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	315506	A. BUILDING _____ B. WING _____	C 07/07/2021

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PROMEDICA SKILLED NURSING & REHAB (WASHINGTON TWP)	**378 FRIES MILL ROAD SEWELL, NJ 08080**

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F 000	INITIAL COMMENTS Complaint #: NJ145659, NJ145190, NJ143364, NJ143217, and NJ139173 Census: 193 Sample Size: 28 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 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her	F 550		8/11/21

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/03/2021

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F 550	Continued From page 1 rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145190 Based on record review, facility policy review, and interviews, the facility failed to ensure residents were treated with dignity and respect. Specifically, the facility failed to provide timely call light response times for 2 (Resident #5 and Resident #7) of 3 residents reviewed for call light response. This has the potential to affect all residents. Findings include: 1. Resident #5 was initially admitted on NJ Exec. Order 26 4.b.1 with current admission on NJ Exec. Order 26 4.b.1. The quarterly Minimum Data Set (MDS) dated 05/31/2021 revealed the resident had NJ Exec. Order 26:4.b.1 with a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15. NJ Exec. Order 26:4.b.1. Resident #5 was interviewed on 07/06/2021 at 9:44 AM. The resident said they had to wait a long time for call lights to be answered at times.	F 550	Resident # 5 Call bell response log reviewed for dates in question. On average, there were 6 call bells that were answered for other residents prior to the times noted, providing care to other individuals. Review of reports on those dates noted, reflects that resident #5 had additional call bells answered in shorter timeframes. These timeframes further reflect a decrease of call bells on for patients immediately prior to ringing. No negative outcome or trends noted related to Resident #5. Resident # 7 Care plan was updated to reflect observed behavior of not allowing other staff to assist and turn off the call bell until the staff member the resident is requesting comes into answer the call light. No negative outcome. No other residents in sample were identified to have call bell response	

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F 550	Continued From page 2 The resident said the longest call light wait time was half an hour, depending on how busy the staff were. Review of the call light times log for this resident revealed the following: - 06/28/2021 at 10:27 AM: 31 minutes and 30 seconds - 07/01/2021 at 14:52 (2:52 PM): 38 minutes and 45 seconds - 07/02/2021 at 5:00 AM: 32 minutes and 38 seconds - 07/02/2021 at 19:26 (7:26 PM): 45 minutes and 11 seconds - 07/03/2021 at 11:49 AM: 30 minutes and 29 seconds 2. Resident #7 was initially admitted on NJ Exec. Order 26 4.b.1 NJ Exec. Order 26 4.b.1 with current admission on NJ Exec. Order 26 4.b.1. The quarterly MDS dated 03/28/2021 revealed the resident had NJ Exec. Order 26:4.b.1 with a Brief Interview for Mental Status (BIMS) score of [redacted] out of 15. NJ Exec. Order 26:4.b.1. Resident #7 was interviewed on 07/06/2021 at 10:01 AM. The resident said the most recent longest call light response times had been up to 2 hours. The resident said they had not filed any recent grievance, but had called the ombudsman and the health department. Review of the call light times log for this resident revealed the following: -06/23/2021 at 8:10 AM: 37 minutes and 9 seconds -06/24/2021 at 10:28 AM: 33 minutes and 58 seconds -06/24/2021 at 13:45 (1:45 PM): 32 minutes and 2 seconds	F 550	delays. All residents have the potential to be affected by delay in call bell response. Audits were completed for Resident #5, with no noted trends. Ongoing audits are completed weekly to identify trends with delayed call bell response times in correlation to call bells initiated within 30-40 minutes immediately prior to call bell response time over 15 minutes. Tracking and trending will occur to identify potential call bell response delays. All staff educated by Administrator/designee on call light procedure so call lights are answered in a prompt, calm, and courteous manner. Administrator or designee will conduct call light audits weekly and will provide report to QA x 3 months.	

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-06/27/2021 at 5:28 AM: 34 minutes and 42 seconds
-06/27/2021 at 6:05 AM: 42 minutes and 51 seconds
-06/29/2021 at 14:09 (2:09 PM): 33 minutes and 35 seconds
-06/30/2021 at 7:11 AM: 45 minutes and 20 seconds
-06/30/2021 at 8:55 AM: 1 hour, 38 minutes and 31 seconds
-07/03/2021 at 14:00 (2:00 PM): 37 minutes and 16 seconds
-07/03/2021 at 17:37 (5:37 PM): 47 minutes and 4 seconds
-07/03/2021 at 21:41 (9:41 PM): 44 minutes and 13 seconds
-07/04/2021 at 9:54 AM: 34 minutes and 51 seconds
-07/04/2021 at 10:59 AM: 53 minutes and 1 second
-07/04/2021 at 13:09 (1:09 PM): 41 minutes and 58 seconds
-07/04/2021 at 18:42 (6:42 PM): 50 minutes and 56 seconds

A review of the staff education revealed call light education was provided on 06/10/2021.

The Director of Nurses (DON) was interviewed on 07/07/2021 at 10:30 AM. She said they started a call light audit a few weeks ago. She said the expectation was call lights getting answered as soon as possible. She said they provided education to the staff in June. She said over 30 minutes was not a reasonable time frame.

