

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

PRINTED: 03/15/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315279	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2018
NAME OF PROVIDER OR SUPPLIER JFK HARTWYCK AT EDISON ESTATES			STREET ADDRESS, CITY, STATE, ZIP CODE 10 BRUNSWICK AVENUE EDISON, NJ 08817		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS Standard Survey: 2/8/18 Census: 214	F 000			
F 656 SS=E	Sample size: 35 + 3 closed records 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 findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and	F 656		2/22/18	

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

TITLE

(X6) DATE

Electronically Signed

02/20/2018

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>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:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframe to meet a resident's medical and nursing needs that are identified in the comprehensive assessment for 9 of 35 residents (Resident #36, #79, #115, #120, #152, #168, #247, #249, #250) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 1/29/18 at 9:55 AM, the surveyor observed Resident #120 lying in bed in the resident's room. Resident #120 informed the surveyor that they were under hospice care for Stage 4 Cancer.</p> <p>The surveyor reviewed Resident #120's records on 02/5/18. Resident #120 was admitted to the facility on 12/14/17 under Hospice care with diagnoses that included Colon Cancer.</p> <p>The surveyor reviewed the resident's Baseline (Initial Care Plan) and current comprehensive care plans (CP) which had no coordination of</p>	F 656	<p>656E 1. Residents #120, 247, 249, 250, 115, 79, 152, 168, 36 had their comprehensive care plans (CCP), reviewed and updated by the Interdisciplinary Team (IDT) as appropriate to include measurable person centered objectives with timetables in order to meet the medical, nursing, mental & psychosocial needs of the residents. (#115, 152, 168 for continuous oxygen; # 79 for continuous oxygen as well as indwelling urinary catheter, and rear closing seat belt; #120 hospice care; #247 for a lap belt; #249 for indwelling urinary catheter; #250 for bilateral hand mittens; #36 for antibiotic therapy for a urinary tract infection and pneumonia).</p> <p>2. CCP of facility residents are being reviewed by members of the IDC team to assure all included measurable person centered objectives with timetables in order to meet the medical, nursing, mental, & psychosocial needs of the residents.</p> <p>3. The IDC members were reeducated on the process of initiating and completing</p>		

