

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/26/2021
NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002	
(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 Complaint#: NJ138141, NJ141201, NJ142520, NJ143733, NJ144272, NJ145445 Census: 115 Sample Size: 7	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: Compliant# NJ 142520 Based on observations, interviews, medical record review, and review of other pertinent facility documents on 5/24/2021, 5/25/2021, and 5/26/2021, it was determined that the facility failed to follow standards of clinical practice and obtain a Physician's Order for a treatment administration for 1 of 7 residents (Resident #5). This deficient practice was evidenced by the following: Reference: New Jersey Statues, Annotated Title 45, Chapter. Nursing Board The Nurse Practice Act for the State of New Jersey states; "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual or potential physical and emotional health problems, through such services as case finding, health teaching, health counseling, and provision of care supportive to or	F 658	1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The [REDACTED] cream was removed from resident #5's room immediately. 2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be at risk. 3. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not reoccur? Director of Nursing, Assistant Director of Nursing, or designee, will conduct in-service of Nursing staff across all shifts about professional standards, specifically	6/20/21

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

TITLE

(X6) DATE

Electronically Signed

06/17/2021

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>restorative of life and well being, and executing a medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference: New Jersey Statutes Annotated, 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 tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>During an incontinence check observation on 5/24/2021 at 10:19 a.m., the Surveyor observed the Unit Manager (UM) removed a tube [REDACTED] ointment from Resident #5's bedside table drawer and applied the ointment to the resident's [REDACTED] after completing [REDACTED] care. The resident's skin was intact.</p> <p>A review of Resident #5's Electronic Medical Record was as follows:</p> <p>According to the facility's "Admission Record," Resident #5 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident #5 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident was</p>	F 658	<p>relating to Physicians orders.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</p> <p>a) Biweekly for 4 weeks, Director of Nursing, Assistant Director of Nursing, Unit Managers or designee will audit and review pharmacological items of 2 residents to ensure Physicians orders have been received and transcribed in resident medical record.</p> <p>b) Results of all audits will be reported at monthly QAPI meeting X 3 months.</p> <p>5. The date of correction and the title of who is responsible for each deficiency to be corrected</p> <p>The Director of Nursing, Assistant Director of Nursing, or designee will be responsible to have the corrective actions complete and the facility will be in compliance by 6/20/2021</p>		

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

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OMB NO. 0938-0391

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F 658	Continued From page 2 [REDACTED]. The MDS also indicated that Resident #5 needed extensive assistance with Activities of Daily Living (ADLs) and was [REDACTED]. The Surveyor reviewed Resident #5's Order Summary Report for [REDACTED] and observed no active Physician's Order for [REDACTED] ointment. During an interview on 5/26/2021 at 12:07 p.m., the Director of Nursing (DON) stated, "if there is an issue with the resident's skin, we call the doctor" and obtain an order. The DON explained that once the order is received, the order goes on the Treatment Administration Record (TAR) for treatments, and medications go on the Medication Administration Record (MAR). Nurses are not authorized to do treatments without a doctor's order. The DON also stated, "the resident did not have an order for [REDACTED]." A review on the facility's policy titled "Physicians Orders" dated 6/2016, showed Under "Policy": It is the policy of this facility to secure physician orders for care and services for residents as required by state and federal law. Physician orders will be dated and signed according to state and federal guidelines. Under "Procedure": Physician orders will include the medication, treatment and or care requiring physician orders and correlating medical diagnosis or reason.	F 658			
F 690 SS=D	N.J.A.C: 8:39-11.2(b) Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that	F 690		6/20/21	

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F 690	<p>Continued From page 3</p> <p>resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Compliant#: NJ142520</p> <p>Based on observations, interviews, record review,</p>	F 690	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident #5 was cleaned and changed by Unit manager on 7-3 shift. In service on</p>		

