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	315017	A. BUILDING _____ B. WING _____	C 11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	**230 E RIDGEWOOD AVE PARAMUS, NJ 07652**

(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 COMPLAINT # : NJ 130355 CENSUS : 507 SAMPLE SIZE : 3 F660 Based on interviews, review of the "Medical Records (MR)," and other pertinent facility documentation on 11/15/2019 and 11/20/19, it was determined that the facility staff failed to safely discharge a Resident with [redacted], and on [redacted]. The facility failed to ensure that appropriate arrangements were in place prior to discharge to ensure a safe discharge and prevent harm. The facility also failed to ensure that Durable Medical Equipment (DME) was delivered to the home prior to discharge which included; [redacted] as well as supplies for these. The facility also failed to provide adequate education with return demonstration to the care giver to ensure that the Resident would receive appropriate care prior to discharge in the areas of [redacted] and [redacted]	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/17/2019

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 000	Continued From page 1 [redacted], as well as follow the facility's own policy titled "Interdisciplinary Discharge Summary/Instructions" for 1 of 5 sampled residents, (Resident #3). On [redacted], Resident #3 was discharged to home without the resident's [redacted] receiving appropriate education for [redacted] therapy education, and no [redacted] in the home. Resident #3 arrived home and was immediately transferred to the hospital. This deficient practice placed Resident #3, as well as all residents pending discharge to home in an Immediate Jeopardy (IJ) situation. The IJ was identified and reported to the Administrator and the Director of Nursing (DON) on 11/15/2019 at 3:25 p.m. when the IJ template was provided to the Administrator. The IJ ran from 10/30/2019 until 11/15/2019 at 4:30 p.m., and was lifted when the Administrator provided an acceptable Removal Plan on 11/15/2019 at 4:30 p.m.	F 000		
F 660 SS=J	Discharge Planning Process CFR(s): 483.21(c)(1)(i)-(ix) §483.21(c)(1) Discharge Planning Process The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and- (i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.	F 660		11/29/19

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(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.
(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.
(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.
(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.
(vi) Address the resident's goals of care and treatment preferences.
(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.
(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.
(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.
(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.
(viii) For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not

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F 660	Continued From page 3 limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences. (ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 130355 Based on interviews, review of the "Medical Records (MR)," and other pertinent facility documentation on 11/15/2019 and 11/20/19, it was determined that the facility staff failed to safely discharge a Resident with [redacted]. The facility failed to ensure that appropriate arrangements were in place prior to discharge to ensure a safe discharge and prevent harm. The facility also failed to ensure that Durable Medical Equipment (DME) was delivered to the home prior to discharge which included; [redacted]	F 660	1. The staff responsible for discharge of Resident #3 were counseled. Resident #3 no longer resides in the facility. 2. All residents who have a planned discharge to the community in place have the potential to be affected by this practice. All residents with a discharge potential to the community were reviewed to ensure proper discharge planning, including education with return demonstration to resident or responsible party, was done. 3. Re-education was provided to the	

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F 660	Continued From page 4 [redacted] The facility also failed to provide adequate education with return demonstration to the care giver to ensure that the Resident would receive appropriate care prior to discharge in the areas of [redacted] as well as follow the facility's own policy titled "Discharge Planning: Discharge Planning and Instructions", for 1 of 5 sampled residents, (Resident #3). On 10/30/2019, Resident #3 was discharged to home without the resident's [redacted] receiving appropriate education for [redacted]. As well as no [redacted] education, and no [redacted] in the home. Resident #3 arrived home and was immediately transferred to the hospital. This deficient practice placed Resident #3, as well as all residents pending discharge to home in an Immediate Jeopardy (IJ) situation. The IJ was identified and reported to the Administrator and the Director of Nursing (DON) on 11/15/2019 at 3:25 p.m. when the IJ template was provided to the Administrator. The IJ ran from 10/30/2019 until 11/15/2019 at 4:30 p.m., and was lifted when the Administrator provided an acceptable Removal Plan on 11/15/2019 at 4:30 p.m. This deficient practice is further evidenced by the following: 1. According to the facility "Face Sheet,"	F 660	Interdisciplinary Care Plan team regarding a resident's planned discharge to the community and ensuring proper teaching with return demonstration is in place along with acknowledged understanding of the discharge summary/instructions. A discharge checklist was implemented prior to the end of survey for the Interdisciplinary Care Plan team. A supervisor is required to sign off on the discharge checklist prior to a resident leaving the facility. The policy for discharge summary/instructions was revised to reflect the discharge checklist and appropriate acknowledgement of teaching to the resident/resident representative. 4. The Director of Social Services/designee will audit all planned discharges to the community prior to each discharge to ensure compliance with the checklist. The results of the audit will be reported to the Administrator monthly and the Quarterly Quality Assurance Performance Improvement Committee for a period of 12 months.	

