

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

PRINTED: 03/29/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315209</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                      | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>01/06/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HAMMONTON CENTER FOR REHABILITATION AND HEALTHCARE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>43 N WHITE HORSE PIKE<br/>HAMMONTON, NJ 08037</b>  |                      |   |
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| F 000   | INITIAL COMMENTS<br><br>COMPLAINT: # NJ 142112 NJ 142081<br><br>SAMPLE SIZE: 4<br><br>CENSUS: 199   | F 000   |  |                      |   |
| F 677<br>SS=D   | ADL Care Provided for Dependent Residents<br>CFR(s): 483.24(a)(2)<br><br>§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;<br>This REQUIREMENT is not met as evidenced by:<br>COMPLAINT: # NJ 142112 NJ 142081<br><br>Based on observations, interviews, and review of Medical Records (MR), and other pertinent facility documentation on 01/06/21, it was determined that the facility failed to provide appropriate incontinence care, in a timely manner, and failed to follow the Facility Policy titled "ADL - Personal Hygiene," for 1 of 4 residents (Resident #3) sampled. This deficient practice was evidenced by:<br><br>According to the Admission Record (AR), Resident #3 was admitted to the Facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED], | F 677   | F 677<br><br>1) Incontinence care was immediately provided to Resident #3 by the assigned CNA. A complete body assessment was immediately completed by the Assistant Director of Nursing. Resident # 3 skin was intact with no open areas or redness noted.<br>2) All residents' records were reviewed to identify any other residents that are incontinent of bowel & bladder. All residents identified with bowel & bladder incontinence were checked to ensure incontinence care was provided. There were no other residents identified that did not receive incontinence care. No residents were negatively affected.<br>3) The Cooperate Policy titled "ADL personal Hygiene" was reviewed. The Assistant Director of Nursing & Facility Educator initiated in servicing with all Licensed and Certified nursing staff. The | 2/22/21              |   |

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

TITLE

(X6) DATE

Electronically Signed

01/27/2021

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 677   | <p>Continued From page 1</p> <p>██████████.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated ██████████, Resident #3 had a Brief Interview for Mental Status (BIMS), score of ██████████, which indicated the resident was ██████████. The MDS also indicated the resident required extensive assistance for Activities of Daily Living (ADLs) and was continent of bowel and bladder.</p> <p>Review of the Care Plan (CP) revealed Resident #3 was at risk for ██████████ related to ██████████, ██████████ related to history of a ██████████ (██████████, affecting ██████████). Interventions in place included but were not limited to: Minimize extended exposure of skin to moisture by providing frequent incontinence care and prompt removal of wet/damp clothing or sheets as needed. Dated ██████████</p> <p>Review of the facility document titled "Bowel/Bladder Continence," dated 12/24/20 to 1/5/21, revealed documentation by the Certified Nursing Assistants (CNAs) verifying that Resident #3 was frequently incontinent of bowel and bladder during that timeframe.</p> <p>During a Tour on 01/06/21 at 7:35 a.m., an incontinence check was completed on Resident #3 (with the resident's permission) accompanied by Resident #3's regular day-shift CNA (CNA #1). The resident was observed with a ██████████ ██████████ in place, which was noted to be ██████████ ██████████. In place under the brief was a disposable blue pad which was ██████████ under the blue pad was a cloth "chuck" which was also noted to be ██████████. When the residents turned onto his/her side a ██████████ smell was noted.</p> | F 677   | <p>Nursing staff will understand and verbalize the importance of meeting the resident's individual needs per the plan of care and Kardex on a daily basis. Toileting and incontinence care for residents will occur every 2-4 hours or as needed for each individual resident per care plan and Kardex.</p> <p>The Unit Managers and Nursing supervisors will conduct audits on incontinent residents weekly x 4 weeks then monthly x 3 months. To ensure the residents individual needs are met and incontinence care is provided.</p> <p>4) The Director of Nursing and assistant Director of Nursing will conduct random audits weekly x 4 weeks then monthly x 3 months. All findings will be brought to the monthly QAPI meeting and reviewed to determine if facility action is needed.</p> |                      |

