

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

PRINTED: 03/13/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/30/2021
NAME OF PROVIDER OR SUPPLIER RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922		
(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 C #: NJ144412 NJ145568 NJ146239 NJ144508 NJ148442 Census: 214 Sample Size: 10 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 574 SS=D	Required Notices and Contact Information CFR(s): 483.10(g)(4)(i)-(vi) §483.10(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State	F 574		10/1/21	

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

TITLE

(X6) DATE

Electronically Signed

10/25/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 574	Continued From page 1 Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) (iii) Information regarding Medicare and Medicaid eligibility and coverage; (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program; (v) Contact information for the Medicaid Fraud Control Unit; and (vi) Information and contact information for filing grievances or complaints concerning any	F 574			

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F 574	<p>Continued From page 2</p> <p>suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. This REQUIREMENT is not met as evidenced by: Complaint #NJ00145568</p> <p>Based on observation, record review and interview, it was determined that the facility failed to notify the resident's next of kin when seeking access to a cognitively impaired resident's financial information for 1 of 1 resident reviewed, Resident # 10. This deficient practice was evidenced by the following:</p> <p>A review of Resident #10's medical records revealed that the resident was admitted to the facility on [REDACTED] with diagnoses that included but not limited to [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>A review of the Quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated [REDACTED], revealed a Brief Interview for Mental Status (tool used to assess cognitive status) score of [REDACTED]. A score of [REDACTED] indicated that Resident #10 had [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>On 9/22/21 at 1:37 PM, the surveyor observed and attempted to interview Resident #10. Resident #10 was noted with [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. appropriately to any discussion with the surveyor.</p>	F 574	<p>Element 1 Corrective action will be accomplished for those residents found to have been affected by the practice.</p> <p>Available residents Next of Kin/family member has been notified regarding the paperwork.</p> <p>Element 2 How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>All residents who are not their own responsible party and have a family member/ responsible party have the ability of being affected</p> <p>Element 3 What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>1) An audit was conducted for all current residents to ensure we have residents family members contact on file and that they are included and informed of facility</p>		

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F 574	Continued From page 3 A review of Resident #10's Facesheet (a document that gives a patient's information at a quick glance that includes pertinent information such as patient identification, contact details, and brief medical history) documented and showed that the resident had contact relatives. A review of a letter provided by the facility titled, "Designation of Authorized Representative Form" revealed that Resident #10 initialed and signed the letter on 3/9/21. The "Designation of Authorized Representative Form" authorized the facility to obtain financial information from the resident's financial institutions, including bank accounts. Review of documentation did not reveal that any of the resident's relatives were contacted, informing them of the signing of the "Designation of Authorized Representative Form." On 9/30/21 at 1:45 PM, the surveyor discussed the signing of the "Designation of Authorized Representative Form" by a cognitively impaired resident with the facility Administrator (LNHA) and the Director of Nursing (DON). The LNHA informed the surveyor that billing was performed by a third-party agency allowing access to the resident's bank accounts and other financial areas for payment to the facility. The LNHA agreed that Resident #10 had a fluctuating cognition and could not attest to the resident understanding any of the agreement that was initialed by the resident allowing access to all the resident's financial interests. The LNHA informed the surveyors that the resident did have family members that could have been contacted.	F 574	required paperwork if the resident is unable to understand the paperwork. 2) Facility will review our current process and review each resident individually who are not their own responsible party. Element 4 How the facility will monitor its corrective action to ensure that the deficient practice will not recur, I.E., What quality assurance program will be put into place. Upon admission, admission representative or designee will monitor all new admissions who are unable to make their own decisions who have a family member that will need to be contacted. This will occur for the next 12 weeks and results will be reported to QAPI for review and action as appropriate.		

