STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315468	A. BUILDING _____ B. WING _____	C 08/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE ONE AT MORRIS	**100 MAZDABROOK ROAD PARSIPPANY TROY HILL, NJ 07054**

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F 000	INITIAL COMMENTS Complaint #: NJ: 135848, 136025, 136743, 138036 Census: 77 Sample Size: 6	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: C#: NJ: 135848, 136025, 136743 Based on interviews, and record review, as well as review of pertinent facility documents on 8/24/20 it was determined that the facility failed to document upon discharge the Resident's personal belongings on the Inventory form for 2 of 6 Residents (Resident #2 and Resident #5) reviewed for inventory of belongings and failed to notify and document that the Primary Physician (PP) of Resident's refusal of medication for 1 of 6 Residents (Resident #4) reviewed for medication administration. These deficient practices are evidenced by the following: 1. According to the "Admission Record (AR) form, Resident #2 was admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted]. According to the Minimum Data Set (MDS), an	F 658	What corrective action(s) will be accomplished for those residents affected by the deficient practice? Resident#2 is no longer in the center. Resident #5 is no longer in the center. Resident #4 is no longer in the center How will you identify those residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Resident #2 and #5: residents who were in the discharged during the pandemic had the potential to be discharged without reconciliation of inventory sheets. Resident #4: Residents refusing [redacted] had the potential to be affected. Multiple refusals will be communicated with the physician	9/11/20

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Electronically Signed | 09/11/2020

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F 658	Continued From page 1 assessment tool, dated [redacted], Resident #2 had [redacted] and required extensive assistance from staff with Activities of Daily Living (ADL). The "Progress Notes (PN)" for Resident #2 dated 4/17/20 at 1:43 am, showed that the Resident expired. The "INVENTORY OF PERSONAL EFFECTS (IPE)" form for Resident #2 showed list of items such as but not limited to: blouses, socks and shoes that the Resident or Resident Representative (RR) had brought for personal use of the Resident on admission. However, upon discharge on or after [redacted], there was no documentation to indicate on the IPE form that the Resident's personal items were sent or picked up by the RR. In addition, there was no documentation on the Resident's medical record that the RR had refused to pick up the Resident's personal items. 2. According to the "AR" form, Resident #5 was admitted to the facility on [redacted] and readmitted on [redacted] with diagnosis that included but was not limited to: [redacted] The MDS dated [redacted], showed that Resident #5 had [redacted] and required extensive assistance from staff with ADL. The Care Plan (CP) initiated on 2/21/20, showed that the Resident showed potential for discharge. The undated IPE form for Resident #5 showed no documentation to indicate that Resident's personal items were sent or picked up by the RR.	F 658	TIME FRAME: 9/11/2020 What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? 1) DON or designee will in-service licensed and certified personnel regarding reconciliation of inventory sheets upon discharge. 2) DON or designee will in-service licensed personnel regarding physician notification for multiple refusals. TIME FRAME: 9/11/2020 How the corrective actions will be monitored to ensure the deficient practice will not recur? (i.e., what quality assurance program will be put into place? 1) DON or designee will audit 5 resident discharge charts for inventory reconciliation once weekly every week for four weeks and then every month x3 months to ensure that inventory reconciliation documented timely and documentation is complete and accurate. Results of audits will be forwarded to QA committee monthly for three months. 2) DON or designee will audit 10 medication administration records once weekly every week for four weeks and then every month x3 months to ensure that medications are delivered timely and documentation is complete, accurate, and timely to include physician notification for refusals. Results of audits will be forwarded to the QA committee monthly for three months.	

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F 658	Continued From page 2 In addition, there was no documentation on the Resident's medical record that the RR had refused to pick up the Resident's personal items. The surveyor conducted an interview with the Director of Nursing (DON) on 8/24/20 at 3:00 pm. The DON explained that IPE form had to be signed upon discharge by the Resident or Resident Representative. Discharges includes but not limited to: death or hospitalization. The DON stated that nurses were responsible to ensure that the Resident/RR signed the IPE form. The facility's Job Description titled "Staff Nurse" was created on 12/2006 showed "...Staff Nurse Essential Duties and Responsibilities:..3. Directs day to day functions of other nurses and Certified Nursing Assistants, as assigned to assure compliance with the state and federal regulations and facility...processes..." The undated form titled "INVENTORY OF PERSONAL EFFECTS" under Discharge/Move out section showed "Upon discharge/move out, personal items are sent with resident/patient or picked up by the responsible party..." 3. According to the AR form, Resident #4 was admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted] The MDS, dated [redacted] Resident #4 had [redacted] and required extensive assistance from staff with ADL. The CP initiated on 3/29/20 and revised on 5/22/20 showed that the Resident had a [redacted]. The intervention included but was not	F 658	TIME FRAME: 9/11/2020	

