

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

PRINTED: 02/01/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/09/2023
NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
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F 000	INITIAL COMMENTS Complaint #: NJ00164862, NJ00165456, NJ00168282, NJ00168313, NJ00168836 Census: 200 Sample Size: 5 THE 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.	F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a	F 655		12/5/23	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2023

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 655	<p>Continued From page 1</p> <p>comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Complaint #: NJ00165456</p> <p>Based on interview, medical record review, and review of other pertinent facility documentation on 10/20/23, 10/24/23, and 10/26/23, it was determined that the facility failed to develop a baseline care plan for a newly admitted resident who experienced [REDACTED]. This deficient practice was identified for Resident #2, 1 of 2 residents reviewed for baseline care plans and was evidenced by the following:</p> <p>The surveyor reviewed the closed medical record for Resident #2:</p> <p>According to the Admission Record, Resident #2</p>	F 655	<p>Element 1: Resident #2 is currently discharged from the facility.</p> <p>Element 2: All admissions have the potential to be affected by this deficient practice. All admission baseline care plans reviewed to ensure care plan initiated for [REDACTED] NJ Exec. Order [REDACTED] Identified deficient practice was immediately corrected. All admissions had base line care plan for [REDACTED] NJ Exec. Order [REDACTED] for 30 days. No other resident was identified to not have a baseline care plan [REDACTED] NJ Exec. Order 26-4.3.</p> <p>Element 3:</p>	

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F 655	<p>Continued From page 2</p> <p>was admitted to the facility on ^{EX Order 26.4B1} with medical diagnoses that included but were not limited to EX Order 26.4B1</p> <p>Review of the Discharge Return Anticipated Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated ^{EX Order 26.4B1} indicated that Resident #2 had EX Order 26.4B1. The MDS also indicated the resident received scheduled and as needed ^{EX Order 26.4B1} medication while at the facility.</p> <p>Review of the Order Recap Report (ORR) revealed a ^{EX Order 26.4B1} physician's order (PO) for EX Order 26.4B1 and to administer ^{EX Order 26.4B1} tablets for a total of ^{EX Order 26.4B1} milligrams, ^{EX Order 26.4B1} times a day for EX Order 26.4B1</p> <p>The ORR revealed a ^{EX Order 26.4B1} PO for ^{EX Order 26.4B1} evaluation every shift to record ^{NJ Exec. Order 26:4.b.1}</p> <p>The ORR revealed a ^{EX Order 26.4B1} PO order for EX Order 26.4B1</p> <p>Review of the May 2023 Medication</p>	F 655	<p>The policy on baseline care plan for ^{NJ Exec. Ord} was evaluated by administration and determined to be in compliance with state and federal guidelines.</p> <p>The Staff Educator/ designee educated all nursing staff on ensuring admissions have baseline care plan for ^{NJ Exec. Ord} initiated. A lesson plan and attendance record will be kept on file for validation.</p> <p>Element 4: The Director of Nursing/ designee will audit 20% of all admissions ensuring a base line care plan for ^{NJ Exec. Ord} is initiated. The audits will be conducted weekly x 4 weeks and then monthly until compliance is met.</p> <p>The results of these audits will be submitted at QAPI. The DON is responsible for execution and monitoring of this POC.</p>		

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F 655	<p>Continued From page 3</p> <p>Administration Record (MAR) revealed that that Resident #2 received EX Order 26.4B1 [REDACTED].</p> <p>The May 2023 MAR revealed that Resident #3 had [REDACTED] out of [REDACTED] recorded on 05/28/23 on the 3 PM-11 PM shift and [REDACTED] out of [REDACTED] recorded on 05/30/23 on the 7 AM- 3 PM shift.</p> <p>The May 2023 MAR also revealed that Resident #2 received EX Order 26.4B1 [REDACTED] that was rated an intensity of [REDACTED] out of [REDACTED].</p> <p>Review of the EX Order 26.4B1 MAR revealed that Resident #2 received EX Order 26.4B1 [REDACTED].</p> <p>Review of the EX Order 26.4B1 Physician Progress Note (PPN) revealed that Resident #2 was in EX Order 26.4B1 and would not EX Order 26.4B1 for [REDACTED] evaluation. Resident #2 was medicated for [REDACTED] and was referred to their primary care physician to evaluate the [REDACTED].</p> <p>Review of the EX Order 26.4B1 PPN revealed that Resident #2 was noted with EX Order 26.4B1 and [REDACTED] to their EX Order 26.4B1 with attempts to perform [REDACTED].</p> <p>Review of Resident #2's baseline care plan did not address Resident #2's EX Order 26 [REDACTED].</p> <p>During an interview with the surveyor on 10/26/23 at 11:10 AM, the Licensed Practical Nurse/Unit Manager (LPN/UM) stated that</p>	F 655		

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F 655	<p>Continued From page 4</p> <p>Resident #2 should have had a baseline care plan in place for alteration in comfort because the resident had [redacted] ^{NY Exec. Order}. The LPN/UM continued that all residents were at risk for [redacted] ^{NY Exec. Order} while they stayed at the facility and therefore should have a care plan in place to address it.</p> <p>During an interview with the surveyor on 10/26/23 at 12:37 PM, the Director of Nursing (DON) stated the purpose of the baseline care plan was to capture and encompass all parts of the resident's plan of care. The DON continued that Resident #2 had a history of [redacted] ^{NY Exec. Order 26.4b.1} and took EX Order 26.4B1. The DON stated that [redacted] should have addressed in the care plan because they were at risk for an alteration in comfort at the facility.</p> <p>Review of the facility policy, "Care Plans-Baseline" with a revised date of 01/20, indicated under the "Policy" section that, "A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission." The facility policy continued under the "Procedure" section that, "The Interdisciplinary Team will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including but not limited to: a. Initial goals based on admission orders; b. Physician orders; c. Dietary orders; d. Therapy services; Social services; and f. PASARR [a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes] recommendations, if applicable."</p>	F 655			