The Nursing Home Administrator (NHA) was interviewed on 07/07/2021 at 12:08 PM. She said they started collecting data for call light audits on

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F 550	Continued From page 4 06/14/2021. She said the goal for the average call light response time was about 5 minutes. She said the average response time was currently around 6 minutes. A review of the call light policy, updated 10/2020, provided by the NHA on 07/07/2021 at 12:08 PM, revealed in part, "Answer call lights in a prompt, calm and courteous manner. All staff, regardless of assignment, answer call lights." New Jersey Administrative Code § 8:39-4.1(a)(12)	F 550		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.	F 561		8/11/21

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F 561	Continued From page 5 §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143217 & NJ139173 Based on record reviews and staff interviews, it was determined that the facility failed to provide a shower as scheduled. This affected 1 of 5 residents (Resident #23) reviewed for choices. Findings include: 1. Resident #23 was admitted to the facility on NJ Exec. Order 26 4.b.1 with diagnoses including EX Order 26 § 4b1 [redacted]. A review of Resident #23's quarterly Minimum Data Set (MDS) dated 06/26/2020 indicated Resident #23's Brief Interview for Mental Status (BIMS) score was [redacted] out of 15, indicated the resident was EX Order 26 § 4b1. Resident #23 required EX Order 26 § 4b1 [redacted]. The updated care plan dated 08/24/2020 revealed a EX Order 26 § 4b1 [redacted]. The shower book was reviewed, and the shower schedule for Resident #23 was every Tuesday and Saturday.	F 561	Resident # 23 was discharged from facility. No other residents in the sample were identified All residents have the potential to be affected by this practice. Audits of shower schedules and documentation of task completion for 96 residents were completed. Of the 96 audited 24 care plans were updated to reflect shower/bed bath preferences including refusal of shower/bed bath when indicated. Education was provided by ADON/DON/Designee to certified nurses aides on shower tasks and documentation of completion or refusals of showers. All new admissions are audited for shower task implementation upon admission by Unit Manager/Designee. DON/Designee will audit 5 charts weekly to ensure shower tasks were documented as being provided and if refusal was noted, the care plan was updated to reflect refusals or updated preferences. DON or designee will report monthly to QA committee x 3 months then reevaluate for continued need.	

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F 561	Continued From page 6	F 561		

The review of the shower/bath documentation for the months of July 2020, August 2020, and September 2020 revealed Resident #23 was provided daily with a bed bath. The documentation did not indicate showers provided to Resident #23 on their shower days on Tuesdays and Saturdays.

The July 2020, August 2020, and September 2020 shower documentation for Resident #23 were reviewed. The documentation revealed a shower was not provided to Resident #23 on the following dates:

July 4, 7, 11, 14, 18, 21, 25, 28
August 1, 4, 8, 11, 15, 18, 22, 25, 29
September 1, 5, 8, 12, 15, 19, 22, 26, 29

Resident #23 was no longer residing at the facility and was not available for an interview.

An interview on 07/06/2021 at 1:40 PM with Certified Nurse Assistant (CNA) #5 was conducted. She indicated that she did not remember giving a shower to Resident #23 on the 7-3 shift. CNA #5 indicated Resident #23 sometimes preferred to get bed baths instead of showers. She added that if Resident #23 refused a shower, it should have been documented. CNA #5 indicated she did not document Resident #23's refusal of showers.

On 07/07/2021 at 12:30 PM, the Director of Nursing (DON) was interviewed. She verified the staff did not document on the shower records that showers were provided for Resident #23's scheduled showers days which were on Tuesdays and Saturdays. The DON indicated her

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F 561	Continued From page 7 expectations were for the CNAs to provide showers to residents as scheduled and document refusal of showers on scheduled shower days for the residents.	F 561		
F 658 SS=E	New Jersey Administrative Code: 8.39 - 4.1(a)3 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: Complaint Intake NJ145659 Based on record review, interviews, and facility policy review, it was determined that the facility failed to administer medications within an hour before or after the scheduled medication administration time for 5 of 5 residents (Residents #7, #13, #14, #15, and #16) reviewed for medication administration times. Findings include: 1. Resident #7 was re-admitted to the facility on NJ Exec. Order 26 4.b.1 with diagnoses to include EX Order 26 § 4b [redacted] A review of Resident #7's Medication Administration Record (MAR) for EX Order 26 § 4b1 revealed the following: - EX Order 26 § 4b1 [redacted]	F 658	Resident #7, #13, #14, #15, and #16 medications were documented outside of the medication administration parameters. Medical director was verbally notified by DON on 7/7/21. No negative outcomes were identified for all residents. All residents have the potential to affected by this deficient practice. 91 resident□s medication administration records were audited to identify any medications administered outside of ordered times. 77 residents had medications administered outside of ordered timeframe. Medical director notified of audit findings. No negative outcomes for residents identified. Education was provided to licensed nurses on medication administration guidelines by ADON/DON/Designee. DON or designee will audit 5 charts per	8/11/21

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F 658	Continued From page 8 EX Order 26 § 4b1 [redacted] [redacted]. 2. Resident #13 was admitted to the facility on EX Order 26 § 4b1 with diagnoses to include EX Order 26 § 4b1 [redacted]. A review of Resident #13's Medication Administration Record for 05/2021 revealed the following: - EX Order 26 § 4b1 [redacted] [redacted] 3. Resident #14 was admitted to the facility on EX Order 26 § 4b1 with diagnoses to include EX Order 26 § 4b1 [redacted]. A review of Resident #14's Medication Administration Record for 05/2021 revealed the following: - EX Order 26 § 4b1 [redacted] [redacted]	F 658	week to identify any medications not administered per physician orders. DON or designee will report findings to monthly QA committee monthly x 3 months, beginning in September, then reevaluate.	

