

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315376	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2021
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481		
(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 #: NJ145115 and NJ143634 Census: 264 Sample: 14 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 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive	F 604		8/10/21	

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

TITLE

(X6) DATE

Electronically Signed

08/04/2021

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 604	<p>Continued From page 1</p> <p>alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint Intake NJ143634</p> <p>Based on record review, facility policy review, and interviews, it was determined that the facility failed to ensure residents were free of physical restraints. Specifically, the facility failed to ensure 1 (Resident #9) of 3 residents reviewed for restraints was free of physical restraints unless medically necessary. Resident #9 was physically restrained across the chest and shoulders with bed linen, which was then tied to the bilateral side rails.</p> <p>Findings included:</p> <p>1. Resident #9 was admitted on [REDACTED] The annual Minimum Data Set (MDS) dated [REDACTED] revealed the resident had [REDACTED] with a Brief Interview for Mental Status (BIMS) of [REDACTED] out of [REDACTED]. Diagnoses included NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</p> <p>The resident exhibited [REDACTED] symptoms directed toward others and other [REDACTED] symptoms not directed toward others. The resident was not ordered to receive any physical restraints.</p> <p>A review of a Facility Reported Event (FRE) sent to the New Jersey Department of Public Health (NJDOH) on 02/15/2021, revealed the following: An incident report was completed on 02/15/2021 which revealed Resident #9 was restrained across the resident's chest and shoulders and</p>	F 604	<p>Complaint #: NJ145115 and NJ143634 Census: 264 Sample: 14</p> <p>Upon discovery, the restraint was removed from Resident #9. A physical assessment was completed by the RN and APN. Treatment took place as per MD orders for a [REDACTED] to his [REDACTED].</p> <p>The C.N.A. was immediately removed from the schedule. The C.N.A. was counseled regarding expected conduct and was given remedial education after which she was suspended without pay for 5 days. All C.N.A. staff received remedial education between February 18, 2021 – February 20, 2021 on the proper usage of restraints.</p> <p>Christian Health is a restraint free facility; we continually work to ensure all residents are free from restraints. During the Department of Health investigation, other C.N.A. staff was interviewed, all other residents were physically assessed, and no other residents were affected by the deficient practice.</p> <p>To date since the reportable event occurred, the supervisor has monitored</p>		

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F 604	<p>Continued From page 2</p> <p>NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The investigation revealed Certified Nurse Aide (CNA) #4 said she restrained the resident with the bed linen because of the resident's NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and for NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. prevention. The resident was noted to have had a NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. According to the report, CNA #4 was suspended, re-educated, and reassigned.</p> <p>A review of the CNA update 2021 training revealed CNA #4 had completed training on physical and chemical restraint reduction on 12/21/2020.</p> <p>CNA #5 was interviewed on 07/20/2021 at 9:54 AM. She said she went into the resident's room that morning at 6:45 AM and saw the resident was sleeping peacefully. She went into the room again at 8:30 AM to provide care and noted the resident was restrained when she pulled the blanket back. She said a sheet was tied across the resident's body to the side rails. She said she went to get Assistant Director of Nurses (ADON) #1, and the sheets were cut off. She said she did not know how long the resident was restrained.</p> <p>ADON #1 was interviewed on 07/20/2021 at 9:59 AM. He said the nurse called him to go to the resident's room. He said he saw the resident tied across the chest. He said they called the physician assistant to assess the resident. He said CNA #4 was very apologetic and admitted to restraining the resident. He said CNA #4 told him the resident was NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. He said CNA #4 told him she told the nurse, who provided medication for the agitation. He said CNA #4 told him no other staff were aware of her restraining the resident. The ADON said they</p>	F 604	<p>and has found no further inappropriate use of restraints. To ensure continued compliance, all nurses and C.N.A. staff members assigned to Heritage Manor and Southgate Special Care have been re-educated by our Clinical Educators on what constitutes a restraint, the physical and emotional harm caused by the use of restraints, alternatives to restraints, as well as the restraint free environment we have instituted since 2016. This is educated during annual clinical education and C.N.A. Update training. Training dates to date have been as follows: February 22, 2021, March 8, 2021, April 12, 2021, May 3, 2021, June 7, 2021, and July 22, 2021.</p> <p>To ensure the deficient practice does not recur, nursing and C.N.A staff will follow daily communication protocol regarding resident behavior changes; the established practice of rounding will continue. In the event that a restraint incident occurs, an incident report will be completed by the Nursing ADON/Designee. The Administrator will monitor the reports daily and will initiate an investigation. Follow up monitoring will be reported up to Quality Assurance Performance Improvement Committee on a quarterly basis.</p>		

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

PRINTED: 02/06/2023
FORM APPROVED
OMB NO. 0938-0391

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F 604	<p>Continued From page 3</p> <p>completed their investigation after this event and followed their policy for human resource involvement.</p> <p>The Director of Nurses (DON) was interviewed on 07/20/2021 at 11:26 AM. She said CNA #4 was currently unavailable for interview.</p> <p>The physical therapist (PT) was interviewed on 07/20/2021 at 10:05 AM. He said he was working with the resident's roommate the day of the incident. He said he observed a bedsheet lying across the resident, tied to the bed rails. He said it was not tight across the resident. He said he told an aide to get the nurse. He said he believed he was the first person to have seen the restraint that morning. He said the resident was asleep.</p> <p>Licensed Practical Nurse (LPN) #3 was interviewed on 07/20/2021 at 12:30 PM. She said she received information in a report about this resident being restless. She said she was called into the room that morning and went to get ADON #1. She said they cut the sheet off the resident. She said she had never seen that type of incident before.</p> <p>ADON #1 was interviewed on 07/20/2021 at 9:59 AM. He said they worked with human resources and completed additional training with CNA #4. He said they completed an audit of the rooms after the incident, and no other restraints were observed. He said they completed a thorough investigation with no further instances.</p> <p>A review of the restraints policy, dated April 2020, provided by the ADON #1 on 07/20/2021 at 11:26 AM, revealed in part, "It is the policy of [facility</p>	F 604			

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F 604	Continued From page 4 name] to support a restraint-free environment for all residents and patients." New Jersey Administrative Code § 8:39-4.1(a)(6)	F 604			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315376	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 8/11/2021	Y3
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NAME OF FACILITY CHRISTIAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SICOMAC AVE WYCKOFF, NJ 07481
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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 F0604	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.10(e)(1), 483.12(a)(2)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	08/10/2021	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 _____	
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 7/20/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO