

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

PRINTED: 05/25/2021
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 08/21/2020
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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	<p>INITIAL COMMENTS</p> <p>COMPLAINT #: NJ00135698, NJ00135798, NJ00135732, NJ00135499, NJ00135523, NJ00135394, NJ00134630, NJ00132598, NJ00132603, NJ00132395.</p> <p>CENSUS: 204</p> <p>SAMPLE: 10</p> <p>THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483,SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.</p>	F 000		
F 553 SS=E	<p>Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3)</p> <p>§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:</p> <p>(i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.</p> <p>(ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.</p> <p>(iii) The right to be informed, in advance, of changes to the plan of care.</p> <p>(iv) The right to receive the services and/or items included in the plan of care.</p> <p>(v) The right to see the care plan, including the right to sign after significant changes to the plan</p>	F 553		9/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/07/2020
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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 553	<p>Continued From page 1 of care.</p> <p>§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-</p> <p>(i) Facilitate the inclusion of the resident and/or resident representative.</p> <p>(ii) Include an assessment of the resident's strengths and needs.</p> <p>(iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Complaint NJ00135798</p> <p>Based on interview and record review, it was determined that the facility failed to ensure that the resident was invited to participate in the resident's care conference meetings. This was cited at a level E as there was no documented evidence that the resident had been invited to the care conference meetings since 1/12/2019. This deficient practice was identified for 1 of 1 residents reviewed for participation in the care planning process, (Resident #7) and was evidenced by the following:</p> <p>The surveyor reviewed the 6/26/2020 quarterly review of the Resident Assessment Instrument (RAI), an assessment tool, and observed that the facility had identified Resident #7 as being [REDACTED] and [REDACTED]. The surveyor reviewed the facility's policy for "Care Planning" which included "The resident, the resident's family... are invited and encouraged to participate in the development of and revisions to the resident's care plan. An IDT (Interdisciplinary team) meeting V.3 note will be completed in the EHR (Electronic Health Record) after care plan meeting is complete."</p>	F 553	<p>1. Resident #7 and representative was invited and attended an ad hoc care plan meeting. Resident and representative were scheduled and invited to the next quarterly care plan meeting.</p> <p>2. All residents have the right to participate in development and implementation of his or her person-centered plan of care, all residents have the potential to be affected by this deficient practice. All current residents were audited to ensure all residents and/or representative were invited to participate in their plan of care meeting with quarterly review.</p> <p>3. The Interdisciplinary team was educated on ensuring all residents are invited to their care plan meetings quarterly. All residents will receive written notification informing of time and place of their upcoming care plan meeting. A copy of the residents signed Notification will be placed in a newly developed care plan</p>		

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F 553	<p>Continued From page 2</p> <p>When interviewed on 8/18/2020 at 12:45 PM, the Director of Social Services (DSS)said "prior to covid, around March, care conference days were Tuesdays and Wednesdays." The DSS said she would call the family regarding the date and time of the meeting and tell the resident. The DSS said she would then write a note in the social services section of the progress notes. On 8/19/2020 at 10:50 AM the DSS said residents and families were invited any time there was a careplan meeting which included a quarterly review, an annual review, or a significant change review of the RAI.</p> <p>When interviewed on 8/20/2020 at 1:59 PM, the surveyor asked the resident about attending care conference meetings. The resident said [REDACTED]."</p> <p>The surveyor reviewed the medical record and observed the dates of the RAI reviews and documentation of resident participation were as follows:</p> <p>[REDACTED] - RAI 5 day medicare assessment and subsequent care conference meeting. Documentation noted the resident was in attendance.</p> <p>[REDACTED] RAI quarterly review assessment and subsequent care conference meeting. Documentation noted the resident was in attendance.</p> <p>[REDACTED] - RAI quarterly review assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present.</p> <p>[REDACTED] - RAI significant change assessment and subsequent care conference meeting. There was documentation of the care conference meeting</p>	F 553	<p>binder.</p> <p>4. The Director of Social Services/Designee will audit 10% of residents care plan invitations, for documentation of actual participation of his or her care plan meeting time to be filed in the patient medical record; weekly x 4 weeks and then monthly until compliance is met.</p> <p>The results of the audits will be brought to the Quality Assurance Performance Improvement Committee, quarterly for one year and follow up as needed.</p>		

