

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

PRINTED: 08/25/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315158	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/06/2022
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 330 FRANKLIN TPK RIDGEWOOD, NJ 07450		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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 #: NJ00152713 Census : 64 Sample Size: 3 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 609		6/3/22	

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

TITLE

(X6) DATE

Electronically Signed

05/27/2022

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 609	<p>Continued From page 1</p> <p>Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00152713</p> <p>Based on interviews and record review, as well as review of pertinent facility documentation on 5/6/20, it was determined that the facility failed to report an injury of unknown origin to the New Jersey Department of Health (NJDOH) as required for 1 of 2 residents (Resident #2) reviewed for injuries of unknown origin. This deficient practice is evidenced by the following:</p> <p>1. According to the "ADMISSION RECORD (AR)", Resident #2 was admitted to the facility on NJ Ex. Order 26(4) with diagnosis NJ Ex. Order 26(4).</p> <p>The Minimum Data Set (MDS) an assessment tool dated 12/19/21, showed Resident #2's NJ Ex. Order 26(4).</p> <p>The "Event Summary Report (ESR)", dated 1/20/22 at 8:30 pm, showed that Resident #2 had NJ Ex. Order 26(4). The ESR further showed that there was no witness how Resident #2 obtained the NJ Ex. Order 26(4) and that the Resident could not explain what happened too.</p> <p>The "Progress Notes (PN)", dated 1/20/22 at 9:40 pm, documented by LPN #1, (assigned to Resident #2), showed what was stated on the</p>	F 609	<p>Tag 609 - 483.12(c)(1)(4) Reporting of Alleged violations</p> <p>Resident #2 was identified as NJ Ex. Order 26(4) and per regulations should have been reported.</p> <p>1) How the corrective action will be accomplished for residents found to have been affected by this practice:</p> <p>The facility will respond to all allegations of abuse, neglect, exploitation, or mistreatment in a timely manner as spelled out in regulation CRF:12 (c) (1) and report alleged violations involving alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in</p>		

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F 609	<p>Continued From page 2 ESR.</p> <p>The surveyor conducted an interview with the Administrator and Interim Administrator (IA) on 5/6/22 from 12:40 pm to 3:30 pm, they revealed that the [REDACTED] would fall under the injury of unknown and should be reported to the NJDOH as required. They stated that it was not reported to the NJDOH and unable to explain why.</p> <p>The facility's policy "Compliance Issue Reporting" revised on 2/10/20, showed "POLICY Every employee of [facility] is responsible for promptly reporting actual or suspected compliance issue...fosters and supports a safe non-threatening environment where individuals may ask questions about integrity and compliance matters and report their concerns...DEFINITIONS A compliance issue in any event, issue or occurrence that potentially violates law, regulations..."</p> <p>The facility's policy "Accidents/Incidents" revised on 5/1/2022, showed "An incident is defined as any occurrence not consistent with the routine operation of the Center or normal care of the patient. An incident can involve a visitor or staff member, malfunctioning equipment, or observation of a situation that poses a threat to safety or security..." 3. Reporting: 3.1 The CED [Center Executive Director] and/or CNE [Center Nurse Executive] will verify that state reporting occurs within required time frames and via appropriate method of reporting..."</p> <p>N.J.A.C. 8:39-4.1 (a) 5</p>	F 609	<p>accordance with State law through established procedures.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>- All residents have the potential to be affected by this practice.</p> <p>3) What measures will be put into place for what systemic changes will be made to ensure that the deficient practice will not recur:</p> <p>All staff will be provided in-services on reporting all allegations to the Center Executive Director (Administrator), immediately for initial reporting to agencies and start the investigation process. All allegations, reportable events, and incidents and accidents will be investigated and the files will be kept in the administrator office.</p> <p>4) How will the facility monitor their action to ensure compliance:</p> <p>Residents identified as cognitively impaired and require total assistance with activities of daily living will have a skin check completed before and after returning from appointments to ensure any changes are documented and investigated. Incidents and accidents will be reviewed every morning during clinical meeting.</p> <p>In Addition, Administration or designee will be providing outcomes related to incidents</p>		

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F 609	Continued From page 3	F 609	and accidents as well as reportable events monthly at center QAPI meetings for the next 3 months. Upon completion of the investigations the Center Executive Director (administrator), will provide the results to designated representatives as per 483.12 (c) (4) and other officials in accordance with State Law, including State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. All staff will be in-serviced on the policy regarding Accidents and incidents. Incidents and accidents will be reported on during monthly QAPI for 3 months by the DON or designee to ensure that the process is being followed as per State regulations and Corporate policy and procedure.		
F 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility;	F 837		6/3/22	