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F 658	Continued From page 9	F 658		

EX Order 26 § 4b1 [redacted]

[redacted]

[redacted]

4. Resident #15 was admitted to the facility on EX Order 26 § 4b1 with diagnoses to include EX Order 26 § 4b1 [redacted]

A review of Resident #15's Medication Administration Record for 05/2021 revealed the following medications were administered over one hour past the scheduled time for 24 out of 31 days:

- EX Order 26 § 4b1 [redacted]

5. Resident #16 was admitted to the facility on NJ Exec. Order 26 4.b.1 with diagnoses to include EX Order 26 § 4

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EX Order 26 § 4b1

A review of Resident #16's Medication Administration Record for 05/2021 revealed the following:

- EX Order 26 § 4b1

On 07/07/2021 at 9:01 AM, an interview was conducted with Registered Nurse #4. The RN stated he generally documented medications given when he gave the medications. The RN stated he might have given the medications on time and documented late, but he could not remember specific days from two months ago. The RN stated he tried to give the insulin on time, and he interrupted his medication pass to give the insulin medications on time.

On 07/07/2021 at 9:05 AM, an interview was conducted with Licensed Practical Nurse (LPN) #1. The LPN stated he documented medications as given after the resident took the medications. The LPN stated if he had to give a medication late, he would notify the physician and see if the time could be changed.

On 07/07/2021 at 9:17 AM, an interview was conducted with LPN #5 who stated she

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F 658	Continued From page 11 documented medications as she gave them, and the electronic medication system would already have turned "red" if the medication was being given late. On 07/07/2021 at 9:35 AM, an interview was conducted with the Director of Nursing (DON). The DON stated the scheduled medication times were already set when she started at the facility, 2 months ago. The DON stated she expected medications to be given in the window of one hour before or one hour after the scheduled time. The DON stated she did not think medications were being administered late because of short staffing, but because of a time management problem. The DON stated she would schedule a meeting with the physician to adjust medication times to better serve the residents. RN #2, and LPNs #7, #8, #9 were unable to be reached for interview. A review of the facility policy, dated 3/2010, titled, Medication Administration: Medication Pass, included under Procedure #9, Administer medication in accordance with frequency prescribed by physician - within 60 minutes before or after prescribed dosing time. A review of the facility policy, updated 03/2018, titled, Medication and Treatment Administration Guidelines, included under Documentation, *Medications administered are documented immediately following administration or per state specific standards.	F 658		
F 677 SS=D	New Jersey Administrative Code § 8:39-29.2(d) ADL Care Provided for Dependent Residents	F 677		8/11/21

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F 677	Continued From page 12 CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143364 Based on record review, facility policy review, and interviews, it was determined that the facility failed to ensure residents were provided with activities of daily living (ADLs) assistance for 1 (Resident #9) of 3 residents reviewed for showers. Specifically, the facility failed to ensure Resident #9 received showers. Findings include: 1. Resident #9 was admitted on EX Order 26 § 4b1 and discharged on EX Order 26 § 4b1. The admission Minimum Data Set (MDS) dated 12/18/2020 revealed the resident had EX Order 26 § 4b1 [redacted] A family member for Resident #9 was interviewed on 07/06/2021 at 10:34 AM. The family member said they did not know if the resident received any showers. The Director of Nurses (DON) was interviewed on 07/07/2021 at 9:32 AM. She said this resident's shower task had never been put into the system and so there was no electronic documentation of	F 677	Resident # 9 was discharged from the facility No other residents in the sample were identified All residents have the potential to be affected by this practice. DON completed audits of shower schedules and documentation of task completion for 96 residents were completed. Of the 96 audited 24 care plans were updated to reflect shower/bed bath preferences including refusal of shower/bed bath when indicated Education was provided by DON/ADON/Designee to certified nurses aides on shower tasks and documentation of completion or refusals of showers. Education was provided by DON/ADON/Designee to licensed nurses on documentation of tasks upon admission and as needed. All new admissions are audited for shower task implementation upon admission by Unit Manager/Designee. DON/Designee will audit 5 charts weekly to ensure shower tasks were documented as being	

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	315506	A. BUILDING _____ B. WING _____	C 07/07/2021