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F 553	Continued From page 3 but the resident was not noted as being present. ██████ - RAI quarterly review assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present. The resident was discharged on ██████ but returned to the facility as a new admission on ██████ ██████ - RAI admission assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present. ██████ - RAI quarterly review assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present. ██████ - RAI quarterly review assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present. ██████ - RAI quarterly review assessment and subsequent care conference meeting. There was documentation of the care conference meeting but the resident was not noted as being present.	F 553			
F 658 SS=F	NJAC 8:39-13.2(a) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Complaint # NJ00134630, NJ00135523, NJ00135732, NJ00135698	F 658	1. Residents #4, #5, #6 and #8 were affected by deficient practice. Affected	9/11/20	

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F 658	Continued From page 4 Based on interview and record review, it was determined that the facility failed to administer medications in a timely manner as per the facility's policy and professional standards of clinical practice with timing of medication administration for Residents #4, #5, #6, and #8, 4 of 4 residents reviewed for medication administration. In addition, the facility failed to maintain medication records that were complete with staff signatures for Resident #4. This deficient practice was identified for Residents #4, #5, #6 and #8 and was evidenced by the following: Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of casefinding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a	F 658	residents received their medications but time stamped medication administration documentation supports delay in administration. Licensed nurses assigned to said residents and that are still employed by this facility, were counseled and educated regarding medication administration policy with emphasis on timely medication administration and timely documentation post administration and/or omittance of medication administration. 2. All residents who have scheduled medications have the potential to be affected by this deficient practice. All current residents on scheduled medications will be monitored for timing of signing medications post administration and/or omittance of signing medication administration 3. Current Licensed Nurses will be educated on Medication Administration Policy with emphasis on timely medication administration and timely documentation post administration as well as omittance of medication administration by the facility clinical educator/designee. Current Licensed Nurses will receive a medication administration observation over the next 90 days and will receive education with emphasis on timely medication administration and timely documentation post administration as well as omittance of medication administration and will receive the same, annually by the facility clinical educator/designee. New hire licensed nurses will receive a medication administration observation and education		

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F 658	<p>Continued From page 5</p> <p>registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. Resident #8 was a resident in the facility from [REDACTED] to [REDACTED] and had diagnoses that included [REDACTED]. The surveyor reviewed the "Order Summary Report" and observed a physician order for the resident to receive [REDACTED] [REDACTED] Inject as per [REDACTED] before meals and at bedtime for [REDACTED].</p> <p>The surveyor reviewed the electronic Medication Administration Record (eMAR) and observed the physician's order for the [REDACTED] with scheduled times of administration noted as 0730 (7:30 AM), 1130 (11:30 AM), 1630 (4:30 PM), and 2100 (9:00 PM).</p> <p>The surveyor reviewed the facility's "Medication Pass" policy which included "Medications ordered to be given at a specific time will be administered within one hour of that time (i.e., 8 am will be administered between 7am and 9 am)." When interviewed on 8/18/2020 at 1:59 PM, the Director of Nursing (DON) confirmed the policy and stated "if insulin is ordered at 9 PM, the resident should receive it anywhere between 8 and 10." When asked if the administered time on the eMAR was when the nurse administered the medication to the resident, the DON said "yes."</p> <p>The surveyor also reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the [REDACTED] administration. The surveyor observed multiple administration times of the [REDACTED] that were given beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect</p>	F 658	<p>with emphasis on timely medication administration and timely documentation post administration as well as omittance of medication administration during their orientation and annually thereafter by the facility clinical educator/designee. EMR system will be monitored daily for medication administration omittance by the Unit Manager/designee.</p> <p>4. 3 Random patients from each hallway, each week, will be interviewed by a select IDT member for any concerns of medication administration x 4 weeks and then monthly until compliance is met. 1 nurse from each shift will be randomly selected, each week x 4 weeks and then monthly until compliance is met, to observe for timely medication administration and medication documentation, by the facility clinical educator/designee.</p> <p>The results of the audits will be brought to the Quality Assurance Performance Improvement Committee, quarterly for one year and follow up as needed.</p>		

