STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315260	A. BUILDING _____ B. WING _____	C 10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN HILLS HEALTHCARE CENTER	600 PEMBERTON BROWN MILLS RD PEMBERTON, NJ 08068

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F 000	INITIAL COMMENTS COMPLAINT #: NJ 129045 CENSUS: 195 SAMPLE SIZE: 4	F 000		
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance	F 842		12/25/19

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

Electronically Signed | 12/04/2019

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F 842	Continued From page 1 with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ 129045 Based on interview, record review, and review of	F 842	I. Corrective action(s)accomplished for resident(s)affected: The identified Licensed Nurses who did	

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F 842	Continued From page 2 other pertinent documentation, it was determined that the facility failed to accurately document that treatments were administered on the Treatment Administration Record (TAR) for 2 of 3 sampled Residents (Resident #2, Resident #3, and Resident #4). This deficient practice was evidenced by the following; 1. According to the facility Admission Record (AR), Resident #3 was admitted on [redacted] with diagnoses which included but were not limited to; [redacted] and [redacted]. A Minimum Data Set (MDS), an assessment tool, dated [redacted] revealed that Resident #3 had a "Brief Interview for Mental Status" (BIMS) score [redacted] which would indicate [redacted] cognition. In addition, the resident required extensive assistance with Activities of Daily Living (ADL's). Review of Resident #3's Care Plan (CP) revealed the following "Focus"; "Risk for impaired [redacted] r/t [related to] impaired [redacted], incontinence, [redacted] mpaired [redacted] currently followed by [redacted] for [redacted] A Physician Order Sheet (POS) dated from [redacted] - [redacted] included the following physician's order (PO), dated [redacted], "D/C [discontinue] [redacted] to [redacted] start [redacted] BID [twice daily]."	F 842	not initial the TARs for the identified residents were re-educated by the DON/designee on properly documenting on the Treatment Administration Records (TAR) when following Physician Orders. " Resident #3 status was reviewed during and following the timeframe of the noted omissions of nurse□s initials on the TARs and no negative outcomes were noted. The Resident□s [redacted] on [redacted] and [redacted] were followed weekly by the [redacted] care Nurse Practitioner and the [redacted] improved weekly. [redacted] assessments continued weekly until the resident□s discharge. This resident no longer resides in the facility " Resident #2□s status was reviewed during and following the timeframe of the noted omissions of nurse□s initials on the TARs and no negative outcomes were noted. Resident #2 has a [redacted]. The resident□s [redacted] is being followed weekly by a [redacted] care Nurse Practitioner. " Resident #4□s status was reviewed during and following the timeframe of the noted omissions of nurse□s initials on the TAR and no negative outcomes were noted. Resident #4 continues to receive [redacted] services. The resident□s [redacted] is being followed weekly by a [redacted] care Nurse Practitioner. II. Residents identified having the potential to be affected and corrective action taken: " Residents currently residing in the facility have the potential to be affected. " An audit of current Treatment	

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F 842	Continued From page 3 A 6/2019 TAR indicated that the aforementioned PO was not documented as administered for 3/30 opportunities on the 7:00 a.m. to 3:00 p.m. shift (6/16, 6/17, and 6/18) and 8 of 30 opportunities on the 3 p.m.-11 p.m. shift (6/7, 6/8, 6/9, 6/16, 6/18, 6/21, 6/23, 6/30). A POS dated from [redacted] included the following PO, dated [redacted]; "Apply [redacted] from [redacted] may remove at night." A 6/2019 TAR indicated that the aforementioned PO was not documented as applied for 23/30 opportunities (6/1, 6/2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/14, 6/17, 6/18, 6/19, 6/22, 6/23, 6/24, 6/25, 6/26, and 6/27.) In addition, the PO was not documented as removed for 13/30 opportunities (6/1, 6/2, 6/5, 6/7, 6/8, 6/9, 6/10, 6/12, 6/16, 6/18, 6/21, 6/23, and 6/30). A POS dated from [redacted] included the following PO, dated [redacted], "Cleanse [redacted] with [redacted] apply [redacted] BID [twice daily]. A 6/2019 TAR indicated that the aforementioned PO was not documented as administered on the 3 p.m. to 11 p.m. shift for 10/30 opportunities (6/1, 6/2, 6/5, 6/7, 6/9, 6/10, 6/16, 6/18, 6/23, and 6/30) In addition, the PO was not documented administered on the 11 p.m. to 7 a.m. shift for 18/30 opportunities (6/2, 6/5, 6/6, 6/9, 6/10, 6/ 11, 6/12, 6/13, 6/14, 6/17, 6/18, 6/19, 6/22, 6/23, 6/24, 6/25, 6/26, and 6/27).	F 842	Administration Records (TAR) was conducted by the DON to validate that Licensed Nurses had initialed the TAR immediately after following the Physician□s order. III. Measures will be put into place to ensure the deficient practice will not recur: " Licensed Nurses were re-educated by the DON/designee regarding Principles of Documentation on the TAR when Following Physician Orders. " The implementation process for integrated eMAR and eTAR into our current Electronic Health Record has begun on 11/18/19. The go live date for this project is set for 1/21/2020. This process includes detailed education and will include electronic monitoring systems for documentation of medication and treatment administration. IV. Corrective actions will be monitored to ensure the deficient practice will not recur: " The DON/designee will conduct a weekly audit times 4 weeks, then a monthly audit will be conducted by the DON/designee for 2 months thereafter, to validate that treatment orders were initialed by the Licensed Nurses on the TAR immediately after the Licensed Nurse completed the Physician□s order(s). Discrepancies will be reviewed by the DON with follow up actions as necessary. " The DON will analyze trends from TAR Audit findings and follow up measures and report these outcomes to the QA Committee at the next Quarterly QA Meeting for recommendations as necessary.	