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F 677	Continued From page 13 showers provided to the resident. She said she reviewed the progress notes and said showers had been documented in the progress notes on 02/08/2021 and 02/22/2021. A review of additional bathing documentation revealed the resident had received showers on 02/28/2021 and 02/25/2021. The resident had received only 4 showers from 12/11/2020 to 03/01/2021. A review of the bathing policy, revised 07/2016, provided by the DON on 07/07/2021 at 4:02 PM, revealed in part, "Document in (electronic record): -care provided -unusual observations ..."	F 677	provided and if refusal was noted, the care plan was updated to reflect refusals or updated preferences. DON or designee will report monthly to QA committee x 3 months then reevaluate for continued need	
F 689 SS=D	New Jersey Administrative Code § 8:39-27.2(i) Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143364 Based on record review, facility policy review, and interviews, it was determined that the facility failed to ensure the residents were free from accident hazards for 1 (Resident #9) of 3 residents reviewed for NJ Exec. O. Specifically, the	F 689	Resident #9 was discharged from the facility. All patients have the potential to be affected by this practice. Audit was completed by DON for all patients admitted within the past 30 days to ensure	8/11/21

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F 689	Continued From page 14 facility failed to initiate a care plan related to [NJ Exec. Ord] on admission, update the care plan, and initiate interventions after each [NJ Exec. Or] Findings include: 1. Resident #9 was admitted on [EX Order 26 § 4b1] and discharged on [EX Order 26 § 4b1]. The admission Minimum Data Set (MDS) dated 12/18/2020 revealed the resident had EX Order 26 § 4b1 [redacted], based on the staff assessment for mental status. The resident required [EX Order 26 § 4b1] [redacted] Additional active diagnosis included history of [EX Order 26 §]. The resident had a [NJ Exec.] within the last month of the MDS. The [EX Order 2] care area was triggered for the development of the care plan. The triggered area revealed a care plan related to [EX Orde] should have been implemented. The facility did not develop a care plan related to [NJ Exec. Ord] until the resident had a second [EX Ord]. The care plan, initiated 12/14/2020, revealed in part, EX Order 26 § 4b1 [redacted] EX Order 26 § 4b1 [redacted] " Review of the medical practitioner note, dated 12/16/2020, revealed in part, "Reviewed safety and [NJ Exec. O] prevention: Patient able to demonstrate use of call bell, ask for assistance, use caution when [NJ Exec. Order 26 4.b.1] with [EX Order 26 § 4b1] if needed. Always wear secure well-fitting shoes or slippers. Use [NJ Exec. Order 26:4.b.1] as directed. Keep bed in low	F 689	[NJ Exec] risk assessment was completed and [NJ Exec] care plan was initiated. 59 records were audited by DON, 1 Care Plan was updated. An audit was conducted by DON to identify patients that had recent [NJ Exec. O] to ensure post [NJ Exec. O] interventions were updated on the care plan. 7 of 7 audited had [NJ Exec. O] care plans updated and [NJ Exec.] assessment completed. Licensed nurses were in-serviced by ADON/DON/Designee on [NJ Exec. O] management process of assessing patients for [NJ Exec] risk upon admission, implementing a [NJ Exec.] care plan on admission, and implementing post [NJ Exec. O] interventions. The IDT team will review new admissions to ensure the implementation of [NJ Exec. O] risk assessment and [NJ Exec] risk care plans were implemented by nurse. The IDT team will review all [NJ Exec. O] to ensure post [NJ Exec.] care plan update and [NJ Exec] assessment were completed. DON or designee will audit 5 charts weekly to ensure [NJ Exec. O] risk assessment and [NJ Exec] care plans are implemented. DON or designee will audit weekly that all residents who fell have post [NJ Exec. O] care plan interventions updated and [NJ Exec] assessments completed. DON will report findings monthly to QA x 3 months, beginning in September, then reevaluate for further need.	

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F 689	Continued From page 15 position and/or scoop mattress to prevent falling out of bed." The care plan was not updated to include the above interventions for NJ Exec. O precautions. Review of the incident report, dated 01/18/2021 at 2:30 AM, revealed in part, "Certified Nurse Aide (CNA) notified nurse of patient found on floor. Entered the room to find the patient lying next to the bed. The patient is a poor historian and cannot recollect the event. [The resident] does report [he/she] NJ Exec. Order 26:4.b.1 The patient was helped back to bed without incident ...Center action: After found on floor by aide, [the resident] was safely helped back to bed. NJ Exec. Order 26:4.b.1 completed." There was no care plan or interventions put into place to include the EX Ord that occurred on 01/18/2021. Review of the 01/18/2021 EX Ord assessment revealed no physical performance limitations. The resident was identified as having a decline in EX Order 26 § 4b1 Review of the incident report, dated 01/22/2021 at 6:33 AM, revealed in part, "Description of incident: On last round, this nurse was called into [the resident's room] by CNA. Upon entering, resident noted to be lying on right side of bed, in supine position. NJ Exec. Order 26:4.b.1. Resident unable to explain how EX Ord occurred. Resident NJ Exec. Order 26:4.b.1 initiated. Resident assisted back to bed by three staff members.	F 689		

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F 689	Continued From page 16	F 689		

Center action: Resident assessed for [NJ Exec. Ord] and [NJ Exec. Order 26:] [NJ Exec. Order 26 4.b.1] [redacted]."

Review of the 01/22/2021 [NJ Exec. O] assessment revealed NJ Exec. Order 26:4.b.1. The resident had EX Order 26 § 4b1 [redacted] are plan initiated/revised.