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F 658	<p>Continued From page 6</p> <p>administration times are as follows:</p> <p>4/10/20- scheduled 11:30, administered 13:33 (1 hour 3 mins late)</p> <p>4/10/20- scheduled 16:30, administered 17:52 (22 mins late)</p> <p>4/12/20- scheduled 11:30, administered 13:26 (1 hour 56 mins late)</p> <p>4/15/20- scheduled 16:30, administered 18:40 (1 hour 10 mins late)</p> <p>4/17/20- scheduled 11:30, administered 13:14 (1 hour 44 mins late)</p> <p>4/17/20- scheduled 16:30, administered 19:18 (1 hour 48 mins late)</p> <p>4/19/20- scheduled 11:30, administered 12:47 (17 mins late)</p> <p>4/19/20- scheduled 16:30, administered 17:56 (26 mins late)</p> <p>4/19/20- scheduled 21:00, administered 23:29 (1 hour 29 mins late)</p> <p>4/27/20- scheduled 16:30, administered 19:32 (2 hours 2 mins late)</p> <p>There was no documented evidence in the medical record that Resident #8 experienced a negative reaction/harm from the late administration of the medications.</p> <p>2. Resident #5 was a resident in the facility from [REDACTED] to [REDACTED] and had diagnoses that included [REDACTED]. The surveyor reviewed the "Order Summary Report" and observed a physician order for the resident to receive the [REDACTED] GM [REDACTED] every 4 hours for [REDACTED].</p> <p>The surveyor reviewed the eMAR and observed the physician's order for the [REDACTED]"</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>with scheduled times of administration noted as 00:00 (midnight), 04:00 (4 AM), 08:00 (8 AM), 12:00 (noon), 16:00 (4 PM), and 20:00 (8 PM).</p> <p>The surveyor also reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the [REDACTED] administration. The surveyor observed multiple administration times of the [REDACTED] that were given beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect administration times are as follows:</p> <p>4/1/20- schedule 08:00, administered 09:58 (58 mins late) 4/2/20- scheduled 16:00, administered 17:15 (15 mins late) 4/3/20- scheduled 16:00, administered 17:20 (20 mins late) 4/3/20- scheduled 20:00, administered 21:12 (12 mins late) 4/6/20- scheduled 08:00, administered 10:33 (1 hour 33 mins late) 4/6/20- scheduled 12:00, administered 13:34 (34 mins late) 4/6/20- scheduled 16:00, administered 17:47 (47 mins late) 4/6/20- scheduled 20:00, administered 21:32 (32 mins late) 4/8/20- scheduled 12:00, administered 13:44 (44 mins late) 4/8/20- scheduled 16:00, administered 18:03 (1 hour 3 mins late) 4/9/20- scheduled 04:00, administered 06:24 (1 hour 24 mins late) 4/9/20- scheduled 16:00, administered 17:12 (12 mins late) 4/10/20- scheduled 04:00, administered 05:14 (14 mins late)</p>	F 658			

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F 658	Continued From page 8 4/10/20- scheduled 12:00, administered 14:12 (1 hour 12 mins late) 4/10/20- scheduled 16:00, administered 18:56 (1 hour 56 mins late) 4/12/20- scheduled 04:00, administered 05:30 (30 mins late) 4/12/20- scheduled 08:00, administered 09:32 (32 mins late) 4/14/20- scheduled 00:00, administered 01:27 (27 mins late) 4/14/20- scheduled 08:00, administered 09:27 (27 mins late) 4/14/20- scheduled 16:00, administered 17:14 (14 mins late) 4/15/20- scheduled 08:00, administered 09:36 (36 mins late) 4/15/20- scheduled 12:00, administered 13:23 (23 mins late) 4/15/20- scheduled 16:00, administered 18:15 (1 hour 15 mins late) 4/15/20- scheduled 20:00, administered 21:47 (47 mins late) 4/16/20- scheduled 08:00, administered 10:06 (1 hour 6 mins late) 4/16/20- scheduled 12:00, administered 13:23 (23 mins late) 4/17/20- scheduled 12:00, administered 13:59 (59 mins late) 4/17/20- scheduled 20:00, administered 22:17 (1 hour 17 mins late) 4/18/20- scheduled 08:00, administered 10:07 (1 hour 7 mins late) 4/18/20- scheduled 16:00, administered 17:13 (13 mins late) 4/19/20- scheduled 20:00, administered 23:27 (2 hours 27 mins late) 4/20/20- scheduled 04:00, administered 05:58 (58 mins late) 4/20/20- scheduled 08:00, administered 12:30 (3 hours 30 mins)	F 658			

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F 658	<p>Continued From page 10</p> <p>4/27/20- scheduled 08:00, administered 10:29 (1 hour 29 mins late)</p> <p>4/27/20- scheduled 16:00, administered 19:06 (2 hours 6 mins late)</p> <p>4/27/20- scheduled 20:00, administered 22:16 (1 hour 16 mins late)</p> <p>4/28/20- scheduled 00:00, administered 01:19 (19 mins late)</p> <p>4/28/20- scheduled 12:00, administered 13:42 (42 mins late)</p> <p>4/29/20- scheduled 04:00, administered 05:32 (32 mins late)</p> <p>4/29/20- scheduled 08:00, administered 11:03 (2 hours 3 mins late)</p> <p>4/29/20- scheduled 12:00, administered 14:42 (1 hour 42 mins late)</p> <p>4/30/20- scheduled 00:00, administered 01:12 (12 mins late)</p> <p>4/30/20- scheduled 04:00, administered 06:06 (1 hour 6 mins late)</p> <p>4/30/20- scheduled 20:00, administered 23:33 (2 hours 33 mins late)</p> <p>There was no documented evidence in the medical record that Resident #5 experienced a negative reaction/harm from the late administration of the medications.</p> <p>3. Resident #6 was a resident of the facility from [REDACTED] and had diagnoses that included [REDACTED]. The surveyor reviewed the "Order Summary Report" and observed physician's orders with a start date of [REDACTED] for the resident to receive [REDACTED] with breakfast, [REDACTED] with lunch, [REDACTED] with dinner, and [REDACTED] at bedtime."</p>	F 658		

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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 658	<p>Continued From page 11</p> <p>The surveyor reviewed the eMAR and observed the physician's order for the [REDACTED] with scheduled times of administration noted as 07:30 (7:30 AM), 11:30 (11:30 AM), 16:30 (4:30 PM), and 21:00 (9 PM).</p> <p>The surveyor also reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the [REDACTED] administration. The surveyor observed multiple administration times of the [REDACTED] that were given beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect administration times are as follows:</p> <p>Breakfast time 5/2/20- scheduled 07:30, administered 09:11 (41 mins late) 5/3/20- scheduled 07:30, administered 10:18 (1 hour 48 minutes late) 5/5/20- scheduled 07:30, administered 14:27 (5 hours 57 mins late) 5/6/20- scheduled 07:30, administered 09:51 (1 hour 21 mins late)</p> <p>Lunch time 5/4/20- scheduled 11:30, administered 13:31 (1 hour 1 min late) 5/5/20- scheduled 11:30, administered 14:27 (1 hour 57 mins late) 5/6/20- scheduled 11:30, administered 13:31 (1 hour 1 min late)</p> <p>On 5/5/20 the administered time for the 07:30 (breakfast) time and the 11:30 (lunch) time were the same; both administered at 14:27. When asked if that meant the breakfast dose had been missed and then signed for with the lunch dose,</p>	F 658			