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F 655	Continued From page 5 NJAC 8:39-11.2(d).	F 655			
F 656 SS=D	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. (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	F 656		12/5/23	

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F 656	<p>Continued From page 6</p> <p>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:</p> <p>Complaint #: NJ00168282, NJ00168313</p> <p>Based on observation, interview, review of medical records, and review of other pertinent facility documentation on 10/20/23, 10/24/23, and 10/26/23, it was determined that the facility failed to update a comprehensive care plan for a resident who had a NJ Exec. Order 26:4.b.1. The deficient practice was identified for Resident #3, 1 of 4 residents reviewed for comprehensive care plans and was evidenced by the following:</p> <p>During an interview with the surveyor on 10/20/23 at 12:23 PM, Resident #3 stated that they EX Order 26.4B1 on EX Order 26.4B1) twice at the facility within the last few months. The resident stated that facility staff used EX Order 26.4B1 EX Order 26.4B1 (nt) on him/her and that they were sent out to the EX Order 26.4B1 after each EX Order 26.4B1</p> <p>According to the Admission Record, Resident #3 was readmitted to the facility on EX Order 26.4B1 with medical diagnoses that included but were not limited to EX Order 26.4B1</p>	F 656	<p>Element 1: Resident #3 will have care plan interventions updated timely to avoid deficient practices.</p> <p>Element 2: All residents with NJ Exec. Order 26:4.b.1 have the potential to be affected by this deficient practice. All residents identified to have an NJ Exec. Order 26:4.b.1 within the facility, will have comprehensive care plans updated timely. Identified deficient practice was immediately corrected. All residents who have had an NJ Exec. Order 26:4.b.1 within the facility for 30 days will have their comprehensive care plans updated timely. No other resident was identified to have had an NJ Exec. Order 26:4.b.1 with a care plan that was not updated timely.</p> <p>Element 3: The policy on comprehensive care plans, updating for NJ Exec. Order 26:4.b.1, was evaluated by administration and determined to be in compliance with state</p>		

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F 656	<p>Continued From page 7</p> <p>EX Order 26.4B1</p> <p>Review of the 08/15/23 Minimum Data Set (MDS), an assessment tool used to facilitate the management of care revealed a Brief Interview for Mental Status score of EX Order 26.4B1 which indicated that the resident was EX Order 26.4B1. The MDS also indicated the resident had occasional moderate EX Order 26.4B1 and that they took EX Order 26.4B1 while at the facility.</p> <p>Review of the General Progress Note (PN) dated 09/21/23 revealed that the nurse found Resident #3 EX Order 26.4B1. The resident's EX Order 26.4B1. The nurse administered EX Order 26.4B1 into the resident's EX Order 26.4B1 times and EX Order 26.4B1 into the resident's EX Order 26.4B1. The resident was noted to be EX Order 26.4B1 and the nurse directed the certified nursing assistant to call a EX Order 26.4B1. The nurse was unable to obtain the resident's EX Order 26.4B1. EX Order 26.4B1 on the resident. After the EX Order 26.4B1 dose of EX Order 26.4B1 the resident became EX Order 26.4B1. The emergency medical technicians arrived, and Resident #3 was EX Order 26.4B1.</p> <p>Review of the substance abuse care plan initiated EX Order 26.4B1 revealed the following interventions:</p> <p>EX Order 26.4B1 consult" Date initiated: EX Order 26.4B1 Created on: EX Order 26.4B1.</p>	F 656	<p>and federal guidelines.</p> <p>The Staff Educator/ designee educated all nursing staff on updating comprehensive care plans timely.</p> <p>A lesson plan and attendance record will be kept on file for validation.</p> <p>Element 4: The Director of Nursing/ designee will audit 20% of all NJ Exec. Order 26:4.b.1 to ensure comprehensive care plan updated timely</p> <p>The audits will be conducted weekly x 4 weeks and then monthly until compliance is met.</p> <p>The results of these audits will be submitted at QAPI.</p> <p>The DON is responsible for execution and monitoring of this POC.</p>	

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F 656	<p>Continued From page 8</p> <p>"Staff education regarding s/s [signs/symptoms] of [REDACTED] and administration of [REDACTED]." Date initiated: [REDACTED] Created on: 10/12/23.</p> <p>Review of the Nursing Clinical Evaluation PN dated [REDACTED] indicated that Resident #3 had a [REDACTED]. The PN continued that staff were called to the resident's room by a staff member who stated that the resident was [REDACTED]. Resident #3 was found on their bed, with [REDACTED] and was [REDACTED] to [REDACTED] [REDACTED]. Resident #3 was administered [REDACTED] and [REDACTED] dose [REDACTED]. The resident became [REDACTED] and was sent to the [REDACTED] for evaluation.</p> <p>During an interview with the surveyor on 10/24/23 at 1:17 PM, the Director of Nursing (DON) stated that Resident #3's care plan was updated to coincide with the incident dates of the [REDACTED]. The DON continued that the updated interventions were put in place on [REDACTED]. The DON added that the care plan was updated to reflect the new interventions when she reviewed the incident report.</p> <p>During an interview with the surveyor on 10/26/23 at 09:53 AM, Certified Nursing Assistant (CNA) #1 stated that after Resident #3's 09/20/23 [REDACTED], he/she was no longer allowed to have other residents visit their room. He/she had to have visitation in the day room. CNA #1 stated that staff were re-educated immediately after the first [REDACTED] happened.</p> <p>During an interview with the surveyor on 10/26/23 at 10:12 AM, Licensed Practical Nurse</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>(LPN) #1 stated that after the resident's 09/20/23 EX Order 26.4B1 she talked to Resident #3 and took an inventory of his/her things. LPN #1 continued that the resident consented to a search and that some EX Order 26.4B1 items were removed from their room. LPN #1 stated they also asked for other residents to stop visiting Resident #3's room. The LPN continued that Resident #3 and the staff received education the day after the EX Order 26.4B1 occurred.</p> <p>During a follow-up interview with the surveyor on 10/26/23 at 12:37 PM, the DON stated the purpose of updating a care plan in a timely manner was to make sure that all the interventions were put into place for the resident. The DON continued that all the interventions were put into place immediately after Resident #3's 09/20/23 EX Order 26.4B1. The DON stated that interventions included reeducation of the nurses, having the resident's EX Order 26.4B1 put on hold for EX Ord hours, and having the nurse's crush the resident's EX Order 26.4B1. The DON continued that there was no Unit Manager, so the care plan was not updated until she went through the investigation and updated it herself.</p> <p>Review of the facility policy, "Care Plans- Comprehensive," with a revised date of 10/2019 indicated under the "Procedure" section that "The comprehensive, person-centered care plan will: [...] Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; [...] Incorporate identified problem areas;" The facility policy continued, "Assessments of residents are ongoing and care plans are revised as information about the</p>	F 656			

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F 656	Continued From page 10 residents and the residents' conditions change. [...] The Interdisciplinary Team reviews and updates the care plan: [...] When the resident has been readmitted to the facility from a hospital stay."	F 656			
F 686 SS=D	<p>NJAC 8:39-11.2(e)(f)(i). Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) NJ Exec. Order 26:4.b.1 §483.25(b)(1) NJ Exec. Order 26:4.b.1.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop NJ Exec. Order 26:4.b.1 unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with NJ Exec. Order 26:4.b.1 receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent NJ Exec. Order 26:4.b.1 from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00165456</p> <p>Based on interview, medical record review, and review of other pertinent facility documentation on EX Order 26.4B1 it was determined that the facility failed to provide treatment for a resident with a EX Order 26.4B1. The deficient practice was identified for Resident #2, 1 of 2 residents reviewed for EX Order 26.4B1 and was evidenced by the following:</p> <p>The surveyor reviewed the closed medical record</p>	F 686	<p>Element 1: Resident #2 is currently discharged from the facility.</p> <p>Element 2: All residents with NJ Exec. Order 26:4.b.1 have the potential to be affected by this deficient practice. All new admissions with NJ Exec. Order 26:4.b.1 had their treatment orders reviewed for treatment orders in place to each site identified with NJ Exec. Order 26:4.b.1. Identified</p>	12/5/23	

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F 686	<p>Continued From page 11 for Resident #2:</p> <p>Review of the Admission Record revealed that Resident #2 was admitted to the facility on EX Order 26.4B1 with medical diagnoses which included but were not limited to EX Order 26.4B1</p> <p>EX Order 26.4B1</p> <p>Review of the Discharge Return Anticipated Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1, indicated that Resident #2 had EX Order 26.4B1. The MDS also indicated that the resident had EX Order 26.4B1</p> <p>EX Order 26.4B1</p> <p>Review of the Admission/ Readmission Evaluation dated EX Order 26.4B1 indicated that Resident #2 was admitted to the facility with a EX Order 26.4B1</p> <p>EX Order 26.4B1</p> <p>The evaluation also indicated that the EX Order 26.4B1 was EX Order 26.4B1 covered in EX Order 26.4B1</p> <p>Review of Resident #2's EX Order 26.4B1 EX Order 26.4B1 care plan initiated on EX Order 26.4B1 revealed that the resident had an EX Order 26.4B1 to their EX Order 26.4B1</p>	F 686	<p>deficient practice was immediately corrected. All new admissions for 30 days that were identified with NJ Exec. Order 26:4.b.1 had a treatment order in place. No other resident was identified with any missing NJ Exec. Order 26:4.b.1 orders.</p> <p>Element 3: The policy on NJ Exec. Order 26:4.b.1 management was evaluated by administration and determined to be in compliance with state and federal guidelines. The Staff Educator/ designee educated all nursing staff on treatment and services to prevent and/or NJ Exec. Order 26:4.b.1 specifically focusing on placing an order with a specific site in the order upon admission. A lesson plan and attendance record will be kept on file for validation.</p> <p>Element 4: The Director of Nursing/ designee will audit 20% of all new admissions identified with NJ Exec. Order 26:4.b.1, and will have a treatment order in place for each site identified with a NJ Exec. Order 26:4.b.1. The audits will be conducted weekly x 4 weeks and then monthly until compliance is met. The results of these audits will be submitted at QAPI. The DON is responsible for execution and monitoring of this POC.</p>

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F 686	<p>Continued From page 12</p> <p>EX Order 26.4B1 _____).</p> <p>Review of the Admission/ Readmission Evaluation, dated EX Order 26.4B1, revealed that Resident #2 was assessed on the EX Order 26.4B1 Scale EX Order 26.4B1 _____.</p> <p>Review of the EX Order 26.4B1 Physician Progress Note indicated that Resident #1 had a EX Order 26.4B1 and had EX Order 26.4B1 _____) ordered to the area.</p> <p>Review of the Order Recap Report (ORR) revealed a EX Order 26.4B1 Physician's Order (PO) for EX Order 26.4B1 unit per gram to Resident #2's EX Order 26.4B1 one time a day. The PO specified to clean the EX Order 26.4B1 with EX Order 26.4B1, apply EX Order 26.4B1, and to EX Order 26.4B1 with a NJ Exec. Order 26:4.b.1.</p> <p>The ORR did not reveal a PO for EX Order 26.4B1 treatment from EX Order 26.4B1.</p> <p>Review of Resident #2's EX Order 26.4B1 Medication Administration Record (MAR) and Treatment Administration Record (TAR) failed to reveal documentation that any EX Order 26.4B1 care treatment was provided to Resident #2's EX Order 26.4B1.</p> <p>Review of Resident #2's EX Order 26.4B1 MAR revealed a EX Order 26.4B1 Physician's Order (PO) for EX Order 26.4B1 unit per gram to Resident #2's EX Order 26.4B1 one time a day. The PO specified to clean the EX Order 26.4B1 with EX Order 26.4B1, apply EX Order 26.4B1 and to EX Order 26.4B1 with NJ Exec. Order 26:4.</p>	F 686		