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F 660	Continued From page 5 Resident #3 was admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted] 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] Review of Resident #3's Care Plan (CP) with an effective date of 7/10/2019, under Problems/Strengths revealed : Resident #3 has [redacted] Interventions included but were not limited to: Treatment as ordered..., Turn and reposition every 2 hours... The CP also included under Problems/Strengths; Resident #3 has a [redacted] and is at risk for increased [redacted]. Interventions included but were not limited to: [redacted] care per protocol, [redacted] PRN, ([redacted]. The CP further revealed under Problems/Strengths: Resident #3 is at risk for alteration in nutrition/hydration due to being [redacted] .. Interventions included but were not limited to: Monitor weight trends, Provide [redacted]	F 660		

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[redacted] at 6 p.m. Provide Advanced Mechanical soft tray for breakfast and lunch with [redacted] in place. The CP also revealed that Resident #3 has episodes of physical behavioral symptoms as evidenced by : [redacted], and trying to climb out of bed during care, pushing care giver related to DX (Diagnosis) of [redacted]

The CP further revealed under: Problems/Strengths: revised date 4/17/2019, Resident #3 requires assistance with discharge planning to another facility. Interventions included but were not limited to: Assist with resident's family's understanding and acceptance of treatment goals and discharge plan. Order Visiting Nurse Services, Durable Medical Equipment and transportation as needed, Dietician to provide diet instructions, Nursing /MD (physician) to instruct the resident/family /primary care person regarding medication (dose, use, side effects, rationale) and treatments. Assure that continuity of care is maintained by giving a detailed summary of care needs when discharged. Encourage resident/ family to express feelings, concerns, preferences related to placement, limitations and discharge plan.

Review of the MD Monthly Progress Note, dated 9/11/2019, revealed the following : Pt (Patient) is awake/alert, communicating well, asking to go home, wants more privacy...will discuss with [redacted], will continue [redacted] prn for anxiety continue [redacted]) meds (medications)

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per orders. No GRD (Gradual Dose Reduction for [redacted] at this time. Continue with feeding/Aspiration (choking) precautions.

Review of the Physician Order sheets (POS) dated [redacted], for Resident #3's discharge were as follows: [redacted]

Review of a Interdisciplinary Progress Notes (IPN) dated 10/21/2019 02:36 p.m. revealed : The SW (Social Worker) informed resident's [redacted] that as per Home Care Service they will provide service 3 days a week, therefore the [redacted] has to either pay a private nurse to cover for the remaining days of the week or a family member should be trained, the [redacted] declined but stated that he will start Medicaid application in NY. Per the note, the SW educated him on the importance of a safe and well planned discharge.

Review of IPN dated 10/23/2019 at 2:34 p.m., revealed "The IDCP (Interdisciplinary Care Plan) Team met today for a conference call with Resident #3's son... to inform him about his mother's intricate medical care upon her

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F 660	Continued From page 8 discharge. Nursing, Rehab (Rehabilitation), Respiratory, and Nutrition Services explained to him the care that his mother is currently receiving in this facility and what will be needed when she is discharged home. His questions and concerns were addressed to his satisfaction..." Review of IPN dated 10/23/2019 at 3:06 a.m., revealed continue of 1:1 supervision and camera monitoring for [redacted] in use... Review of IPN dated [redacted] at 2:37 p.m., "[redacted]. Scheduled for discharge tomorrow as per SW resident [redacted] is coming tomorrow for discharge instruction. Pick up by (transport) at 11 AM." Review of IPN 10/30/2019 at 4:27 p.m. revealed: the nurse documented that "10:30 AM met with resident's [redacted] to give discharge instructions on administration and purpose for medication." The nurse also documented that the [redacted] did not want Resident #3 on psyche meds; the [redacted] and [redacted] and wanted them to be discontinued because [redacted] did not want [redacted] to be sleeping all day. The IPN continued that the [redacted] was also informed of the [redacted] and care that would have to be done to maintain a [redacted], and to have resident in upright position for meals. The nurse documented that "The [redacted] has to be on at night and in the day [redacted], [redacted] was also told that the [redacted] y company will give further [redacted] teaching. [redacted] expressed that [redacted] understood. Resident left at 11:40 am via ambulance, no acute distress noted." There was no	F 660		

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documentation to indicate that beyond verbal instruction, that any demonstration of the above occurred at that time.