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F 658	<p>Continued From page 12</p> <p>the Assistant Director of Nursing could not provide an explanation.</p> <p>Dinner time 5/2/20- scheduled 16:30, administered 17:54 (24 mins late) 5/3/20- scheduled 16:30, administered 17:45 (15 mins late)</p> <p>The "Order Summary Report" included a physician's order for the resident to receive [REDACTED], with an order date of [REDACTED] at bedtime for [REDACTED]. " On [REDACTED] the physician's order changed to [REDACTED] at bedtime." The surveyor reviewed the eMAR and observed the physician's order for the [REDACTED] with an administration time noted as 2100 (9 PM).</p> <p>The surveyor reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the [REDACTED] administration. The surveyor observed multiple administration times of the antibiotic that were inconsistent with the facility's "Medication Pass" policy as follows:</p> <p>4/19/20- scheduled 21:00, administered 23:25 (1 hour 25 mins late) 4/24/20- scheduled 21:00, administered 23:33 (1 hour 33 mins late) 4/25/20- scheduled 21:00, administered 23:21 (1 hour 21 mins late)</p> <p>The "Order Summary Report" included a physician's order for the resident to receive [REDACTED] daily with breakfast, [REDACTED] with lunch, [REDACTED] with dinner, and [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 13</p> <p>██████████ at bedtime. (The physician's order had changes where the resident was receiving the ██████████ either 3 times daily or 4 times daily.)</p> <p>The surveyor also reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the ██████████ administration. The surveyor observed multiple administration times of the ██████████ that were given beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect administration times are as follows</p> <p>4/18/20- scheduled 08:00, administered 11:29 (1 hour 29 mins late) 4/19/20- scheduled 08:00, administered 09:58 (58 mins late) 4/19/20- scheduled 17:00, administered 18:20 (20 mins late) 4/20/20- scheduled 12:00, administered 13:51 (51 mins late) 4/21/20- scheduled 08:00, administered 10:22 (1 hour 22 mins late) 4/22/20- scheduled 07:30, administered 08:56 (26 mins late) 4/22/20- scheduled 11:30, administered 13:09 (39 mins late) 4/23/20- scheduled 07:30, administered 08:45 (15 mins late) 4/23/20- scheduled 11:30, administered 15:13 (2 hours 43 mins late) 4/23/20- scheduled 21:00, administered 00:14 (2 hours 14 mins late) 4/24/20- scheduled 07:30, administered 09:03 (33 mins late) 4/24/20- scheduled 21:00, administered 23:30 (1 hour 30 mins late) 4/25/20- scheduled 07:30, administered 09:37 (1</p>	F 658			

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F 658	<p>Continued From page 14 hour 7 mins late) 4/26/20- scheduled 07:30, administered 11:16 (2 hours 46 mins late) 4/26/20- scheduled 11:30, administered 13:00 (30 mins late) 4/27/20- scheduled 07:30, administered 09:22 (52 mins late) 4/27/20- scheduled 16:30, administered 18:16 (46 mins late) 4/28/20- scheduled 07:30, administered 09:48 (1 hour 28 mins late) 4/28/20- scheduled 11:30, administered 14:22 (1 hour 52 mins late)</p> <p>There was no documented evidence in the medical record that Resident #6 experienced a negative reaction/harm from the late administration of the medications.</p> <p>4. The surveyor interviewed Resident #4 on 8/19/2020 at 9:24 AM. Resident #4 expressed concern regarding getting medications late and not receiving wound care. The surveyor reviewed the [REDACTED] Resident Assessment Instrument, an assessment tool, and observed that the facility had identified Resident #4 as cognitively intact with a [REDACTED] of the [REDACTED].</p> <p>On 8/19/2020 at 11:00 AM the surveyor reviewed the [REDACTED], and [REDACTED] MAR for Resident #4. When medications are ordered by the physician, the order is placed on the MAR. When administered by the nurses, the nurse will sign their initials on the MAR indicating that they have given the medication.</p> <p>The surveyor noted a [REDACTED] physician's order for the [REDACTED] capsule [REDACTED] mg, give 1 capsule by mouth every 8 hours for [REDACTED] days for</p>	F 658			

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F 658	<p>Continued From page 15</p> <p>an infection in the [REDACTED]. The surveyor observed a blank, there were no nurse's initials indicating administration on 2/21/2020 at 2200. The surveyor observed another [REDACTED] order, [REDACTED] ordered on [REDACTED] mg give 1 capsule by mouth every 8 hours for [REDACTED] days for [REDACTED]. This medication also had blanks on 3/21/2020 and 3/22/2020 at 2200. The surveyor observed another [REDACTED] GM use [REDACTED] milligram [REDACTED] every 12 hours for [REDACTED] days which was ordered on [REDACTED]. There were blanks on 4/25/2020 at 0600 and 1800. There was also a medication [REDACTED] mg give 3 capsules 3 times a day for [REDACTED] with an order date [REDACTED]. There was a blank on 4/21/2020 at 1300. During an interview on 8/21/2020 at 8:30 AM, the Nurse Manager stated that if a medication or treatment is not documented it was not done.</p> <p>On 8/21/2020 at 11:00 AM the surveyor reviewed the [REDACTED] Treatment Administration Records for Resident #4. The surveyor observed an [REDACTED] ointment [REDACTED] to be applied to the [REDACTED] twice a day which was ordered on [REDACTED]. There were blanks for 6/1/2020 at "7a-" and August 2, 5, 15, and 16 at "7a-".</p> <p>The surveyor observed an order for a cream to relieve [REDACTED], to be applied to the resident's [REDACTED] every day and evening shift for [REDACTED] which was ordered on [REDACTED] was not signed out on 6/1/2020 at "7a-" and on August 2,5,15, and 16 at "7a-".</p> <p>The surveyor observed an order for [REDACTED]</p>	F 658			

