

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

PRINTED: 03/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARK CRESCENT HEALTHCARE &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>480 PARKWAY DRIVE EAST ORANGE, NJ 07017</b>		
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F 000	INITIAL COMMENTS  STANDARD SURVEY: 10/25/19  CENSUS: 173  SAMPLE SIZE: 35 + 3 Closed Records  The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities.	F 000			
F 880 SS=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 accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include,	F 880		12/17/19	

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

TITLE

(X6) DATE

Electronically Signed

11/07/2019

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 880	<p>Continued From page 1</p> <p>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. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p>	F 880			

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F 880	<p>Continued From page 2</p> <p>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 provide appropriate _____r care for infection prevention for a resident with an _____r. This deficient practice was identified in Resident #82, 1 of 3 residents reviewed for infection control and was evidenced by the following:</p> <p>On 10/16/19 at 12:12 PM, during the initial tour of the facility the surveyor observed a person enter the room of Resident #82. The person told the surveyor she was not employed by the facility and was there to insert a _____. This is a specialized _____ It is used to administer _____ and to _____ specimens.</p> <p>The surveyor reviewed Resident #82's Admission Record. This record documented that the resident was initially admitted to the facility on _____. The resident was readmitted on _____. The Admission Record list the resident's medical diagnosis as _____.</p> <p>_____. The resident's Care Plan with an admission date of _____ notes on page _____ that the resident was readmitted after a _____.</p>	F 880	<p>1) Resident # 82, Appropriate _____ dressing change and flush orders have been provided. White Gauze was removed, site was cleansed as per protocol, _____ dressing was applied. Resident 82 has been assessed patient found to have no change in condition.</p> <p>2)The ADON completed An audit on all other residents who currently have a _____ the audit was reviewed by the DON and all have been noted with appropriate dressing changes as per Dr orders.</p> <p>3)Administration met to discuss the Root Cause of why resident 82 did not have appropriate dressing change and _____. It was determined that administering nurse failed to transcribe the order for _____ dressing change and _____ orders. All Licensed Nursing staff have been Re In-serviced on the importance of proper order transcription for _____ and maintenance procedures,dressing change for _____ as per Dr orders.</p> <p>4)DON or designee will conduct audit all current residents, new admits or readmits with a _____ care and maintenance, dressing application,</p>

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F 880	<p>Continued From page 3</p> <p>The surveyor reviewed Resident #82's Minimum Data Set (MDS), an assessment tool used to facilitate care of the resident. The quarterly MDS dated [REDACTED] documented the resident had [REDACTED] impairment and the facility was unable to conduct a Brief Interview of Mental Status. The resident's functional status was assessed as requiring one-person physical assist for dressing, toileting, eating, and personal hygiene.</p> <p>On 10/17/19 at 09:58 AM, the surveyor reviewed the Order Summary Report containing the physician orders. There was an order dated [REDACTED] for [REDACTED] and to monitor the [REDACTED] site for infection every shift. There was also an order for [REDACTED] dated [REDACTED] to be given every [REDACTED] hours for [REDACTED].</p> <p>On 10/17/19 at 10:00 AM, the surveyor reviewed the Order Summary Sheet contain the physician's orders. The surveyor could not locate orders for [REDACTED], [REDACTED] (to keep the [REDACTED]) or dressing changes to the [REDACTED] site.</p> <p>On 10/21/19 at 11:45 AM, the surveyor observed Resident #82 in the bed with eyes open. The surveyor asked the Unit Manager/Registered Nurse (UM/RN) to come into the room and pull down the residents blanket down to expose the resident's [REDACTED] so the surveyor could observe Resident # 82 [REDACTED]. When the UM/RN pulled down the residents' blanket to expose the residents [REDACTED] the surveyor noted a white gauze wrapped around the residents [REDACTED]. The UM/RN stated that the white gauze was there to prevent the resident from</p>	F 880	dressing change and flushes. Audits will be completed weekly times 4 weeks, and monthly times 2 months. Results of audits will be addressed at the quarterly QAPPI meeting.		