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| F 677   | <p>Continued From page 2</p> <p>The draw sheet and the fitted sheet were also wet and brown stains were observed on several areas on the fitted sheet.</p> <p>During an interview on 01/06/21 at 7:40 a.m., Resident #3 reported that the last time the staff had changed his/her brief was 10:00 p.m., last night. When asked who the night Aide was, the resident stated, "I don't know, I didn't see anyone all night." The resident further stated that he/she put on the call-bell around 4:00 a.m., to be changed. The nurse came in and said she would notify the Aide to come change the brief. Since no one came in to change the resident, he/she used the cell phone around 5:00 a.m., and called the nursing station to let them know that no one had come to change him/her. The nurse informed the resident that she would send someone, but again no one ever came. Resident #3 further stated, that "this happens often when the regular Aides are not here."</p> <p>During an interview on 01/06/21 at 8:25 a.m., CNA #1 reported that during the day the resident is continent because the resident puts the call-light on to let the Aides know he/she needs to use the bathroom and is able to ambulate with assistance using the walker. The CNA also reported that it is not unusual to find Resident #3 saturated in urine in the morning.</p> <p>During and interview on 01/06/21 at 9:19 a.m., the Director of Nursing (DON) reported that if incontinent residents are not changed every 2 hours the result of sitting in urine or excrement for several hours could be skin redness, skin breakdown/wounds, and/or skin infections.</p> <p>Review of the Facility Policy titled "ADL - Personal</p> | F 677   |   |                      |   |

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| F 677   | Continued From page 3<br>Hygiene," with a revised date of 10/2019, revealed the following under Policy: The purpose of this procedure is to direct the Nursing staff and meet the Residents individual needs per the plan of care and Kardex on a daily bases.<br>Toileting/incontinence care for a resident will occur every 2 to 4 hours or as needed for each individual resident per care plan and Kardex.  | F 677   |   |                      |   |
| F 686<br>SS=D   | N.J.A.C. 8:39-27.2(h)<br>Treatment/Svcs to Prevent/Heal Pressure Ulcer<br>CFR(s): 483.25(b)(1)(i)(ii)<br><br>§483.25(b) Skin Integrity<br>§483.25(b)(1) Pressure ulcers.<br>Based on the comprehensive assessment of a resident, the facility must ensure that-<br>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and<br>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.<br>This REQUIREMENT is not met as evidenced by:<br>COMPLAINT: # NJ 142112 NJ 142081<br><br>Based on observation, interviews, record review, and review of other pertinent facility documents on 01/06/21, it was determined that the facility failed to follow a physician order for wound care | F 686   | F686<br><br>1) Appropriate wound care was immediately provided to Resident # 2 by the charge nurse per physician's orders. The Unit Manager was immediately given 1:1 education by the Assistant Director of Nursing. | 2/22/21              |   |