Review of the general progress note, dated 01/22/2021, revealed in part, "Order to apply [NJ Exec. O] [redacted]."

Review of the order summary report indicated, Apply NJ Exec. Order 26:4.b.1, while resident is in bed. Every shift for prevention. Order date: 01/22/2021.

Review of the mood/behavior note, dated 01/22/2021 revealed, "Resident status post (s/p) [NJ Exec.] from this morning. EX Order 26 § 4b1 consistent with previous checks. Resident is [NJ Exec. Order 26] Repeated exit seeking behavior noted this evening. Resident [NJ Exec. Order 26:4.b] once staff attempted to redirect away from exits. Resident returned to bed this evening with [NJ Exec. Order 26:4.] [NJ Exec. Order 26:4.b]. Resident resting in bed in lowest position."

The care plan, initiated 01/22/2021, revealed the resident EX Order 26 § 4b1, EX Order 26 § 4b1. Interventions included: [EX Orde] [redacted]"

Review of the respiratory note, dated 01/28/2021, revealed in part "[EX Orde] precautions in place [EX Order 2] [redacted]

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F 689	Continued From page 17 EX Order 26 § 4b1)." Review of the incident report, dated 01/31/2021 at 3:00 AM, revealed in part, "Description of event: I was called to room by CNA and found patient sitting with back resting against the bed. Patient sustained a NJ Exec. Order 26:4.b.1 and procedure tolerated well. Patient was then placed back into bed and was given care. NJ Exec. Order 26:4.b.1 and EX Order 26 § 4b1 check were within normal limits. Family and MD were made aware and treatment orders were obtained. Center action: Patient placed back in with assist of CNA and nurse EX Order 2 were treated, and patient was given care for EX Order 26 § 4b1 ." The fall assessment was not completed for this incident. The care plan was not updated to include the fall on 01/31/2021. The Director of Rehab (DOR) was interviewed on 07/07/2021 at 12:45 PM. She said they had this resident on their case load. She said on EX Order 26 § 4b1 from EX Order 26 § 4b, the resident was able to NJ Exec. Order 26 4.b.1 . She said restorative continued to work with the resident after EX Order 26 § 4b was EX Order 26 § 4b1 . The Director of Nurses (DON) was interviewed on 07/07/2021 at 9:32 AM. She said they did not initiate the EX Ord care plan on admission. She said they did not have a specific EX Ord risk assessment. She said EX Order 26 § 4 was identified on admission. She acknowledged there was no care plan put into place on admission and no additional interventions were put into place after each EX Ord .	F 689		

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F 689	Continued From page 18 She said interventions were put into place after the [NJ Exec. O] that occurred on 01/22/2021. She said the interventions included [NJ Exec. Order 26:4.b.] and that the bed was in low position. She said they would usually look at other interventions associated with [EX Order] such as EX Order 26 § 4b1 [redacted]. The MDS Coordinator was interviewed on 07/07/2021 at 10:48 AM. She said that the nurses would initiate the care plans associated with [EX Orde]. Review of the [NJ Exec. O] practice guide policy, issue date 12/2011, provide by the Nursing Home Administrator (NHA) on 07/07/2021 at 8:27 AM, revealed in part, "If, upon completion of the patient admission/readmission screen, the patient is found to be at risk for [EX Order 2] or has a history of [NJ Exec. O], the physician is contacted for orders, as appropriate; an initial plan of care is developed and individualized interventions are initiated ...Patient[NJ Exec. Ord] are tracked by time, location and causative factors. The data is reviewed to identify any trends."	F 689		
F 692 SS=G	New Jersey Administrative Code § 8:39-27.1(a) Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or	F 692		8/11/21

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F 692	Continued From page 19 desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143364 Based on record review, facility policy review, and interviews, it was determined that the facility failed to maintain adequate NJ Exec. Order 26:4.b.1 status for 1 (Resident #9) of 3 residents investigated for EX Order 26 § 4b1. Specifically, the facility failed to prevent significant EX Order 26 § 4b1 for Resident #9, leading to the progression of EX Order 26 § 4b1 on the resident's EX Order 26 § 4b1 identified on 12/30/2020. NJ Exec. Order 26:4.b.1 was not ordered after recommended by the registered dietitian (RD) on 12/21/2020. The resident experienced new NJ Exec. Order 26:4.b.1 on 12/30/2020. The resident experienced significant NJ Exec. Order 26 4.b.1 of EX Order 26 on 01/06/2021 in one month with no NJ Exec. Order 26:4.b.1 ordered. A new EX Order 26 § 4b1 area was identified on 01/08/2021. A NJ Exec. Order 26 4.b.1 t was ordered on 01/14/2021 and discontinued on 01/22/2021 with no additional NJ Exec. Order 26:4.b.1 added. The resident had additional EX Order 26 § 4b1 of EX Order 26 § since admission NJ Exec. Order 26:4.b.1 was readded on 02/15/2021. The lack of nutritional intervention contributed to the resident's significant NJ Exec. Order 26 4.b.1 and ultimately resulting in the outcome of EX Order 26 § 4b1.	F 692	Resident #9 was discharged from the facility 3/1/21. All residents with NJ Exec. Order 26:4.b.1 have potential to be affected from this deficient practice. An audit was conducted by DON, RD, ADON on 7/30/21 for 11 residents with weight changes. All Care plans were reviewed and two were updated by DON. RD documentation was also reviewed by DON/ADON/RD to confirm recommendations reflected in medical record with no changes recommended. Nursing staff and RD were be educated by ADON/DON/Designee on weight management guidelines and RD communication. RD will notify IDT daily of any unplanned NJ Exec. Order 26 4.b.1 triggers. Weekly meeting with RD, ADON/DON to audit all residents/patients with unplanned NJ Exec. Order 2 NJ Exec. Ord to ensure Care Plan and RD documentation reflect current patient	

