

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002		
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F 000	INITIAL COMMENTS Complaint #: NJ146020, NJ146009, NJ145933, NJ145532, NJ145121, NJ144635, NJ144133, NJ143971, NJ143497, and NJ141989. Census: 104 Sample Size: 24 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in	F 609		10/1/21	

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

TITLE

(X6) DATE

Electronically Signed

10/01/2021

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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	<p>Continued From page 1</p> <p>accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews, record review and a review of the facility's policy, it was determined that the facility failed to timely report an alleged violation of physical abuse to the New Jersey Department of Health (NJDOH) for 1 (Resident #13) of 3 residents reviewed for abuse. Specifically, the facility failed to report allegations of staff to resident physical abuse against Resident #13, immediately but not later than 2 hours after the allegation was made.</p> <p>Findings included:</p> <p>1. Resident #13 was admitted on [REDACTED] with diagnoses including [REDACTED], NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>The 07/06/2021 quarterly Minimum Data Set (MDS) revealed the resident was [REDACTED] with a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The resident required setup assistance with personal hygiene, toilet use, dressing locomotion, walking transfer and bed mobility. The resident required one-person physical assistance with eating. The resident [REDACTED].</p> <p>On 08/09/2021 at 1:00 PM during an interview with Resident #4, the resident revealed to the surveyor that Certified Nurse Aide (CNA) #38 was abusive toward the resident's roommate. Specifically, Resident #4 said that CNA #38</p>		<p>Resident was immediately interviewed and assessed following the notification by the surveyor of an alleged physical abuse. The Unit manager immediately performed a full body assessment and found no serious bodily injury or any bodily injury. Upon initial investigation there was no identified injury. Facility administration reported the event within 24 hours. The facility conducted a full investigation and reported findings to the department of health and ombudsman.</p> <p>The facility will audit the concerns for the previous month to ensure that all events were reported according to regulations.</p> <p>The facility will re-educate the administrative team on the reporting guidelines for allegations of abuse including the 2 hour and 24 hour guidelines.</p> <p>The Administrator or designee will complete an audit monthly for 3 months to ensure that all incidents are reported according to policy and regulations. Findings will be reported to the Quality Assurance Steering Committee.</p>		

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F 609	<p>Continued From page 2</p> <p>provided care with (Resident #4) the day before (08/08/2021) and had placed the used brief in the trash can that belonged to the resident's roommate (Resident #13). Resident #4 explained that the roommate did not feel comfortable with CNA #38's practice and asked the CNA to take out the used brief from their trash can. Resident #4 indicated that Resident #13 was non-English speaking and communicated his/her concern to CNA #38 in [REDACTED]. Resident #4 explained that the CNA did not understand what Resident #13 was trying to say. CNA #38 approached Resident #13, held the resident by the shoulders and shook the resident vigorously. Resident #4 added that CNA #38 made unwelcomed facial gesture by sticking out her tongue and pointed her middle fingers towards Resident #13. Resident #4 said the roommate complained about shoulder pain and was still in pain at the time of the interview. Resident #13 demonstrated body language by holding onto his/her shoulder whilst simultaneously squeezing his/her face in a manner indicative of pain.</p> <p>A review of Residents #4 and #13's care plans revealed the residents were not care planned for the behavior of falsifying or lying against staff.</p> <p>On 08/09/2021 at 1:13 PM, the facility administration was immediately made aware of the situation of the alleged staff to resident abuse situation with Resident #13.</p> <p>On 08/10/2021 at approximately 10:33 AM, a follow-up interview was conducted with the Director of Nursing (DON) and the Assistant Administrator (AA). The DON stated the facility had not reported the alleged abuse to the State</p>	F 609			

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F 609	Continued From page 3 Survey Agency because they investigated the alleged abuse, and it was unsubstantiated. The DON and the AA brought the surveyor's attention to the regulatory language under F608, which required that an alleged violation with serious bodily injury be immediately reported but not later than 2 hours after forming the suspicion. The DON and the AA's attention was however brought to the regulatory language under F609 which obligated that the facility report all alleged violations immediately but not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury. The facility's Abuse Policy dated 10/27/2017 revealed under the Reporting and Response portion of the policy that " ...The facility will ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the event that cause the allegation involve abuse or result in serious bodily injury ..."	F 609			
F 684 SS=D	New Jersey Administrative Code § 8:39-5.1(a) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.	F 684		10/1/21	