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| F 686   | <p>Continued From page 4</p> <p>and failed to follow their policy titled "[REDACTED]", dated 4/2019, for 1 of 4 residents (Resident #2) sampled. This deficient practice was determined by the following:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the Facility on [REDACTED], and readmitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #2 had a Brief Interview for Mental Status (BIMS) Score of [REDACTED] which indicated the resident was [REDACTED]. The MDS also indicated the resident required total staff assistance for Activities of Daily Living (ADLs).</p> <p>Review of the Care Plan (CP) dated 12/28/20, revealed Resident #2 was at risk for [REDACTED] related to disease process. The CP also indicated that Resident #2 was incontinent of bowel and bladder.</p> <p>During a Tour on 01/06/21 at 6:59 a.m., an incontinence observation/check was completed on Resident #2 (with the resident's permission) accompanied by 2 Certified Nursing Assistants(CNAs). During the observation it was observed that the resident had a [REDACTED] without any dressing in place. The Resident reported that no one changed the [REDACTED] dressings yesterday or the [REDACTED] dressing. Upon observation there was a dressing</p> | F 686   | <p>2) All Residents records were reviewed to identify all other residents that require [REDACTED] care. All residents identified that require [REDACTED] care were immediately assessed to ensure [REDACTED] care was provided as ordered by the MD and appropriate documentation has occurred. There were no other Residents identified with no treatment provided and all appropriate documentation has occurred. No residents were negatively affected.</p> <p>3) The Corporate Policy Titled "[REDACTED]" was reviewed. The Assistant Director of Nursing and Facility Educator initiated education with all Licensed Nurses including Unit Managers and Nursing Supervisors. The Licensed Nurses will understand and verbalize the responsibility of Providing appropriate [REDACTED] care per physician's orders and appropriate documentation required, with all [REDACTED] treatments as evidenced by [REDACTED] treatment competencies.</p> <p>4) The Assistant Director of Nursing and Unit Managers will complete [REDACTED] treatment competencies. on all Licensed Nurses. The Unit Managers and Nursing Supervisors will conduct audits on residents that require [REDACTED] treatments weekly x 4 weeks then monthly x 3 months to ensure treatments have been provided to those residents and appropriate documentation has occurred per facility policy.</p> |                      |

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| F 686   | <p>Continued From page 5 on the [REDACTED] dated [REDACTED].</p> <p>During a wound observation on Resident #2's right heel accompanied by the Assistant Director of Nursing (ADON) on 01/06/21 at 7:35 a.m., the ADON stated the date probably should have been [REDACTED], and she was not sure who initialed the dressing.</p> <p>Review of the Physician Progress Notes dated [REDACTED], revealed the following documentation by the Nurse Practitioner (NP), [REDACTED]. Pathology is consistent with chronic [REDACTED].</p> <p>Review of the facility document titled "Order Summary Report," dated 1 [REDACTED], revealed the following physician orders for [REDACTED] care: [REDACTED] apply to the [REDACTED] daily after cleaning with [REDACTED] then cover with a dry clean dressing. [REDACTED], apply to [REDACTED] every day shift for [REDACTED] care, cleanse [REDACTED] then pack with [REDACTED] [REDACTED] then cover with dry clean dressing. [REDACTED] apply to [REDACTED] topically every day shift for [REDACTED] care, [REDACTED] soaked gauze ADB (dressing) then apply Kerlix.</p> <p>Review of the Treatment Administration Sheet (TAR) dated [REDACTED] to [REDACTED], revealed no documentation/nurses initials to verify the treatment to the [REDACTED] and the [REDACTED] was done on [REDACTED].</p> <p>During an interview on 01/06/21 at 10:25 a.m., the ADON stated that if an [REDACTED] does not have a dressing in place it puts the resident at risk for infection and delay in healing.</p> | F 686   |   |                      |   |

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| F 686   | <p>Continued From page 6</p> <p>During an interview on 01/06/21 at 10:54 a.m., the Unit Manager (UM) stated that she was on the medication cart yesterday [REDACTED] therefore she was responsible for changing the dressing of Resident #2's [REDACTED] and [REDACTED] care. The UM stated that when she asked in the morning if she could change the dressings, Resident #2 responded "later." The UM reported that she was unable to change his dressing later in the shift due to the "high acuity on the hall," and she stated that she did notify the doctor that the treatment was not done. However, the UM was unable to provide documentation to verify the physician was notified.</p> <p>According to the facility policy titled "[REDACTED]" dated 4/2019, under "Policy," All caregivers are responsible for preventing, caring for, and providing treatment for [REDACTED]. Under "Purpose," section 3. To provide treatment that promotes prevention of [REDACTED] and healing of existing [REDACTED].</p> <p>N.J.A.C. 8:39-27.1(e)</p> | F 686   |   |                      |   |