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F 686	<p>Continued From page 13 a NJ Exec. Order 26:4.b.1.</p> <p>During an interview with the surveyor on 10/20/23 at 2:32 PM, Licensed Practical Nurse (LPN) #1 stated that she remembered and took care of Resident #2. LPN #1 stated that Resident #2 had a [REDACTED] on their [REDACTED] but that she did not remember the [REDACTED] care treatment ordered for the [REDACTED]. LPN #1 continued that when a resident came in with a [REDACTED] that it was recognized on the admission evaluation's [REDACTED] assessment. LPN #1 stated the nurse would notify the nursing supervisor and document about the [REDACTED] LPN #1 added that the nurse would call the doctor to initiate a [REDACTED] care treatment for the [REDACTED].</p> <p>During an interview with the surveyor on 10/24/23 at 11:03 AM, the LPN/ Assistant Director of Nursing (ADON) stated the assigned nurse would do an initial [REDACTED] assessment upon admission to the facility. The LPN/ADON continued that the nurse would obtain [REDACTED] care treatment orders from the resident's doctor. The LPN/ADON stated that the purpose of timely [REDACTED] care treatment was to ensure that the [REDACTED] did not get worse and to promote [REDACTED]. The nurse completing the admission [REDACTED] should have contacted the doctor and obtained a [REDACTED] care treatment order for Resident #2. The [REDACTED] LPN/ADON added that she was not sure why a [REDACTED] care treatment order was not obtained for the resident.</p> <p>During an interview with the surveyor on 10/24/23 at 12:11 PM, the LPN/ Unit Manager (UM) stated that the nurse would complete a [REDACTED] [REDACTED] when a resident was admitted. The</p>	F 686			

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F 686	<p>Continued From page 14</p> <p>LPN/UM continued that the nurse would document their findings, update the resident's care plan, notify the doctor of the [REDACTED], and confirm that they had an order for treatment. The LPN/UM continued that newly admitted residents had two nursing [REDACTED] assessments performed during their first 48 hours in the facility. The LPN/UM stated that an order for a [REDACTED] treatment should have been obtained on the same day the resident was admitted. The LPN/UM continued that it was important to make sure that [REDACTED] care treatment orders were initiated timely so the [REDACTED] could be taken care of in a timely manner. The LPN/UM stated that she did not know how Resident #2's [REDACTED] care treatment orders were missed.</p> <p>During an interview with the surveyor on 10/24/23 at 1:17 PM, the Director of Nursing (DON) stated the nurse would complete the admission [REDACTED]. The DON continued that the ADON would complete the second day [REDACTED] assessment. The DON stated that the ADON was responsible to make sure that the assessment was accurate and included the [REDACTED] measurement and stage, that a care plan was in place, and that a [REDACTED] care treatment was ordered. The DON stated that the ADON did not follow the [REDACTED] process for Resident #2. The DON further stated, "you don't have someone with a [REDACTED] and don't put a treatment [order] in." The DON continued that the purpose of timely initiation of [REDACTED] care treatment and interventions was to restore the resident's health and to prevent the [REDACTED] from getting worse.</p> <p>During an interview with the surveyor on</p>	F 686			

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F 686	<p>Continued From page 15</p> <p>10/27/23 at 1:10 PM, the LPN/ House Supervisor stated that whenever an admission ^{EX Order 26,486} assessment was done, and a ^{EX Order 26,486} was identified, she would call the doctor to obtain a ^{EX Order 26,486} care treatment order. The LPN/ House Supervisor stated she did not remember completing Resident #2's admission and did not know why the doctor was not called for a ^{EX Order 26,486} care treatment order.</p> <p>Review of the facility policy, "Wound Identification and Wound Rounds" with a revised date of 12/21 indicated under the New Admission section, "1. All new admissions will have a complete body check on admission to identify any open areas [...] 3. Open areas identified on admission a. On admission, the licensed nurse completed a head-to-toe skin evaluation for the presence of skin impairments. B. Upon discovery of a skin impairment, the Registered Nurse (RN) completes a skin assessment, including documentation of size, depth, stage and appearance of the skin impairment. C. The physician should be notified to obtain appropriate treatment utilizing the Centers Wound Care Guideline. The licensed Nurse will notify the physician and obtain a treatment order utilizing the Centers Wound Care Guidelines. E. The RN should initiate a care plan including prevention interventions as necessary [...]."</p> <p>Review of the undated Job Description for Assistant Director of Nurses indicated under the "Nature and Scope" section that, "The Assistant Director of Nursing Services may confer with residents' physicians on an occasional basis to clarify medical orders and direct care." The Job Description continued under the "Principal Job</p>	F 686			

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F 686	Continued From page 16 Accountabilities" section, that the ADON is responsible to, "Ensure that medical and nursing care is administered in accordance with the resident's wishes and per the individualized care plan."	F 686			
F 842 SS=B	NJAC 8:39-27.1(e). Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law;	F 842		12/5/23	

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F 842	<p>Continued From page 17</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 842			

