STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315158	A. BUILDING _____ B. WING _____	C 05/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS CITY STATE ZIP CODE
RIDGEWOOD CENTER	**330 FRANKLIN TPK RIDGEWOOD, NJ 07450**

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F 000	INITIAL COMMENTS C #: NJ00136000, NJ00136002 Census: 112 Sample Size: 4	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: C#: NJ00136000	F 657	1) How the corrective action will be	7/6/20

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/15/2020

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 657	Continued From page 1 Based on interviews, and record review, as well as review of pertinent facility documents on 5/11/20, it was determined that the facility failed to update the care plan for 1 of 4 sampled residents (Residents #1) reviewed for care plans. This deficiency is evidenced by the following: 1. According to the "Admission Record (AR)", Resident #1 was initially admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool, dated [redacted], Resident #1 had [redacted] and required supervision and limited assistance from staff with Activities of Daily Living (ADLs). The Care Plan (CP), initiated on 1/31/20 and revised 3/20/20 showed that the Resident showed the potential to exhibit physical behaviors related to [redacted]. Intervention included but was not limited to: Resident was moved to a room closer to a nursing station initiated on 4/3/20. The facility's "RMS (Risk Management Sustem) Event Summary Report (RMSESR)" dated 3/28/20 showed that on 3/28/20 Resident #1 and Resident #4 were found in Resident #1's room. Resident #1 was fully clothed, however, Resident #4 was undressed from the waist down and Resident #1 was attempting to remove Resident #4's shirt. The Residents were immediately separated. New interventions included but were not limited to: moved Resident #1's room closer to nursing station and place motion sensor above Resident #1's doorway which was pending	F 657	accomplished for the residents found to have been affected Resident #1's care plan has been updated to reflect current status 2) How the facility will identify other residents having the potential to be affected The facility recognizes the risk that residents could potentially be affected by the stated deficient practice Records will be reviewed of all current residents to ensure care plans are reflective of current status and inclusive of preventative safety interventions as discussed by the interdisciplinary team 3) What measures will be put in place or systematic changes made to ensure the deficient practice will not recur Licensed nursing staff will be re-in serviced by ADON / NPE on person centered care plans and that care plans include current status and include any preventative safety interventions 4) How the facility will monitor its corrective actions to ensure compliance The CNE or designee will conduct weekly audits of five care plans per week times two months to ensure the accuracy and that it is reflective of current status	

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F 657	Continued From page 2 delivery. Review of Resident #1's Care Plan showed that it was not updated or revised to reflect the aforementioned incident and the interventions to prevent reoccurrence with the use of the motion sensor. The surveyor conducted an interview with Unit Manager (UM on the wing that Resident #1 resided on) on 5/11/20 at 10:12 am. The UM stated that he was not aware of any alarm or motion sensor interventions for Resident #1. He further stated that UM and Assistant Director Nursing (ADON) were responsible for updating CPs with new interventions. The surveyor conducted an interview with Assistant Director of Nursing (ADON) on 5/11/20 at 12:10 pm. The ADON stated that she was not aware of the motion sensor intervention for Resident #1. The surveyor conducted a telephone interview with a former Administrator (A #1, an Administrator during the aforementioned incident) on 5/11/20 at 2:09 pm. A #1 stated that the sensor alarm was one of the interventions discussed by the team to prevent the reoccurrence of the aforementioned incident. However, she did not get the chance to order the sensor motion online because of the Corona virus pandemic. The facility's policy titled "Person-Centered Care Plan", effective on 11/28/16, reviewed on 6/12/19 and revised on 7/1/19 showed that: " ...7. Care plans will be: ...7.2 Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly	F 657	Results of the weekly audits will be presented at the monthly QAPI meetings by the CNE or designee for review and recommendations	

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F 657	Continued From page 3 review assessments, and as needed to reflect the response to care and changing needs and goals; ..." NJAC 8:39-11.2 (h)	F 657		
F 658 SS=D	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: C#: NJ00136002 Based on interviews, and record review, as well as review of pertinent facility documents on 5/11/20, it was determined that the facility failed to follow physician's orders for 2 of 4 Residents (Resident #1 and Resident #2) reviewed for physician's orders. This deficient practice is evidenced by the following: 1. According to the "Admission Record (AR)" form, Resident #2 was originally admitted to the facility on [redacted], with diagnoses that included but were not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool, dated [redacted], Resident #2 had [redacted] The Care Plan (CP) initiated on 9/8/15 and revised on 12/15/17 showed that the Resident was at risk for falls. Intervention included but was	F 658	1) How the corrective action will be accomplished for the residents found to have been affected Resident #1 remains in the center on close supervision. Resident's medical records were reviewed to ensure all physician orders were followed. No additional physician orders were found not to be followed Resident #2 no longer resides in the facility 2) How the facility will identify other residents having the potential to be affected The facility recognizes the risk that residents could potentially be affected by the stated deficient practice Residents with neurological checks ordered will have their records audited to	7/6/20

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F 658	Continued From page 4 not limited to: assess for changes in medical status, pain status, mental status and report to medical doctor as indicated. The "RMS (Risk Management System) Even Summary Report (RMSESR)" dated 12/24/19, showed that Resident #2 lost his/her balance and fell. The "Physician's Order Form (POF)" form for 12/19 showed that Resident #2 had an order dated 12/24/19 for neurological checks every shift for five (5) days. The "Progress Notes" for Resident #2 for 12/19 showed that neurological checks were not performed on 12/26/20 during the evening (3:00 pm to 11:00 pm shift), on 12/27/19 during the evening shift, on 12/28/19 during the evening shift and on 12/29/19 during the night (11:00 pm to 7:00 am) shift. Review of Resident #2's "Medication Administration Record (MAR)" for 12/2019 showed that there was no documentation for neurological checks on the aforementioned dates. 2. According to the "Admission Record (AR)", Resident #1 was initially admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted] According to the Minimum Data Set (MDS), an assessment tool, dated [redacted], Resident #1 had [redacted] and required supervision and limited assistance from staff with Activities of Daily Living (ADLs).	F 658	ensure completion and accuracy with no discrepancies noted in record keeping Residents with psychotropic medication ordered will have their records audited to ensure accuracy and to ensure psychotropic consults have taken place 3)What measures will be put into place or systematic changes to ensure the deficient practice will not recur Licensed nursing staff have been re-educated on completion and documentation of neurological checks as ordered including where neurological checks need to be documented Licensed nursing staff have been re-educated to ensure psychotropic consults are completed timely and as ordered 4) How the facility will monitor its corrective actions to ensure compliance The CNE or designee will audit neurological checks weekly times two months to ensure completion and documentation in appropriate record The CNE or designee will audit psychotropic consults weekly times two months to ensure completion and accuracy Results of the weekly audits will be presented at the monthly QAPI meetings	

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F 658	Continued From page 5 The Care Plan (CP), initiated on 1/31/20 and revised 3/20/20 showed that the Resident showed the potential to exhibit physical behaviors related to [redacted]. Intervention included but was not limited to: Resident was moved to a room closer to a nursing station initiated on 4/3/20. The "Physician's Interim/Telephone Orders" dated 3/28/20 at 11:00 pm showed that Resident #1 had an order for a [redacted] consultation. Review of Resident #1's records showed that the Resident did not have a [redacted] consultation or evaluation until [redacted] The surveyor conducted an interview with the Assistant Director of Nursing (ADON) on 5/11/20 at 2:44 pm. The ADON stated that neurological checks were documented in the progress notes. She was unable to give an answer as to why the neurological checks were not documented on the aforementioned dates. She was unable to provide an answer and documentation as to why the psychiatric consult was not done when it was ordered in March. The surveyor conducted an interview with Unit Manager (UM on the wing that Resident #1 and Resident #2 resided on) on 5/11/20 at 2:46 pm. The UM revealed that neurological checks were documented either on the Medication Administration Record or in progress notes. The facility's policy titled "Neurological Evaluation" effective on 3/1/98, reviewed on 12/20/19 and revised on 1/31/20, showed that: " ...Neurological evaluation will be performed as indicated or ordered ...PURPOSE To monitor patient for neurological compromise..."	F 658	by the CNE or designee for review and recommendations	

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F 658	Continued From page 6 NJAC 8:39-11.2(b)	F 658		