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F 690	<p>Continued From page 4</p> <p>and review of other pertinent facility documents on 5/24/2021, 5/25/2021, and 5/26/2021, it was determined that the facility staff failed to provide incontinent care timely and as needed for 1 of 7 residents (Resident #5) reviewed for incontinence care and who required staff assistance. The facility also failed to follow its policy titled "Activities of Daily Living." This deficient practice was evidenced by the following:</p> <p>During a tour of the [REDACTED]-unit on 5/24/2021 at 9:12 a.m., the Surveyor observed Resident #5 pressed his/her call bell for assistance at 9:16 a.m. The Unit Manager (UM) responded to the call light at 10:17 a.m., and the resident requested [REDACTED] care. Resident #5 was observed lying in bed with an [REDACTED] which was [REDACTED]. Resident #5 laid in bed in an adult brief that was [REDACTED] for over an hour despite using the call bell to call for staff assistance.</p> <p>A review of the Electronic Medical Record was as follows:</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident #5 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated the resident was [REDACTED]. The MDS also indicated that Resident #5 needed extensive assistance with Activities of Daily Living (ADLs) and was [REDACTED].</p> <p>According to the "Admission Record," Resident #5 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED].</p>	F 690	<p>call bell response time was immediately started.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be at risk.</p> <p>3. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not reoccur? a) Employees in all departments to be in-serviced on answering call bells in a timely fashion. b) Residents to be assessed for Care plan updates to note if heavy wetter c) Nursing staff to be in-serviced on Q2 hour rounding of residents.</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not reoccur? a) Call bell audits to be completed at a minimum 4 days a week x 1 month with all shifts participating. b) Findings will be presented to QAPI Call Bell Performance Improvement Plan committee and reported to Administrator and Director of Nursing. c) Findings to be presented at Monthly QAPI meeting X3 months</p> <p>5. The date of correction and the title of who is responsible for each deficiency to be corrected The Administrator and Director of Nursing will be responsible to ensure the corrective actions are complete and the</p>		

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F 690	<p>Continued From page 5</p> <p>Review of the Care Plan (CP) initiated [REDACTED] showed Under Focus: Resident #5 was [REDACTED]. Under Goal: Resident #5 will have elimination, and skin care needs met with dignity and respect. Under Interventions included: Resident #5 requires assistance of one with [REDACTED] care and to check the resident at least every 2 hours and provide [REDACTED] care as needed.</p> <p>During an interview on 5/24/2021 at 9:12 a.m., Resident #5 stated, [REDACTED].</p> <p>The resident also stated, [REDACTED].</p> <p>In addition, Resident #5 stated, [REDACTED].</p> <p>The Surveyor requested for Resident #5 to press his/her call bell for assistance. When Resident #5 pressed the call bell, the light outside the resident's room lit up; and the alarm sound was audible in the hallway and at the nurses station.</p> <p>On 5/24/2021 at 10:17 a.m., the Surveyor observed the UM answered Resident #5's call light. The resident requested [REDACTED] care; the UM then left the resident's room and returned at 10:19 a.m., accompanied by the Certified Nursing Assistant(CNA) with supplies to provide incontinent care. The UM proceeded to roll Resident #5 to the right side with assistance from the CNA and then removed the resident's [REDACTED], which was [REDACTED] and [REDACTED].</p>	F 690	facility will be in compliance by 6/20/21	

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F 690	Continued From page 6 The UM then cleansed the resident's [REDACTED] and applied [REDACTED] to the cleansed area. During an interview on 5/24/2021 at 10:25 a.m., the CNA stated she checks residents for incontinence every two hours. The CNA also stated that Resident #5 was [REDACTED], and the last time she checked on the resident at the beginning of her shift, this morning at 7:00 a.m. The CNA explained that if a resident was a heavy wetter, she does her rounds more frequently, such as "every hour," and Resident #5 was a [REDACTED]. During a second interview at 2:30 p.m., the same day, the CNA indicated that the call light should be answered within five minutes. A review of the facility's policy titled "Activities of Daily Living" undated, showed Under "Policy": It is the policy of the facility to have a program of Activities of Daily Living (ADL) (such as but not limited to bed mobility, transfer, dressing, eating, toilet use, bathing, personal hygiene) in place whereby residents are provided the necessary support in all ADL's and are also encouraged to assist/participate in self-care. Under "Procedure": #4. Resident should be changed frequently at least every 2 hours if needed and PRN (as needed).	F 690			
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals	F 761		6/20/21	

