it appeared the resident was playing with the lamp, which had fallen, and the resident sustained [REDACTED]. The resident was sent to the emergency room for evaluation.</p> <p>The surveyor reviewed Resident #3's GSP/HSP dated 12/28/18 and observed that there was no documented evidence that the GSP/HSP had been updated to reflect the falls on 3/18/18, 6/11/18, 6/16/18, 7/29/18, 9/29/18, 11/1/18, 12/20/18 and 2/27/10 and there were no updated intervention(s).</p> <p>Surveyor review of the facility policy and procedure titled, "Fall Assessment" provided by the Executive Director (ED) at 10:30 a.m., documented, "All residents at risk for falls will be identified on the GSP (HS-3) and Resident Profile with appropriate interventions documented."</p> <p>During surveyor interview at 2:05 p.m. the surveyor informed the ED and the Director of Nursing of the above concerns and both acknowledged that the resident's GSP/HSP had not been updated with intervention(s) following</p>	A 753		

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A 753	Continued From page 6 each of the multiple falls to decrease the incidence of further falls.	A 753		

8:36-3.4 (a)(1)Administration

In response to this deficiency the Executive Director in-serviced the Health Services Director and all nurses on the policy 13-5, noted in the statement of deficiency.

-Completed on 3/23/19

All residents have the potential to be affected by this deficiency.

To prevent this from occurring again with other residents we have added a section on our incident report stating

Nurse's note entered for resident including time family and physician notified
This new form will be implemented by 3/26/2020

Nurse's notes and corresponding incident reports will be reviewed quarterly at Safety Committee meetings and QA meetings. The Quality Assurance team and Safety Committee team consists of representatives from Nursing, Housekeeping, Maintenance, Dietary, Administration, Recreation and Country Cottage staff.

Periodic checks/audits of charts will be performed by the Executive Director, and Regional Nurse

36-7.3 (c) Resident Assessments and Care

In response to this deficiency Executive Director in-serviced the Health Services Director and all nurses on noted in the Statement of Deficiencies regarding Assessment Policy 11-6 and General Service Plan and Health Care Plan 11-19.

- To be Completed by 3/23/19

All residents have the potential to be affected by this deficiency.

Executive Director or designee to conduct a complete audit of charts to ensure all above Policies and Procedures are being followed. Each General Service Plan will be reviewed to ensure the Fall Interventions are noted when a resident is a high fall risk.

- To be Completed by 3/26/2020

General Service Plan's will be reviewed quarterly at Safety Committee meetings and QA meetings. The Quality Assurance team and Safety Committee team consists of representatives from Nursing, Housekeeping, Maintenance, Dietary, Administration, Recreation and Country Cottage staff.

Regional Nurse will conduct Periodic Chart Audits to review the General Service Plan.