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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315482</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/24/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARE ONE AT MOORESTOWN</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>895 WESTFIELD ROAD</b><br><b>MOORESTOWN, NJ 08057</b>  |   |
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| F 000   | INITIAL COMMENTS<br><br>COMPLAINT #: NJ 136650, NJ 137102<br><br>CENSUS: 56<br><br>SAMPLE SIZE: 6<br><br>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 VISIT.   | F 000   |  |   |
| F 658<br>SS=E   | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>Complaint #NJ 136650<br><br>Based on interview and record review, it was determined that the facility failed to document the administration of [REDACTED] treatments on the electronic Treatment Administration Record (eTAR) for 2 of 6 residents reviewed (Resident #5 and #6) for professional standards of nursing practice.<br><br>This deficient practice was evidenced by the following:<br><br>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered | F 658   | 1. Resident # 5's [REDACTED] were assessed by the wound consulting physician. A statement from the licensed nurse was obtained in which the licensed nurse stated that the treatment was performed as ordered, however, forgot to sign it out on the electronic treatment record. Resident # 6 was discharged and no longer resides at the center. Resident # 6 record review was performed to determine if there were any further omissions on the electronic treatment record. Statements which were obtained by the licensed staff who did not sign the electronic treatment record stated they did perform all treatments as ordered, however, forgot to | 9/18/20   |

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

TITLE

(X6) DATE

Electronically Signed

09/11/2020

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 658   | <p>Continued From page 1</p> <p>professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case-finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. According to the Admission Record, Resident #5 was admitted on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>A review of the resident's Admission Minimum Data Set (MDS), an assessment tool, dated [REDACTED], revealed the resident was in a [REDACTED]. Further review of the MDS indicated the resident had a [REDACTED] on admission.</p> <p>A review of the resident's Care Plan (CP) revised [REDACTED] included a focus for actual [REDACTED] related to [REDACTED] and</p> | F 658   | <p>sign.</p> <p>2. Residents with physician prescribed treatments residing in the facility have the potential to be affected.</p> <p>3. Licensed nurses that were identified during the days treatments where omitted on the ETAR were noted were provided re-education with return demonstration. The Director of Nursing or Designee will re-educate the licensed staff on accurate administration and documentation of Physician prescribed treatments.</p> <p>4. The Director of Nursing or Designee will audit residents receiving prescribed treatments including the documentation of such, and make corrections as needed. The Director of Nursing or Designee will randomly audit weekly x4 weeks, then monthly x2 months. The results of the audit will be presented to the Quality assurance Committee quarterly. The Quality assurance Committee will determine the need for further performance improvement.</p> |                      |   |

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| F 658   | <p>Continued From page 2</p> <p>interventions that included: Administer treatment per physician's orders.</p> <p>A review of the July and August 2020 Order Recap Report (ORR) revealed the following Physician's Orders (PO):</p> <ol style="list-style-type: none"> <li>1. Cleanse [REDACTED] with [REDACTED] (cleansing solution), apply [REDACTED] ointment), and [REDACTED] dressing) cover with dressing daily everyday shift for tx (treatment), active 7/25/20.</li> <li>2. [REDACTED] Apply to [REDACTED] topically everyday shift for tx, active 7/25/20 to 8/12/20.</li> </ol> <p>A review of the July 2020 eTAR revealed a blank (not signed out as administered) for the 7/29/20 7a-3p shift treatments.</p> <p>A review of the August 2020 eTAR revealed blanks for the 8/8/20 7a-3p shift and 8/9/20 7a-3p shift treatments.</p> <p>2. According to the Admission Record, Resident #6 was admitted on [REDACTED] with diagnoses which included but were not limited to: [REDACTED] and [REDACTED] with [REDACTED] and [REDACTED] of the [REDACTED] and [REDACTED].</p> <p>A review of the resident's Quarterly MDS dated [REDACTED] reflected that the resident had a Brief Interview for Mental Status (BIMS) of [REDACTED] indicating the resident's cognition was intact. Further review of the MDS revealed the resident had a [REDACTED].</p> | F 658   |   |                      |

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| F 658   | <p>Continued From page 3</p> <p>A review of the resident's CP revised [REDACTED], included a focus that the resident had actual [REDACTED] related to a [REDACTED] and interventions that included: Administer treatment per physician's orders.</p> <p>A review of the January 2020 ORR revealed the following PO:<br/>[REDACTED] to [REDACTED] topically everyday shift for tx, active 1/30/20 to 3/4/20.</p> <p>A review of the February 2020 eTAR revealed a blank for the 2/5/20 7a-3p shift treatment.</p> <p>A review of the March 2020 ORR revealed the following PO:<br/>[REDACTED], apply [REDACTED] ) light-soaked gauze, and dressing daily every day shift, active 3/5/20 to 5/15/20.</p> <p>A review of the March 2020 eTAR revealed blanks for the 3/23/20 7a-3p shift and 3/25/20 7a-3p shift treatments.</p> <p>A review of the April 2020 eTAR revealed blanks for the 4/2/20 7a-3p shift, 4/4/20 7a-3p shift, 4/6/20 7a-3p shift, 4/20/20 7a-3p shift, 4/23/20 7a-3p shift, and 4/25/20 7a-3p shift treatments.</p> <p>A review of the May 2020 ORR revealed the following PO:<br/>[REDACTED], apply [REDACTED] light-soaked gauze, and dressing twice daily every day and evening shift, active 5/15/20 to 5/28/20.</p> <p>A review of the May 2020 eTAR revealed blanks for the 5/12/20 7a-3p shift, 5/15/20 7a-3p shift,</p> | F 658   |   |   |

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| F 658   | <p>Continued From page 4</p> <p>5/16/20 7a-3p shift, 5/16/20 3p-11p shift, 5/19/20 7a-3p shift, 5/21/20 7a-3p shift, 5/23/20 3p-11p shift, 5/28/20 7a-3p shift, and 5/28/20 3p-11p shift treatments.</p> <p>During an interview with the surveyor on 8/24/20 at 9:58 AM, the Regional MDS/Registered Nurse stated that [REDACTED] dressing changes are documented on the eTAR.</p> <p>During an interview with the surveyor on 8/24/20 at 11:21 AM, the Licensed Practical Nurse (LPN #1) stated that when a nurse completes a treatment, it is signed off on the eTAR.</p> <p>During an interview with the surveyor on 8/24/20 at 1:20 PM, the Assistant Director of Nursing (ADON) stated that nurses should sign the eTAR when treatments are completed. The ADON further noted that a blank on the eTAR could indicate the resident was out of the facility or refused the treatment.</p> <p>During a phone interview with the surveyor on 8/25/20 at 10:18 AM, the Director of Nursing (DON) stated that treatments are documented on the eTAR or in the progress notes and that a blank on the eTAR would either indicate that the nurse did not complete the treatment or forgot to sign off on the eTAR. The DON further stated that if the treatment could not be performed, the nurse should code the reason on the eTAR and write a progress note.</p> <p>During a phone interview with the surveyor on 8/25/20 at 10:25 AM, the regularly assigned wound treatment LPN (LPN #2) stated that treatments are signed for on the eTAR. The LPN further noted that if a treatment could not be administered, the nurse would still sign for the</p> | F 658   |   |                      |   |

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| F 658   | Continued From page 5<br>treatment and code the reason.<br><br>Upon request, the facility was unable to provide a policy related to the procedure for the eTAR.<br><br>NJAC 8:39-11.2(b) | F 658   |   |                      |   |