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F 842	<p>Continued From page 18</p> <p>by: Complaint # NJ00164862, NJ00165456, NJ00168282, NJ00168313, NJ00168836</p> <p>Based on observation, interview, medical record review, and review of other pertinent facility documentation on EX Order 26.4B1, and EX Order 26.4B it was determined that facility staff failed to consistently document on the "Documentation Survey Report," the Activities of Daily Living (ADL) status and care provided to the residents. In addition, the facility staff failed to follow the facility's policy titled "Charting and Documentation-CNA" for Resident #1, #2, #3, and #5, 4 of 5 residents reviewed for documentation.</p> <p>The deficient practice was evidenced by the following:</p> <p>1. According to the Admission Record (AR), Resident #1 was admitted to the facility on EX Order 26.4B1 with medical diagnoses that included but were not limited to EX Order 26.4B1</p> <p>[REDACTED]</p> <p>Review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated EX Order 26.4B1 indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of EX OR which indicated that the resident was EX Order 26.4B1. The MDS also indicated that Resident #1 required NJ Exec. Order 26-4.b.1 assistance from staff to use the NJ Exec. Order 26-4.b.1 and</p>	F 842	<p>Element 1: Residents #1, #3, #5 Activities of Daily Living (ADL) care documentation have been completed. Resident #2 has been discharged from the facility.</p> <p>Element 2: All residents who receive assistance with Activities of Daily Living (ADL) care have the potential to be affected by this deficient practice. Identified deficient practices were immediately corrected; Activities of Daily Living (ADL) care documentation have been reviewed for 30 days of completion. Additionally, ongoing auditing will be conducted to ensure completion of Activities of Daily Living (ADL) care documentation.</p> <p>Element 3: The policy on Activities of Daily Living (ADL) care documentation was evaluated by administration and determined to be in compliance with state and federal guidelines. The Staff Educator/ designee educated all nursing staff on proper and timely documentation of Activities of Daily Living (ADL) care for residents. The Director of Nursing, unit managers,</p>		

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F 842	<p>Continued From page 19 that they were frequently NJ Exec. Order 26:4.b.1</p> <p>The care plan initiated on EX Order 26:4B1 indicated focuses on EX Order 26:4B1 and ADLs. The ADL care plan included an intervention that Resident #1 required NJ Exec. Order 26:4.b.1 from staff to use the NJ Exec. Order 26:4.b.1 and that the resident should be NJ Exec. Order 26:4.b.1 prior to being put to bed on all shifts.</p> <p>The surveyor reviewed the Documentation Survey Report (DSR), an ADL record documented by the Certified Nursing Assistants (CNA) during their assigned shifts for June, September, and October 2023. The DSR forms had assigned ADL care tasks which included but were not limited to EX Order 26:4B1 continence and NJ Exec. Order 26:4.b.1.</p> <p>Review of Resident #1's ADL record included an area for the CNAs to document the resident's self-performance and the support provided by staff. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift on 06/11/23, 06/25/23, 09/08/23. Evening shift on 06/25/23, 06/03/23, 09/03/23, 09/10/23, 09/12/23, 09/18/23, 09/24/23, 09/28/23. Night shifts on 06/03/23, 06/19/23, 06/26/23, 09/05/23, 09/10/23, 09/17/23, 10/01/23, 10/12/23, 10/16/23, 10/20/23.</p> <p>2. According to the AR, Resident #3 was readmitted to the facility on EX Order 26:4B1 with medical</p>	F 842	<p>nursing supervisors, and/or designees, conducted audits and daily follow up with the direct care staff, providing additional education, as well as disciplinary action, when necessary, on proper and timely documentation of Activities of Daily Living (ADL) care for residents.</p> <p>A lesson plan, attendance record, and employee disciplinary records will be kept on file for validation.</p> <p>Element 4: The Director of Nursing, and/or designee has been conducting audits of Activities of Daily Living (ADL) care documentation for full compliance and completion.</p> <p>The audits are conducted daily x 4 weeks, and then monthly until compliance is met.</p> <p>The results of these audits will be submitted at QAPI.</p> <p>The Director of Nursing is responsible for execution and monitoring of this POC.</p>		

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F 842	<p>Continued From page 20</p> <p>diagnoses that included but were not limited to poisoning by other drugs, medicaments EX Order 26.4B1</p> <p>Review of the EX Order 26.4B1 MDS revealed a BIMS score of EX Order 26.4B1 which indicated that the resident was NJ Exec. Order 26:4.b.1. The MDS also indicated that the resident had occasional moderate EX Order 26.4B1 and that they took EX Order 26.4B1 while in the facility.</p> <p>Review of the NJ Exec. Order 26:4.b.1 care plan initiated on 11/04/19 revealed an intervention for frequent monitoring for NJ Exec. Order 26:4.b.1 by the CNAs and to notify the nurse if any signs were noted.</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for September and October 2023. The DSR forms had assigned ADL care tasks which included but were not limited to frequent monitoring for NJ Exec. Order 26:4.b.1: monitor resident for NJ Exec. Order 26:4.b.1</p> <p>If any of these symptoms are present, notify the nurse immediately.</p> <p>Review of Resident #3's ADL record included an area for the CNAs to document the resident's self-performance and the support provided by staff. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift: 09/03/23, 09/08/23, 09/10/23, 09/11/23,</p>	F 842			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/09/2023
NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 842	<p>Continued From page 21 09/21/23, 09/22/23, 10/09/23, 10/12/23, 10/14/23. Evening shift: 09/03/23, 09/05/23, 09/08/23, 09/10/23, 09/14/23, 09/19/23, 09/24/23, 10/02/23, 10/16/23. Night shift: 09/24/23, 10/02/23, 10/09/23, 10/15/23.</p> <p>3. The surveyor reviewed the closed medical record for Resident #2:</p> <p>According to the AR, Resident #2 was admitted to the facility on [REDACTED] with medical diagnoses that included but were not limited to [REDACTED].</p> <p>[REDACTED]</p> <p>Review of the Discharge Return Anticipated MDS, dated [REDACTED] indicated that Resident #2 had [REDACTED]. The MDS also indicated that the resident required [REDACTED] assistance with [REDACTED] and was frequently [REDACTED].</p> <p>Review of the care plan initiated on 06/01/23 indicated that Resident #2 required assistance with ADLs.</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for [REDACTED]. The DSR forms had assigned ADL care tasks which included but were not limited to [REDACTED].</p>	F 842			

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F 842	<p>Continued From page 22</p> <p>Review of Resident #2's ADL record included an area for the CNAs to document the Resident's self-performance and the support provided by staff. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift: 05/25/23, 05/28/23, and 06/01/23. Night shift: 06/30/23.</p> <p>4. According to the AR, Resident #5 was admitted to the facility on EX Order 26.4B1 with medical diagnoses that included but were not limited to EX Order 26.4B1</p> <p>Review of the Admission MDS, dated 08/23/23 indicated that Resident #5 had a BIMS score of EX Order 26.4B1 which indicated the resident had EX Order 26.4B1</p> <p>Review of the NJ Exec. Order 26:4.b.1 care plan initiated EX Order 26.4B1 revealed an intervention for frequent monitoring for NJ Exec. Order 26:4.b.1 by the CNAs and to notify the nurse if any signs were noted.</p> <p>The surveyor reviewed the DSR during the CNA's assigned shifts for October and November 2023. The DSR forms had assigned ADL care tasks which included but were not limited to frequent monitoring for NJ Exec. Order 26:4.b.1; monitor resident for NJ Exec. Order 26:4.b.1</p> <p>EX Order 26.4B1. If any of these symptoms are present, notify the</p>	F 842			

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

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F 842	<p>Continued From page 23 nurse immediately.</p> <p>Review of Resident #5's ADL record included an area for the CNAs to document the resident's self-performance and the support provided by staff. There was no documentation completed for the aforementioned ADL care tasks for the following dates and shifts:</p> <p>Day shift: 11/03/23, 11/07/23. Night shift: 10/30/23, 10/31/23, 11/03/23, 11/06/23.</p> <p>During an interview with the surveyor on 10/26/23 at 9:38 AM, CNA #1 stated that she was able to provide high quality ADL care, including NJ Exec. Order 26:4.b.1 care, for all her assigned residents, including Resident #1. CNA #1 stated that ADL care should be documented every shift for every resident. CNA #1 continued that the purpose of the documentation was to prove that the care was provided.</p> <p>During an interview with the surveyor on 10/26/23 at 10:12 AM, Licensed Practical Nurse (LPN) #1 stated that CNAs should document the ADL care and monitoring that they provide every shift. LPN #1 continued that the CNAs were responsible to complete the documentation but that the nurses should check and ensure that the documentation was completed.</p> <p>During an interview with the surveyor on 10/26/23 at 12:37 PM, the Director of Nursing (DON) stated that ADL care should be documented every shift. The DON stated the purpose of ADL care documentation was to substantiate that the care was provided.</p>	F 842			

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F 842	Continued From page 24 Review of the facility policy, "Charting and Documentation- CNA" dated 03/20 indicated under the "Procedure" section, "Certified Nursing Assistants may make entries in the resident's medical chart all care rendered to residents [...]. Monitoring of residents shall also be documented as described in the C.N.A. care cards/tasks." NJAC 8:39-35.2 (d)(6).	F 842			

New Jersey Department of Health

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S 000	<p>Initial Comments</p> <p>Complaint #: NJ00164862, NJ00165456, NJ00168282, NJ00168313, NJ00168836</p> <p>Census: 200</p> <p>Sample Size: 5</p> <p>The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations.</p>	S 000		
S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00164862, NJ00165456</p> <p>Based on review of other facility documentation on EX Order 26.4B1 it was determined that the facility failed to maintain the required minimum direct care staff-to-resident ratio for the day shift as mandated by the State of New Jersey. The facility was deficient in Certified Nursing Assistants (CNA) staffing for residents</p>	S 560	<p>Element 1: The facility schedules were reviewed and staffing was added to meet the minimum requirement of direct care staff-to-resident requirement.</p> <p>Element 2: All residents have the potential to be affected by this deficient practice.</p>	12/5/23

