

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

PRINTED: 03/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/26/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-WASHINGTON TOWNSHIP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>378 FRIES MILL ROAD</b> <b>SEWELL, NJ 08080</b>		
(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	F 000			
F 657 SS=D	<p>COMPLAINT#: NJ127128, NJ130498, NJ130589 CENSUS: 112 SAMPLE SIZE: 3</p> <p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: C#: NJ130489</p>	F 657		1/15/20	
			1. Residents affected by the deficient		

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

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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 657	<p>Continued From page 1</p> <p>Based on interviews, review of medical records (MR), and review of other pertinent facility documents on 11/25/19 and 11/26/19, it was determined that the facility failed to revise the resident's individualized care plan interventions for a pressure wound when the care needs changed. Also, the facility's failed to follow their policy titled "Interdisciplinary Care Planning" for 1 of 3 residents (Resident #3). This deficient practice was evidenced by the following:</p> <p>Review of the MR were as follows:</p> <p>1. According to the "Admission Record Report" Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Admission/ Readmission Screen- V3" form an assessment tool dated [REDACTED] at 6:50 p.m., completed by the Licensed Practical Nurse (LPN #1), revealed Resident #3 had a [REDACTED] Score of [REDACTED], which indicated the resident was at risk for UP. The Admission/ Readmission Screens- V3" form also indicated that Resident #3 was admitted with a [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #3 was admitted with a [REDACTED], and was at risk for developing [REDACTED]. The MDS also included that the resident treatments included [REDACTED]</p>	F 657	<p>practice: Resident #3 is no longer in the facility.</p> <p>2. Residents having the potential to be affected by the deficient practice: All residents have the potential of being affected by the deficient practice</p> <p>3. Measures to be implemented to ensure deficient practice does not occur: ADON and/or designee will educate/re-educate per policy licensed nurse staff to update care plans of residents at risk for [REDACTED] at or below 15) or currently having [REDACTED].</p> <p>4. How will the facility monitor the effectiveness of corrective action: DON and/or designee will conduct an initial audit to identify residents at risk for [REDACTED] at or below 15) or currently having [REDACTED]. ADON and/or designee will randomly audit care plans of residents at risk for [REDACTED] at or below [REDACTED] or who currently have [REDACTED]. ADON and/or designee will randomly audit care plans of residents at risk for [REDACTED] at or below [REDACTED] or who currently have [REDACTED] weekly x4 and monthly x2. The findings of these audits will be presented to the Quality Assurance Committee x3 months to ensure effectiveness and accuracy.</p>	

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F 657	<p>Continued From page 2</p> <p>██████████ and application of non-surgical dressing.</p> <p>Review of the CP initiated ██████████, included the following: Under "Focus:" High risk for skin alteration in skin integrity related to decrease mobility, ██████████. Under "Goal:" ██████████. Under "Interventions:" included ██████████ as needed, Observe skin condition with ADL care daily and report abnormalities.</p> <p>Review of the "Progress Notes (PN)" dated ██████████ at 7:44 p.m., revealed that Resident #3 had "a ██████████</p> <p>The PN also revealed the Medical Doctor saw the resident and new orders were given.</p> <p>Further review of the CP initiated ██████████, showed Under "Focus:" Resident has ██████████. Under "Interventions:" included repositioning during ADLs (Activities of Daily Living), and ██████████. The CP revealed staff failed to update and or revised the CP for Resident #3 immediately after the resident developed a ██████████.</p> <p>During an interview on 11/26/19 at 9:52 a.m., the Director of Nursing (DON) indicated that Resident #3's CP should have been updated when the ██████████ was identified but was not updated until ██████████.</p> <p>Review of the Facility's Policy titled "Interdisciplinary Care Planning" dated 3/18,</p>	F 657		