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F 658	<p>Continued From page 16</p> <p>██████████ to be applied to the ██████████ every day for wound care ordered on ██████████. There were blanks for 6/1/2020 at "7a-" and 8/2/2020, 8/5/2020, and 8/13/2020 at "7a-."</p> <p>There was a physician's order for warm compresses to ██████████ for 20 minutes every shift every day for ██████████ which was ordered on ██████████. There were blanks for 8/2/2020, 8/5/2020, 8/15/2020, and 8/16/2020 at "7a-."</p> <p>The surveyor noted Resident #4 had an order for ██████████ Patch ██████████ hour, apply ██████████ patch every 24 hours for ██████████ and remove per schedule with an order date of ██████████. The time of application was listed as 9:15 am. The surveyor also reviewed the section of the eMAR that identified the "Scheduled Time" and the "Administered Time" of the ██████████ patch. The surveyor observed multiple administration times of the patch that were given beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect administration times are as follows:</p> <p>2/1/2020 administered 11:42 (1 hour 27 minutes late) 2/2/2020 administered 12:08 (1 hour 43 minutes late) 2/3/2020 administered 10:26 (11 minutes late) 2/4/2020 administered 10:29 (14 minutes late) 2/5/2020 administered 11:07 (52 minutes late) 2/9/2020 administered 10:34 (19 minutes late) 2/11/2020 administered 12:11 (1 hour and 56 minutes late) 2/12/2020 administered 10:54 (39 minutes late)</p>	F 658			

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F 658	Continued From page 17 2/13/2020 administered 10:44 (29 minutes late) 2/14/2020 administered 10:41 (26 minutes late) 2/15/2020 administered 10:38 (23 minutes late) 2/16/2020 administered 14:42 (4 hours 27 minutes late) 2/20/2020 administered 12:30 (2 hours 15 minutes late) 2/21/2020 administered 10:40 (25 minutes late) 2/23/2020 administered 11:05 (50 minutes late) 2/25/2020 administered 10:48 (33 minutes late) 2/29/2020 administered 12:39 (2 hours and 24 minutes late) 3/1/2020 administered 15:52 (5 hours 37 minutes late) 3/2/2020 administered 10:39 (24 minutes late) 3/3/2020 administered 11:06 (51 minutes late) 3/4/2020 administered 11:43(28 minutes late) 3/5/2020 administered 11:26 (1 hour 11 minutes late) 3/6/2020 administered 10:55 (40 minutes late) 3/7/2020 administered 11:30 (1 hour 24 minutes late) 3/8/2020 administered 11:21 (1 hour 6 minutes late) 3/9/2020 administered 11:36 (1 hour 21 minutes late) 3/10/2020 administered 10:26 (11 minutes late) 3/12/2020 administered 10 :51 (36 minutes late) 3/16/2020 administered 12:04 (1 hour 49 minutes late) 3/17/2020 administered 10:44 (29 minutes late) 3/19/2020 administered 13:37 (3 hours 22 minutes late) 3/20/20 administered 10:41 (26 minutes late) 3/21/2020 administered 10:57 (42 minutes late) 3/22/2020 administered 10:35 (20 minutes late) 3/23/2020 administered 10:31 (16 minutes late) 3/25/2020 administered 10:37 (22 minutes late) 3/26/2020 administered 10:50 (35 minutes late) 3/28/2020 administered 11:03 (48 minutes late)	F 658			