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F 574	Continued From page 4 On 9/30/21 at 2:00 PM, the surveyor met with the LNHA and DON, who acknowledged that Resident #10 should have had an unbiased representative review the financial access paperwork presented to the resident. No further information was provided by the facility that there was any other representation for Resident #10 other than the facility or third-party biller at the signing of the financial agreement.	F 574			
F 658 SS=D	NJAC 8:39 5.1 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 #NJ00146239 Based on interview and record review, it was determined that the facility failed to a.) monitor and document for changes in condition after a fall of unknown origin and b.) notify the physician of a change in condition according to professional standards of practice for 1 of 1 resident (Resident #1) reviewed for [REDACTED] of unknown origin. 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 professional nurse is defined as diagnosing and	F 658	Element 1 Corrective Action will be accomplished for those residents found to have been affected by the practice. Staff were immediately in-serviced on what steps to take after a resident has a fall and how to assess if a resident should be transferred out 911 to the hospital. Element 2 How the facility will identify other residents having the potential to be affected by the same practice	10/1/21	

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F 658	<p>Continued From page 5</p> <p>treating human responses to actual or 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 a 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>The deficient practice was evidenced by the following:</p> <p>A review of the Resident's Admission Record reflected that the resident was admitted to the facility with diagnoses that included [REDACTED]</p> <p>A review of the Electronic Medical Record (EMR) reflected a Progress Note (PN) dated 6/19/21 at 12:17 AM, documented by the Licensed Practical Nurse (LPN #1) indicating that at 11:00 PM on 6/18/21, LPN #1 observed Resident #1 in bed with eyes closed.</p> <p>The PN also revealed that LPN #1 was informed</p>	F 658	<p>All residents who have a fall or change of condition have the potential of being affected.</p> <p>Element 3 What measures will be put in place or what systemic changes will be made to ensure that the deficient practice will not recur.</p> <p>1) Ongoing in-service and follow up with nursing staff to ensure we are following the appropriate steps when a resident experiences a change in condition/ and or a fall and hits his head. 2) All falls will be immediately reported to the nursing supervisor. Supervisor will assess resident and situation to determine if transfer to an acute care facility is warranted. 3) All falls will be reviewed at IDT meeting within 24-72 hours post fall to review the incident and ensure all proper interventions were initiated.</p> <p>Element 4 How the facility will monitor its corrective actions to ensure that the deficient practice will not recur, I.E., what Quality assurance will be put in place.</p> <p>DON or designee will conduct weekly audits of all residents with change of conditions/ and or falls for 4 weeks and then monthly for 2 months and report to QAPI for review and appropriate action.</p>		