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F 692	Continued From page 20 Findings include: 1. Resident #9 was admitted on EX Order 26 § 4b1 and discharged on EX Order 26 § 4b1. The admission Minimum Data Set (MDS), dated 12/18/2020, revealed the resident had EX Order 26 § 4b1 based on the staff assessment for mental status. The resident required NJ Exec. Order 26:4.b.1 assistance for EX Order 26 § 4b1 The resident had a weight of EX Orde pounds. The resident was at risk for developing EX Order 26 § 4b1. No EX Order 26 § 4b1 were identified on admission assessment. The discharge MDS, dated 03/01/2021, revealed the resident had EX Order 26 § 4b1 based on the staff assessment for mental status. The resident required EX Order 26 § 4b1 The resident had a weight of EX Orde pounds with marked EX Order 26 § 4b1. The resident had two EX Order 26 § 4b1 Diagnoses included EX Order 26 § 4b1 Review of the care plan, initiated 12/14/2020, revealed the resident, "is at risk for alteration in NJ Exec. Order 26:4.b.1 status related to EX Order 26 § 4b1 " Interventions included: EX Order 26 § 4b1 ...Provide EX Order 26 § 4b1 with all	F 692	status/intervention. RD to submit findings to QA committee monthly, beginning September 2021 x 3 months and then reevaluate for continued need.	

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meals."

A family member for Resident #9 was interviewed on 07/06/2021 at 10:34 AM. The family member said he/she thought the resident had a EX Order 26 § 4b1 [redacted] while at the facility and had developed EX Order 26 § 4b1 on NJ Exec. Order 26:4.b.1 shortly after admission.

A review of the computerized weight documentation revealed:
-12/11/2020: EX Order 26 pounds
-01/05/2021: EX Order pounds
-01/06/2021: EX Order pounds EX Order percent (%) NJ Exec. Order 26 x 1 month)
-02/01/2021: EX Order 26 pounds (EX Order 26 § EX Order 26 § 4b1 since admission) The resident had a EX O pound EX Order 26 § 4b1 since admission.

Review of the history and physical (H&P), dated 12/13/2020, revealed in part, "General NJ Exec. Or [gender] ...No NJ Exec. Order 26:4 ...Assessment and plan NJ Exec. Order 26 4.b.1 ...encourage oral EX Order 26 § 4b1 [redacted]

Review of the nutrition admission assessment, dated 12/14/2020, revealed in part, the resident's most recent weight was EX Order 26 pounds. The resident was on a regular diet. Recommendations included: EX Order 26 § 4b1 [redacted]. NJ Exec. Order 26:4.b.1 [redacted]. Follow up as needed (PRN)."

Review of the general progress note, dated 12/14/2020, revealed, "[The resident was] NJ Exec. Order 26:4.b.1 [redacted]. [The

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F 692	Continued From page 22 resident] is NJ Exec. Order 26:4.b.1 and has to NJ Exec. Order 26:4.b.1 [redacted] Review of the respiratory note, dated 12/15/2020, revealed in part, 'EX Order 26 § 4b1 [redacted]. Patient continues to have poor appetite." Review of the medical practitioner note, dated 12/20/2020, revealed in part the resident had poor appetite with a weight of EX Order [redacted] pounds. The dietitian was consulted. Review of the nutrition/weight note, dated 12/21/2020, revealed, "Diet was downgraded to puree, appetite remains poor. Recommend add EX Order 26 § 4b1 [redacted] (bid) ...Continue to monitor and follow up prn." This supplement was not ordered per recommendation. Review of the medical practitioner note, dated 12/28/2020, revealed in part, "Findings NJ Exec. Order 26:4.b.1 [redacted] of meal at lunch." Review of the medical practitioner note, dated 12/30/2020, revealed in part, 'EX Order 26 § 4b1 [redacted] ...Assessment: EX Order 26 § 4b1 [redacted] New identified EX Order 26 § 4b1 [redacted] Review of the skin note, dated 01/04/2021, revealed in part EX Order 26 § 4b1 [redacted]	F 692		