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F 684	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145933</p> <p>Based on interview and record review, it was determined the facility failed to ensure a physician ordered post-operative appointment was arranged for 1 resident (Resident #6) out of 3 residents reviewed for delayed treatment.</p> <p>Findings included:</p> <p>1. Resident #6 was readmitted on [REDACTED] with diagnoses including [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>The [REDACTED] admission Minimum Data Set (MDS) revealed the resident was [REDACTED] with a Brief Interview for Mental Status (BIMS) score of [REDACTED] 5. The resident required two persons physical assistance with personal hygiene, toilet use, dressing, transfer, and bed mobility. The resident required physical assistance of one person for walking, locomotion and eating.</p> <p>A review of Resident #6's medical record indicated the resident had an order dated [REDACTED] which read, "Do not remove post-operative dressings, keep intact until post-operative visit in 2 weeks." There was nothing in the resident's medical record which indicated the resident was scheduled for the follow-up appointment or a rationale as to why the resident did not go for the ordered appointment.</p> <p>On 08/10/2021 at 10:23 AM, Licensed Practical</p>	F 684	<p>Resident R6 was discharged from the facility. Prior to August 12th the facility attempted to coordinate post op appointment unsuccessfully.</p> <p>The Director of Nursing or designee will complete an audit of the admissions for the past 30 days to ensure that appointments on transfer sheet were carried out.</p> <p>The facility added an additional Full Time Equivalent (FTE) position that is now assigned duties that include scheduling appointments for new and re-admissions.</p> <p>The Director of Health Information or designee will complete an audit monthly for three months of new and re-admissions to ensure follow up appointments are scheduled timely.</p> <p>The results of the audits will be reported through the Quality Assurance Steering Committee monthly for the three months. Following the three months the committee will decide frequency of audit.</p>		

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F 684	<p>Continued From page 5</p> <p>Nurse (LPN) Unit Manager on the [REDACTED] reviewed Resident #6's record and stated she was familiar with the resident. She said the resident had an order on admission which directed them not to remove the resident's [REDACTED]. She acknowledged there was nothing in the record that showed the resident made it to the ordered post-surgical appointment or that an appointment was ever scheduled. She said the facility did not do a [REDACTED] in house for a post-surgical type of [REDACTED]. She acknowledged that the resident's post-surgical follow-up appointment was late by approximately two weeks at the time of the resident's discharge.</p> <p>On 08/11/2021 at 10:57 AM, the Director of Nursing (DON) acknowledged that there was nothing in the record which indicated the facility made or attempted to make the recommended follow-up appointment for Resident #6. The DON said she had no explanation as to why the ordered follow-up appointment was not done for Resident #6. She said the facility had no policy and procedure which directed nursing staff on the need to ensure that residents made it to their ordered/recommended follow-up appointments. She said the facility maintained a register which listed all residents' intended appointments, and it included the date, location, transport company, and reason for appointment. She acknowledged that the appointment register did not show that Resident #6 was ever scheduled for an appointment. She said all nursing staff was responsible for making the appointments and completing the register. The register was kept at the front desk. The DON concluded the interview by reiterating that the resident had an order not to remove the dressing to the resident's right hip</p>	F 684			

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F 684	Continued From page 6 until the follow-up appointment. She stated that the follow-up was necessary to ensure timely identification of complication, and to prevent avoidable infection. On 08/11/2021 at 1:48 PM, the surgeon was interviewed via telephone. The surgeon stated that post-op appointments were equally as important as the quality of the surgery. The surgeon stated that residents sometimes misunderstood post-operative instructions and unfortunately do exactly the wrong thing. The surgeon stated that this can be corrected easily by a surgeon who sees his or her resident often during the first couple of weeks. The surgeon added that micromanaging a post-operative resident was good for both the resident and the surgeon. The surgeon added that neither resident nor surgeon want complications, and these can be avoided if the surgeon who did the surgery was in control. The surgeon stated he set aside time each day to see his or her post-operative residents. He said that the expectation was that residents' do not skip these appointments as they are an essential part of the surgery. He concluded that he reviewed Resident #6's record and reported that there was no complication noted with the resident when the resident was eventually seen for his/her post-operative appointment. Attempts were made to interview Resident #6's attending physician via phone call without success. The physician was not available for interview.	F 684			
F 880	New Jersey Administrative Code § 8:39-27.1(a) Infection Prevention & Control	F 880		10/25/21	

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F 880 SS=D	Continued From page 7 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of	F 880			

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F 880	<p>Continued From page 8</p> <p>infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interviews, observations, facility policy review, and New Jersey Department of Health Executive Directive No. 20-026(1) last updated 10/20/2020, and Centers for Disease Control publication, it was determined the facility failed to ensure transmission-based precautions were followed for a resident on droplet precautions.</p>	F 880	<p>Resident R11 had no negative impact from the staff not wearing the recommended PPE.</p> <p>The Infection Preventionist completed a set of rounds to identify if there were any other residents exposed to such</p>		

