

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

PRINTED: 07/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315174</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>Complaint#: NJ159249</p> <p>Census: 204</p> <p>Sample Size: 3</p> <p>THIS FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT SURVEY.</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 11/3/2022 and 11/7/2022, it was determined that the facility failed to provide the correct Diet to a resident (Resident #2), a <b>EX Order 26 § 4b1</b> Resident with a known diagnosis of <b>EX Order 26 § 4b1</b> who had a Physician's Order and Plan of Care for a regular <b>EX Order 26 § 4b1</b>, on 10/25/2022 at approximately 4:30 a.m.</p> <p>According to the Certified Nursing Assistant (CNA #1), Resident #2 asked her for a sandwich, she stated asked the Licensed Practice Nurse (LPN #1) if Resident #2 could have a sandwich, and the LPN said yes. She then gave Resident #2 a sandwich, which the Resident ate, and she disposed of the rest.</p> <p>According to CNA #2, on 10/25/2022 at</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>12/09/2022</b>
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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 000	<p>Continued From page 1</p> <p>approximately 7:15 a.m., she went into Resident #2's room and observed that the head of the bed was completely flat; she thought the Resident was awake, so she talked to him/her, and there was no response, so she touched Resident #2, and the Resident was [REDACTED]. She immediately notified the Charge Nurse Licensed Practice Nurse (LPN #2), a code blue was called at 7:20 a.m., and all staff came to assist. LPN #2 and LPN #3 responded to the code and initiated Cardiopulmonary Resuscitation (CPR). A [REDACTED] flew off the blanket when Paramedics arrived and pulled the sheets off of Resident #2.</p> <p>According to LPN #2, Resident #2 was lying flat with his/her [REDACTED] EX Order 26 § 4b1, and she saw a [REDACTED] EX Order 26 § 4b1 in the bed with Resident #2. When Resident #2 was turned to put the board under him/her, food was in bed, and the Resident's mouth was open and [REDACTED]. Resident #2 death was then pronounced by the Director of Nursing (DON).</p> <p>The facility failed to follow its policies titled [REDACTED] Diet Policy," "Comprehensive Care Plan," "Physician Orders," a company "Diet Manual," and the [REDACTED] EX Order 26 § 4b1 Standardization Initiative (IDDSI)."</p> <p>The facility's failure to provide the correct [REDACTED] Diet placed Resident #2 and all other residents on a [REDACTED] diet at risk for an Immediate Jeopardy (IJ) situation. This IJ was identified and reported to the facility's Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) on 11/3/2022 at 5:35 p.m. The Administrator was presented with the IJ template that included information about the</p>	F 000			

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F 000	Continued From page 2 issue. The IJ began on 10/25/2022 and continued through 11/4/2022 when CNA #1 was educated and all staff on the correct snacks to provide residents with a [REDACTED] diet.  On 11/7/2022, the Surveyors did a revisit to verify the Removal Plan was implemented. The facility implemented the Removal Plan, which included educating CNA #1 and all facility staff on the diet manual, the diet book, and how to obtain a correct [REDACTED] diet for residents and the correct snacks to be served to residents on a [REDACTED] diet. So the noncompliance remained on 11/7/2022 as a level D for no actual harm with potential for more than minimal harm that is not immediate jeopardy, based on the following: all staff were educated on residents on a [REDACTED] diet and the correct snacks to be given on a [REDACTED] diet.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to	F 580		11/7/22	

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F 580	<p>Continued From page 3</p> <p>commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: REF: F808</p> <p>Complaint#: NJ159249</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on</p>	F 580	<p>Element 1: Resident #2 expired on [REDACTED]</p> <p>Resident #2's responsible party was notified of the resident receiving the wrong diet prior to expiration on [REDACTED].</p>		

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F 580	<p>Continued From page 4</p> <p>11/3/2022 and 11/7/2022, it was determined that the facility failed to notify the responsible party and Physician of the incorrect <b>EX Order 26 § 4b1</b> diet served to a resident (Resident #2). The facility also failed to follow its policies titled "Notifications" and "Charting and Documentation." This deficient practice was identified for 1 of 3 residents (Resident #2) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to <b>EX Order 26 § 4b1</b>, <b>EX Order 26 § 4b1</b>, [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 10/01/2022, Resident # 2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident was [REDACTED] impaired. The MDS also showed Resident #2 needed extensive assistance with most Activities of Daily Living (ADLs) and was dependent on staff for eating.</p> <p>A review of Resident #2's "Order Summary Report (OSR)" dated Active Orders as of 10/25/2022 under <b>EX Order 26 § 4b1</b>, [REDACTED] dated 4/21/2022.</p> <p>A review of Resident #2's Progress Notes (PNs) dated 10/25/2022 at 8:26 a.m., written by the Director of Nursing (DON), revealed Registered Nurse (RN) Assessment "called to (the) Resident room. Resident (Resident #2) (was) not breathing</p>	F 580	<p>Resident #2's physician was notified of the resident receiving the wrong diet prior to expiration on <b>EX Order 26 § 4b1</b>.</p> <p>Element 2: All residents with modified diets have the potential to be affected by this deficient practice.</p> <p>A medical record review was completed (on 11/7/22) for 3 months prior (8/4/2022 to 11/4/2022) for any incident of a resident receiving the [REDACTED] incident to ensure there was notification to responsible party and physician status post incident.</p> <p>There no other identified resident affected by this deficient practice.</p> <p>Element 3: The facility policy on Notification of Changes was reviewed by the administrator and director of nursing and determined to be in compliance with state and federal guidelines.</p> <p>A Directed Plan of Correction was completed for this deficiency. The Regional Director of Clinical Services conducted an AD HOC QAPI with administration and department heads on 11/7/2022. Deficient practice of timely reporting was reviewed and a root cause analysis was developed. Directed Education was developed from the root cause analysis and the Regional Director of Clinical Services initiated education.</p>		

