

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/05/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASPEN HILLS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 PEMBERTON BROWN MILLS RD PEMBERTON, NJ 08068</b>	
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F 000	INITIAL COMMENTS  CENSUS: 183  SAMPLE SIZE: 37 and 3 closed records  A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000		
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: Based on observation, interview and record review, it was determined that the facility failed to follow professional standards of clinical practice by not carrying out physician ordered treatment for 1 of 37 residents (Resident #2) and was evidenced by the following:  Reference New Jersey Statutes, Title 45, Chapter 11, Nursing Board, The Nurse Practice Act for the state of New Jersey states; "The practice of nursing as a licensed practical nurse is defined as performing task and responsibilities within the framework of case finding; reinforcing the patient family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the duration of a registered nurse or licensed or otherwise legally authorized physician or dentist."  According to the Admission Record (AR) dated	F 658	I. Corrective action(s)accomplished for resident(s)affected: • The identified Licensed Nurses were re-educated on following treatment orders and properly documenting on the Treatment Administration Record (TAR). • The [REDACTED] were obtained and placed on the resident as ordered. • Resident # 2 had no negative outcomes related to not wearing [REDACTED] as ordered and the physician was notified.  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 . • Residents with treatment orders were	4/24/20

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

TITLE

(X6) DATE

Electronically Signed

03/18/2020

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 658	<p>Continued From page 1</p> <p>Resident # 2 had the diagnoses of [REDACTED]</p> <p>The quarterly Minimum Data Set (MDS) an assessment tool, dated [REDACTED] indicated that Resident # 2 was [REDACTED] intact and able to understand information and communicate information. The MDS also reflected that the resident required set up help with dressing, bathing and personal hygiene.</p> <p>On 02/25/20 at 10:17 AM, the surveyor observed Resident # 2 sitting in a lounge chair with both feet raised. Resident # 2 was interviewed at this time and said that he/she had a lot of [REDACTED] and [REDACTED] his/her lower [REDACTED]. The resident added that he/she goes out to the [REDACTED] doctor who told him/her to wear [REDACTED] to help and relieve the [REDACTED]. He/ she also added that he/she was supposed to be wearing [REDACTED] [REDACTED] but did not think the [REDACTED] were ordered yet. The resident stated "Where are they ordering the [REDACTED] from, [REDACTED] and [REDACTED]" He/she said it had been a week or two since the staff put the [REDACTED] on his/her [REDACTED]. The surveyor observed that the resident was not wearing [REDACTED] at this time.</p> <p>On 02/26/20 11:35 AM, the surveyor interviewed Resident # 2 who said that the staff had not applied [REDACTED] to his/her [REDACTED] since last week. The resident then showed the surveyor their [REDACTED] and the surveyor observed that the resident was again not wearing the [REDACTED].</p> <p>The Physician Order Sheet (POS) dated [REDACTED]</p>	F 658	<p>reviewed and observed by the Unit Managers to validate that the treatment ordered is being followed and documented properly by the Licensed Nurse.</p> <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>Licensed Nurses were re-educated by the ADON regarding Following Physician Orders and Principles of Documentation.</li> </ul> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>Unit Mangers will conduct a weekly audit times 4 weeks, then monthly times 3 months to validate that treatment orders were carried out and documented as ordered.</li> </ul> <p>Discrepancies will be reported to the DON with follow up actions as necessary.</p> <ul style="list-style-type: none"> <li>The DON will analyze and trend Treatment Audit findings and report outcomes of each to the QA Committee quarterly for recommendations as necessary.</li> </ul>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 658	<p>Continued From page 2</p> <p>contained a physician order for [REDACTED] to be applied in the morning and to be removed in the evening.</p> <p>The surveyor reviewed Resident # 2's Care Plan which indicated that Resident # 2 had increased [REDACTED] in both [REDACTED] due to the diagnoses of [REDACTED] and wears [REDACTED].</p> <p>The [REDACTED] Consultation dated [REDACTED], indicated that Resident # 2 had chronic [REDACTED] of the [REDACTED]. The consultation also indicated the physician had advised the resident to utilize [REDACTED] daily to both [REDACTED].</p> <p>The Treatment Administration Record (TAR) dated [REDACTED] and [REDACTED] at 6:00 AM hours contained nursing signatures that documented [REDACTED] were applied for the diagnoses of [REDACTED] of the [REDACTED], however the surveyor did not observe the [REDACTED] on Resident # 2's [REDACTED] on the dates the nursing staff documented that the [REDACTED] had been applied.</p> <p>On 02/26/20 at 11:49 AM, the surveyor interviewed the Licensed Practical Nurse (LPN) that was caring for Resident # 2 who said that the resident required partial care for his/her activities of daily living (ADL's) and required treatments to his/her [REDACTED]. The LPN added that Resident # 2 also wore [REDACTED] during the day and removed at night. The LPN revealed that the [REDACTED] were supposed to be applied around 6 am and that she was not aware that the resident did not have the</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>██████████ on as ordered, because she did not apply them and was not working at the time they were supposed to be applied.</p> <p>On 02/26/20 at 12:11 PM, the surveyor interviewed the Licensed Practical Nurse Unit Manager (LPN UM) who said that she was not sure why Resident #2 was not wearing the ██████████ as ordered, but would check and obtain the correct ██████████ for the resident. The LPN UM was able to locate the appropriate ██████████ that were ordered by the physician in the facility central supply room.</p> <p>On 02/27/20 at 10:08 AM, the surveyor interviewed the LPN UM who stated that the resident was not wearing the ██████████ as ordered on ██████████ and that the resident also informed her that the ██████████ had not been put on since Saturday 2/23/2020.</p> <p>The Director of Nursing (DON) provided the surveyor with a statement dated ██████████ at 11:22 AM from the LPN that worked on ██████████ at 11:00 PM to ██████████ at 6:00 AM. The LPN documented in the statement that she charted in error that the ██████████ were in place and was wrong for charting that she applied the ██████████. The statement read "I charted in error at the time of application. I should have written a note about the refusal and I was wrong for charting that I applied them."</p> <p>There was no documentation in the medical record that Resident #2 refused the application of the ██████████ on ██████████ and ██████████ at 6:00 AM.</p> <p>On 03/03/20 at 02:56 PM, the surveyor</p>	F 658		