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F 658	Continued From page 18 3/29/2020 administered 10:57 (42 minutes late). 4/1/2020 administered 10:30 (1 hour 15 minutes late) 4/2/2020 administered 10:48 (33 minutes late) 4/4/2020 administered 12:53 (2 hours 38 minutes late) 4/5/2020 administered 11:26 (1 hour and 11 minutes late) 4/6/2020 administered 10:55 (40 minutes late) 4/7/2020 administered 10:48 (33 minutes late) 4/8/2020 administered 11:13 (58 minutes late) 4/9/2020 administered 11:23 (1 hour and 8 minutes late) 4/10/2020 administered 10:27 (12 minutes late) 4/13/2020 administered 10:46 (31 minutes late) 4/14/2020 administered 11:40 (1 hour 25 minutes late) 4/15/2020 administered 11:37 (1 hour 22 minutes late) 4/17/2020 administered 12:28 (2 hours 13 minutes late) 4/18/2020 administered 12:17 (2 hours 2 minutes late) 4/18/2020 administered 12:17 (2 hours 2 minutes late) 4/19/2020 administered 12:28 (2 hours 13 minutes late) 4/20/2020 administered 11:32 (1 hour 17 minutes late) 4/21/2020 administered 13:20 (3 hours and 5 minutes late) 4/22/2020 administered 13:30 (3 hours 15 minutes late) 4/23/2020 administered 15:59 (5 hours 44 minutes late) 4/24/2020 administered 11:25 (1 hour 10 minutes late) 4/25/2020 administered 13:42 (3 hours 27 minutes late) 4/27/2020 administered 14:34 (4 hours 19 minutes late)	F 658			

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F 658	<p>Continued From page 19</p> <p>4/28/2020 administered 14:41 (4 hours 26 minutes late)</p> <p>4/29/2020 administered 11:16 (1 hour 1 minute late)</p> <p>4/30/2020 administered 13:21 (3 hour 6 minutes late)</p> <p>The surveyor noted a physician order dated [REDACTED] for th [REDACTED] [REDACTED] mg every 12 hours to prevent [REDACTED]. The times of adinistration are 0900 and 2100 hours. The medication was administered beyond the 1 hour window of administration time which was inconsistent with the facility's "Medication Pass" policy. The incorrect administration times are as follows:</p> <p>2/1/2020 administered 11:42 (1 hour 42 minutes late)</p> <p>2/2/2020 administered 12:08 (2 hours 8 minutes late)</p> <p>2/3/2020 and 2/4/2020 administered 10:26 (26 minutes late)</p> <p>2/5/2020 administered 11:07 (1 hour 7 minutes late)</p> <p>2/8/2020 administered 10:23 (23 minutes late)</p> <p>2/9/2020 administered 10:34 (34 minutes late)</p> <p>2/10/2020 administered 10:24 (24 minutes late)</p> <p>2/10/2020 administered 22:56 (56 minutes late)</p> <p>2/11/2020 administered 12:10 (2 hours 10 minutes late)</p> <p>2/12/2020 administered 10:12 (12 minutes late)</p> <p>2/13/2020 administered 10:44 (44 minutes late)</p> <p>2/14/2020 administered 10:40 (40 minutes late)</p> <p>2/15/2020 administered 10:38 (38 minutes late)</p> <p>2/16/2020 administered 14:41 (4 hours 41 minutes late)</p> <p>2/17/2020 administered 10:20 (20 minutes late)</p> <p>2/18/2020 administered 10:21 (21 minutes late).</p>	F 658			

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F 658	Continued From page 21 4/28/2020 administered 14:41 (4 hours 26 minutes late) 4/29/2020 administered 11:16 (1 hour 1 minute late) 4/30/2020 administered 13:21 (3 hour 6 minutes late). There was no documented evidence in the medical record that Resident #4 experienced a negative reaction/harm from the late administration of the medications.	F 658			
F 684 SS=D	NJAC 8:39-27.1(a) Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Complaint #NJ00135394 Based on interview and record review, it was determined that the facility failed to transfer a resident in a timely manner after the resident requested a hospital transfer for right hip pain. This deficient practice was identified for 1 of 1 residents reviewed for a fall (Resident #1) and was evidenced by the following: Resident #1 was admitted to the facility on [REDACTED] with [REDACTED] and a [REDACTED]	F 684	1. Resident #1 was affected by deficient practice. The affected resident was transferred to the hospital as requested but time stamped EMR documentation supports a delay in accommodation of patient request. Licensed Nurse(s) that are still employed by this facility, were counseled and educated regarding transferring and timely documentation or noting specific times in documentation when transferring a patient to the hospital at patients request.	9/11/20	