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F 837	<p>Continued From page 4 and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00152713</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 5/6/20, it was determined that the facility failed to consistently implement their policy on "Accidents/Incidents" for 1 of 2 residents (Resident # 2) reviewed for incident and accidents. This deficient practice is evidenced by the following:</p> <p>According to the "ADMISSION RECORD (AR)", Resident #2 was admitted to the facility on NJ Ex. Order 26(4) with diagnosis that included but was not limited to: NJ Ex. Order 26(4)</p> <p>The Minimum Data Set (MDS) an assessment tool dated 12/19/21, showed Resident #2's NJ Ex. Order 26(4)</p> <p>The Progress Notes (PN) dated 1/20/22 at 10:30 a.m., showed that Resident #2 was sent to the NJ Ex. Order 26(4)</p> <p>During the interview with the Licensed Practical Nurse (LPN#1) on 5/6/22 from 11:45 am to 3:30 pm, she revealed that on 1/20/22 (could not recall exact time), an incident happened when an NJ Ex. Order 26(4)</p>	F 837	<p>F837 Governing Body CFR(s):483(d)(1)(2)</p> <p>1/20/22 Resident #2 was NJ Ex. Order 26(4)</p> <p>Resident returned to the center via the police department as it was learned that the ambulance company dropped the resident off at the wrong location. The resident of the home called the police and resident #2 returned to the center.</p> <p>1) How the corrective action will be accomplished for the residents found to have been affected:</p> <p>The event should have been investigated as all incidents and accidents are communicated to the Center Executive Director (Administrator) and Center Nurse Executive (DON) for investigation, conclusion and reporting.</p> <p>The Administrator of Record is responsible for reporting an incident as defined as any occurrence not consistent with the routine operation of the center or normal care of the patient. An incident can involve a visitor or staff member, malfunctioning equipment, or safety or security. The Center Executive Director (Administrator) is responsible for reporting and or the Center Nurse Executive (DON) will verify that state reporting occurs within</p>		

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F 837	<p>Continued From page 5</p> <p>2 miles from the facility. The home owner (HO) who discovered the Resident sitting in their living room, called the police department (PD) The PD brought the Resident back to the facility with no injury. LPN #1 stated that the previous Administrator (A #1) was aware of the incident.</p> <p>Reviewed of the residents' incident and accidents log on 5/6/22 showed no documented evidence that the aforementioned incident involving Resident #2 was investigated. Furthermore, there was no documentation on Resident #2's medical record to explain about the aforementioned incident.</p> <p>The surveyor conducted an interview with the A #2 (Administrator on record) and Interim Administrator (IA) on 5/6/22 from 12:40 pm to 3:30 pm. They stated that the incident should have been investigated and reported to NJDOH according to their policy because it was an unusual event. They both stated that the incident was called in to NJDOH. However, they were unable to provide documented evidence that the aforementioned incident was investigated and reported to the New Jersey Department of Health.</p> <p>The surveyor attempted to conduct a telephone interview with the A #1, however, the A #1 was not available.</p> <p>The facility's policy "Accidents/Incidents" revised on 5/1/2022, showed "An incident is defined as any occurrence not consistent with the routine operation of the Center or normal care of the patient. An incident can involve a visitor or staff member, malfunctioning equipment, or observation of a situation that poses a threat to safety or security...3. Reporting: 3.1 The CED</p>	F 837	<p>required time frames and via appropriate method of reporting.</p> <p>2) How with the facility identify other residents that have the potential to be affected:</p> <p>All residents have the potential to be affected.</p> <p>3) What measures have been put into place to ensure that the deficient practice will not recur:</p> <p>On May 2, 2022 a new Administrator was hired at the center. The new administrator has worked for the company in an LNHA role for 10 years. The administrator is aware of all reporting obligations as well as investigation protocol for both the State Survey Agencies, Adult Protective Services, and corporate policies.</p> <p>Incidents and accidents will be reviewed at morning clinical meetings and investigations outcomes. Incidents and accidents will be reviewed for appropriate response and timely reporting. Results will be reported on monthly at QAPI meetings by the Administrator for the next 3 months.</p> <p>4) How will the facility monitor its corrective actions to ensure compliance:</p> <p>Administrator will have a monthly review of reportable events and incidents and accidents with Regional Executive</p>		

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F 837	Continued From page 6 [Center Executive Director] and/or CNE [Center Nurse Executive] will verify that state reporting occurs within required time frames and via appropriate method of reporting..." NJAC. 8:39-4.1 (a) 5	F 837	Director or designee to ensure that all reporting occurs within the required time frames and via the appropriate method of reporting for the next 3 months and reported on during monthly QAPI meetings.		