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F 658	Continued From page 4 interviewed the DON who said that the facility did not have a policy specific to the application of [REDACTED], but indicated that this was a physician's order that should have been followed.  The policy titled Administration Procedures for all Medications dated April 2019, indicated that after administration of a treatment or medication the nurse was to document administration in the Medication Administration Record (MAR) or TAR. The policy also indicated that if a resident refuses a treatment, the refusal is to be documented on the TAR.	F 658			
F 880 SS=D	NJAC 8:39-29.2(d) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following	F 880		4/24/20	

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F 880	<p>Continued From page 5 accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, it was determined that the facility failed to adhere to the accepted standards of infection control practices for (a) a resident on contact isolation precautions for Resident #170, 1 of 1 resident's reviewed for infection and (b) proper storage of [REDACTED] for Resident #121, 1 of 4 residents observed for [REDACTED] care.</p> <p>This deficient practice was evidenced by the following:</p> <p>A.) On 02/25/20 at 11:25 AM, the surveyor observed the Licensed Practical Nurse (LPN), at Resident #170's bedside handling the resident's [REDACTED] equipment. During the observation, the LPN was observed wearing gloves but not a gown or mask. When the LPN exited Resident 170's room, she informed the surveyor Resident #170 tested positive for [REDACTED]. [REDACTED] The LPN said she should have been wearing a gown and stated, "She knows better." Situated outside the door of Resident 170's room was a rolling cart containing personal protective equipment (PPE). There was a "STOP" sign taped to the room number on the wall outside the resident's door, indicating to see the nurse before entering. There was a sign attached to the [REDACTED] cart which read, "[REDACTED] [REDACTED] This sign indicated gloves and a gown should be worn when entering the resident's room.</p> <p>The surveyor attempted to interview Resident</p>	F 880	<p>I. Corrective action(s) accomplished for resident(s) affected:</p> <ul style="list-style-type: none"> <li>The Nurse identified was reeducated regarding standards of infection control practices and demonstrated proper application and removal of personal protective equipment.</li> <li>The Unit Manager and Nurse was reeducation regarding standards of infection control practices and proper storage of [REDACTED].</li> <li>The [REDACTED] was disposed of appropriately; and replaced with a clean [REDACTED] that was labeled and placed in a bag.</li> <li>The physicians for Residents #170 and #121 were notified, and both residents were maintained on vital signs every shift and monitored for any documented signs and symptoms of infection for a 72 hour period.</li> <li>Residents #170 and #121 had no negative outcomes related to the infection control practice.</li> </ul> <p>II. Residents identified having the potential to be affected and corrective action taken:</p> <ul style="list-style-type: none"> <li>No other residents were identified as being affected by this practice.</li> <li>All isolation rooms were observed for proper isolation procedures being utilized by staff.</li> <li>All residents utilizing [REDACTED] [REDACTED] were checked for proper</li> </ul>		