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F 656	<p>Continued From page 2 care between Hospice and the facility.</p> <p>2. On 01/29/18 at 9:40 AM, the surveyor observed Resident #247 sitting in a wheel chair in the resident's room. Resident #247 was observed with a lap belt which could not be opened by the resident.</p> <p>The surveyor reviewed Resident #247's records on 02/5/18. Resident #247 was admitted to the facility on 01/8/18 with diagnoses that included Cerebral Infarction affecting right dominant side and history of falls.</p> <p>The surveyor reviewed the resident's Baseline and current comprehensive CP titled "Fall / Safety Precaution" which revealed no documentation related to the use of the lap belt.</p> <p>3. On 01/29/18 at 9:30 AM, the surveyor observed Resident #249 lying in bed with a hanging covered urinary bag on the left side of the bed. The surveyor reviewed the resident's records on 2/1/18.</p> <p>Resident #249 was admitted to the facility on 1/25/18 with diagnoses that included Urinary Tract Infection and Juvenile Bladder. The surveyor reviewed the resident's Baseline and comprehensive CPs.</p> <p>A review of the 1/25/18 Baseline CP indicated that Resident #249 had a foley catheter (indwelling urinary catheter), but no documentation of how to care for the resident with an indwelling urinary catheter was included in the interventions.</p> <p>4. On 01/29/18 at 10:00 AM, the surveyor</p>	F 656	<p>CCP to include medical, nursing, mental & psychosocial needs of the residents.</p> <p>4. The facility Director of Social Work and the Nursing Supervisor will perform 18 monthly random audits to assure CCP are reviewed and updated at to include measurable person centered objectives with timetables in order to meet the medical, nursing, mental, & psychosocial needs of the residents. The Social Work Director and the Nursing Supervisor will submit these results to the Director of Nursing monthly who will report the findings to Nursing Professional Practice Committee monthly.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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F 656	<p>Continued From page 3</p> <p>observed Resident #250 lying in bed, both hands were covered with cushioned mittens and the resident had tube feeding in progress. Resident #250 was awake but not alert or oriented.</p> <p>The surveyor reviewed Resident #250's records on 02/6/18. Resident #25 was admitted to the facility on 01/22/18 with diagnoses that included Cerebral Vascular Accident, Aphasia, and Dysphasia.</p> <p>The surveyor reviewed the February 2018 Physician's Orders that revealed an order for "Bilateral Mittens for non purpose pulling." The surveyor reviewed the resident's Baseline and comprehensive CPs which had no documentation related to the use of hand mittens.</p> <p>On 02/6/18 at 10:00 AM, the surveyor interviewed the CNA who explained that the hand mittens were used to prevent Resident #250 from pulling out the gastric tube, used for feeding the resident.</p> <p>5. On 1/29/18 at 9:45 AM, the surveyor observed Resident #115 sitting up on the side of the bed. The resident was receiving Oxygen (O2) via nasal cannula at 2 liters per minute (LPM).