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F 842	Continued From page 4 2. According to the facility AR, Resident #2 was admitted to the facility on [redacted] with diagnoses which included but were not limited to [redacted]. An MDS, dated [redacted], revealed that Resident #3 had a BIMS score of [redacted], which indicated that the Resident #2 was [redacted]. In addition, the resident required minimum assistance with ADL's. Review of Resident #2's Care plan included the following "Focus," dated [redacted], "Actual [redacted] ...Interventions...TX to [redacted] as ordered (see TAR for details), monitoring effectiveness & [and] need to reevaluate and change treatment plan..." A POS, dated [redacted], included the following order, dated [redacted]; "Cleanse [redacted] with [redacted], apply [redacted] then cover with [redacted] once daily and [redacted] with [redacted] once daily and as needed cover with [redacted] A 7/2019 TAR indicated the aforementioned order, dated [redacted], was not documented as administered for 1 of 7 opportunities [redacted]). 3. According to the facility AR, Resident #4 was admitted on [redacted] with a diagnosis which included but was not limited to [redacted]. An MDS, dated [redacted] revealed that Resident #4 had a BIMS score of [redacted], which indicated that the resident had [redacted] cognition. In addition, the resident required extensive	F 842		

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F 842	Continued From page 5 assistance with ADL's. Review of Resident #4's CP included the following "Focus", initiated [redacted]; "Actual [redacted]...Interventions: Tx [Treatments] to [redacted]) as ordered (see TAR for details), monitoring effectiveness & need to reevaluate/ change tx plan..." A POS, dated [redacted], included the following order, initiated [redacted]; "[redacted] [with] [redacted] Apply [redacted] & [and] cover [with] dry dressing. [change] daily [and] PRN [as needed]." A 9/2019 TAR indicated the aforementioned order, initiated [redacted], was not documented as administered for 2 of 15 opportunities (9/22 and 9/24). During a post survey email correspondence with the surveyor on 11/14/2019, the Administrator explained that it is facility policy to sign the TAR when a treatment has been administered. Interviews with the DON and statements from staff revealed that all treatments were done, however, they were not documented in the TARs. An undated facility policy titled "Charting, Transcription of Orders, and Documentation" revealed the following; "All services provided to the resident, or any changes in the residents medical or mental condition, shall be documented in the resident's medical record (MR). All orders made by the Physician/ NP [Nurse Practitioner]/ PA [Physician's Assistant] shall be properly transcribed, carried out by designated personnel and acted upon within a timeframe that does not	F 842		

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F 842	Continued From page 6 delay care...1. All observations, medications administered, services performed, sect., must be documented in the resident's clinical records...6. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum... g) The signature and title of the individual documenting. If a medication or a treatment is not carried out, documentation must be provided in the MR, including but not limited to: MAR/TAR (Physical or Electronic) ..." An undated facility policy titled "Medication Administration Handling, Storage [,] and Documentation" revealed the following; "Documentation: All...treatments shall be initialed by the licensed nurse on the...TAR or the ETAR (electronic TAR) ..." N.J.A.C. 8:39-35.2 (9)	F 842		