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F 580	<p>Continued From page 5 and was unresponsive at approximately 0720 (7:20 a.m.). [REDACTED] Code called per full code order. AED (automatic external defibrillator) applied with no shock initiated. CPR (cardiopulmonary resuscitation) immediately initiated and continued until EMTs (Emergency Medical Technicians) arrived. Death (was) pronounced at 0750 (7:50 a.m.). MD (Medical Doctor) and family to be notified."</p> <p>During an interview on 11/7/2022 at 11:00 a.m., the Assistant Director of Nursing (ADON) stated, "I don't know if the family and Physician were notified of [the] wrong diet. I came after the fact. Yes, the family and Physician should have been notified either by the Unit Manager (UM) or [the] nurse that Resident #2 got the wrong diet. I don't know if they were notified."</p> <p>During an interview on 11/7/2022 at 1:04 p.m., the surveyor asked if the family and the Physician were notified of the wrong diet being served. The DON stated, "I don't know if the family and Physician were notified about [the] wrong diet. They were notified of the [Resident] passing. The DON continued to say "yes, the family should have been notified too about the wrong diet."</p> <p>During an interview on 11/7/2022 at 1:25 p.m., the surveyor asked about notifying the family and the Physician about Resident #2's receiving the wrong diet. The UM/Registered Nurse (UM/RN) stated, "No, at that time, I didn't know anything about the diet. I just said he/she passed away. I would assume so to notify the family of the wrong diet. It could be anyone to notify the family, nurse, ADON, Dietician, or DON, not solely the UM. Honestly I don't know if the PCP (Primary Care</p>	F 580	<p>A new facility procedure was initiated on 10/7/2022 in which the interdisciplinary team will review resident incidents including but not limited to resident's receiving the wrong therapeutic diet in morning meeting to ensure notification to the resident's responsible party and physician has occurred.</p> <p>The Regional Director of Clinical Services/ Staff Educator/ Designee completed education on 11/7/2022 with licensed nursing staff on notification of changes specifically focusing on residents receiving the wrong therapeutic diet and notification to the resident's responsible party and the physician.</p> <p>A lesson plan and sign in sheets will be kept on file for validation.</p> <p>Element 4: The Director of Nursing/ designee will audit the medical record for resident's receiving the wrong therapeutic diet and/or choking incidents to ensure notification has been given to the resident's responsible party and the physician X 4 weeks and then monthly until compliance is met.</p> <p>The results of these audits will be submitted at monthly QAPI.</p> <p>The Director of Nursing is responsible for execution and monitoring of this POC.</p>		

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F 580	<p>Continued From page 6 Physician) was notified."</p> <p>During a telephone interview on 11/7/2022 at 2:17 p.m., the Physician stated he was familiar with Resident #2, but he was not personally notified of his/her death. He continued to say "the Nurse Practitioner (NP) would have been notified of the death; the NP takes [phone] calls during the day for the facility."</p> <p>During a telephone interview on 11/7/2022 at 2:17 p.m., the Physician stated he was familiar with Resident #2, but he was not personally notified of his/her death. He continued to say "the NP would have been notified of the death; the NP takes [phone] calls during the day for the facility."</p> <p>During a telephone interview on 11/7/2022 at 2:22 p.m., the NP stated she was just told; Resident #2 had passed away. "I'm not sure if they called on-call [service], and I was told." At the time, the staff did not say anything about the incident surrounding the call. I found out a few days after what happened from the nurses. She continued to say "Nurses think that Resident #2 got the wrong Diet and may have [REDACTED]. I didn't get the whole story about the food until after."</p> <p>A review of the facility policy titled "Notifications," creation date 4/2022 revealed the following: Under "Policy:" included "Except in a medical emergency, the facility must consult with the resident immediately if the resident is competent, and notify the resident's Physician an designated representative when there is: ...a significant improvement or decline in the resident's physical, mental, or psychosocial status (i.e. a deterioration in health, ...) ..."Immediately" shall mean as soon as possible ..." Under "Procedure:" "Significant</p>	F 580			

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F 580	Continued From page 7 Change in Condition" indicated "...b) Nurse immediately notifies resident and designated representative of any significant alteration in treatment ...d) Notification is documented in nurses notes and reflects name of person notified and the change in condition/treatment ..."  A review of the facility policy titled "Charting and Documentation" last date revised 1/2022 revealed the following: Under "Policy" included "All services provided to the resident, or any changes in the resident's medical condition, shall be documented in the resident's medical record." Under "Procedure:" "...2. Entries may only be recorded in the Resident's clinical record by licensed personnel (e.g. (for example) RN, LPN/LVN, Physicians, therapists, etc.) in accordance with state law and facility policy ...6. Documentation of procedures and treatments shall include care-specific details and shall include at a minimum ...f. Notification of family, Physician and other staff, if indicated; g. The signature and title of the individual documenting."	F 580			
F 609 SS=D	N.J.A.C. 8.39-13.1 (c), (d) Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property,	F 609		11/9/22	



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F 609	<p>Continued From page 8</p> <p>are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: REF: F808</p> <p>Complaint#: NJ159249</p> <p>Based on observations, interviews, medical record reviews, and review of other pertinent facility documentation on 11/3/2022 and 11/7/2022, it was determined that the facility failed to report to the New Jersey Department of Health (NJDOH), the investigation of a resident (Resident #2) who was on a [REDACTED] diet, served a sandwich and later died. The facility also failed to follow its policy titled "Incidents and Accidents." This deficient practice was identified for 1 of 3 residents (Resident #2) and was evidenced by</p>	F 609	<p>Element 1: Resident #2 expired on [REDACTED] NJ Exec Order 26.4.18. This incident was subsequently reported to the NJDOH on 11.9.22.</p> <p>Element 2: The medical record was reviewed (on 11/7/22) for 60 days prior (9/4/2022 to 11/7/2022) to determine if any resident: received the wrong [REDACTED] diet; had a [REDACTED] incident; or had an unexplained [REDACTED] EX Order 26.4.18; or had an incident meeting the CMS/ NJDOH reporting requirements. No other resident was identified as being affected by this deficient practice.</p> <p>Element 3:</p>		

