

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 08/07/2020
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 000	INITIAL COMMENTS Complaint #: 133797, 134434, 134909, 136220, 137637 Survey date: 8/7/2020 Census: 99 Sample size: 8 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES, BASED ON THIS COMPLAINT VISIT.	F 000			
F 658 SS=E	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: Complaint #: NJ00134434 and NJ00137637 Based on observation, interview, review of medical records and other pertinent facility documentation it was determined that the facility failed to follow professional clinical nursing standards with respect to a.) following physician orders b.) adhering to facility policy and physician orders for performing weekly skin checks from 3/27/2019 to 3/18/2020 c.) implementing Speech Therapy diet recommendations. These deficient practices were noted for 2 of 8 residents reviewed (F 658	1 a. Resident number 1 has since expired. 2 a. Any <small>Exec Order 26 § 4b1 individual's health info</small> resident(s) has the potential to be affected by a nurse not properly documenting medication administration. Any <small>Exec Order 26 § 4b1 individual's health info</small> resident has the potential to be affected by a nurse not following doctor's orders. All order of <small>Exec Order 26 § 4b1 individual's health info</small> will be reviewed for proper documentation and administration.	9/4/20	

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

TITLE

(X6) DATE

Electronically Signed

08/14/2020

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 #1 and #4) and was evidenced by the following:</p> <p>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 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 restorative of life and wellbeing, and executing medical regimes as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>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."</p> <p>1.)</p> <p>a.) According to Resident #1's Admission Record, the resident was admitted to the facility on Exec Order 26 § 4b1 individual's health info [REDACTED]</p> <p>The quarterly Minimum Data Set (MDS), an</p>	F 658	<p>3 a. Nurses will be in-serviced by the nurse educator regarding proper documentation of medication administration. Nurse educator will in-service nursing staff regarding following doctor's orders.</p> <p>4 a. Random weekly audits will be completed for 1 month then monthly for 3 month by nurse educator on residents who are Exec Order 26 § 4b1 individual's health info [REDACTED] to ensure nurses are documenting properly and medication is being given according to doctor's orders. Results of these audits will be shared with monthly QAPI committee. Based upon findings, committee will make further recommendations if necessary.</p> <p>1 b. Resident number 1 has since expired.</p> <p>2 b. All residents have the potential to be affected by skin assessment forms not being completed in the EMAR. All residents were reviewed to ensure weekly assessment were completed. If any assessments were found not completed, they were completed at that time.</p> <p>3 b. We identified that skin assessment forms were not automatically triggering. Every resident's medical record was reviewed to ensure the assessment is being triggered. Going forward, all new admissions weekly skin check</p>		

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F 658	<p>Continued From page 2</p> <p>assessment tool dated <small>Exec Order 26 § 4b1 in</small>, indicated that Resident #1 had <small>Exec Order 26 § 4b1 individual's health info</small>. It also indicated that Resident #1 required total assistance with bathing and transfers, required extensive assistance with toilet use and personal hygiene and was always incontinent of bladder and bowel. The MDS indicated that the resident was <small>Exec Order 26 § 4b1 individual's health info</small> during this MDS assessment period. The MDS also indicated that the resident <small>Exec Order 26 § 4b1 individual</small>.</p> <p>The "Braden Scale for Predicting Pressure Sore Risk", an assessment tool used to determine a resident's risk for development of pressure sores, reflected a score of 12 which indicated that Resident #1 was at high risk for developing a pressure ulcers.</p> <p>According to the Nursing Progress Notes (NPN) dated 3/11/2020 at 07:30 am, the Licensed Practical Nurse (LPN #1) documented that she checked Resident #1's <small>Exec Order 26 § 4b1 individual's health info</small>.</p> <p>LPN #1 also documented that she attempted to administer <small>Exec Order 26 § 4b1 individual's health info</small>, two times and that the resident spit out the medication. The LPN then attempted to administer the <small>Exec Order 26 § 4b1 indiv</small> for the third time and was only partially successful.</p> <p>There was no documentation in the NPN that the nurse re-checked Resident #1's <small>Exec Order 26 § 4b1 individ</small> after administration of the <small>Exec Order 26 § 4b1 indiv</small>, however subsequent documentation on 3/11/2020 at 10:09 pm reflected that the resident had a <small>Exec Order 26 § 4b1 indivi</small> and consumed 75% of dinner.</p>	F 658	<p>assessments will be triggered by the unit manager. In addition, the nursing staff will be educated by the nurse educator on the policy and procedure of completing weekly skin assessments.</p> <p>4 b. The weekly skin assessments will be reviewed on the morning clinical call (Monday-Friday). If a skin assessment is identified as not being completed, the Unit Manager will be responsible for complete the assessment. If a pattern is identified with a particular nurse, re-education and appropriate counseling will be provided. Findings will be reviewed with monthly QAPI committee. Committee will make further recommendations if necessary based upon findings.</p> <p>1 c. Resident #4 has since expired.</p> <p>2 c. All residents that have speech therapy evaluations have the potential to be affected by the deficient practice. Speech therapist will audit all diet orders to ensure accuracy of diet.</p> <p>3 c. Speech therapy writes an order in the resident's EMR. Speech therapist notifies the dietitian or designee that an diet order has been placed or changed. Upon notification, dietitian or designee makes change to resident meal ticket. In addition, the speech therapist makes nursing aware of the diet change.</p>	