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F 761	<p>Continued From page 7</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Compliant# NJ 142520</p> <p>Based on observations, interviews, record review, and review of other pertinent facility documents on 5/24/2021, 5/25/2021, and 5/25/2021, it was determined that the facility staff failed to store medications for 1 of 7 residents (Resident # 5) reviewed for medication storage. This deficient practice was evidenced by the following:</p> <p>On 5/24/2021 at 9:14 a.m., 5/25/2021 at 3:57 p.m., and 5/26/2021 at 8:10 a.m., the Surveyor</p>	F 761	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Treatment cream was removed from resident #5's room. Drawers were searched with residents consent to ensure there were no other treatment creams present.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be at</p>		

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F 761	<p>Continued From page 8</p> <p>observed a [REDACTED] cream sitting in Resident# 5's bedside table drawer which was partially opened.</p> <p>A review of Resident #5's Electronic Medical Record were as follows:</p> <p>According to the Minimal Data Set (MDS), an assessment tool dated [REDACTED], Resident #5 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] indicating the resident was [REDACTED]. The MDS also indicated that Resident #5 needed extensive assistance with Activities of Daily Living (ADLs) and was [REDACTED].</p> <p>According to the "Admission Record," Resident #5 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to [REDACTED].</p> <p>A review of Resident #5's Physician's Order Sheet (POS) dated [REDACTED], were as follows:</p> <p>[REDACTED]) Apply to [REDACTED] topically as needed for [REDACTED] dated [REDACTED]</p> <p>On 5/26/2021 at 8:30 a.m., the Surveyor interviewed the Director of Nursing (DON) about the [REDACTED] cream being left at Resident #5's bedside. The DON stated, "there is [REDACTED] cream in the resident's room; it should be stored in the treatment cart... it should not be stored at the bedside."</p> <p>Review of the facility's policy titled "Medication Storage" dated 3/2021, showed Under "Policy":</p>	F 761	<p>risk.</p> <p>3. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not reoccur?</p> <p>a) Director of Nursing, Assistant Director of Nursing or designee will in-service nursing staff on proper labeling and storage of biologicals and drugs.</p> <p>b) Rooms will be audited, with residents consent, for any biological or drugs not properly stored</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</p> <p>a) Weekly audit to be conducted X 4 weeks to ensure facility policy and procedures are adhered to and all items not properly labeled/ stored will be disposed of/corrected immediately.</p> <p>b) Findings to be presented to facility QAPI meeting monthly X 3 months.</p> <p>5. The date of correction and the title of who is responsible for each deficiency to be corrected</p> <p>Director of Nursing, Assistant Director of Nursing or designee will be responsible to ensure the corrective actions are complete and the facility will be in compliance by 6/20/21</p>	

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F 761	Continued From page 9 Medications and biological's are stored safely, securely, and properly, following manufacture's recommendations or those of the supplier. The medication supply is accessible only to nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Under "Procedure": #2. The nursing staff shall be responsible for maintaining medication storage (med cart and med room) and preparation areas in a clean, safe and sanitary manner. #5. The facility shall not use discontinue, outdated, or deteriorated drugs or biological's. All such drugs shall be returned to the dispensing pharmacy or destroyed. #6. Drugs for external use, as well as poisons, shall be clearly marked as such, and shall be stored separately from other medications. #8. Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.) containing drugs and biological's shall be locked when not in use, and trays or carts to transport such items shall not be left unattended if open or otherwise potentially available to others.	F 761			
F 842 SS=E	N.J.A.C 8:39-29.4(h) 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.	F 842		6/20/21	

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F 842	Continued From page 10 §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 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	F 842			