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F 684	<p>Continued From page 22</p> <p>██████████ The resident's ██████████ Resident Assessment Instrument, an assessment tool, identified the resident as having ██████████, requiring extensive of 1 person assistance for transfers and ambulation, and no impairments with upper/lower extremities.</p> <p>The surveyor reviewed Progress Notes in the medical record and observed that on ██████████ at 3:30 PM the resident had an unwitnessed fall in his/her room while trying to self-transfer to the wheelchair from the bed. The Certified Nursing Assistant (CNA) found the resident on the floor next to the wheelchair and notified the Licensed Practical Nurse (LPN). The LPN assessed the resident and the CNA and LPN placed the resident back in bed. At that time, the resident complained of ██████████ and requested to go to the hospital. After placing the resident back in bed, the LPN told the resident she would return and left the room. There was no documented evidence that she returned to the resident's room. When interviewed on 8/18/2020 at 12:15 PM, the surveyor asked the LPN why she did not return to the resident's room. The LPN said "I can't remember what happened" and "we were in the middle of a shift change when this happened." The LPN further stated she informed the Advanced Practice Nurse (APN), the Registered Nurse (RN) and the resident's family of the fall. The LPN stated she filled out the Incident report and left the facility.</p> <p>The surveyor reviewed the incident report and observed the LPN noted "no injuries noted" but also wrote on the "Initial Event Documentation" form that the resident was complaining of ██████████ and wanted to go to the hospital.</p> <p>The surveyor reviewed an "RN Narrative</p>	F 684	<p>2. All residents who request a hospital transfer, have the potential to be affected by this deficient practice. All current residents were audited for any request to be transferred to the hospital. There were no requests to be transferred to the hospital.</p> <p>3. Current Licensed nurses and any future hired licensed nurses, will be educated by the facility nurse educator/designee on facility guidelines for -Transfer to Hospital Process, with emphasis on acting immediately on behalf of patients who requests to be sent to the hospital, copying the New Jersey Universal Transfer Form (NJUTF) so it can be maintained with the patient medical record and documentation of actual time for transferring patients to the hospital at patient request.</p> <p>4. The Director of Nursing/Designee will audit all patients being transferred to the hospital at patients request, for documentation of actual time of transfer, same patients to be audited for being sent out within a reasonable timeframe-without a prolonged delay, from time of the documented patient request to be transferred to the hospital and a copy of the NJUTF to be filed in the patient medical record; weekly x 4 and then monthly until compliance is met.</p> <p>The results of the audits will be brought to the Quality Assurance Performance Improvement Committee, quarterly for one year and follow up as needed</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 684	<p>Continued From page 23</p> <p>Assessment" dated [REDACTED] at 5:12 PM that noted "Resident wanted to go to the hospital for [REDACTED] - did not want to have [REDACTED] done here - family called the police - resident sent to (name of hospital) at his/her family request."</p> <p>On 8/18/2020 at 12:35 PM the surveyor interviewed the Director of Nursing (DON) and asked why the resident was not transferred when the fall occurred at 3:30 PM. The DON stated, "We were waiting for the transport service to pick the resident up." There was no documentation that the facility had either called for a transport or that they were planning on transferring the resident to the hospital after the resident's fall.</p> <p>The surveyor reviewed the facility policy "Falls Management and Prevention" which included "8. If injury, severe pain or abnormal assessments observed, call 9-1-1 for transfer."</p> <p>The surveyor reviewed the facility policy "Accident - Incidents" dated 8/2019 and observed under "4. Medical Management, sub part 4.4." "If the injury appears serious or questionable, the individual will be sent to the hospital via ambulance or 911 as needed."</p> <p>The surveyor reviewed the facility policy "Discharge - Transfer/Discharge Process" which indicated "3. A resident's physician will determine if a transfer to the hospital is required for an urgent medical need, and 7. Should a resident be transferred or discharged for any reason, the receiving facility or provider will be provided with all needed information to ensure a safe and effective transition of care, including but not limited to emergency contact information, advance directive information, pertinent lab result, medication regimen, and other information</p>	F 684			

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F 684	Continued From page 24 regarding the residents current medical/physical/psychosocial condition." The surveyor was unable to find a transfer form and when asked for a copy of the transfer form, the facility was unable to produce one. After being sent to the hospital, the resident did not return to the facility. NJAC 8:39 27.1(a)	F 684			