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

TITLE

(X6) DATE

Electronically Signed

11/30/23

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S 560	<p>Continued From page 1</p> <p>on 28 of 28 day shifts, deficient in total staff for residents on 4 of 28 evening shifts, deficient in CNAs to total staff on 7 of 28 evening shifts, and deficient in total staff for residents on 15 of 28 overnight shifts. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified at N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio(s) were effective on 02/01/2021:</p> <p>One (1) Certified Nurse Aide (CNA) to every eight (8) residents for the day shift.</p> <p>One (1) direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be CNAs, and each direct staff member shall be signed in to work as a CNA and shall perform nurse aide duties: and</p> <p>One (1) direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. As per the "Nurse Staffing Report" completed by the facility for the weeks of 05/21/2023 to 06/03/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts,</p>	S 560	<p>The facility schedules were reviewed and additional staff was added to meet the requirements for direct care staff to resident ratio.</p> <p>The facility will strive to meet the New Jersey minimum staffing requirement for certified nurse aids of:</p> <p>Day shift- 1:8; Evening shift 1:10; Night Shift 1:14.</p> <p>Element 3: The staffing coordinator was educated that adequate nursing staffing levels are to be reached to comply with the NJ state requirement for direct care staff to resident ratio. The staffing coordinator will present the daily schedule to the DON and Administrator to ensure adequate staffing is achieved every day for all shifts. Continued hiring for all nursing positions both nurses and CNAs.</p> <p>Element 4: The Administrator and DON will audit schedules to ensure direct care staff to resident ratio requirement is met. Audits will be completed weekly x 4 weeks and monthly until compliance is met. The results of these audits will be presented at monthly QAPI. The Administrator and DON are responsible for execution and monitoring of this POC.</p>	
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S 560	<p>Continued From page 2</p> <p>deficient in total staff for residents on 1 of 14 evening shifts, deficient in CNAs to total staff on 1 of 14 evening shifts, and deficient in total staff for residents on 5 of 14 overnight shifts as follows:</p> <p>-05/21/23 had 8 CNAs for 201 residents on the day shift, required at least 25 CNAs. -05/21/23 had 15 total staff for 201 residents on the evening shift, required at least 20 total staff. -05/21/23 had 6 CNAs to 15 total staff on the evening shift, required at least 7 CNAs. -05/21/23 had 11 total staff for 201 residents on the overnight shift, required at least 14 total staff. -05/22/23 had 16 CNAs for 201 residents on the day shift, required at least 25 CNAs. -05/23/23 had 20 CNAs for 201 residents on the day shift, required at least 25 CNAs. -05/24/23 had 21 CNAs for 201 residents on the day shift, required at least 25 CNAs. -05/25/23 had 16 CNAs for 204 residents on the day shift, required at least 25 CNAs. -05/26/23 had 21 CNAs for 204 residents on the day shift, required at least 25 CNAs. -05/26/23 had 14 total staff for 204 residents on the overnight shift, required at least 15 total staff. -05/27/23 had 18 CNAs for 204 residents on the day shift, required at least 25 CNAs. -05/27/23 had 13 total staff for 204 residents on the overnight shift, required at least 15 total staff. -05/28/23 had 12 CNAs for 204 residents on the day shift, required at least 25 CNAs. -05/28/23 had 13 total staff for 204 residents on the overnight shift, required at least 15 total staff. -05/29/23 had 16 CNAs for 204 residents on the day shift, required at least 25 CNAs. -05/30/23 had 17 CNAs for 202 residents on the day shift, required at least 25 CNAs. -05/31/23 had 22 CNAs for 202 residents on the</p>	S 560		
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S 560	<p>Continued From page 3</p> <p>day shift, required at least 25 CNAs. -06/01/23 had 21 CNAs for 201 residents on the day shift, required at least 25 CNAs. -06/02/23 had 17 CNAs for 200 residents on the day shift, required at least 25 CNAs. -06/03/2023 had 13 CNAs for 197 residents on the day shift, required at least 25 CNAs. -06/03/23 had 13 total staff for 197 residents on the overnight shift, required at least 14 total staff.</p> <p>2. As per the "Nurse Staffing Report" completed by the facility for the weeks of 10/01/2023 to 10/14/2023, the facility was deficient in CNA staffing for residents on 14 of 14 day shifts, deficient in total staff for residents on 3 of 14 evening shifts, deficient in CNAs to total staff on 6 of 14 evening shifts, and deficient in total staff for residents on 10 of 14 overnight shifts as follows:</p> <p>-10/01/23 had 8 CNAs for 203 residents on the day shift, required at least 25 CNAs. -10/01/23 had 9 CNAs to 20 total staff on the evening shift, required at least 10 CNAs. -10/01/23 had 12 total staff for 203 residents on the overnight shift, required at least 14 total staff. -10/02/23 had 11 CNAs for 203 residents on the day shift, required at least 25 CNAs. -10/02/23 had 18 total staff for 203 residents on the evening shift, required at least 20 total staff. -10/02/23 had 7 CNAs to 18 total staff on the evening shift, required at least 9 CNAs. -10/02/23 had 13 total staff for 203 residents on the overnight shift, required at least 14 total staff. -10/03/23 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs. -10/03/23 had 9 CNAs to 23 total staff on the evening shift, required at least 11 CNAs. -10/03/23 had 13 total staff for 203 residents on</p>	S 560		
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S 560	<p>Continued From page 4</p> <p>the overnight shift, required at least 14 total staff.</p> <p>-10/04/23 had 18 CNAs for 203 residents on the day shift, required at least 25 CNAs.</p> <p>-10/05/23 had 15 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>-10/06/23 had 15 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>-10/06/23 had 18 total staff for 198 residents on the evening shift, required at least 20 total staff.</p> <p>-10/06/23 had 8 CNAs to 18 total staff on the evening shift, required at least 9 CNAs.</p> <p>-10/06/23 had 11 total staff for 198 residents on the overnight shift, required at least 14 total staff.</p> <p>-10/07/23 had 14 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>-10/07/23 had 8 CNAs to 23 total staff on the evening shift, required at least 11 CNAs.</p> <p>-10/07/23 had 13 total staff for 198 residents on the overnight shift, required at least 14 total staff.</p> <p>-10/08/23 had 7 CNAs for 198 residents on the day shift, required at least 25 CNAs.</p> <p>-10/08/23 had 18 total staff for 198 residents on the evening shift, required at least 20 total staff.</p> <p>-10/08/23 had 8 CNAs to 18 total staff on the evening shift, required at least 9 CNAs.</p> <p>-10/08/23 had 11 total staff for 198 residents on the overnight shift, required at least 14 total staff.</p> <p>-10/09/23 had 11 CNAs for 196 residents on the day shift, required at least 24 CNAs.</p> <p>-10/09/23 had 10 total staff for 196 residents on the overnight shift, required at least 14 total staff.</p> <p>-10/10/23 had 18 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-10/10/23 had 12 total staff for 194 residents on the overnight shift, required at least 14 total staff.</p> <p>-10/11/23 had 15 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p> <p>-10/12/23 had 20 CNAs for 194 residents on the day shift, required at least 24 CNAs.</p>	S 560		

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S 560	Continued From page 5 -10/12/23 had 13 total staff for 194 residents on the overnight shift, required at least 14 total staff. -10/13/23 had 17 CNAs for 194 residents on the day shift, required at least 24 CNAs. -10/13/23 had 13 total staff for 194 residents on the overnight shift, required at least 14 total staff. -10/14/23 had 10 CNAs for 197 residents on the day shift, required at least 25 CNAs.	S 560		
S 885	8:39-9.4(e)(4) Mandatory Administration (e) The facility shall notify the Department immediately by telephone (609-633-8981, or 1-800-792-9770 after office hours), followed within 72 hours by written confirmation, of any of the following: 4. All fires, disasters, deaths, and imminent dangers to a resident's life or health resulting from accidents or incidents in the facility. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00168282 Based on observation, interview, review of medical records, and review of other pertinent facility documentation or EX Order 26.4B1 it was determined that the facility failed to provide written confirmation to the New Jersey Department of Health (DOH) within 72 hours of	S 885	Element 1: Resident # 3 sustained a NJ Exec. Order 26.4.b.1 EX Order 26.4B1 that was treated with EX Order 26.4B1 and sent to EX Order 26.4B1 for further evaluation. The Director of Nursing was educated about timely reporting requirements specifically focusing on NJ Exec. Order 26.4.b.1	12/5/23