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F 657	<p>Continued From page 3</p> <p>included the following: under Care Planning: "The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient needs. It also identifies the types and methods of care that the patient should receive. The care plan should focus on: preventing avoidable declines in function, ... evaluating care and progress toward goals..."</p> <p>Review of a second policy titled "Skin Practice Guide" dated 1/2013, included Under "Comprehensive Care Plan" The approaches for skin management are clear specific and individualized for the patient's needs. Managing skin risk can be complex as there maybe a combination of risk factors and causes. Regardless of the interventions that are put in place, a key factor to success is the timely review of interventions the patient's condition and needs change.</p> <p>N.J.A.C. 8:39-11.2 (2)</p>	F 657			

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S1015	<p>8:39-11.1 Mandatory Resident Assessment and Care Plans</p> <p>A registered professional nurse (RN) shall assess the nursing needs of each resident, coordinate the written interdisciplinary care plan, sign and date the assessment to certify that it is complete, and ensure the timeliness of all services.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ 130489</p> <p>Based on interviews, medical record (MR) review, and review of other pertinent facility documents on 11/25/19 and 11/26/19, it was determined that the facility nursing staff failed to appropriately assess a resident with a [REDACTED] upon admission by not having a Registered Nurse (RN) complete an admission assessment for 1 of 3 residents (Resident #3), reviewed for assessment. This deficient practice was evidenced by the following:</p> <p>Review of the MR were as follows:</p> <p>1. According to the "Admission Record Report" Resident #3 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated that the resident had [REDACTED] cognitive impairment. The MDS also indicated that Resident #3 was admitted with a [REDACTED].</p>	S1015	<p>1. Resident affected by the deficient practice: Resident #3 is no longer in the facility.</p> <p>2. Residents having the potential to be affected by deficient practice: All residents have the potential of being affected by the deficient practice.</p> <p>3. Measures to be implemented to ensure that deficient practices do not occur:  ADON and/or designee will educate/re-educate licensed nursing staff to ensure second day assessments are completed by a Registered Nurse ideally within 24 hours and collaborates with the Physician or ARNP to determine the type of alteration present and to ensure treatment orders are obtained, noted and initiated.</p> <p>4. How will the facility monitor the effectiveness of the corrective action: ADON and/or designee will conduct an initial audit to determine residents have a second day skin assessment completed by a Registered Nurse. ADON and/or designee will randomly audit</p>	1/15/20

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

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S1015	<p>Continued From page 1</p> <p>According to the Admission/ Readmission Screen- V3" form an assessment tool dated [REDACTED] at 6:50 p.m., completed by the Licensed Practical Nurse (LPN #1), revealed Resident #3 had a [REDACTED] Score of [REDACTED], which indicated the resident was at risk for [REDACTED]. The Admission/ Readmission Screens- V3" form also indicated that Resident #3 was admitted with [REDACTED]</p> <p>During an interview on 11/26/19 at 8:45 a.m., Licensed Practical Nurse (LPN #1) stated that the nurse receiving a resident newly admitted to the facility does the resident assessment. LPN #1 also indicated it does not matter if the receiving nurse is and LPN or RN if it is that nurse patient (resident) so that is the nurse that does the resident's assessment.</p> <p>During an interview on 11/26/19 at 9:35 a.m., the Director of Nursing (DON) stated a licensed nurse does the initial evaluation of a resident and the Registered Nurse (RN) will follow up with an assessment with in twenty four hours to confirm the assessment. In addition, the DON further explained that the RN document the assessment in the resident's notes. The DON also indicated that the facility had no policy indicating which licensed nursing staff should complete a resident's assessment.</p> <p>During an interview on 11/26/19 at 9:52 a.m., with the DON in the presence of the Administrator the surveyor made the DON aware that the RN assessment was not documented in Resident #3's PN. The facility failed to provide any documented evidence at this time indicating that</p>	S1015	<p>new admissions to ensure that second day skin assessments are completed by a Registered Nurse. ADON and/or designee will randomly audit new admissions to ensure that second day skin assessments are completed by a Registered Nurse weekly x4 and monthly x2. Findings of these audits will be presented to the Quality Assurance Committee x3 months to ensure effectiveness and accuracy.</p>	
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S1015	Continued From page 2  the resident's assessment was completed by a RN within 24 hours.	S1015		