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F 658	<p>Continued From page 6</p> <p>by the Certified Nursing Assistant (CNA) at 12 AM on 6/19/21, that Resident #1 was found lying on their [REDACTED] side. LPN #1 documented a [REDACTED] on the [REDACTED] side of the resident's [REDACTED].</p> <p>The PN also stated that LPN #1 notified the night Registered Nurse Supervisor (NRNS) who assessed the resident and assisted the resident back to bed. LPN #1 documented that Resident #1 denied pain, [REDACTED] checks were initiated, and a message was left with the resident's physician.</p> <p>Further review of the PN dated 6/19/2021 at 11:32 AM, documented, "Send to hospital Emergency Room for evaluation as a result of [REDACTED]."</p> <p>The following PN reviewed by the surveyor was dated 6/19/21 at 11:57 AM, indicating LPN #2 observed Resident #1 in bed, responsive to touch but not opening their eyes. LPN #2 also documented that Resident #1 had a [REDACTED] with a [REDACTED] and a [REDACTED] was noted on their [REDACTED]. LPN #2 added that the resident's physician was notified, and the resident was sent to the Emergency Department for evaluation.</p> <p>The Director of Nursing (DON) provided the surveyor with an "Incident/Accident Staff/Resident/Witness Statement" report (IAS). The surveyor reviewed IAS, and noted that the witness statement of LPN #2, revealed that the resident was seen by LPN #2 at 7 AM and documented, "saw resident in bed sleeping with [REDACTED]."</p> <p>In LPN #2's IAS, he indicated that LPN #1 communicated, "about resident [REDACTED] is doing</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>well now, sleeping." LPN#2 documented that at 7:22 AM the resident was "responsive and [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1."</p> <p>LPN #2 further documented in the IAS, at around 8:15 AM the resident was still responsive to touch, not opening eyes and [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. LPN #2 documented that the resident's physician was notified and was advised to send the resident to the Emergency Department (ED).</p> <p>According to the New Jersey Universal Transfer Form dated 6/19/21, the resident was transferred to the ED at 11:27 AM.</p> <p>A review of the Neurological Vital Signs form documented that the last [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1 check was performed at 6:15 AM by LPN #1. There were no [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1 checks documented by LPN #2 after observing Resident #1 with the [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1.</p> <p>A review of the Admission Minimum Data Set (an assessment tool), dated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1, indicated the facility assessed the resident's cognitive status through a Brief Interview for Mental Status (screening tool used to assist with identifying a resident's current cognition). The resident scored a [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1 which indicated [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1.</p> <p>On 9/30/21 at 11:22 AM, the surveyor interviewed LPN #2 who stated that on 6/19/21 at 7:00 AM, he had noticed a [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1 over Resident #1's [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. He further stated that the resident was sleeping at that time, did not open their eyes and was [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. LPN #2 stated that he did not notify the Nursing Supervisor, MD, or family at</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>that time. He stated, "the outgoing nurse said the resident was fine." The surveyor asked LPN #2 if LPN #1 reported the resident's [REDACTED] above the [REDACTED]. LPN #2 replied "no, she said it wasn't there." She just told me that the resident [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. "</p> <p>The surveyor asked LPN #2 if he notified the Nursing supervisor, resident's physician, and family immediately upon observing the [REDACTED] LPN #2 stated he did not notify anyone at that time, and he did not do a neurological assessment. LPN #2 stated that he should have notified RNS #2, the physician and the family. He also stated he should have done a [REDACTED] check assessment.</p> <p>LPN# 2 stated he had done a [REDACTED] check at 10:00 AM, however there was no documentation that a [REDACTED] check was done at 10:00 AM.</p> <p>The surveyor asked LPN #2 why the documentation states that he observed Resident #1's [REDACTED] at 7:00 AM, noted a change in condition at 8:15 AM and documented that the physician was called but the resident wasn't transferred until 11:27 AM. The documentation states that a physician order was obtained to send Resident #1 to ED at 8:15 AM.</p> <p>LPN #2 could not explain the three-hour difference between the time LPN #2 obtained the Physician's order to transfer the resident to the ED and the time the resident was transferred out. The surveyor asked LPN #2 if he called 911. LPN #2 replied, "no, I called a transportation company, but I should have called 911."</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>On 9/30/21 at 12:18 PM, the surveyor interviewed NRNS, who stated that she assessed Resident #1 after NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1.</p> <p>On 9/30/21 at 12:30 PM, the surveyor asked the Director of Nursing (DON) about the nursing responsibility associated with a resident sustaining a NJAC 8:43E-2.1 and Exec 26, 4, b, 1. The DON responded that the nurse should initiate NJAC 8:43E-2.1 and Exec 26, 4, b, 1. checks and notify the Nursing Supervisor, the physician, and the family immediately. The DON added that a resident with a NJAC 8:43E-2.1 and Exec 26, 4, b, 1. and NJAC 8:43E-2.1 and Exec Order 26, 4, b, 1. status should be transferred to the hospital via 911.</p> <p>The DON provided the surveyor with a facility policy titled, "Change in a Resident's Condition or Status" revision date 8/27/21. The "Change in a Resident's Condition or Status" policy revealed the following under Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1.) The Nurse Supervisor/Charge Nurse will notify the resident's attending physician or on call physician when there has been: <ol style="list-style-type: none"> a.) An accident or incident involving the resident b.) A discovery of injuries of an unknown source d.) A significant change in the resident's physical/emotional/mental condition. g.) A need to transfer the resident to a hospital/treatment center. <p>NJ 8:39-11.2 (b)</p>	F 658			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315009	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 11/5/2021	Y3
NAME OF FACILITY RUNNELLS CENTER FOR REHABILITATION & HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 40 WATCHUNG WAY BERKELEY HEIGHTS, NJ 07922		

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 F0574	Correction	ID Prefix F0658	Correction	ID Prefix _____	Correction
Reg. # 483.10(g)(4)(i)-(vi)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed
LSC _____	10/01/2021	LSC _____	10/01/2021	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 _____	_____
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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/30/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		