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F 880	<p>Continued From page 7</p> <p>#170 but the resident declined to be interviewed.</p> <p>According to the Admission Record, Resident #170 was originally admitted to the facility on [REDACTED] with diagnosis which included [REDACTED].</p> <p>A review of the Order Summary Report revealed Resident #170 was on contact isolation precautions for [REDACTED] in the [REDACTED].</p> <p>A review of Resident #170's care plan revealed a focus of [REDACTED] with an intervention of [REDACTED] precautions.</p> <p>A review of hospital interdisciplinary progress notes revealed a critical result communication dated [REDACTED] for [REDACTED] of the [REDACTED].</p> <p>On 03/02/20 at 11:53 AM, the Certified Nursing Assistant (CNA) told the surveyor Resident #170 was on isolation. The CNA said staff were required to wear a gown and gloves to enter the resident's room and she wears a face mask when giving direct care to the resident.</p> <p>On 03/02/20 at 12:02 PM, the Unit Manager (UM) revealed Resident # 170 was on [REDACTED] isolation for [REDACTED] and the [REDACTED]. The UM said if a resident is on [REDACTED] isolation, staff were required to put on a gown and gloves prior to entering the room and a mask when near the resident. The UM said if someone was on [REDACTED], "There is no reason not to wear personal protective equipment (PPE) prior to entering the room." The UM said the LPN should have put on PPE prior to entering Resident #170's room.</p>	F 880	<p>labeling and storage.</p> <ul style="list-style-type: none"> <li>Immediate in-service was provided for all nursing staff on the facilities policy for infection control practices and labeling and storage of [REDACTED].</li> </ul> <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>Licensed Nurses were re-educated by the DON/Designee on the policy for infection control practices and labeling and proper storage [REDACTED] equipment.</li> <li>The weekly infection control round tool was updated to include observation of infection control practices and use of personal protective equipment and labeling and proper storage of [REDACTED] equipment.</li> </ul> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>The Infection Control Preventionist/ADON will conduct a weekly infection control rounds to include observation of infection control practices, use of personal protective equipment and labeling and proper storage of [REDACTED] equipment weekly for three months, and then quarterly.</li> <li>The Infection Control Preventionist/ADON will make recommendations regarding infection control activities based on weekly surveillance rounds with follow up action as necessary.</li> <li>The DON will analyze and trend audit findings and report outcomes to the QA</li> </ul>		



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F 880	<p>Continued From page 8</p> <p>On 03/02/20 at 02:38 PM, the DON if staff were touching an isolated resident or the resident's care items, they should wear [REDACTED] PPE. The DON confirmed the LPN should have worn PPE when working with Resident #170's [REDACTED] because there was, "A risk of coming into contact with [REDACTED] and or [REDACTED]."</p> <p>The policy entitled, [REDACTED] Precautions," revealed a gown and gloves should be worn when entering a room of a resident on [REDACTED] precautions. The policy further provided [REDACTED] as an example of an infection that required [REDACTED] precautions.</p> <p>B.) During the initial tour on 02/25/20 at 9:52 AM, the surveyor observed Resident #121 sitting in his/her wheelchair awake and alert changing his/her [REDACTED]. The surveyor observed a [REDACTED] lying directly on the resident's bedside table with the [REDACTED] and [REDACTED] attached to the machine. The [REDACTED] and [REDACTED] were not labeled or dated and were uncovered and exposed to air. Resident #121 said that he/she used the [REDACTED] only occasionally for [REDACTED]. Resident #121 said, "I let my nurse know and then she helps me set it up."</p> <p>According to the Admission Record, Resident</p>	F 880	Committee quarterly for recommendations as necessary.	