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F 609	<p>Continued From page 9</p> <p>the following:</p> <p>Review of the electronic Medical Record was as follows:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 10/01/2022, Resident # 2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident was [REDACTED] cognitively [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with most Activities of Daily Living (ADLs) and was totally dependent on staff for eating.</p> <p>A review of the Resident's Care Plan (CP) initiated on 06/24/2021 revealed under "Focus": <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>The CP also included under "Goal": "Resident will be adequately nourished and hydrated via intake from meals and fluids through the review date." Also, under "Interventions": included, " ...Provide regular Diet and puree nectar/mildly thick liquids consistency per MD (Physician) order ..."</p> <p>A review of Resident #2's "Order Summary Report (OSR)" dated Active Orders as of 10/25/2022 under "Dietary-Diet" revealed under</p>	F 609	<p>The policy on Incidents and Accidents was reviewed by administration and was determined to be in compliance with state and federal guidelines on 11/7/2022.</p> <p>A Directed Plan of Correction was completed for this deficiency. The Regional Director of Clinical Services conducted an AD HOC QAPI with administration and department heads on 11/7/2022. Deficient practice of timely reporting was reviewed and a root cause analysis was developed. Directed Education was developed from the root cause analysis and the Regional Director of Clinical Services initiated education.</p> <p>The Administrator and Director of Nursing were counseled by the Regional Director of Clinical Services regarding CMS/ NJDOH reporting requirements specifically focusing on: residents receiving the wrong therapeutic diet resulting in a significant injury/ death within 24 hours of the incident on 11/7/2022.</p> <p>The Regional Director of Clinical Services/ Staff educator / designee I educated all clinical staff on incidents and accidents specifically with regard to timely reporting to the NJDOH and completed education on 11/7/2022.</p> <p>A lesson plan and sign in logs will be kept on file for validation.</p> <p>Element 4: The Director of Nursing will audit the</p>		

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F 609	<p>Continued From page 10</p> <p>"Order Summary" "Regular diet Puree texture, Nectar Thick/Mildly Thick consistency for diet" dated 4/21/2022.</p> <p>A review of Resident #2's Progress Notes (PNs) dated 10/25/2022 at 8:26 a.m., written by the Director of Nursing (DON), revealed Registered Nurse (RN) Assessment "called to [the] Resident room. Resident (Resident #2) [was] not breathing and was unresponsive at approximately 0720 (7:20 a.m.). [REDACTED]. Code called per full code order. [REDACTED] applied with no shock initiated. [REDACTED] immediately initiated and continued until EMTs (Emergency Medical Technicians) arrived. Death [was] pronounced at 0750 (7:50 a.m.). MD (Physician) and family are to be notified.</p> <p>During an interview on 11/3/2022 at 12:25 p.m., CNA #2 stated she checks on Resident #2 every morning. On 10/25/2022 at approximately 7:15 a.m., the bed was completely flat when she entered his/her room. She thought the Resident was awake, she talked to the Resident, but when there was no response, she touched him/her. Resident #2 was [REDACTED] so she immediately ran out of the room and told her Charge Nurse/LPN (LPN #2). A Code Blue was called. According to CNA #2, staff came to assist; CPR was started by LPN #2 and LPN #3, and when the paramedics arrived and flipped the sheet, [REDACTED] flew off the blanket" when they pulled the sheets off of the Resident. She continued to say Resident #2 does not usually lay flat, he/she usually sits upright in bed, and he/she is a [REDACTED] [diet]. There was no aide to get a report from when she came on the shift. When the surveyor</p>	F 609	<p>medical record for any incidents in which residents: received the wrong therapeutic diet; had a choking incident; or had an unexplained death; or had an incident meeting the CMS/ NJDOH reporting requirements weekly x 4 weeks beginning 11/7/2022; then monthly until compliance is met at a minimum of 6 months.</p> <p>The results of these audits will be submitted at monthly QAPI.</p> <p>Responsible Party: Administrator</p>		

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F 609	<p>Continued From page 11</p> <p>asked if a [REDACTED] was allowed on a [REDACTED] diet, CNA #2 replied, "No, absolutely not. The Resident should not have a [REDACTED]; we would give Resident #2 pudding [for a snack]." CNA #2 stated she "was with him/her the night before, and the Resident was perfectly fine and CNA #1 admitted to giving Resident #2 [REDACTED] and a sandwich. Resident #2 did not die of natural causes. CNA #2 also stated, "I was there during CPR, the DON said to me in the room, "what happens in this room stays in this room." She continued to say she showed the [REDACTED] to the DON before she left the floor.</p> <p>During an interview on 11/3/2022 at 1:09 p.m., LPN #2 stated, "I clocked in at 6:30 a.m., and a code blue was called by CNA #2." Another nurse (LPN #3) and I entered Resident #2's room and started CPR. Resident #2 was lying flat with his/her mouth open, and I saw food. She further stated when we turned to put the board [CPR board] under [the Resident], she saw food in the bed. Resident #2's mouth was open; I could smell [REDACTED] and there was a [REDACTED] sandwich and [REDACTED] in bed with [him/her].</p> <p>In the same interview, when the surveyor asked her if she knew Resident #2's Diet, LPN #2 replied he/she is [REDACTED] and wouldn't get a sandwich. A pudding would be the Resident's snack." She continued to say nurses would know the Diet because it is charted on the Medication Administration Record (MAR) and Treatment Administration Record (TAR) and if the aide [CNA] doesn't know the Diet to ask us, the nurses."</p> <p>During an interview on 11/3/2022 at 2:21 p.m.,</p>	F 609			

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F 609	<p>Continued From page 12</p> <p>When the surveyor asked the DON if she did an investigation, she replied, "I did a risk report, and I have statements from LPN #1 and CNA #1, but there are no other statements from 7:00 a.m.-3:00 p.m. shift staff."</p> <p>During a telephone interview on 11/3/2022 at 4:43 p.m. with CNA #1, she stated the following happened on 10/25/2022: "I was going to rooms, Resident #2 asked for a snack, there was a sandwich out. Resident #2 wanted a [REDACTED] sandwich. I went to the nurse, and he checked the diet slip." The nurse said, "yes," Resident #2 can have a sandwich. Resident #2 was sitting up at 90 degrees. "I gave Resident #2 the sandwich at about 4:30 a.m. I unwrapped the sandwich, and he/she ate a couple of bites, then I disposed of the rest. Resident #2 said to me he/she was good." The Resident enjoyed it [sandwich]. Resident #2 was fine at 5:30- 6:00 a.m., when she did her rounds, changed, and the Resident watched TV [television] sitting up in bed. During a telephone interview on 11/3/2022 at 4:43 p.m. with CNA #1, she stated the following happened on 10/25/2022: "I was going to rooms, Resident #2 asked for a snack, there was a sandwich out. Resident #2 wanted a [REDACTED] sandwich. I went to the nurse, and he checked the diet slip." The nurse said, "yes," Resident #2 can have a sandwich. Resident #2 was sitting up at 90 degrees. "I gave Resident #2 the sandwich at about 4:30 a.m." The CNA stated she saw Resident #2 again between 5:30- 6:00 a.m. when she did her rounds; the Resident was sitting in bed watching television.</p> <p>During the same telephone interview, the surveyor asked CNA #1 if she knew Resident #2's Diet. She replied, "No, I didn't know his/her</p>	F 609			

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F 609	<p>Continued From page 13</p> <p>Diet...so I asked the nurse about the food. That was the only snack I gave him/her; that was it." When the surveyor asked CNA #1 if she was educated on diets, she replied only during her school skills last month; the facility did not provide education. When asked if she was educated or signed any in-services, CNA #1 stated she did not sign anything [paperwork on diet education] and was only suspended for three days after this incident. She returned to work on [REDACTED]</p> <p>A review of the facility policy "Incidents and Accidents," date revised 7/2020 revealed the following: Under "POLICY:" "It is the policy of the facility to monitor and evaluate all occurrences of accidents or incidents or adverse events occurring on the facility's premises which is not consistent with the routine operation of the facility or care of a particular resident. These occurrences must be evaluated and investigated." Under "Reporting" indicated " ...7. If [if] the Resident/Resident has sustained any suspected or actual significant injury, is sent to the hospital or abuse is suspected, the supervisor/manager must notify immediately the Administrator/Director of Nurses. 8. The Supervisor/Manager will begin the investigation for root causes of the occurrence ...12. DON and Admin [Administrator] responsible to review incident/investigation and conclusion to determine if incident requires reporting to outside agencies such as; DOH (Department of Health), OIG (Office of Inspector General), CMS (Centers for Medicare &amp; Medicaid), etc ..." Under "Evaluation" "13. All incidents and Accidents will be evaluated when applicable by the interdisciplinary team. 14. The team will review the investigation and continue if necessary, discuss and determine from the investigation the root causes, make</p>	F 609			

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F 609	Continued From page 14 recommendations for additional intervention, education, and conclude the investigation ..."	F 609			
F 656 SS=G	N.J.A.C.: 8:39-13.4 (c) 2 (iv) (v) Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes.	F 656		11/7/22	

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F 656	<p>Continued From page 15</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Complaint#: NJ159249</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 11/3/2022 and 11/7/2022, it was determined that the facility failed to implement a comprehensive care plan (CP) for a resident on a [REDACTED] diet [REDACTED] texture, Nectar Thick, Mildly Thick Consistency for 1 of 3 residents (Resident #2). The facility also failed to follow its policy titled "Comprehensive Care Plan ." This deficient practice was evident in 1 of 3 care plans, as evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an</p>	F 656	<p>Element 1: Resident #2 has expired therefore the comprehensive care plan and medical record cannot be updated.</p> <p>Element 2: All residents with a modified diet have the potential to be affected by this deficient practice.</p> <p>All residents with modified diets care plans were reviewed and determined to have a comprehensive care plan for the resident's diet are in place with appropriate interventions and C.N.A. Instructions.</p> <p>No other resident was identified to be affected by this deficient practice.</p> <p>Element 3: The Administrator and Director of Nursing reviewed the facility's policy regarding</p>		



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F 656	<p>Continued From page 16</p> <p>assessment tool dated 10/01/2022, Resident # 2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident was [REDACTED] cognitively [REDACTED]. The MDS also showed Resident #2 needed extensive assistance with most Activities of Daily Living (ADLs) and was totally dependent on staff for eating.</p> <p>A review of the Resident's Care Plan (CP) initiated on 06/24/2021 revealed under "Focus": <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>The CP also included under "Goal": "Resident will be adequately nourished and hydrated via intake from meals and fluids through the review date." Also, under "Interventions": included, "...Provide regular diet and puree nectar/mildly thick liquids consistency per MD (Physician) order ..."</p> <p>During an interview on 11/7/2022 at 11:00 a.m., the Assistant Director of Nursing (ADON) stated, "the purpose of the CP is to know how to care for residents, meet their needs, set goals and interventions." When the surveyor asked him if the CP was followed for the Resident, he replied, "Resident #2's care plan was not followed according to his/her diet since he/she received a sandwich and his/her family and the doctor (Physician) should have been notified of the wrong diet given."</p> <p>During an interview on 11/7/2022 at 1:04 p.m., the DON stated, "the purpose of the CP is to know what to do with the Resident and to keep them safe. The CP for Resident #2 was not followed because they gave him/her a sandwich...."</p>	F 656	<p>Comprehensive Care Plans and noted the policy to be in compliance with state and federal guidelines.</p> <p>A Directed Plan of Correction was completed for this deficiency. The Regional Director of Clinical Services conducted an AD HOC QAPI with administration and department heads on 11/7/2022. Deficient practice of implementing comprehensive care plans with appropriate interventions for residents on modified diets. Directed Education was developed from the root cause analysis and the RDCS initiated education.</p> <p>A new procedure was implemented on 11/4/2022 in which the Intervention for modified diets will be communicate to staff on the Resident Alert Bar in PCC.</p> <p>In addition, resident's diets will be indicated in the resident diet binder on the units.</p> <p>The Regional Director of Clinical/ In-service Coordinator/ Designee gave education to all clinical staff regarding initiating the comprehensive care plan and interventions for residents on modified diets. Education was initiated on 11/4/2022.</p> <p>A copy of the lesson plan and attendance will be filed for reference and validation.</p> <p>Element 4: The DON/ Designee will complete weekly</p>		

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F 656	Continued From page 17  A review of the facility policy titled "Care Plans-Comprehensive" with a last date revised 10/2019 revealed the following: Under "Policy:" included "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Under "Procedure:" "...4. Each resident's care plan will be consistent with the resident's right to participate in the development and implementation of his or her plan of care, including the right to: ...g. Receive the services and/or items included in the plan of care; ...13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change ..."	F 656	audits of 10% of all residents on modified diets and ensuring care plans are initiated with appropriate interventions and C.N.A. instructions. This audit was initiated on 11/7/2022.  The results of these audits will be presented at monthly QAPI.  The Director of Nursing is responsible for oversight of this POC.		
F 808 SS=J	N.J.A.C.: 8.39-27.1 (a) Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2)  §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.  §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Complaint#: NJ159249	F 808	Element 1: Resident #2 has expired and no additional action can be implemented for the	11/7/22	