</p> <p>On 1/30/18 at 9:00 AM, the surveyor reviewed Resident #115's record. The resident was admitted to the facility on 4/4/17 and readmitted on 1/22/18 with diagnoses which included Pneumonia.</p> <p>The surveyor reviewed the resident's readmission Physician's Orders dated 1/22/18 that included a new order for continuous O2 at 2 LPM and for Ipratropium-Albuterol (a medication that relaxes the muscles in the airways and increases air flow</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>to the lungs) 3 milliliters inhalation 5 via nebulizer times a day.</p> <p>The surveyor reviewed Resident #115's current care plans. When the resident was re-admitted to the facility on 1/22/18 with a physician's order for continuous O2, the facility failed to develop a care plan with interventions for the use of the O2.</p> <p>6. On 01/29/18 10:40 AM, the surveyor observed Resident #79 out of bed seated in the wheelchair using oxygen by way of nasal cannula at 2 LPM. The surveyor observed the resident wearing a seat belt.</p> <p>The surveyor reviewed Resident #79's records on 2/2/18. Resident #79 was admitted to the facility on 5/4/16 and readmitted on 1/14/18 with diagnoses which included History of Pneumonia, Pulmonary Hypertension, Dementia, Enlarged Prostate and Urinary Retention.</p> <p>The surveyor reviewed the February 2018 Physician's Orders which revealed the resident had an order for a foley catheter care (an indwelling urinary catheter), continuous O2 at 2 LPM and for a rear connecting seat belt (RCSB).</p> <p>The surveyor reviewed Resident #79's CPs which revealed the facility did not develop CPs with interventions for Resident #79's use of continuous O2, the care of the indwelling urinary catheter and the use of the RCSB.</p> <p>7. On 01/29/18 at 11:44 AM, the surveyor observed Resident #152 seated out of bed in a wheelchair in the resident's room. Resident #152 had O2 on by way of a nasal cannula running at 2LPM.</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>The surveyor reviewed the resident's records on 2/5/18. Resident #152 was admitted to the facility on 9/22/17 with diagnoses which included Pulmonary Fibrosis. A review of the February 2018 Physician's Orders revealed an order for continuous O2 at 2LPM by way of nasal cannula.</p> <p>The surveyor reviewed Resident #152 current CPs which revealed there was no CP developed for the resident's use of continuous O2.</p> <p>On 02/5/18 at 9:26 AM, the surveyor spoke to the Minimum Data Set (MDS) Coordinator assigned to the long term care unit. The MDS Coordinator oversees the completion of the MDS and development of CPs for each resident. The MDS Coordinator stated that the CPs should have been done.</p> <p>8. On 01/29/18 at 11:27 AM, the surveyor observed Resident # 168 in bed with eyes closed who was receiving O2 via nasal cannula at 2 LPM.</p> <p>The surveyor reviewed Resident #168's records on 02/5/18. Resident #168 was admitted to the facility on 7/7/17 with diagnoses which included Pulmonary Embolism.</p> <p>The surveyor reviewed the February 2018 Physician's Order that revealed the resident had an order for continuous O2 at 2LPM. The surveyor reviewed the resident's current care plans. There was no care plan developed for the resident's continuous use of oxygen.</p> <p>At 10:40 AM, the surveyor interviewed the nurse assigned to the resident who stated that a care</p>	F 656			