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F 658	<p>Continued From page 3</p> <p>The Physician Order Summary Report (POSR) dated 2/18/2020 reflected an order for <small>Exec Order 26 § 4b</small></p> <p><small>Exec Order 26 § 4b1 individual's health info</small></p> <p>The nurse was then to recheck the <small>Exec Order 26 § 4b1 individual's health info</small> in 20 minutes and if the <small>Exec Order 26 § 4b1 individual's health info</small> is still less than <small>Exec Order 26 § 4b1 individual's health info</small> and the resident is <small>Exec Order 26 § 4b1 individual's health info</small> and notify the physician.</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) dated 3/11/2020 at 07:30 am, which reflected the aforementioned <small>Exec Order 26 § 4b1 individual's health info</small> order. There was no documentation on the MAR for 3/11/2020 at 7:30 am that LPN #1 administered <small>Exec Order 26 § 4b1 individual's health info</small> as ordered by the physician for <small>Exec Order 26 § 4b1 individual's health info</small></p> <p>On 8/5/2020 at 3:25 pm, the surveyor interviewed the Director of Nursing (DON) who stated that LPN #1 should have documented on the MAR that Resident #1 was administered oral <small>Exec Order 26 § 4b1 individual's health info</small>. "The LPN then should have rechecked the resident's sugar and called the medical doctor (MD)."</p> <p>On 8/7/2020 at 1:45 pm, the surveyor interviewed LPN #1 who admitted that she did not document on the MAR that she administered <small>Exec Order 26 § 4b1 individual's health info</small> on 3/11/2020 at 7:30 am to Resident #1 for a <small>Exec Order 26 § 4b1 individual's health info</small> because there was a lot of commotion going on at the time when she administered the medication to the resident and that the resident was reassigned to another nurse.</p> <p>On 8/7/2020 at 3:00 pm, the surveyor</p>	F 658	<p>4 c Speech therapist will perform weekly audits x 1 month and then monthly audits x 3 months to ensure diet changes are being followed. Speech therapist will report findings to monthly QAPI meetings and further recommendations will be made based upon findings.</p>	