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F 880	<p>Continued From page 9</p> <p>#121 was admitted to the facility with a diagnosis that included [REDACTED]. The Order Summary Report indicated that Resident #121 had an order for [REDACTED] every 4 hours as needed for [REDACTED] and [REDACTED] with a start date of [REDACTED].</p> <p>The Annual MDS (minimum data set) dated [REDACTED] indicated that Resident #121 had a BIMS (Brief interview for Mental Status) summary score of [REDACTED], which indicated Resident #121 with [REDACTED] cognitive responses</p> <p>On 03/02/20 at 2:22 PM, the surveyor observed Resident # 121 in bed with eyes closed. On the dresser, across the room from the bed and under the television, the surveyor observed a [REDACTED] with a [REDACTED] attached. The [REDACTED], the [REDACTED] and the [REDACTED] were not dated, and the [REDACTED] was placed directly on top of the dresser, uncovered and exposed to air.</p> <p>On 03/03/20 at 11:28 AM, the surveyor observed Resident #121 sitting in a wheelchair in his/her room watching TV. The surveyor did not observe a [REDACTED] treatment machine in the resident's room. The surveyor asked Resident #121 where his/her [REDACTED] treatment [REDACTED] was located today. Resident #121 said "Oh, I used it a few days ago, it's right here in my bottom drawer." Resident #121 opened the bottom drawer of his/her nightstand and the surveyor observed the [REDACTED] treatment [REDACTED] with [REDACTED] wrapped around the [REDACTED] and [REDACTED] attached to the [REDACTED] treatment [REDACTED]. The [REDACTED] and [REDACTED] were uncovered and lying on top of the residents' personal belongings.</p>	F 880	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASPEN HILLS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 PEMBERTON BROWN MILLS RD PEMBERTON, NJ 08068</b>		
(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 880	<p>Continued From page 10</p> <p>On 03/03/20 at 12:36 PM, the surveyor interviewed the Unit Manager (UM) who said that if residents are on routine and scheduled [REDACTED] treatments, the [REDACTED] equipment, [REDACTED], and [REDACTED] should be labeled, dated, and covered. In addition, the UM said that the [REDACTED] and [REDACTED] get changed every Friday on the 11:00 AM to 7:30 PM shift. If the resident is on a "as needed" [REDACTED] treatment, the [REDACTED] and [REDACTED] does not have to be dated and covered. The UM added, "because the resident is not always using the [REDACTED]. The surveyor asked the UM for a copy of the facility's policy regarding the care and maintenance of [REDACTED] equipment. The UM stated that he/she will direct the request for a copy of such policy to the Director of Nursing (DON).</p> <p>On 03/03/20 at 2:53 PM, the Director of Nursing (DON) stated to the surveyor that there is no facility policy for management of [REDACTED]. The DON said, "We only use standards of care with regard to management of [REDACTED] equipment." The DON also stated that the nursing staff is educated on the storage, labeling, and changes of [REDACTED] equipment. "It is part of their orientation skill area."</p> <p>A policy titled, "Infection Prevention and Control Program Guidelines 2019-20;" on page [REDACTED] with subtitle, "[REDACTED] and [REDACTED] Products" revealed that when all [REDACTED] and equipment shall be dated and stored in a [REDACTED] bag when not in use and replaced every 7 days. It is the responsibility of both nurse and CNA to ensure that the [REDACTED] and [REDACTED] bag are clean, dated and the [REDACTED] is stored properly when not in use at all times.</p>	F 880			

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

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F 880	Continued From page 11  N.J.A.C. 8:39-19.4(a)	F 880			