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S 885	<p>Continued From page 6</p> <p>an imminent danger to a resident's life or health resulting from an accident or incident in the facility. The deficient practice was identified for Resident #3, 1 of 4 residents reviewed for NJ Exec. Order 26:4.b.1 and was evidenced by the following:</p> <p>During an interview with the surveyor on 10/20/23 at 12:23 PM, Resident #3 stated that they EX Order 26.4B1 on EX Order 26.4B1) EX Order 26.4B1 at the facility within the last few months. Resident #3 continued that they obtained the EX Order 26.4B1 from another resident at the facility. The resident stated that facility staff used EX Order 26.4B1 EX Order 26.4B1) on him/her and that they were sent out to the EX Order 26.4B1 after each EX Order 26.4B1</p> <p>Review of the quarterly Minimum Data Set, an assessment tool used to facilitate the management of care, dated EX Order 26.4B1, revealed a Brief Interview for Mental Status score of EX Order 26.4B1 which indicated that the resident was EX Order 26.4B1</p> <p>Review of the General Progress Note dated 09/21/23 revealed the nurse found Resident #3 EX Order 26.4B1. The resident's EX Order 26.4B1. The nurse administered EX Order 26.4B1 into the resident's EX Order 26.4B1 times and EX Order 26.4B1 into the resident's EX Order 26.4B1. The resident was noted to EX Order 26.4B1 and the nurse directed the certified nursing assistant to call a EX Order 26.4B1. The nurse was unable to obtain the resident's EX Order 26.4B1 and started to administer EX Order 26.4B1 EX Order 26.4B1; an NJ Exec. Order 26:4.b.1. After</p>	S 885	<p>EX Order 26.4B1</p> <p>Facility investigation did not reveal any evidence of abuse or neglect.</p> <p>Element 2: All residents have the potential to be affected by this deficient practice.</p> <p>Identified deficient practices were immediately corrected; Medical records reviewed for 30 days of incident/ occurrences that would indicate a potential for an identifiable reportable event for any other residents. No additional reportable events identified.</p> <p>Element 3: The policy on reportable events was evaluated by administration and determined to be in compliance with state and federal guidelines.</p> <p>The Director of Nursing was educated by the Regional Director of Clinical Services regarding NJDOH reporting requirements specifically focusing on NJ Exec. Order 26:4.b.1 EX Order 26.4B1.</p> <p>The Staff Educator/ designee educated all nursing staff on notifying Director of Nursing of reportable events timely (within up to 2 hours)</p> <p>A lesson plan and attendance record will be kept on file for validation.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/09/2023
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NAME OF PROVIDER OR SUPPLIER DEPTFORD CENTER FOR REHABILITATION AI	STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S 885	<p>Continued From page 7</p> <p>the EX Order 26.4B1, the resident became NJ Exec. Order 26.4.b.1. The emergency medical technicians arrived, and Resident #3 was transported to the EX Order 26.4B1.</p> <p>Review of the Reportable Event Record/ Report form indicated the event happened on 09/20/23 at 10 PM and that the reportable event was called in to the DOH on 09/21/23 at 08:00 AM. Further review of the Reportable Event Record/ Report indicated that the type of incident was a EX Order 26.4B1. Resident #3 was found EX Order 26.4B1, EX Order 26.4B1 was administered EX Order 26.4B1 times, and the resident was taken to the EX Order 26.4B1 for further evaluation.</p> <p>Review of the confirmation email provided by the Licensed Nursing Home Administrator indicated that a written follow-up regarding the 09/20/23 EX Order 26.4B1 incident was sent to the DOH on 10/11/23.</p> <p>During an interview with the surveyor on 10/24/23 at 1:43 PM, the Director of Nursing (DON) stated the facility called in the reportable event to the DOH the next morning after they verified that the event was a EX Order 26.4B1.</p> <p>During a follow-up interview with the surveyor on 10/26/23 at 12:37 PM, the DON acknowledged that the written confirmation of the reportable event was not sent to the DOH until 10/11/23. The DON stated that she was, "knee deep" in reportable events to process. The DON continued that it was not intentional that the written follow-up was sent late. The DON added that the written confirmation should have been sent, "within 24 to 48 hours" of the event.</p>	S 885	<p>Element 4: The Director of Nursing/ designee has been monitoring care documentation specifically focusing on residents with a recent NJ Exec. Order 26:4.b.1 history. Additionally, incident reports and care documentation will be reviewed to determine and ensure timely reporting.</p> <p>Audits will be conducted weekly x 4 weeks and then monthly until compliance is met.</p> <p>The results of these audits will be submitted at QAPI.</p> <p>The Director of Nursing is responsible for execution and monitoring of this POC.</p>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 060804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/09/2023
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S 885	Continued From page 8 Review of the facility policy, "Accident-Incidents," with a reviewed date of 08/19, indicated under the "Reporting" section that the, "DON and [Administrator] are responsible to review Incident / Investigation and Conclusion to determine if incident requires reporting to outside agencies such as; DOH [...]."	S 885		
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POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315174	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/15/2023	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 F0655	Correction	ID Prefix F0656	Correction	ID Prefix F0686	Correction
Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	12/05/2023	LSC	12/05/2023	LSC	12/05/2023
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/05/2023	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 11/9/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315174	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 12/15/2023	Y3
NAME OF FACILITY DEPTFORD CENTER FOR REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1511 CLEMENTS BRIDGE RD DEPTFORD, NJ 08096		

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Reg. # 483.21(a)(1)-(3)	Completed	Reg. # 483.21(b)(1)(3)	Completed	Reg. # 483.25(b)(1)(i)(ii)	Completed
LSC	12/05/2023	LSC	12/05/2023	LSC	12/05/2023
ID Prefix F0842	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.20(f)(5), 483.70(i)(1)-(5)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/05/2023	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 11/9/2023

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 060804	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/15/2023
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 State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix S0885	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-9.4(e)(4)	Completed	Reg. # _____	Completed
LSC _____	12/05/2023	LSC _____	12/05/2023	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 _____	
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

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