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F 692	Continued From page 23 EX Order ..." A review of the computerized weight documentation revealed: -01/06/2021: EX Order 26 § 4b1 [redacted] Review of the medical practitioner note, dated 01/08/2021, revealed in part, "Patient had EX Order 26 § 4b1 which are being treated .. EX Order 26 § 4b1 [redacted] " Review of the general progress note, dated 01/08/2021, revealed in part, "This nurse was informed by CNA that resident had NJ Exec. Order 26:4.b.1 NJ Exec. Order 26:4.b.1 ..." EX Order 26 § 4b1 . Review of the medical practitioner note, dated 01/11/2021, revealed in part, "Chief complaint EX Order 26 § 4b1 [redacted] ...[The resident's] appetite had continued to improve over the last week now with 50-100% meals being eaten ...Findings: 1 EX Order 26 § 4b1 [redacted] Review of the order summary report revealed NJ Exec. Order 26 4.b.1 was ordered on 01/14/2021 one time a day for NJ Exec. Order 26 4.b.1 , give EX Order 26 § 4b1 . This is the first time a NJ Exec. Order 26:4.b.1 was ordered for this resident. The resident and a significant NJ Exec. Order 26 4.b.1 01/06/2021 with the development of NJ Exec. Order 26:4.b.1 . No additional NJ Exec. Order 26:4.b.1	F 692		

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	315506	A. BUILDING _____ B. WING _____	C 07/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (WASHINGTON TWP)	**378 FRIES MILL ROAD SEWELL, NJ 08080**

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F 692	Continued From page 24	F 692		

specific to [redacted] were implemented. The registered dietitian acknowledged she was not aware the resident had any [redacted]. See interview below.

Review of the dietary eKardex revealed the resident received [redacted] from 01/14/2021 through 01/22/2021. Documentation was marked as accepted or refused. No percentages were available. The [redacted] was discontinued on 01/22/2021. No other [redacted] interventions were ordered.

Review of the nutrition/weight note, dated 01/15/2021, revealed in part, [redacted]

Review of the nutrition/weight note, dated 01/22/2021, revealed, "Resident is refusing [redacted] once daily. Recommend: discontinue oral [redacted] an add [redacted]. Continue to monitor and follow up prn."

Review of the order summary report revealed: [redacted] had an order date: 01/22/2021.

Review of the skin note, dated 01/26/2021, revealed in part, [redacted]

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F 692	Continued From page 25	F 692		

Review of the medical practitioner note, dated 01/28/2021, revealed in part, "Patient is seen sitting in hallway drinking [redacted] ..."

A review of the computerized weight documentation revealed:
-02/01/2021: [redacted] pounds ([redacted] since admission). The resident had additional [redacted] and was not ordered to receive any NJ Exec. Order 26:4.b.1 at this time.

Review of the nutrition/weight note, dated 02/15/2021, revealed "The day resident refused [redacted] plus was [redacted]. Recommend reorder [redacted] once daily."

Review of the order summary report revealed [redacted] was ordered 02/15/2021 one time a day for [redacted] t, give [redacted]. The resident had additional [redacted] on 02/01/2021 without any s[redacted] n ordered until 02/15/2021. No [redacted] interventions specific to [redacted] was ordered.

Review of the dietary eKardex revealed the resident received [redacted] from 02/15/2021 through 03/01/2021. Documentation was marked as accepted or refused. No percentages were available.

The Director of Nurses (DON) was interviewed on 07/06/2021 at 1:40 PM. She said weights were obtained on admission, weekly for 4 weeks, and then monthly. She said they had an improvement plan in place for the weights. She said the facility did not have a [redacted] nurse, but the [redacted] doctor completed weekly rounds. She said they discussed [redacted] at the interdisciplinary

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F 692	Continued From page 26	F 692		

(IDT) meetings. She said they did not have regular weekly weight meetings, but they had a plan to implement weekly meetings.

The Registered Dietitian (RD) was interviewed on 07/06/2021 at 3:33 PM. She said nursing got the weights on admission for day 1 and day 2, weekly x 4 and then monthly. She said they had challenges in getting the weights completed. She acknowledged weights were not completed timely for this resident. She said the NJ Exec. Order 26:4.b.1 were triggered in the computerized charting system; she would write a note and then update the care plan. She said they used to have weekly meetings but then they had too much staff turnover. She said they would like to restart the weekly meetings and they were initiating a performance plan. She said NJ Exec. Order 26:4.b.1 were usually discussed in the morning meetings. She said the wound doctor came into the facility, but they did not have a wound nurse at this time. She said she added NJ Exec. Order 26 4.b.1 into the computerized order system and that got initiated once the doctor signed off. She said they only had fortified cereal at this time for fortified foods. She said no other foods were fortified. She said she was not aware of this resident having any NJ Exec. Order 26:4.b.1. She said this resident was on a NJ Exec. Order 26:4.b.1, but then it was discontinued and restarted later. She said some interventions they could have implemented included NJ Exec. Order 26:4.b.1, depending on the resident needs. She confirmed this resident was not on any additional NJ Exec. Order 26:4.b.1. She said she became a part of the wound team in March-April.