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F 658	<p>Continued From page 4</p> <p>interviewed the Registered Nurse Unit Manager (RN UM) who stated that the expectations of all nurses were to follow physician orders and to document in the MAR any medications that were administered to the residents. The RN UM stated that she could not recall this event dated 3/11/2020 at 7:30 am.</p> <p>According to the NPN dated <small>Exec Order 26 § 4b1 in</small> at 08:17 AM, Registered Nurse (RN#1) documented in the NPN that a nurse went to check Resident #1's <small>Exec Order 26 § 4b1 individ</small> and noted that Resident #1 was not <small>Exec Order 26 § 4b1 individual's health info</small>. 911 was notified and the resident left the facility to hospital at 8:15 am.</p> <p>According to the Medication Administration Record (MAR) dated 3/12/2020 at 07:30 am, there was no documentation that Resident #1 had a <small>Exec Order 26 § 4b1 individual's health</small>. The code on the MAR reflected the number 6 which on the code ledger indicated that the resident went to the hospital.</p> <p>According to the POSR dated 2/18/2020, <small>Exec Order 26 § 4b1 individual's health info</small> and the resident was <small>Exec Order 26 § 4b1 individual's health info</small>. Then the nurse was to recheck the <small>Exec Order 26 § 4b1 individ</small> in 20 minutes. If the <small>Exec Order 26 § 4b1 individual's health info</small> and notify the physician.</p> <p>There was no documentation in the NPN or MAR that reflected that the Registered Nurse (RN #1) administered <small>Exec Order 26 § 4b1 individual's health in</small> to Resident #1 who was <small>Exec Order 26 § 4b1 individual's health info</small> of</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>Exec O as ordered by the physician.</p> <p>On 8/5/2020 at 2:30 PM, the surveyor interviewed the Registered Nurse Unit Manager (RNUM) who stated that she could not recall when Resident #1 was sent out to the hospital on Exec Order 26 § 4b1 individual's health info.</p> <p>She revealed that when a resident's Exec Order 26 § 4b1 individual's health info the nurse should follow physician orders and administer Exec Order 26 § 4b1 individual's health info as ordered by the physician and document it on the MAR and in the NPN. She also stated that the nurse should then recheck the Exec Order 26 § 4b1 individual's health info and call the physician.</p> <p>On 8/5/2020 at 3:25 pm, the surveyor interviewed the DON who stated that based on the NPN dated 3/12/2020 at 08:17 am, the nurse should have administered Exec Order 26 § 4b1 individual's health info that was ordered by the physician when she found the resident Exec Order 26 § 4b1 individual's health info and called the MD.</p> <p>On 8/7/2020 at 10:30 AM, the surveyor interviewed RN #1 who stated that on 3/12/2020 at 08:17 am, she documented that a nurse reported to her that Resident #1 was Exec Order 26 § 4b1 individual's health info. She added that she assessed Resident #1 at that time, but did not administer Exec Order 26 § 4b1 individual's health info. She stated that the LPN assigned to Resident #1 on 3/12/2020 at 08:17 am, should have administered the Exec Order 26 § 4b1 individual's health info and should have documented as such.</p> <p>The LPN that was scheduled on 3/12/2020 at 08:17 am was not available for interview.</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>The surveyor reviewed the Medical Doctor Progress Note (MD PN) dated 3/17/2020 at 6:17 pm, which indicated that Resident #1 was admitted to the hospital on [redacted]. The MD PN also included that Resident #1 was treated in the hospital with an [redacted].</p> <p>Resident #1's Care Plan dated 7/24/2019, indicated that Resident #1 was at risk for complications associated with diagnoses of [redacted]. The goal of the this focus was that the resident would be free from any signs and symptoms of [redacted] with interventions that included:</p> <ul style="list-style-type: none"> - Giving [redacted] medications as ordered by the physician and to monitor/document for side effects and effectiveness. - Monitor/document /report to MD sign and symptoms of [redacted]. <p>The facility policy titled, "Medication Administration Guidelines" Policy 6.1 and dated November 2010, indicated that the nurse will sign medication administration by initialing on the MAR in the appropriate space allotted immediately following medication administration for each resident.</p> <p>b.)</p> <p>Resident #1's Clinical Physician Order sheet reflected an original order dated 3/27/2019, for weekly skin assessment to be done on shower</p>	F 658			

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F 658	<p>Continued From page 7 days.</p> <p>According to Resident #1's Treatment Administration Record (TAR) there was a physician's order dated 2/22/2020, to complete a weekly skin assessment on shower days on day shift, every Saturday. There were nursing signatures on the TAR to indicate that the skin assessments were completed, however there were no documented skin assessment forms completed in the Electronic Medical Record (EMR) from 3/27/2019 to 3/18/2020.</p> <p>On 8/5/2020 at 11:30 am, the surveyor interviewed the Minimum Data Set Coordinator (MDSC) who stated that the facility process was to complete skin assessments in the assessment section of the EMR weekly for all residents.</p> <p>On 8/5/2020 at 1:00 pm, the surveyor interviewed a Certified Nursing Assistant (CNA) who stated that residents in the facility are required to have skin assessments once a week on the days that they are scheduled to receive a shower or bath. She added that Resident #1 had no skin issues that she remembered.</p> <p>On 8/5/2020 at 1:05 pm, the surveyor interviewed RN #2 who stated that she did not remember if Resident #1 had any skin issues but did explain to the surveyor that skin assessments were done weekly and signed out in the TAR after completed. The nurse then completes the actual form in the assessment section of the patient's EMR.</p> <p>On 8/5/2020 at 1:30 pm, the surveyor interviewed RN #3 who stated that according to Resident #1's assessment section of the EMR</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>there were no skin assessments done for Resident #1 from 3/27/2019 to 3/18/2020. She indicated that the facility policy indicated that skin assessments were to be completed weekly but could not find any for Resident #1 in the EMR.</p> <p>On 8/5/2020 at 2:30 pm, the surveyor interviewed the RN UM who stated that skin assessments were done weekly and that she does not know why Resident #1 had no skin assessments recorded in the EMR.</p> <p>On 8/5/2020 at 3:25 pm, the surveyor interviewed the Director of Nursing (DON) who stated that nurses were expected to do weekly skin assessment according to the facility policy and that the nurses were to document on the TAR that the skin assessment was completed and then go into the assessment section of the EMR to fill out the skin assessment form. The DON admitted that there were no skin assessments completed for Resident #1 from 3/27/2019 to 3/18/2020 and could not provide them to the surveyor.</p> <p>Resident 1's Care Plan dated 8/30/2019 indicated that the resident was at risk for pressure ulcer development/impaired skin integrity related to incontinence, refusal of care and combativeness. Interventions included: -Administer treatments as ordered and monitor effectiveness.</p> <p>The facility policy titled, "Pressure Ulcer: Risk Assessment and Prevention" dated 8/2016 overview indicated that prevention of pressure ulcers require early intervention of at risk residents and implementation of prevention</p>	F 658			