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F 656	Continued From page 6 plan for O2 therapy should have been created and she could not locate a care plan. 9. On 01/29/18 at 9:45 AM, the surveyor observed resident #36 lying in bed in the resident's room with eyes closed. The surveyor reviewed the resident's records on 02/1/18. Resident #36 was admitted to the facility on 2/21/17 with diagnosis that included Hypertension and Anemia. The surveyor reviewed physician's orders dated 1/26/18 and 2/1/18 that revealed Resident #36 was placed on an antibiotic for a Urinary Tract Infection (UTI) and Pneumonia. The surveyor reviewed Resident #36's care plans which revealed there was no care plan developed to address the resident's need for antibiotic therapy and care related to the diagnoses of UTI and Pneumonia. On 02/06/17 at 1:30 PM, the surveyor discussed above care plan concerns with the Administrator and Director of Nursing (DON). The DON acknowledged that there were no care plans developed for residents reviewed.	F 656			
F 657 SS=D	NJAC 8:39- 11.2 (d) Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that	F 657		2/22/18	

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F 657	<p>Continued From page 7</p> <p>includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to review, revise and update care plans (CP) for 3 of 35 residents (Resident #80, #142, #168) reviewed.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 01/29/18 at 11:08 a.m., the surveyor observed Resident #80 in bed with eyes closed and lying on a pressure reducing mattress.</p> <p>The surveyor reviewed Resident #80's records on 02/6/18. Resident #80 was admitted to the facility on 9/9/16 and readmitted on 11/2/16 with</p>	F 657	<p>657D</p> <ol style="list-style-type: none"> Residents #80, 142, 168 had their comprehensive care plans (CCP), reviewed and updated by the Interdisciplinary Team (IDT) as appropriate, (#80 DTI and treatment, #142 alteration in skin integrity & risk for injury, #168 kidney failure/dialysis). CCP of facility residents were reviewed by members of the IDC to assure all were updated with appropriate interventions as well being updated at the last IDC meeting. Any discrepancies were corrected as needed. The IDC members were reeducated on the process of reviewing and updating 		

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F 657	<p>Continued From page 8</p> <p>diagnoses which included Alzheimer's Disease and Dementia.</p> <p>The surveyor reviewed the Multi Wound Chart Details dated 1/26/18 for Resident #80 that revealed the resident had been assessed to have a left heel deep tissue injury (DTI) and the recommended treatment was to apply betadine daily.</p> <p>The surveyor reviewed Resident #80's current care plan (CP) titled "Risk for alteration in skin integrity related to: Incontinence." The CP was developed on 9/13/17 and was revised on 12/13/17. There was no indication that the care plan had been updated to include the resident's DTI that was observed on 1/26/18.</p> <p>The surveyor reviewed Resident #80's current CP titled "Alteration in mental status related to: Confusion, disorientation, sensory deprivation, memory loss and lack of motivation." The CP was developed on 9/13/17 and there was no indication that the CP had been reviewed and updated since that date.</p> <p>At 11:40 a.m., the surveyor interviewed the nurse assigned to the resident who stated that the care plans should have been updated at least quarterly.</p> <p>2. On 01/29/18 at 11:13 a.m., the surveyor observed Resident #142 in bed with a low air loss mattress and 1/2 padded side rails. The resident was observed with mitts on both hands.</p> <p>The surveyor reviewed Resident #142's records</p>	F 657	<p>CCP at the IDC meetings and PRN.</p> <p>4. The facility MDS coordinator will perform 12 monthly random audits to assure CCP are reviewed and updated at IDC meetings and PRN with any changes as needed. The MDS coordinator will submit these results to the Director of Nursing monthly who will report the findings to Nursing Professional Practice Committee monthly.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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F 657	<p>Continued From page 9</p> <p>on 02/6/18. Resident #142 was admitted to the facility on 6/22/17 with diagnoses which included Ileostomy Status and Dementia.</p> <p>The surveyor reviewed Resident #142's current CPs titled "Alterations in skin integrity related to: Ileostomy" and "Risk for injury, use of restraint related to: decreased cognition and impulse behavior secondary to Dementia." Both CPs were developed on 6/22/17 and were revised on 10/4/17. There was no indication that both of the care plans had been reviewed and updated since 10/4/17.</p> <p>The surveyor reviewed Resident #142's current CP titled "Psychotropic drug use related to: agitation and combativeness." The CP was developed on 9/18/17 and was revised on 10/4/17. There was no indication that the CP had been reviewed, revised and updated since 10/4/17.</p> <p>At 12:55 a.m., the surveyor interviewed the nurse assigned to the resident who stated that the care plans should have been updated.</p> <p>3. On 01/29/18 at 11:27 AM, the surveyor observed Resident #168 in bed with eyes closed who was receiving oxygen (O2) via nasal cannula at 2 liters per minute (LPM).</p> <p>The surveyor reviewed Resident #168's records on 2/5/18. Resident #168 was admitted to the facility on 7/7/17 with diagnoses which included End Stage Renal Disease and Dependence on Renal Dialysis. The resident received Hemodialysis three times per week.</p>	F 657			

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F 657	Continued From page 10 The surveyor reviewed Resident #168's current CP titled "Potential for alterations in fluid status related to Kidney Failure/ Hemodialysis." The care plan was developed on 7/7/17 and was revised on 9/17. There was no indication that the care plan had been reviewed, revised and updated since 9/17. At 10:40 AM, the surveyor interviewed the nurse assigned to the resident who stated that a care plan for the Kidney Failure should have been updated. On 02/06/17 at 1:30 PM, the surveyor discussed above care plan concern with the Administrator and Director of Nursing (DON). There was no additional information provided.	F 657			
F 658 SS=E	NJAC 8:39-27.1(a) 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: Based on observation, interview and record review, it was determined that the facility failed to maintain professional standards of clinical practice by not following physicians orders to document urinary outputs for residents with indwelling urinary catheters for 3 of 35 residents (Resident # 79, #159 and #249) reviewed. The deficient practice was evidenced by the	F 658	658 E 1. Residents #79, 159, 249 had their urinary drainage output documented on their Treatment Administration Records (TAR) for each shift. 2. All residents with urinary drainage devices had their output documented on their TARs for each shift. 3. The facility Nursing staff was	2/22/18	

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F 658	<p>Continued From page 11 following:</p> <p>1. On 1/29/18 at 9:30 a.m., the surveyor observed Resident #249 lying in bed with a hanging covered urinary bag on the left side of the bed. The surveyor reviewed the resident's records on 2/4/18. Resident #249 was admitted to the facility on 1/25/18 with diagnoses that included Urinary Tract Infection and Juvenile Bladder. Resident #249 had a physician's order dated 1/25/18 to "Record Foley Output every shift."</p> <p>The surveyor reviewed the January 2018 and February 2018 Treatment Administration Records (TAR). The January 2018 TAR revealed that the nurses did not document urinary output on 1/25, 1/26, 1/27, 1/28, 1/29, 1/30 and 1/31 for the 11-7 shift, there was no documentation of urinary outputs on 1/25, 1/26, 1/28, 1/29 and 1/30 for the 7-3 shift and there was no documentation on 1/25 and 1/27 for the 3-11 shift. A review of the February 2018 TAR revealed that nurses did not document urinary outputs on 2/1 and 2/3 for the 3-11 shift.</p> <p>At 11:50 AM, the surveyor interviewed the certified nursing assistant (CNA) who stated that the level of urine in the urinary bag is measured and the nurse is informed of the amount. The surveyor interviewed the nurse who could not explain why the urinary out puts were not documented in the TAR.</p> <p>2. On 01/29/18 at 9:30 AM, the surveyor observed Resident #159 lying in bed with a hanging covered urinary bag on the right side of the bed. The surveyor reviewed the resident's</p>	F 658	<p>re-inserviced on the facility policy requiring all residents with urinary drainage devices to have their urine output documented on their TAR each shift.</p> <p>4. The Nursing Infection Preventionist will perform monthly audits on all Residents with urinary drainage devices to assure each shift has documented urine output on the Residents TAR. Results of these audits will be submitted monthly to the Director of Nursing at Nursing Professional Practice by the supervisor.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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F 658	<p>Continued From page 12</p> <p>records on 2/5/18. Resident #159 was admitted to the facility on 2/16/2016 with diagnoses that included Neurogenic Bladder and history of Kidney Stones.</p> <p>The surveyor reviewed a physician's order dated 10/1/2017 to "Record Suprapubic Output every shift." The surveyor reviewed both the January 2018 and February 2018 TARs.</p> <p>The January 2018 TAR revealed that the nurses did not document urinary output on 1/20, 1/21 and 1/31 for the 11-7 shift, there was no documentation of urinary outputs on 1/4, 1/5, 1/6, 1/15 1/16, 1/19, 1/22, 1/23, 1/24, 1/25, 1/26, 1/27 and 1/29 for the 7-3 shift, and there was no documentation on 1/1, 1/4, 1/12, 1/13, 1,18, 1/22, 1/23, 1/24, 1/25, 1/26 and 1/29 for the 3-11 shift.</p> <p>A review of the February 2018 TAR revealed that nurses did not document urinary outputs on 2/4 for the 11-7 shift, there was no documentation of urinary outputs on 2/1 for the 7-3 shift and there was no documentation on 2/1, 2/2, 2/3, 2/4 for the 3-11 shift.</p> <p>On 02/5/18 at 10:30 AM, the surveyor interviewed the CNA who stated that they document the urinary output and informs the nurse of the amount.</p> <p>3. On 01/29/18 at 10:40 AM, the surveyor observed Resident #79 out of bed seated in a wheelchair. The resident had oxygen on, a seat belt on and was non verbal when greeted by the surveyor.</p> <p>The surveyor reviewed Resident #79's records on 2/2/18. Resident #79 was admitted to the facility</p>	F 658			

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F 658	Continued From page 13 on 5/4/16 and readmitted on 1/14/18 with diagnoses that included Aphasia, Enlarged Prostate and Urinary Retention. The surveyor reviewed the February 2018 Physician's Orders that revealed the resident had an order for a "Foley Catheter" with instructions to monitor the output every shift. A review of the January 2018 and February 2018 TARs revealed that the nurses did not document urinary output on 1/15, 1/16 and 1/18 through to 1/30 for the 11-7 shift, there was no documentation of urinary outputs on 1/14, 1/16, 1/20, 1/22, 1/23,1/24, 1/25 and 1/27 for the 7-3 shift and there was no documentation on 1/14, 1/15, 1/21, 1/28 and 1/31 for the 3-11 shift. A review of the February 2018 TAR revealed that nurses did not document urinary outputs on 2/1 and 2/3 for the 7-3 shift. At 11:30 a.m, the surveyor interviewed the CNA who stated that she reports the urinary output to the nurse for documentation. On 02/6/18 at 2 p.m., the surveyors discussed the above concern regarding the lack of documentation for the urinary catheter output each shift with the Administrator and the Director of Nursing. There was no additional information provided.	F 658			
F 695 SS=E	NJAC 8:39-27.1 Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.	F 695		2/22/18	

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F 695	<p>Continued From page 14</p> <p>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to maintain the necessary respiratory care and services for 3 of 35 residents (Resident #115, #152 and #79) reviewed.</p> <p>This deficient practice was evidenced by the following:</p> <p>1. On 1/29/18 at 9:45 a.m., the surveyor observed Resident #115 seated on the side of the bed. The resident was receiving Oxygen (O2) via nasal cannula at 2 liters per minute (LPM).</p> <p>A nebulizer machine was on top of the resident's night stand. The resident's nebulizer mask and tubing were resting on top of the machine and not covered in a plastic bag.</p> <p>The resident's wheelchair was in the room with a portable O2 tank attached to the back of the wheelchair. The portable O2 tank had O2 tubing attached to it. The O2 tubing and nasal cannula were hanging over the resident's wheelchair and not covered in a plastic bag.</p> <p>On 1/29/18 at 11:00 a.m., the surveyor observed Resident #115 sitting in their wheelchair. The resident's portable O2 tank was off and the O2 tubing and cannula were hanging over the</p>	F 695	<p>695E 1. Residents #115, 152,79 had their respiratory equipment changed and dated (oxygen tubing and masks).</p> <p>2. All residents with oxygen tubing, trach masks and tubing, and nebulizer masks had this equipment changed and dated.</p> <p>3. Facility nurses will be inserviced on the facility policy regarding storage, changing and dating of oxygen tubing and masks.</p> <p>4. The nursing supervisor will perform 12 (twelve) monthly random audits to assure all oxygen tubing and masks are stored properly and dated. Results of these audits will be submitted monthly to the Director of Nursing at Nursing Professional Practice by the supervisor.</p> <p>Preparation and/or execution of this Plan of Correction does not constitute admission/agreement of the provider of the truth of the facts alleged or conclusions set forth in any statement of deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal or State Law.</p>		

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F 695	<p>Continued From page 15</p> <p>resident's wheelchair. The resident's back was resting against the part of the tubing where the nasal cannula was attached. The resident's breathing was easy and regular.</p> <p>On 1/29/18 at 11:01 a.m., the surveyor interviewed Resident #115 who stated that the O2 tank was empty and the nurse had gone to get a new one. The nurse came into the room and removed the O2 tubing from the empty O2 tank and attached it to the new one. The nurse then pulled the attached tubing and nasal cannula from behind the resident back. The nasal cannula and tubing were not covered in a plastic bag.</p> <p>The nurse started to go toward Resident #115 to place the unclean O2 tubing and cannula on the resident. The surveyor stopped the nurse from applying the O2 equipment. The nurse then stated she realized she should have discarded the unclean nasal cannula and tubing and replaced it with a new one.</p> <p>That same day at 1:30 p.m., the surveyor observed that Resident #115's nebulizer mask and tubing remained on top of the nebulizer from the morning observation and was not covered in a plastic bag.</p> <p>2. On 01/29/18 10:40 AM, the surveyor observed Resident #79 out of bed seated in a wheelchair in the resident's room using O2 by way of nasal cannula at 2 LPM. The O2 tubing was attached to the O2 outlet on the wall in the resident's room.</p> <p>On 02/01/18 12:26 PM, the surveyor observed Resident #79 seated in a wheelchair using O2 by</p>	F 695			

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F 695	<p>Continued From page 16</p> <p>way of portable O2 tank and nasal cannula. The surveyor observed on the wall where the wall O2 outlet was located O2 tubing that was not in use, bundled up against the wall and not in a plastic bag. The surveyor interviewed the CNA who was present in the resident's room at that time. The CNA stated that the nurses remove the tubing and store it on the wall.</p> <p>3. On 1/29/18 at 11:44 AM, the surveyor observed Resident #152 out of bed seated in a wheelchair. The surveyor observed an O2 mask used for nebulizer treatments hanging at the end of the over bed table and not in a plastic bag for protection.</p> <p>02/1/18 12:20 p.m., the surveyor observed Resident #152 in bed watching television. The O2 nasal cannula and tubing were on the floor next to the wheelchair and portable O2 tank.</p> <p>02/01/18 12:39 p.m., the surveyor interviewed the nurse assigned to Resident #79 and #152 regarding the O2 mask and O2 tubing and what was the proper storage when they are not in use. The nurse stated that the tubing and nebulizer mask should be in a plastic bag. She was not aware of who removed the oxygen tubing and did not place it in a plastic bag.</p> <p>On 02/1/18 at 2:15 p.m., the surveyors discussed the concern observed with the O2 mask and tubing storage with the Administrator and Director of Nursing. A policy regarding the care of O2 masks and tubing was requested and received.</p> <p>The surveyor reviewed the facility's policy titled "Care of respiratory/ventilator equipment" under</p>	F 695			

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F 695	Continued From page 17 "Oxygen Therapy" #10 indicated "All respiratory masks and cannulas will be changed on a weekly basis and dated, and stored in plastic bags when not in use." NJAC-15.1(a)	F 695		