The DON was interviewed again on 07/07/2021 at 2:26 PM. She said the resident had declined

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F 692	Continued From page 27 because the resident had NJ Exec. Order 26:4.b.1. She said the resident had decreased appetite, but it then increased. She said they had planned on implementing the weekly EX Order 26 § 4b1 meetings this week. She said potential interventions that could have been put into place included NJ Exec. Order 26:4. Review of the weight management guideline, dated 03/2018, provided by the DON on 07/06/2021 at 12:21 PM revealed in part, "The key for effective weight management is to appropriately identify weight variances and initiate nutrition strategies when indicated in time to reduce nutrition related complications ...For newly admitted patients, obtain weight upon admission and weigh weekly for a total of 4 consecutive weeks, then monthly ...Continued need for weekly weights due to nutritional concerns is determined by the IDT team led by the registered dietitian." New Jersey Administrative Code § 8:39-27.1(a)	F 692		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145659 Based on observation, record review, and staff interview, it was determined that the facility failed to maintain a medication error rate of less than	F 759	Resident #19 was evaluated post identification by RN. NJ Exec. Order 26:4.b.1 were obtained per RN and were reported to be in NJ Exec. Order 26:4.b. Attending physician notified 7/6/21, one time order received for	8/11/21

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F 759	Continued From page 28 5% as evidenced by having 4 errors out of 25 opportunities, which resulted in an 16% medication error rate. Findings include: 1. On 07/06/2021 at 9:30 AM, an observation of medication administration was observed with Registered Nurse (RN) #3 and Resident #19. The RN obtained the following medications from the medication cart: - EX Order 26 § 4b1 [redacted] The RN put all medication in a medicine cup and stated she was ready to dispense the medication. The nurse was questioned as to the number of pills in the medication cup. The RN sanitized her hands, donned gloves, poured the pills into her gloved hand and counted 10 with the surveyor. At 9:45 AM, the RN entered Resident #19's room and administered the medication. A review of a physician's order indicated an order for EX Order 26 § 4b1 daily, to be given at 9:00 AM. The nurse documented the medication as given at the time of the medication pass observation; however, EX Order 26 § 4b1 was not observed given to Resident #19.	F 759	NJ Exec. Order 26:4.b.1 No further orders given. All residents have potential to be affected from this deficient practice. Medication competencies were completed DON/Designee for 5 nurses on 7//31, 8/5, 8/11 to identify other residents potentially affected. No errors were observed for 5 out of 5 nurses. Medical director was notified on 7/6/21 of medication error by DON related to resident #19. Nurse #3 was educated by DON on 7/6/21 on medication administration guidelines and again on 8/11/21. Licensed nurses were re-educated by ADON/DON/Designee on medication and treatment administration guidelines. 2 licensed nurses will be receive a competency weekly on medication administration techniques and documentation requirements by DON/Designee. DON or designee will report findings to QA committee monthly x 3, beginning in September 2021 and reevaluate for continued need.	

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F 759	Continued From page 29	F 759		

A review of a physician's order indicated an order for [redacted] three times daily for [redacted], to be given at 7:30 AM. It was administered late, at approximately 9:30 AM.

A review of a physician's order indicated an order for [redacted] twice daily for [redacted], to be given at 8:00 AM with meals. It was administered late, at approximately 9:30 AM.

A review of a physician's order indicated an order for [redacted] daily. The nurse only administered [redacted].

On 07/06/2021 at 11:55 AM, an interview was conducted with RN #3. The RN stated she gave the [redacted] with the other medication and could not explain how 10 pills were counted and include the [redacted], which was not observed given. The RN stated she noticed that she only had [redacted] of [redacted] when she put the pill bottle back in the drawer but thought she would just give another tablet with the 11:30 AM medications. The RN indicated she was busy with another resident's blood sugar earlier, and that was why two of the medications were late.

On 07/06/2021 at 2:59 PM, an interview was conducted with the Director of Nursing (DON). The DON stated she expected medications to be given in the window of one hour before or one hour after the scheduled time. The DON stated if the wrong dose of medication was administered, she expected the nurse to inform the physician.

A review of the facility policy dated 3/2010, titled

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F 759	Continued From page 30 Medication Administration: Medication Pass, included under Procedure #4, Read the transcribed physician order on the Medication Administration Record (MAR), compare the MAR with the medication label for accuracy. #9, Administer medication in accordance with frequency prescribed by physician - within 60 minutes before or after prescribed dosing time. New Jersey Administrative Code § 8:39-29.2(d)	F 759		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
315506 Y1	A. Building B. Wing Y2	8/11/2021 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PROMEDICA SKILLED NURSING & REHAB (WASHINGTON TWP)	378 FRIES MILL ROAD SEWELL, NJ 08080

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0550	Correction	ID Prefix F0561	Correction	ID Prefix F0658	Correction
Reg. # 483.10(a)(1)(2)(b)(1)(2)	Completed	Reg. # 483.10(f)(1)-(3)(8)	Completed	Reg. # 483.21(b)(3)(i)	Completed
LSC	08/11/2021	LSC	08/11/2021	LSC	08/11/2021
ID Prefix F0677	Correction	ID Prefix F0689	Correction	ID Prefix F0692	Correction
Reg. # 483.24(a)(2)	Completed	Reg. # 483.25(d)(1)(2)	Completed	Reg. # 483.25(g)(1)-(3)	Completed
LSC	08/11/2021	LSC	08/11/2021	LSC	08/11/2021
ID Prefix F0759	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.45(f)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/11/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
7/7/2021	☐ YES ☐ NO