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F 658	Continued From page 3 limited to: administer medications per physician order. The "Order Summary Report (OSR)" ranged from 01/01/20 to 08/31/20, showed an order for [redacted] The "MEDICATION ADMINISTRATION RECORD (MAR)" from 3/2020 to 5/2020, showed that Chart Code "2" indicated that a medication was refused by the Resident. The MAR for 3/2020 showed that Resident #4 refused [redacted] on 3/31/20 at 9:00 am and on 3/29/20, 3/30/20 and 3/31/20 at 1:00 pm. The MAR for 4/2020 showed that Resident #4 refused Lactulose on 4/3/20, 4/7/20, 4/11/20, 4/15/20, 4/16/20, 4/20/20 to 4/23/20 at 9:00 am, on 4/3/20, 4/7/20, 4/14/20 to 4/17/20, 4/20/20 to 4/23/20 and 4/30/20 at 1:00 pm, and on 4/30/20 at 5:00 pm. The MAR for 5/2020 showed that Resident #4 refused [redacted] on 5/20/20 at 9:00 am, on 5/3/20 at 1:00 pm and at 5:00 pm. Resident #4's "Progress Notes (PN)" for 3/2020, 4/2020 and 5/2020 showed that there was no documentation to indicate that the Resident's Primary Physician (PP) was notified that Resident refused [redacted] on the aforementioned dates and times. Furthermore, there was no documentation from the PP that he was aware of the Resident's consistent refusal of the [redacted] medication.	F 658		

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F 658	Continued From page 4 The facility's "Job Description-Staff Nurse" created on 12/2006 showed that: "...Staff Nurse Essential Duties and Responsibilities...11. Communicates to physician and documents changes in resident condition..." The facility's policy titled "Requesting, Refusing and/or Discontinuing Care or Treatment" revised 5/2017 showed that: "...#6. If a resident requests, discontinues or refuses care or treatment, the Unit Manager, Charge Nurse or Director of Nursing Services will meet the resident to: a. determine why the resident is...refusing care or treatment...11. Detailed information relating to the request, refusal or discontinuation of care or treatment will be documented in the resident's medical record. 12. Documentation pertaining to a resident's...refusal...shall include at least the following:...e. That the resident was informed...of the purpose of the treatment and the potential outcome of not receiving the medication/or treatment...g. The date and the time the practitioner was notified as well as the practitioner's response;...13. The healthcare practitioner must be notified of refusal of treatment, in a time frame determined by the resident's condition and potential serious consequences of the request..." NJAC 8:39-27.1 (a)	F 658		

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S1130	8:39-13.4(a)(1) Mandatory Communication 1. For purposes of complying with this requirement, "new employees" shall be defined to include all permanent and temporary resident care personnel, nurses retained through an outside agency, and persons providing services by contract. This REQUIREMENT is not met as evidenced by: C #: NJ 00138036 Based on interviews and record review, as well as review of pertinent facility documents on 8/24/20, it was determined that the facility failed to provide agency staff with a general orientation to the facility for 1 of 1 agency staff (Certified Nursing Assistant #1). This deficient practice is evidenced by the following. Certified Nursing Staff (CNA #1) personal employee file (E-File) included but not limited to the following: Certification License, background check, and competency quiz on abuse/neglect (from previous agency employer). Attached with the E-File showed that CNA #1 worked with the Nursing Agency contracted by the facility from June 28, 2020 to July 21, 2020. The surveyor requested for the general orientation packet provided by the facility for CNA #1. However, the facility could not provide the general orientation packet requested. Post survey. The surveyor conducted an interview with the Administrator on 8/28/20 at 2:49 pm. He stated that CNA#1 did not have and could not provide the facility's general orientation prior	S1130	What corrective action(s) will be accomplished for those residents affected by the deficient practice? CNA#1 is no longer working for the center How will you identify those residents having the potential to be affected by the same deficient practice and what corrective action will be taken? residents on the assignment of CNA#1 for the 8 days worked between 7/4/2020 and 7/22/2020 had the potential to be affected. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur? Staff, including agency or temporary personnel will receive facility orientation prior to caring for residents. How the corrective actions will be monitored to ensure the deficient practice will not recur? (i.e. what quality assurance program will be put into place?) Staff new hire packets will be reviewed by the Administrator or designee weekly for 12 weeks. Results of audits will be forwarded to the AQ committee monthly for three months.	9/11/20

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S1130	Continued From page 1 to the start of employment at the facility. A post surveyor telephone interview with the Staffing Coordinator (SC) on 8/31/20 at 12:45 pm, she stated that CNA#1 worked at the facility for 8 days from 7/4/20 to 7/22/20. The SC confirmed that CNA #1 did not have facility's orientation on the aforementioned dates that he was scheduled to work. She further stated in the past, orientation to the employees, including agency staff, were provided prior to start of work. The facility orientation packet reviewed included but not limited to: under "Mandatory Educational Packet Instructions...*Facility Staff must complete the Requirement Checklist to ensure all requirements have been met prior to job assignment...*CNAs must also complete the CNA Orientation Packet..." under "Objectives...Abuse, Mistreatment, and Neglect Identification and Reporting Requirements...Resident safety: Falls, accidents, and incidents..." NJ 8:39-13.4(a)(1)(2)	S1130		