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F 808	<p>Continued From page 18</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 11/3/2022 and 11/7/2022, it was determined that the facility failed to provide the correct [REDACTED] Diet to a resident (Resident #2), a cognitively [REDACTED] Resident with a known diagnosis of <b>EX Order 26 § 4b1</b> [REDACTED] who had a Physician's Order and Plan of Care for a regular diet [REDACTED] texture, and [REDACTED] consistency, on 10/25/2022 at approximately 4:30 a.m.</p> <p>According to the Certified Nursing Assistant (CNA #1), Resident #2 asked her for a sandwich, she stated asked the Licensed Practice Nurse (LPN #1) if Resident #2 could have a sandwich, and the LPN said yes. She then gave Resident #2 a [REDACTED] sandwich, which the Resident ate, and she disposed of the rest.</p> <p>According to CNA #2, on 10/25/2022 at approximately 7:15 a.m., she went into Resident #2's room and observed that the head of the bed was completely flat; she thought the Resident was awake, so she talked to him/her, and there was no response, so she touched Resident #2, and the Resident was [REDACTED]. She immediately notified the Charge Nurse Licensed Practice Nurse (LPN #2), a code blue was called at 7:20 a.m., and all staff came to assist. LPN #2 and LPN #3 responded to the code and initiated Cardiopulmonary Resuscitation (CPR). A [REDACTED], [REDACTED] flew off the blanket when Paramedics arrived and pulled the sheets off of Resident #2.</p> <p>According to LPN #2, Resident #2 was lying flat</p>	F 808	<p>resident.</p> <p>Element 2: All resident on puree diets were reviewed on 11/3/2022 and no other resident indicated that they received anything other than their puree diets.</p> <p>All residents diagnosed with pneumonia were review for 60 days on 11/3/2022 and no other resident was identified as having aspiration pneumonia while on a puree diet.</p> <p>All residents that expired in the past 30 days were reviewed on 11/3/2022 to determine if there was any evidence of choking and there were no negative findings.</p> <p>All hospital transfers for 30 days were reviewed on 11/4/2022 for any evidence of choking and/or aspiration pneumonia with no negative findings.</p> <p>There was no other resident identified to be affected by this deficient practice.</p> <p>All puree residents were screened by the SLP on 11/4/2022 to ensure that the assigned diet is appropriate and speech services would be warranted to facilitate a diet upgrade.</p> <p>Element 3: The Administrator and Director of Nursing reviewed the facility's policy and noted the policy to be in compliance with state and federal guidelines.</p>		

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F 808	<p>Continued From page 19</p> <p>with his/her mouth open with food in the mouth, and she saw a half-eaten sandwich and cookies in the bed with Resident #2. When Resident #2 was turned to put the board under him/her, food was in bed, and the Resident's mouth was open and [REDACTED]. Resident #2 death was then pronounced by the Director of Nursing (DON).</p> <p>The facility failed to follow its policies titled "Therapeutic Diet Policy," "Comprehensive Care Plan," "Physician Orders," a company "Diet Manual," and the "International Dysphagia Diet Standardization Initiative (IDDSI)."</p> <p>The facility's failure to provide the correct [REDACTED] Diet placed Resident #2 and all other residents on a [REDACTED] diet at risk for an Immediate Jeopardy (IJ) situation. This IJ was identified and reported to the facility's Licensed Nursing Home Administrator (LNHA) and the Director of Nursing (DON) on 11/3/2022 at 5:35 p.m. The Administrator was presented with the IJ template that included information about the issue. The IJ began on 10/25/2022 and continued through 11/4/2022 when CNA #1 was educated and all staff on the correct snacks to provide residents with a [REDACTED] diet.</p> <p>On 11/7/2022, the Surveyors did a revisit to verify the Removal Plan was implemented. The facility implemented the Removal Plan, which included educating CNA #1 and all facility staff on the diet manual, the diet book, and how to obtain a correct [REDACTED] diet for residents and the correct snacks to be served to residents on a [REDACTED] diet. So the noncompliance remained on 11/7/2022 as a level D for no actual harm with potential for more than minimal harm that is not</p>	F 808	<p>The C.N.A. was suspended pending investigation on Monday 10/25/2022 and when she returned on 10/28/2022. C.N.A. #2 was educated on administering the appropriate diet to residents, how to look up a resident's diet, and what constitutes a puree snack via phone by the DON on 10/25/2022.</p> <p>A Directed Plan of Correction was completed for this deficiency. The Regional Director of Clinical Services conducted an AD HOC QAPI with administration and department heads on 11/7/2022. Deficient practice regarding therapeutic diets was reviewed and a root cause analysis was developed with appropriate interventions for residents on modified diets. Directed Education was developed from the root cause analysis and the Regional Director of Clinical Services initiated education.</p> <p>On 11/4/2022, two new procedures were implemented in which the Intervention for modified diets will be communicate to staff on the Resident Alert Bar in PCC. In addition, a resident diet binder for each floor was developed and each resident's diet will be available in the diet book for all staff to access.</p> <p>On 11/7/22, the Regional Director/ Inservice Coordinator/ Designee educated all nursing, dietary, recreation, and rehabilitation staff on providing the correct diet.</p>		

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F 808	<p>Continued From page 20</p> <p>immediate jeopardy, based on the following: all staff were educated on residents on a therapeutic diet and the correct snacks to be given on a [REDACTED] diet.</p> <p>This deficient practice was identified for 1 of 3 residents (Resident #2) and was evidenced by the following:</p> <p>According to the Admission Record (AR), Resident #2 was originally admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnoses which included but were not limited to <b>EX Order 26 § 4b1</b> [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 10/01/2022, Resident # 2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED], which indicated the Resident was [REDACTED] impaired. The MDS also showed Resident #2 needed extensive assistance with most Activities of Daily Living (ADLs) and was total dependence on staff for eating.</p> <p>A review of the Resident's Care Plan (CP) initiated on 06/24/2021 revealed under "Focus": "Nutrition problem: r/t (related/to) moderate malnutrition, mech (mechanical) altered diet, dysphagia, significant weight loss x 1 mos (month), decreased PO (by mouth) intake." The CP also included under "Goal": "Resident will be adequately nourished and hydrated via intake from meals and fluids through the review date." Also, under "Interventions": included, "...Provide regular Diet and puree nectar/mildly thick liquids consistency per MD (Physician) order ..."</p>	F 808	<p>The education included:</p> <ol style="list-style-type: none"> <li>Education on puree diets.</li> <li>Education on how to obtain a resident's diet in the medical record.</li> <li>Education on looking at the residents Kardex to find the assigned resident's diets in PCC.</li> <li>Education on what snack would be considered a puree snack.</li> <li>Education on the diet manual and the diet book that is on each unit for staff to look up resident's diets.</li> <li>Education on residents that are puree have the indication below their name- on the alert bar in PCC.</li> <li>Education on following the residents dietary care plan.</li> </ol> <p>A copy of the lesson plan and attendance will be filed for reference and validation.</p> <p>Element 4: The administrator/ designee will interview 10 staff members from nursing and/or recreation weekly x 4 weeks and then monthly thereafter for a minimum of 6 months or until compliance is met for understanding of how to locate the resident's diet. This audit was initiated on 11/4/2022.</p> <p>The findings of these audits will be presented at monthly QAPI.</p> <p>The Director of Nursing/Designee will audit snack administration to puree texture residents to ensure that puree snacks were provided weekly x 4 weeks and then monthly for 6 months for</p>		