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NAME OF PROVIDER OR SUPPLIER PREMIER CADBURY OF CHERRY HILL			STREET ADDRESS, CITY, STATE, ZIP CODE 2150 ROUTE 38 CHERRY HILL, NJ 08002		
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F 842	<p>Continued From page 11 legal age under State law.</p> <p>§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: C#: NJ138141, NJ144272, NJ145445</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documentation on 5/24/2021, 5/25/2021, and 5/26/2021, it was determined that the facility failed to consistently document in the medical records the status of the resident and adhere to the acceptable standards of nursing practice for 3 of 7 residents' (Resident #1, Resident #2 and Resident #3). The facility also failed to follow its policies titled "Nursing Documentation" and "Medication Administration." This deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Records (EMRs) were as follows:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on [REDACTED] and readmitted on [REDACTED], with diagnoses which included but were not limited to:</p>	F 842	<p>1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? ADL Flow sheets were reviewed for resident #1, resident#2, and resident#3 to ensure that all activities of daily living that require assistance have been completed. Resident #1 and #2 ADL along with resident #3 MAR and ADLs reviewed. CNAs and Nurses involved in omission that are still actively working in facility will be in-serviced on documentation in a timely manner</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be at risk. Current ADL (Activities of Daily Living) binders and MARs were reviewed for omissions and addressed with Nurses and CNA'S. Director of Nursing, Assistant</p>		

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F 842	<p>Continued From page 12</p> <p>[REDACTED]</p> <p>A review of the Minimum Data Set (MDS), an assessment tool dated [REDACTED] showed Resident #1 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], indicating the resident was [REDACTED]. The MDS also showed Resident #1 needed extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's "Nursing Assistant Monthly Flow Sheet" (NAMFS), a form utilized for documentation of ADLs care by the Certified Nursing Assistants (CNAs) for [REDACTED], showed missing documentation of initials as follows:</p> <p>On [REDACTED], on the day shift. On [REDACTED] and [REDACTED] on the night and day shifts.</p> <p>On [REDACTED], on the night and evening shifts.</p> <p>On [REDACTED]</p> <p>[REDACTED] n the day, evening, and night shifts.</p> <p>On [REDACTED]</p> <p>[REDACTED] and [REDACTED], on the day and evening shifts.</p> <p>2. According to the AR, Resident #2 was admitted to the facility on [REDACTED] and readmitted on [REDACTED], with diagnoses which included but were not limited to [REDACTED]</p> <p>[REDACTED]</p> <p>A review of the MDS, an assessment tool dated [REDACTED], showed Resident #2 had a BIMS</p>	F 842	<p>Director of Nursing or designee will monitor ADL books and MARS daily and as needed, to ensure completion of documentation</p> <p>3. What measures will be put in place or what systemic changes you will make to ensure that the deficient practice does not reoccur?</p> <p>a) Director of Nursing, Assistant Director of Nursing or designee will in-service nursing staff on documenting, accurately, timely of all ADLs's care provided to residents.</p> <p>b) Director of Nursing, Assistant Director of Nursing or designee will in-service LPN's and RN staff on documenting, accurately, timely on Medication Administration Record. To be completed by 6/19/21</p> <p>4. How will the corrective actions be monitored to ensure the deficient practice will not reoccur?</p> <p>a) Daily and Weekly audit to be completed X 4 weeks to ensure facility policy and procedures are adhered to and all ADL flow sheets and MARS are complete.</p> <p>B) Findings to be presented to facility QAPI meeting monthly for 3 months.</p> <p>5. The date of correction and the title of who is responsible for each deficiency to be corrected</p> <p>Director of Nursing, Assistant Director of Nursing or designee will be responsible to have the corrective actions complete and the facility will be in compliance by 6/20/21</p>	