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F 880	<p>Continued From page 4</p> <p>pulling at the [REDACTED].</p> <p>The UM/RN unwrapped the [REDACTED] arm gauze and it revealed a [REDACTED]. The outer dressing covering the [REDACTED] was a clear plastic dressing. Underneath the clear plastic dressing was a small white gauze dressing. The small white gauze dressing was directly over the insertion site of the [REDACTED] into the resident's [REDACTED]. The [REDACTED] dressing was not dated. The surveyor asked the UM/RN if the dressings are normally dated with the application date and the UM/RN stated, "yes." The surveyor then asked when the dressing was changed, and the UM stated, "I think three days ago."</p> <p>On 10/21/19 at 11:59 AM, the surveyor reviewed the Order Summary Report and could not locate any physician orders pertaining to [REDACTED] [REDACTED] dressing changes, or [REDACTED] flushes.</p> <p>On 10/21/19 at 12:49 PM, the surveyor reviewed the facilities undated "Recommended Flushing Protocol," page provided by the Director of Nursing (DON). Under the [REDACTED] section, which indicated the dressing was to be changed 24 hours after insertion, weekly and prn (as needed). It also indicated a [REDACTED] flush was to be done before and after use or at least every 8 hours.</p> <p>On 10/21/19 at 12:02 PM, the surveyor reviewed the residents Medication Administration Record (MAR), Treatment Administration Record (TAR), and the [REDACTED]. The residents MAR, TAR, or [REDACTED] did not include [REDACTED] care. The [REDACTED]</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>Administration Record [REDACTED] showed the resident was receiving [REDACTED] every [REDACTED] hours for [REDACTED] days.</p> <p>On 10/21/19 at 12:08 PM, the surveyor reviewed the residents nursing care plan which included the potential for [REDACTED] complications related to [REDACTED] access site and [REDACTED] therapy due to [REDACTED]. The [REDACTED] section of the care plan had an initiation date of [REDACTED]. The interventions included monitoring for signs of complications related to [REDACTED].</p> <p>The interventions also included monitoring for signs of general infection (fever, fatigue, change in mental status) and to document any changes in [REDACTED] rate, sluggish [REDACTED] rate, [REDACTED] assessment, and medication and how they were tolerated.</p> <p>On 10/21/19 at 12:43 PM, the surveyor interviewed the resident's Licensed Practical Nurse (LPN #1) regarding care of a resident with a [REDACTED]. LPN #1 stated the dressings were changed weekly or as needed using clear plastic dressings. LPN #1 also stated the [REDACTED] were flushed with [REDACTED] before medication and after or if the resident is not on [REDACTED] medication the [REDACTED] gets flushed with [REDACTED] every shift. The surveyor asked LPN #1 if the dressing changes were documented. LPN #1 could not provide the surveyor with any documentation concerning dressing changes.</p> <p>On 10/22/19 at 11:20 AM, the surveyor interviewed LPN #2 who was caring for Resident</p>	F 880		

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F 880	<p>Continued From page 6</p> <p># 82 regarding [REDACTED] dressing changes. LPN #2 told the surveyor that clear plastic dressings are used on residents with [REDACTED]. The surveyor asked if gauze is ever used and LPN #2 stated no and the gauze was "sometimes placed by the people who insert the [REDACTED], but the dressings are changed after 24 hours to remove the gauze."</p> <p>On 10/23/19 at 11:42 AM, the surveyor reviewed the nursing policy titled: [REDACTED]. The policy did not have a printed date, only a date of 10/22/19 handwritten by the Director of Nursing (DON). The DON confirmed the policy was used for [REDACTED]. The policy indicated that the staff would apply [REDACTED] dressings and label dressings with the date of application and initials of staff member who preformed the dressing change.</p> <p>NJAC 8:39-19.4</p>	F 880			