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F 808	<p>Continued From page 21</p> <p>A review of Resident #2's "Order Summary Report (OSR)" dated Active Orders as of 10/25/2022 under "Dietary-Diet" revealed under "Order Summary" "Regular diet Puree texture, Nectar Thick/Mildly Thick consistency for diet" dated 4/21/2022.</p> <p>A review of Resident #2's Progress Notes (PNs) revealed the following:</p> <p>On 10/25/2022 at 8:26 a.m., the PNs written by the DON revealed Registered Nurse (RN) Assessment "called to [the] Resident room. Resident (Resident #2) [was] EX Order 26 § 4b1 (7:20 a.m.). EX Order 26 § 4b1. Code called per full code order. AED (automatic external defibrillator) applied with no shock initiated. CPR (cardiopulmonary resuscitation) immediately initiated and continued until EMTs (Emergency Medical Technicians) arrived. Death [was] pronounced at 0750 (7:50 a.m.). MD (Medical Doctor) and family to be notified. Postmortem care performed."</p> <p>On 10/7/2021, a Narrative PNs written by the Therapist revealed, Resident #2 had EX Order 26 § 4b1 : EX Order 26 § 4b1 ...the Resident is on a diet to facilitate oral intake ...Liquid Consistency/Solids Texture: Nectar Thick/Mildly Thick Puree ...Dysphagia Diagnosis ... Resident had cognitive with a history of EX Order 26 § 4b1. Patient (Resident) placed on ST</p>	F 808	<p>compliance with therapeutic diets. This audit was initiated on 11/4/2022.</p> <p>The findings of these audits will be presented at monthly QAPI.</p> <p>The dietician will interview 10 residents to ensure they are receiving the correct diet texture for administered snacks. The audits will be conducted weekly x 4 weeks and then monthly until compliance is met at a minimum of 6 months. This audit was initiated on 11/4/2022.</p> <p>The findings of these audits will be presented at monthly QAPI.</p> <p>The Director of Nursing is responsible for oversight of this POC.</p>		

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F 808	<p>Continued From page 22</p> <p>( ) program for ( )</p> <p>A review of Resident #2's Speech Therapy SLP ( ) Discharge Summary dated ( ), under "Discharge Recommendations (DR)," revealed under "Strategies": <b>EX Order 26 § 4b1</b></p> <p>( )</p> <p>A review of the facility's ( ) Report (the CNA's plan of care for a resident) as of 10/24/2022 for Resident #2 revealed under the "Category" of "Eating/Nutrition" and under "Interventions" included <b>EX Order 26 § 4b1</b></p> <p>( )</p> <p>A review of a <b>EX Order 26 § 4b1</b> form dated 4/21/2022 for Resident #2 completed by the Speech Therapist under "Speech Therapy Summary Sheet" revealed the Resident had "1. Signs and symptoms of a <b>EX Order 26 § 4b1</b> "c. <b>EX Order 26 § 4b1</b> ..." and "2. ( ) Diet to facilitate oral intake a. Yes, 2-1. Liquid consistency: <b>EX Order 26 § 4</b></p> <p>( )</p> <p>12. Based on Assessment, does the Resident present with evidence of cognitive ( ) (Cognitive assessment/orientation) a. Yes, 12-1. Evidence of Cognitive ( ) history of ( ) 13. Narrative: "Completed ST ( ) admission screening, Patient (Resident #2) AA&amp;Ox1 (awake, alert &amp; oriented to self). Puree/nectar thick liquid diet (prior level of</p>	F 808		

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F 808	<p>Continued From page 23 function). Patient (Resident) not placed on ST program."</p> <p>A review of the facility's Assignment Sheet for 10/24/2022, on the 11:00 p.m. - 7:00 a.m. shift, revealed that LPN #1 and CNA #1 were on the schedule for Resident #2.</p> <p>A review of the Time Cards dated 10/16/2022 to 10/29/2022 and 10/30/2022 to 11/12/2022 for CNA #1 revealed she worked on the following dates: 10/24/2022, 10/28/2022, 10/29/2022, 10/31/2022 and 11/2/2022 on the 11:00 p.m. to 7:00 a.m. shifts.</p> <p>A review of a "Teachable Moments (TM)" form for LPN #1 revealed, "Issue/Reeducation Needed: In-serviced on importance of checking resident diets prior to giving approval for resident meal or snack and where to check." At the bottom of the form, showed "Employee signature": printed name of LPN #1 with the Date: 10/25/2022 and Instructor Name/Title: ADON's printed name with the Date: 10/25/2022 and under ADON name was the DON's printed name and date 10/25/2022.</p> <p>A review of a TM form for CNA #1 revealed "Issue/Reeducation Needed: In-serviced on importance of checking resident diets prior to giving approval for resident meal or snack and where to check." At the bottom of the form, indicated "Employee signature": printed name of CNA #1 with the Date: 10/25/2022 and Instructor Name/Title: ADON's printed name with the Date: 10/25/2022 and under ADON name was the DON's printed name and date 10/25/2022.</p> <p>At the time of the survey, the facility could not</p>	F 808			