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F 842	<p>Continued From page 13</p> <p>score of [REDACTED], indicating the resident was [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with ADLs.</p> <p>Review of Resident #2's NAMFS for [REDACTED] showed missing documentation of initials as follows:</p> <p>On [REDACTED] [REDACTED] on the night shift.</p> <p>On [REDACTED] [REDACTED] and [REDACTED] on the night and day shifts.</p> <p>Review of Resident #2's NAMFS for [REDACTED] showed missing documentation of initials as follows:</p> <p>On [REDACTED] [REDACTED] on the day and evening shifts. On [REDACTED] [REDACTED] on the day, evening, and night shifts. On [REDACTED] [REDACTED], and [REDACTED] on the evening shift. On [REDACTED] [REDACTED], on the night and evening shifts. On [REDACTED] [REDACTED], on the night shift.</p> <p>3. According to the AR, Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p>	F 842		

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F 842	<p>Continued From page 14</p> <p>[REDACTED]</p> <p>A review of the MDS, an assessment tool dated [REDACTED], showed Resident #3 had a BIMS score of [REDACTED], indicating the resident was severely [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with ADLs.</p> <p>Review of Resident #3's NAMFS for [REDACTED] showed missing documentation of initials as follows:</p> <p>On [REDACTED] on the night and day shifts.</p> <p>On [REDACTED] and [REDACTED] on the night and evening shifts.</p> <p>On [REDACTED] and [REDACTED] on the night, day, and evening shifts. On [REDACTED] and [REDACTED] on the night shift.</p> <p>During an interview on 5/24/2021 at 3:20 p.m., the Certified Nursing Assistant (CNA) stated blanks (spaces) on the ADL flow sheet indicated care was not done. The ADL flow sheet was the only place to document care.</p> <p>During an interview on 5/25/2021 at 12:52 p.m., the Director of Nursing (DON) stated the CNAs only document on the ADL sheet.</p> <p>A review of the "Order Summary Report" (OSR) for Resident #3 contained the following Physician's Orders (POs):</p> <p>[REDACTED] Tablet [REDACTED] mg (milligrams). Give 1 tablet by mouth two times a day for [REDACTED] mg with [REDACTED] mg to</p>	F 842		
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F 842	<p>Continued From page 15 equal [REDACTED] mg dose, dated [REDACTED].</p> <p>[REDACTED] Tablet [REDACTED] mg. Give 1 tablet by mouth every 12 hours for [REDACTED] mg with [REDACTED] mg to equal [REDACTED] mg dose, dated [REDACTED].</p> <p>[REDACTED] Tablet [REDACTED] mg. Give 1 tablet by mouth every 8 hours for [REDACTED]), dated [REDACTED].</p> <p>Vital signs every shift, dated 5/26/2021.</p> <p>A review of the "Medication Administration Record" (MAR) dated [REDACTED] showed the above POs were blank for Resident #3 as follows:</p> <p>[REDACTED] Tablet [REDACTED] mg. Give 1 tablet by mouth two times a day for [REDACTED] mg with [REDACTED] mg to equal [REDACTED] mg dose, on 5/13/2021 and 5/15/2021 at 9:00 p.m.</p> <p>[REDACTED] mg. Give 1 tablet by mouth every 12 hours for [REDACTED] mg with [REDACTED] mg to equal 250 mg dose, on 5/13/2021 and 5/15/2021 at 9:00 p.m.</p> <p>[REDACTED] mg. Give 1 tablet by mouth every 8 hours for [REDACTED] on 5/13/2021 at 10:00 p.m., 5/14/2021 at 2:00 p.m., and 5/15/2021 at 10:00 p.m.</p> <p>Vital signs every shift, on 5/14/2021 on the day shift and 5/15/2021 on the day and evening shifts.</p> <p>Review of the facility policy titled "Nursing Documentation," last date revised 2-2019 revealed under "Policy" "Pertinent information should be documented in the individual's record</p>	F 842		

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

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F 842	Continued From page 16 in an accurate, timely and legible manner." Under "Procedure:" "General Guidelines" "When to Chart. 2. Document medications and treatments at the time they are administered." Under "What to Chart ...4e. Documentation on all meds" A review of the facility policy titled "Medication Administration," effective 5/21/18, revealed under "Miscellaneous ...The nurse administering the medication is to initial the resident's Medication Administration Record in the space provided under the date and on the line for that medication, dose, and time of administration." N.J.A.C.: 8:39-27.1(a)	F 842			