A review of the documentation in the "Interdisciplinary DischargeSummary" dated 10/28/19, included Resident #3's medication list. The documentation was signed on the last page and dated [redacted]. However, there was no documentation regarding discharge instructions/education and/or return demonstration of any of Resident #3's care needs.

Review of IPN dated 10/30/2019 at 5:07 p.m., revealed "1:35 PM informed by charge nurse that [redacted] called to say that no one brought [redacted] to the house for [redacted]. I spoke to EMT (Emergency Medical Technician) for Rapid Response Ambulance. He said there are two ambulances at the house and all they need is for the Doctor to fax (facsimile) an order for the [redacted] [redacted] and they will provide the [redacted] until tomorrow. Message conveyed to SW and number of fax given to her."

During an interview on 11/15/2019 at 10:18 a.m., the Charge Nurse (CN) stated that the process for determining when a resident can be discharged back to the community is "upon admission we do a discharge process most of the time they are Long Term Care. Sometimes the family wants to bring resident home, we start at the IDC (Interdisciplinary Care) meeting, Nursing, Social Worker, MDS (Minimum Data Set), PT (Physical Therapy), Dietary, the final say is with Doctor. We get tentative date for discharge, most of time family members come in weeks before discharge. We give teaching, especially our [redacted]

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patients, educate, [redacted], if something happens who do they call." The CN further stated that they involve the resident/ POA (Power of Attorney) in the discharge planning process by; "We give them teaching, they go to IDC meeting if family can't come they do telephone conference."

The CN continued with [redacted] care, Meds, feeding, falls to Nursing, [redacted] would teaching about [redacted], what to do in emergency [redacted] therapy."

The CN added that [redacted] (Resident #3's) was called several times to go to IDC care meetings but [redacted] never showed up...The only teaching we did, Nurse Manager did, was day of discharge, she reviewed meds one by one, gave [redacted] care education, she didn't show [redacted] how to do it, she verbalized the [redacted] care." The CN also stated that no one instructed the [redacted] at that time, and that "I thought they had a Home Health Aide (HHA) coming and the HHA would do education, Resident #3 ate PO (by mouth) lunch."

During a telephone interview on 11/15/2019 at 10:45 a.m., the Director of Social Services (DSS) stated that Resident #3's [redacted] was involved in a conference call for discharge planning. The DSS further stated that they spoke to a representative from the ER (Emergency Room) that Resident #3 was sent to after discharge, who asked if she was the person that set up the discharge for Resident #3. The DSS said they were not, the ER representative said that Resident #3 was in the ER because there was not appropriate [redacted] at the home. The DSS stated that the [redacted] called after discharge and said [redacted] was with the

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F 660	Continued From page 11 ambulance taking Resident #3 to the hospital. The DSS also stated: "the [redacted] did not know [redacted] needed [redacted] in home, [redacted] thought everything would be set up." During an interview with the SW on 11/15/2019 at 11:15 a.m., the SW stated that the process for determining when a resident can be discharged back to the community depends on; "Medical state, if person has a place to go, family support, if Doctor (DR.) says it's okay, if the team says person can go, if the family insists and the DR says no, we have a team meeting with family. If they still insist they want to take person home we discharge. At the meeting we talk why DR said no." The SW also stated that they involve the resident/POA in the discharge planning by; "we call ahead of time from beginning, make sure they are involved every step." The SW also stated as far as making referrals to local agencies to ensure residents that need Home Health Care receive it "I do Home Care, Meals on Wheels, when I involve Home Care everyone has different needs, if they accept (Home Health Care) Insurance." The SW stated the facility provides education to resident or care provider regarding care and treatments that are needed post discharge by; "we invite family members to come in and be educated for a couple weeks, the care giver would be taught. [redacted] would be [redacted] Therapy's job, [redacted] would be Dietary, [redacted] would be [redacted] Care Nurse." The SW also stated that "when the family requested to take (Resident #3) home, I insisted because Home Care only covered 3 days a week, so I told the [redacted] to come in for education and training, [redacted] said; I will send someone, a nurse [redacted]	F 660		

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knows, neighbor, family member. I kept telling [redacted] we need someone to train, [redacted] said; I will come day of discharge to get trained at 8:00 a.m.. [redacted] came in 11:00 a.m. said I couldn't make it, traffic. The ambulance was already here waiting for (Resident #3) so [redacted] took her home." The SW went on to state that the resident was discharged without the [redacted] being trained.