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

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F 658	<p>Continued From page 9</p> <p>strategies. The policy specifies that skin assessments are to be done by a licensed nurse weekly.</p> <p>2. (c) According to Resident #4's Admission Record the resident was readmitted to the facility on Exec Order 26 § 4b1 individual's health info [REDACTED]. The Quarterly Minimum Data Set (an assessment tool) dated Exec Order 26 § 4b1 individual's health info [REDACTED]. Further review of the document revealed that the resident was ordered a mechanically altered diet (required change in texture of foods or liquids e.g., pureed food, thickened foods) and ambulated independently with a walker.</p> <p>According to a Nutrition/Dietary Note (N/DN) dated 11/07/2019 at 10:10 AM, Dietician #1 documented that Resident #4 recently had teeth pulled at the dentist office and the resident reported that he/she was having a hard time chewing meat. The Dietician offered the resident the option of changing the diet to chopped or ground and the resident agreed to try chopped first and would change to ground later if necessary. The Dietician noted that the diet was changed and the recommendation was placed in the chart.</p> <p>According to a N/DN dated 6/18/20 at 3:17 PM, Resident #4 was readmitted to the facility after hospitalization from Exec Order 26 § 4b1 individual's health info [REDACTED]</p>	F 658		

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F 658	<p>Continued From page 11</p> <p>resident who was alert and oriented reported issues with chewing and swallowing that she communicated the issue with the Speech Language Pathologist (SLP) who would assist with evaluation of a resident's ability to tolerate individual food textures.</p> <p>On 08/07/20 at 12:39 PM, the surveyor interviewed Dietician #2 who stated that on 06/18/20, the SLP evaluated Resident #4 and made dietary recommendations. She further stated that the SLP was not available for interview.</p> <p>On 08/07/20 at 1:56 PM, the surveyor interviewed the Director of Therapy (DOT) who stated that all SLP Screens were done on paper and all evaluations were completed on Rehab computer software. She explained that when Resident #4 returned from the hospital Dietician #2 recommended that the SLP do a screening and there was some talk of the resident's wish to possibly pursue Hospice (end of life care). The DOT stated a formal evaluation was not done because the insurance would not authorize it. She stated that the SLP just made sure that what was done at the hospital was carried out at the facility and it wasn't a formal evaluation. The DOT agreed to furnish the Screening that was completed by the SLP on 06/18/20. On 08/07/20 at 3:50 PM, the Director of Nursing (DON) agreed to forward a copy of Resident #4's SLP Screening via e-mail.</p> <p>On 08/10/20 at 9:41 AM, the surveyor received a copy of a Screen/Referral Form completed by the SLP that was dated 06/18/20. The Reason documented on the form for Screen was New/Readmit Screen for diet. The SPT documented,</p>	F 658			

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 08/07/2020
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 658	<p>Continued From page 12</p> <p>"recommended [sic.] to nursing diet to be puree and thins."</p> <p>On 08/10/20 at 1:39 PM, the surveyor conducted a post-survey telephone interview with the SLP, who stated that Resident #4 was sent out to the hospital a couple of times and had difficulty chewing and swallowing. She further stated that when she went to see the resident on 06/18/20, she recommended a ground mechanical diet with thin liquids. The SLP stated that she thought that the date on the Screen/Referral Form that was sent via e-mail was incorrect because she did not recommend that the diet be changed to pureed with thin liquids until 07/02/20 after the resident returned from the hospital (06/27/20 through 07/01/20). She further stated that the Resident's Representative informed her that the hospital had the resident on a pureed diet and recommended that the change be made. She stated that she did not have an explanation as to why the date on the Screen/Referral Form was dated 06/18/20 instead of 07/02/20.</p> <p>On 08/10/20 at 2:20 PM, the surveyor interviewed the DON who stated that if the SLP notified nursing of a dietary recommendation nursing was expected to get an order from the physician or practitioner for the recommended diet. She further stated that she thought that the Screen/Referral Form that she sent via e-mail was wrong and the date was wrong. The DON stated that the SLP provided her with the Screen/Referral Form and she thought that the form was written today because the SLP wasn't here last week. The DON was unable to furnish the surveyor with a policy that detailed the responsibility of the facility to carry out the recommendations of the SLP after</p>	F 658			

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

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OMB NO. 0938-0391

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 08/07/2020
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 658	Continued From page 13 Screen/Referral Form completed for Diet Evaluation. N.J.A.C 27.1(a)	F 658			