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F 808	<p>Continued From page 24</p> <p>provide documentation of Resident #2's meal ticket to include his/her meals and snacks for 10/24/2022.</p> <p>During an interview on 11/3/2022 at 9:36 a.m., the Food Service Director (FSD) stated, "each resident's diet is in the meal tracker system, the labeled snacks are individualized to each resident, and sandwiches are made daily." When the surveyor asked him to explain a [REDACTED] diet, he replied, "a [REDACTED] diet is a mousse-like texture of food for people with swallowing problems. He uses a blender to prepare the food." When the surveyor asked him if a sandwich is part of a [REDACTED] diet, he replied, "No, type of sandwich is considered a [REDACTED]. Sandwiches are a regular diet." In a second interview at 2:16 p.m., the FSD stated, "a [REDACTED] sandwich is no [REDACTED]. It's too hard on the throat and cannot be put into a blender. A [REDACTED] sandwich is a [REDACTED] Diet."</p> <p>During an interview on 11/3/2022 at 10:30 a.m. with the Speech Therapist in the presence of the Rehabilitation Director (RD), when the surveyor asked her about the [REDACTED] Diet, she replied a [REDACTED] diet is soft and smooth, and no, sandwiches are not part of a [REDACTED] diet." When the surveyor asked about a [REDACTED] sandwich, she replied, "No, on a [REDACTED] [diet], cannot be given a [REDACTED] sandwich with bread."</p> <p>During a telephone interview on 11/3/2022 at 10:21 a.m., LPN #1 stated he worked the night shift, but he knew nothing of Resident #2 or of a resident being unresponsive, and he left by 7:00 a.m. 10/25/2022. At 10:44 a.m., LPN #1 stated he does rounds every 2 hours "this did not happen on my shift." However, he could not recall the</p>	F 808			

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F 808	<p>Continued From page 25</p> <p>unit's nurse or aides' [CNAs] names.</p> <p>During an interview on 11/3/2022 at 12:25 p.m., CNA #2 stated she checks on Resident #2 every morning. On 10/25/2022 at approximately 7:15 a.m., the bed was completely flat when she entered his/her room. She thought the Resident was awake, she talked to the Resident, but when there was no response, she touched him/her. Resident #2 was [redacted], so she immediately ran out of the room and told her Charge Nurse/LPN (LPN #2). A Code Blue was called. According to CNA #2, staff came to assist; CPR was started by LPN #2 and LPN #3, and when the paramedics arrived and flipped the sheet, "a [redacted] flew off the blanket" when they pulled the sheets off of the Resident. She continued to say Resident #2 does not usually lay flat, he/she usually sits upright in bed, and he/she is a [redacted] [diet]. There was no aide to get a report from when she came on the shift. When the surveyor asked if a [redacted] was allowed on a [redacted] diet, CNA #2 replied, "No, absolutely not. The Resident should not have a [redacted]; we would give Resident #2 pudding [for a snack]." CNA #2 stated she was with him/her the night before, and the Resident was perfectly fine. CNA #1 admitted to giving Resident #2 [redacted]. Resident #2 did not die of natural causes. CNA #2 also stated, "I was there during CPR; the DON said to me in the room, what happens in this room stays in this room." She showed the [redacted] to the DON before she left the floor.</p> <p>At the time of the survey, Resident #2's roommate was not available for an interview.</p> <p>During an interview on 11/3/2022 at 1:09 p.m., LPN #2 stated, "I clocked in at 6:30 a.m.," and a</p>	F 808			

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F 808	<p>Continued From page 26</p> <p>code blue was called by (CNA #2). When she entered Resident #2's room to start CPR, the Resident was "lying flat with his/her mouth open, and I saw food." She further stated when we turned to put the board [CPR board] under [the Resident], she saw food in the bed. "[Resident #2's] mouth was open; I could [REDACTED], and there was a [REDACTED] sandwich and [REDACTED] with [him/her]." When the surveyor asked her if she knew Resident #2's Diet, LPN #2 replied he/she is [REDACTED] and wouldn't get a sandwich. A pudding would be the Resident's snack. She continued to say nurses would know the Diet because it is charted on the Medication Administration Record (MAR) and Treatment Administration Record (TAR) and if the aide [CNA] doesn't know the Diet to ask us, the nurses.</p> <p>During an interview on 11/3/2022 at 1:30 p.m., when the surveyor asked her about a [REDACTED] diet and snacks, the Dietician replied, a [REDACTED] Diet is [the] consistency of mashed potatoes, food is made in a blender without lumps. She continued, [REDACTED] snacks are pudding, applesauce, ice cream, and [REDACTED] fruit."</p> <p>In the same interview, when the surveyor asked her about a [REDACTED] sandwich and a [REDACTED], the Dietician replied, "[REDACTED] sandwich is mechanical soft Diet with bread, cut into four pieces, but it is not [a] [REDACTED] [Diet]. [REDACTED] bread and [REDACTED] the [REDACTED] [A] [REDACTED] sandwich is a regular texture, and the [REDACTED] can not be [REDACTED]. "The Resident could not have a [REDACTED] unless [REDACTED] and could not have a [REDACTED] sandwich or a [REDACTED] sandwich on a [REDACTED] diet. We use a company diet manual for diet textures."</p>	F 808			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 808	<p>Continued From page 27</p> <p>During a second interview on 11/3/2022 at 1:42 p.m., when the surveyor asked her if a resident on a [REDACTED] diet could eat certain foods, the Speech Therapist (ST), in the presence of the RD, stated, "No, a resident on a [REDACTED] diet cannot eat a [REDACTED] sandwich or a hard [REDACTED]." The DR said, "during and after eating, [Resident #2] should be positioned upright for 30 minutes." She explained sitting up after eating, [REDACTED], and EX Order 26 § 4b1 direct food down into the stomach better, a recommendation for [REDACTED] like him/her." In the same interview, the RD stated Resident #2 was screened [REDACTED] and on [the] most appropriate Diet. On 11/7/2022 at 9:39 a.m., the ST in the presence of the RD, stated a [REDACTED] diet cannot have sandwiches."</p> <p>During an interview on 11/3/2022 at 2:21 p.m., the DON stated CNA #1 said Resident #2 asked for a snack at 4:00 a.m. she went to the snack cart and allegedly asked LPN #1 if it was OK to give Resident #2 a sandwich. CNA #1 went back into Resident #2's room at 5:00 a.m. and gave Resident #2 a [REDACTED] sandwich, that's it. Resident #2 was next seen by CNA #2, who found him/her unresponsive. I don't know if anyone [was] in there [room] in between. I didn't see any food in [the Resident's] mouth. When the surveyor asked about the food found with Resident #2, the DON replied, "I didn't see a [REDACTED] or find any food in his/her bed. He/she was on a [REDACTED] diet, and I would not give someone [Resident] a sandwich on a [REDACTED] diet." When the surveyor asked her the outcome of giving a sandwich on a [REDACTED] diet, the DON replied, "[resident] could [REDACTED]"</p>	F 808			