The SW further stated that Resident #3 was not discharged with the appropriate planning because "[redacted] was not here for the training." The SW further stated that there was no [redacted] when Resident #3 got home "because the [redacted] Director said (Resident #3) was going home with what (Resident #3) had here." The SW stated that "I faxed the script [redacted] the 29th, or 28th of October to Home Health Care they received it. They were coming to house November 1st,...I believed that Resident #3 had enough [redacted] to last til next day."

The SW stated that they knew it was not a safe discharge, "[redacted] said that day [redacted] would be here 8:00 a.m., [redacted] kept saying someone would come to get trained. I was at a CP meeting for another resident when I came down, (Resident #3) was on a stretcher. I asked [redacted] were you trained because you said you were going to be trained for 4 hours, [redacted] said; no I wasn't trained; they just left." The SW said they did not delay or stop the discharge because "[redacted] insisted to being discharged."

During a telephone interview on 11/15/2019 at 11:45 a.m., the Registered Nurse Unit Manager (UM), stated that when the [redacted] arrived "Resident #3 was already dressed", she did [redacted] care in the office "I wet the gauze showed [redacted] how to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315017	A. BUILDING _____ B. WING _____	C 11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERGEN NEW BRIDGE MEDICAL CENTER	230 E RIDGEWOOD AVE PARAMUS, NJ 07652

(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 660	Continued From page 13	F 660		

apply the [redacted], and self adhesive dressing. [redacted] care was done when [redacted] got there so I opened the packages demonstrated but not on the resident." The UM further stated that "[redacted] was done already, I really don't know if anyone demonstrated [redacted] care." but the UM did not. The UM showed the [redacted] how to give a [redacted] by "I showed [redacted] in my office how to do it. (Resident #3) had a [redacted] at the facility, [redacted] said [redacted] didn't want [redacted] hooked up to anything, we had a big syringe." The UM did not have the [redacted] do return demonstration of the [redacted].

During an interview on 11/15/2019 at 1:00 p.m., the Dietician stated that "we had a conference call we talked about the [redacted], I asked if [redacted] had a [redacted] said we would talk to the caregiver, [redacted] said [redacted] was hiring someone to come in to care for [redacted]."

During an interview on 11/15/2019 at 2:30 p.m., the Respiratory Therapy Director (RT) stated that they do not order [redacted] for residents that are discharged the SW does. The RT further stated that typically Respiratory Therapy does [redacted] and [redacted] teaching if here and available, we can educate 24/7, but did not know who did Resident #3's [redacted] education, but it is typically documented on treatment sheets, [redacted] sheets, could be on [redacted] sheet also. The RT also stated that 2 tanks of [redacted] would last approximately 24 hours.

At 3:30 p.m., on 11/15/2019, the RT returned and stated they "could not find any documentation that Resident #3's [redacted] was given any instructions to care for the [redacted]."

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F 660	Continued From page 14 A review of a facility policy titled "Discharge Planning: Discharge Planning and Instructions", revised date : 2/19 revealed under "Responsibility": With the resident, family, responsible person, the team assesses the discharge plan-Social Services provides for discharge-transportation and any durable medical equipment, home care and nursing services, any P.T.(Physical Therapy), O.T. (Occupational Therapy), or S.T. (Speech Therapy), as are appropriate. Resident #3 was transported from the home via ambulance to a Hospital. This placed Resident #3, as well as all residents planning to be discharged in an Immediate Jeopardy (IJ) situation. The IJ was identified and reported to the Administrator and the Director of Nursing (DON) on 11/15/2019 at 3:25 p.m., and was lifted when the facility provided an acceptable Removal Plan on 11/15/2019 at 4:30 p.m. The removal plan was verified on 11/20/2019, day two of the survey. NJAC 8:39-5.4(b) THIS DEFICIENT PRACTICE CONTINUES at a D LEVEL.	F 660		

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