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F 880	<p>Continued From page 9</p> <p>Resident #11 was on a new admission quarantine and had been placed on droplet precautions. Facility staff failed to wear required COVID-19 personal protective equipment (PPE) while interacting with the resident and/or providing care. This affected 1 (Resident #11) of 4 residents on droplet precautions. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive No. 20-026-1, dated 10/20/2020, indicated the following:</p> <p>3. Cohorting, PPE and Training Requirements in Every Phase:</p> <p>i. Facilities shall train and provide staff with all recommended COVID-19 PPE, to the extent PPE is available, and consistent with CDC guidance on optimization of PPE, if applicable.</p> <p>Reference: Centers for Disease Control (CDC) publication, "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic," last updated 02/23/2021, indicated:</p> <p>HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection.</p> <p>1. During this surveyor's observation of Resident #11's room on 08/10/2021 at 1:50 PM, it was revealed the room door had posted signage</p>	F 880	<p>procedures.</p> <p>All staff were provided with the DOH directed in-service training including Keep COVID-19 Out!, Clean Hands, Use PPE Correctly for COVID-19, Module 7-Hand Hygiene and Module 6B-Principles of Transmission Based Precaution. All Topline staff and infection preventionist were in-serviced on Module 1- Infection Prevention and Control Program. Route cause analysis completed and recommendations implemented ie. isolation carts within visual field of all staff and signage directing staff to perform hand hygiene when exiting resident rooms.</p> <p>The Infection Preventionist or designee will complete weekly audits / observations regarding infection control including proper utilization of PPE. Results of the audits will be reported monthly at the Quality Assurance Steering Committee. Following the 3 months the committee will decide frequency of audits as a result of the trends identified.</p>		

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F 880	<p>Continued From page 10</p> <p>stating Droplet Precautions in use, along with door hanger that had stock of appropriate PPE. Further observation revealed a Recreation Intern standing in the room at bedside talking to the resident only wearing a surgical mask. Upon exiting the room, the Recreation Intern did not wash or sanitize their hands prior to exiting.</p> <p>An interview with the Recreation Intern on 08/10/2021 at 1:53 PM revealed she had been an intern at the facility since May 2021. She stated she had received training related to infection control at the start of her internship but not since that time. She stated she should have been "garbed" up but was not able to state which specific PPE she should have put on prior to entering the room. She was unable to state what type of precautions were currently in use for Resident #11. The Recreation Intern was not able to state any knowledge about the different types of transmission-based precautions there were or what PPE was required. She acknowledged not wearing the appropriate mask, face shield, gown, or gloves and that she did not wash her hands or sanitize prior to exiting the room.</p> <p>An interview with Director of Nursing (DON) on 08/11/2021 at 12:07 PM revealed the facility currently had four residents on precautions. The DON stated that all four residents, including Resident #11 were on droplet precautions due to being new admits and provided a list of all residents on precautions that included Resident #11. The DON also stated that the facility recently updated their infection control policy that stated staff only had to don full PPE when providing direct care to residents on droplet precautions.</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>The DON further stated that staff are only required to wear a N95 mask and face shield when entering a resident's room on droplet precautions if they are not providing direct care.</p> <p>An observation of Resident #11's room on 08/12/2021 at 8:10 AM by this surveyor revealed CNA #31 in the room placing a breakfast tray on the bedside table by the resident. Further observation revealed the staff only wearing KN95 mask but did not have on a gown, gloves, or face shield.</p> <p>An interview with Certified Nursing Assistant (CNA) #31 on 08/12/2021 at 9:07 AM revealed the last training that staff received in relation to infection control was on 08/09/2021. The last training prior to that was the previous week. CNA #31 stated staff completed training monthly and transmission-based precautions had been discussed. CNA #31 stated she was unsure of what the three different types of precautions there were but stated she knows what PPE was required by looking at the sign posted on the outside of door. CNA #31 stated she knew about the sign on Resident #11's door and knew the resident was under quarantine. CNA #31 stated she was only going into the room for a brief period and was not providing direct care to the resident. CNA #31 stated that from her training she knew she was supposed to don PPE. CNA #31 stated she was just trying to get the resident breakfast, but she knew that she should have put on PPE prior to entering the room. CNA #31 acknowledged she did not wash or sanitize her hands prior to exiting the room. She stated she carried hand sanitizer on the strap with her badge.</p>	F 880			

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

PRINTED: 01/26/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002		
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F 880	Continued From page 12 An interview with the Infection Preventionist (IP) on 08/12/2021 10:38 AM revealed trainings were done in accordance with new updates or change in policy or trends but at least a minimum once monthly. The IP stated staff knew which PPE was required by the posting on the resident's door. The IP stated staff entering rooms of residents on droplet precautions only need to don full PPE when providing direct patient care, otherwise staff are only required to wear N95 and practice hand hygiene. The IP stated only staff entering a room to provide direct care were expected to don a gown and gloves. The IP stated staff entering a room but not providing direct care should remain three feet away but if they were near the resident but not providing direct care, the IP would expect staff to at least wear N95 mask and face shield. A review of the facility policy, updated 01/12/2021, titled, "Isolation Steps-Categories of Transmission Based Precautions," revealed, Standard Precautions shall always be used when caring for residents regardless of their suspected or confirmed infection status. Transmission Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. Droplet Precautions-In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets that can be generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning). Personal Protective Equipment-Don mask, gown (for direct care) gloves, and eye	F 880			

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NAME OF PROVIDER OR SUPPLIER ARISTACARE AT CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 1399 CHAPEL AVE WEST CHERRY HILL, NJ 08002		
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F 880	Continued From page 13 protection (if within 3 feet of patient) upon entry into the patient room or patient space. New Jersey Administrative Code § 8:39-19.4(a) 1-6	F 880			