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NAME OF PROVIDER OR SUPPLIER  <b>DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 CLEMENTS BRIDGE RD</b> <b>DEPTFORD, NJ 08096</b>		
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F 808	<p>Continued From page 28</p> <p>During a telephone interview on 11/3/2022 at 4:43 p.m. with CNA #1, she stated the following happened on 10/25/2022: "I was going to rooms, Resident #2 asked for a snack, there was a sandwich out. Resident #2 wanted a [REDACTED] sandwich. I went to the nurse, and he checked the diet slip." The nurse said, "yes," Resident #2 can have a sandwich. Resident #2 was sitting up at 90 degrees. "I gave Resident #2 the sandwich at about 4:30 a.m." The CNA stated she saw Resident #2 again between 5:30- 6:00 a.m. when she did her rounds; the Resident was sitting in bed watching television.</p> <p>During the same telephone interview, the surveyor asked CNA #1 if she knew Resident #2's Diet. She replied, "No, I didn't know his/her Diet...so I asked the nurse about the food. That was the only snack I gave him/her; that was it." When the surveyor asked CNA #1 if she was educated on diets, she replied only during her school skills last month; the facility did not provide education. When asked if she was educated or signed any in-services, CNA #1 stated she did not sign anything [paperwork on diet education] and was only suspended for three days after this incident. She returned to work on 10/28/2022.</p> <p>During an interview on 11/7/2022 at 10:20 a.m., CNA #3 stated CNA #1 said she gave Resident #2 and his/her roommate both snacks that morning. She gave Resident #2 [REDACTED] sandwich" but did not say what kind of sandwich.</p> <p>During a telephone interview on 11/7/2022 at 2:22 p.m., the Nurse Practitioner (NP) stated she was just told; Resident #2 had passed away. At the time, the staff did not say anything about the incident surrounding the call. I found out a few</p>	F 808			

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NAME OF PROVIDER OR SUPPLIER  <b>DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 CLEMENTS BRIDGE RD</b> <b>DEPTFORD, NJ 08096</b>		
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F 808	<p>Continued From page 29</p> <p>days after what happened from the nurses. She continued, "Nurses think that (Resident #2) got the wrong Diet and may have [REDACTED]"</p> <p>A review of the facility policy titled "Therapeutic Diet Policy" with a last date revised 09/2022 revealed the following: Under "Policy:" included "therapeutic diets are prescribed by the Attending Physician to support the resident's treatment and plan of care and in accordance with his or her goals and preferences." Under "Procedure:" "...4. A 'therapeutic diet' is considered a diet ordered by a physician, practitioner, or Dietician as part of treatment for a disease or clinical condition, to modify specific nutrients in the Diet, or to alter the texture of a diet, for example, a. Consistent Carbohydrate; LCS ...9. Snacks will be compatible with the therapeutic Diet..."</p> <p>A review of the facility policy titled "Care Plans-Comprehensive" with a last date revised 10/2019 revealed the following: Under "Policy:" included "A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident." Under "Procedure:" "...4. Each resident's care plan will be consistent with the resident's right to participate in the development and implementation of his or her plan of care, including the right to: ...g. Receive the services and/or items included in the plan of care; ...13. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change ..."</p> <p>A review of a facility policy titled "Physician Orders" with a creation date 2/2022 revealed the</p>	F 808			

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NAME OF PROVIDER OR SUPPLIER  <b>DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS CITY STATE, ZIP CODE <b>1511 CLEMENTS BRIDGE RD</b> <b>DEPTFORD, NJ 08096</b>		
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F 808	<p>Continued From page 30</p> <p>following: Under "Policy:" included "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".</p> <p>A review of a facility "Diet Manual" dated 2021 revealed the following: Under "Pureed Diet" included "Description and Indication" "The Pureed Diet is designed using the Regular Diet and the mechanically altering the texture of the food items into a pureed consistency. This Diet is indicated for residents with difficulty swallowing and/or residents who are unable to tolerate Ground Soft Diet/Minced and Moist. The goal is to improve or maintain the Resident's nutritional status and provide foods that are safe to swallow, minimizing the chance for aspiration problems." Under "Nutritional Adequacy" included "The Pureed Diet is nutritionally equivalent to the Regular Diet unless any other therapeutic restrictions are specified ..." Under "Preparation of Foods in a Pureed Diet Menu" included "Food items must be prepared by using a food processor or blender unless food item is already in a pureed form like: mashed potatoes, custard and strained cream soups. Foods are thickened if necessary to achieve a custard or mashed potato consistency using commercial food thickeners or food items like mashed potato flakes. At times it may be necessary to add liquid instead of thickening the food. Liquids used include: gravies, broth, juices or milk. Water is not used since it caused flavor loss then, resulting in poor intake. Product should NOT have any "pieces" in it and should not "thin" puree."</p> <p>A review of the "International Dysphagia Diet</p>	F 808			

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F 808	Continued From page 31 Standardization Initiative (IDDSI) titled "IDDSI Special Feature" dated Sept (September) 2020 "Focus on Puree" revealed the following: Under "Why are pureed foods recommended?" included "...A puree should have a smooth consistency with very fine particles so that chewing is not required. The pureed food is held together with just enough structure and is slippery enough so that it can be moved from the front of the mouth to the back and swallowed with minimal effort. These factors promote a safe way to consume food when oral coordination or strength is impaired ..."  N.J.A.C.: 8.39-17.4 (a)(2)	F 808			



## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315174	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/30/2022	Y3
NAME OF FACILITY DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0580	Correction	ID Prefix F0609	Correction	ID Prefix F0656	Correction
Reg. # 483.10(g)(14)(i)-(iv)(15)	Completed	Reg. # 483.12(b)(5)(i)(A)(B)(c)(1)(4)	Completed	Reg. # 483.21(b)(1)(3)	Completed
LSC	11/07/2022	LSC	11/09/2022	LSC	11/07/2022
ID Prefix F0808	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.60(e)(1)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	11/07/2022	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/7/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO