STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315037	A. BUILDING _____ B. WING _____	C 10/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEANECK NURSING CENTER	**1104 TEANECK ROAD TEANECK, NJ 07666**

(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#: NJ00092254, NJ00108916, NJ00129213 Census: 97 Sample Size: 5	F 000		
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §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. This REQUIREMENT is not met as evidenced by: NJ00129213 Based on interviews, and record review, as well as review of pertinent facility documents on 10/15/19 and 10/16/19, it was determined that the facility failed to ensure that the Residents' personal belongings were accounted for and according to facility policy for 3 of 5 Residents (Resident #1, #2, and #5) reviewed for misappropriation of Resident's property. This deficient practice was evidenced by the following: 1. According to the facility's Face Sheet, Resident #5 was admitted to the facility on [redacted] with diagnosis that included but was not limited to: [redacted] Resident #5 was discharged from the facility on [redacted] The Minimum Data Set (MDS), an assessment	F 602	F602 1. Resident #1 and #2 personal belongings were inventoried, documented and placed in their charts. Resident #5 no longer resides in the nursing facility. All charts and residents belongings were audited to ensure that personal belongings of the residents are labeled and recorded on an inventory sheet. 2. All residents have the potential to be affected by the deficient behavior of failing to ensure that resident's personal belongings are accounted for. To prevent unaccountable belongings, upon admission all clothing will be noted on the inventory sheet and items requiring immediate labeling will be completed by the certified nursing assistant and	11/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/11/2019

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F 602	Continued From page 1 tool, dated [redacted], showed that Resident #5 had [redacted] impairment. The form "Patient's Clothes List (PCL)" in Resident #5's medical record showed no documentation to indicate that the Resident's personal belongings were updated throughout the Resident's stay. Attached with the PCL was a form "Clothing For Labeling (CFL)" for Resident #5, dated [redacted] showed that the Resident had the following articles of clothing: one (1) black jacket, two (2) shirts, 1 shirt with long sleeves, 1 white robe, 1 bra, 1 short, 6 tee shirts, and 4 pairs of socks. The "Form # PNA (Personal Need Allowance) 2" dated 10/29/19 showed that Resident #5 authorized the facility to withdraw [redacted] from the Resident's account for clothing. This form was signed by Resident #5, Administrator and witnessed by the Social Worker. The "Patient Funds Ledger" dated [redacted] to [redacted] showed that on 1[redacted] the amount of [redacted] was disbursed from Resident #5's account. The description for the disbursement was listed as '[redacted] An invoice from a Clothing Store dated [redacted] showed that the Social Worker (SW) ordered 2 piece long sleeve pants set for Resident #5 in the total amount of [redacted] However, the 2 piece long sleeve pants set was not documented on the PCL neither was the CFL form was updated to reflect that the 2 piece long sleeve pants set were accounted for, which was not in accordance with the facility's policy.	F 602	remaining clothing will be provided to the laundry department for completion. The staff members intercepting the forms will sign acknowledging receiving and returning the resident's clothing which will remain as a component of the resident's file. 3. Department heads and employees within their department were in-serviced on the Personal Property Policy and Procedure which included, but was not limited to inventory of resident's and clothing upon admission and as such items are replenished by the family or by the facility from the PNA account. 4. The Administrator or his designee will audit five charts weekly for two months to ensure that inventory sheets are completed and up to date. Findings will be reported at the quarterly Quality Assurance Meeting	

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F 602	Continued From page 2	F 602		

During an interview with Registered Nurse (RN #1) on 10/15/19 at 8:06 am, RN #1 stated that all residents have their belongings inventoried and documented upon admission. She further stated that CNAs and Nurses assigned to the Resident were responsible for creating and updating the clothing list. She revealed that when new clothes were brought in by family members or purchased by the facility, the facility updated the PCL form which was not done for Resident #5.

During an interview with the Director of Nursing (DON) on 10/16/19 at 8:18 am, the DON revealed that when the facility purchased clothing items for residents, those items should be documented on resident's PCL form which was not done for Resident #5 with the clothing purchase on [redacted] She further revealed that CNAs and Nurses assigned to the Resident were responsible for creating and updating the clothing list. The DON stated that she did not know why clothing items purchased by the facility for Resident #5 were not documented on Resident #5's PCL form.

During an interview with Licensed Practical Nurse (LPN #1) on 10/16/19 at 10:33 am, the LPN stated that upon admission, all residents' personal belongings were documented on the PCL form. He further stated that any new articles of clothing provided by the family members and/or facility were added to the PCL form. He revealed that CNAs and Nurses assigned to the Resident were responsible for creating and updating the clothing list. Furthermore, LPN #1 also stated that he did not know why the 2 piece long sleeve pants set ordered on [redacted] for Resident #5 was not documented on the PCL form; which was not according to the facility's

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F 602	Continued From page 3 policy. 2. According to the facility's Face Sheet, Resident #1 was admitted to the facility on [redacted], with diagnosis that included but was not limited to: [redacted] The Minimum Data Set (MDS), an assessment tool, dated [redacted], showed that Resident #1 had [redacted] cognition. Resident #1's medical record showed that the Resident did not have a PCL form included in the medical record. Furthermore, there was no documentation anywhere in Resident #1's medical record to indicate that the personal belongings were accounted for and/or updated. 3. According to the facility's Face Sheet, Resident #2 was admitted to the facility on [redacted], with diagnosis that included but was not limited to: [redacted] The Minimum Data Set (MDS), an assessment tool, dated [redacted] showed that Resident #2 had [redacted] impairment. Resident #2's medical record, showed that the Resident did not have a PCL form included in the medical record. Furthermore, there was no documentation anywhere in Resident #2's medical record to indicate that the personal belongings were accounted for and/or updated. During an interview with Registered Nurse (RN #1) on 10/15/19 at 8:06 am, RN #1 revealed that residents have their personal belongings documented on the PCL form upon admission which was not done for Resident #1 and Resident	F 602		

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F 602	Continued From page 4	F 602		

#2.

During an interview with Director of Nursing (DON) on 10/16/19 at 8:18 am, the DON revealed that upon admission, residents' personal belongings were documented on the PCL form. She further revealed that the facility was unable to find the PCL form for Resident #1 and Resident #2.

During an interview with Licensed Practical Nurse (LPN #1) on 10/16/19 at 10:33 am, the LPN revealed that upon admission, all residents' personal belongings were documented on the PCL form. He further revealed that he did not know why the PCL form was not done for Resident #1 and Resident #2.

A review of the facility's policy titled "Clothing Policy" revised on 1/2008 showed "... On admission, the responsible party and nurses aide will inventory the resident's clothing and possessions, ensuring that each is properly labeled and if clothing needs to be laundered, the Certified Nurse Assistant (CNA) will sent to the laundry dept."

A review of the facility's policy titled "Resident Rights Policy" dated 12/2010, showed "...1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ... c. be free from abuse, neglect, misappropriation of property, and exploitation;..."

A review of the facility's policy dated titled "Personal Property" dated 12/2018, showed that "... 5. The resident's personal belongings and clothing shall be inventoried and documented

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F 602	Continued From page 5 upon admission and as such items are replenished." NJAC 8:39 - 4.1(a)15	F 602		

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	060217	A. BUILDING: _____ B. WING _____	C 10/16/2019

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S 000	Initial Comments C#: NJ00092254, NJ00108916, NJ00129213 Census: 97 Sample Size: 5	S 000		
S1685	8:39-25.2(b)(2) Mandatory Nurse Staffing (b) The facility shall provide nursing services by registered professional nurses, licensed practical nurses, and nurse aides (the hours of the director of nursing are not included in this computation, except for the direct care hours of the director of nursing in facilities where the director of nursing provides more than the minimum hours required at N.J.A.C. 8:39-25.1(a) above) on the basis of: 2. Total number of residents receiving each service listed below, multiplied by the corresponding number of hours per day: Wound care 0.75 hour/day Nasogastric tube feedings and/or gastrostomy 1.00 hour/day Oxygen therapy 0.75 hour/day Tracheostomy 1.25 hours/day Intravenous therapy 1.50 hours/day Use of respirator 1.25 hours/day Head trauma stimulation/advanced neuromuscular/orthopedic care 1.50 hours/day	S1685		11/15/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/11/19

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S1685	Continued From page 1	S1685		

This REQUIREMENT is not met as evidenced by:
C#: NJ00108916

Based on interviews and review of the Nurse Staffing Reports for the weeks of 9/29/19 and 10/6/19, it was determined that the facility failed to provide at least minimum staffing levels for 3 of 14 days. This required staffing hours and actual staffing hours are as follows:

For the week of 10/6/19
Required Staffing Hours: 262.25

Date	Actual Staffing Hours	Difference
10/06/19	232	-30.25
10/07/19	256	-6.25
10/12/19	256	-6.25

During multiple interviews with the staff on 10/15/19 and 10/16/19, between 7 am and 12 pm, they indicated that the facility was short staffed due to call outs.

During an interview with the Director of Nursing (DON) on 10/16/19 at 9:10 am, the DON stated that the facility's nursing supervisors always attempt to cover all call outs, however, they are sometimes unsuccessful.

S1685

1. In review of the staffing requirements on October 6, October 7 and October 12, 2019 it was concluded that the facility failed to meet the minimum staffing requirements.
2. All residents have the potential to be affected by the deficient practice of failing to provide minimum staffing levels. To prevent future shortages the facility obtained contracted services from two companies and recently added an additional company to assist in facilitating staffing requirements.
3. Meetings were held with clinical staff to reiterate the importance of providing consistent resident care and how call outs affect the continuity of care and reviewed revised staffing schedules to accommodate the need of the facility and also the need of the employee.
4. We will reach out to CNA and Nursing schools for more potential hires we also will offer more hire bonuses to assist with weekend staffing.
5. The administrator or his designee will review the forecasted daily staffing in advance with the staffing coordinator to ensure that the requirments for direct care hours will be met. Findings will be reported at the quarterly Quality Assurance

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S1685	Continued From page 2	S1685	meeting.	