

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

PRINTED: 07/27/2020
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 06/04/2020
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS COMPLAINT # NJ 136578 CENSUS: 194 SAMPLE SIZE: 4	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 609		6/26/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/23/2020
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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 609	<p>Continued From page 1 COMPLAINT # NJ 136578</p> <p>Based on interviews, review of the Medical Record (MR), and other pertinent facility documentation on 6/1/2020 and 6/4/2020, it was determined that the facility failed to report an allegation of verbal abuse to the New Jersey Department of Health (NJDOH), as well as follow their own facility policy "Abuse," for 1 of 4 sampled residents (Resident #3). This deficient practice is evidenced by the following:</p> <p>1. According to the "Admission Record," Resident #3 was admitted to the facility on [REDACTED], with diagnoses including but not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The MDS documentation indicated that Resident #3 required staff assistance for Activities of Daily Living (ADLs).</p> <p>On 6/1/2020, during a review of an e-mail dated 5/14/2020, sent to the facility Social Worker regarding Resident #3 revealed on 5/6/2020, "The CNA was yelling at [REDACTED] and calling [REDACTED] a liar because my [REDACTED] told her [REDACTED] was wet...."</p> <p>During an interview on 6/1/2020 at 1:27 p.m., the Administrator stated he would consider a staff member calling a resident "a liar" verbal abuse.</p> <p>During an interview on 6/1/2020 at 2:00 p.m., the Director of Nursing (DON), stated that yelling at a</p>	F 609	<p>1. The social worker forwarded the email received on 5/14/2020 to the assistant administrator, the assistant met with resident #3. Resident #3 denied [REDACTED] had been called a liar or any other names. [REDACTED] denied [REDACTED] had been subject to abuse. Per facility policy all future substantiated and/or unsubstantiated allegations of abuse will be reported to the appropriate state agency within the two hours of notification.</p> <p>2. All residents have the potential to be affected by the cited deficiency. The social worker and unit manager met with each resident residing on the same unit as resident #3, no other residents reported concerns.</p> <p>3. All facility staff have been in-serviced on policy and procedure on abuse. The in-service emphasized the importance of reporting all allegations of abuse in a timely manner according to Department of health guidelines. The Director of Nursing or Designee will be responsible to ensure the proper state agency is notified of all allegations of abuse within two hours of identification.</p> <p>4. The Director of Nursing/Designee will audit and track all abuse allegations. The audit will include the time the center became aware of the allegation and the time the allegation is reported. The results of the audit will be brought to the Quality Assurance Performance Improvement (QAPI) committee for the next 3 months and follow up as needed</p>		

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F 609	<p>Continued From page 2 resident is considered verbal abuse.</p> <p>During an interview on 6/4/2020 at 10:24 a.m., the Assistant Administrator stated that calling a resident "a liar is potentially abuse."</p> <p>The Assistant Administrator further stated that the Allegation was not reported to the NJDOH, because "I asked the resident if anyone called [REDACTED] names and [REDACTED] said no, [REDACTED] denied any verbal abuse."</p> <p>Review of a facility policy titled "Abuse," revised on 2/2019, under "Protocol revealed : "The Administrator and the Director of Nursing are responsible for investigating and reporting."</p> <p>Under Reporting revealed : "Notify the local law enforcement and appropriate State Agency(s) immediately (no later than 2 hours after allegation/ identification of allegation) by Agency (s) designated process after identification of alleged/suspected incident....Report results of investigation to the proper authorities as required by State Law....</p> <p>The individual conducting the investigation shall follow the procedure for reporting and investigation when an incident of resident abuse, neglect or misappropriation of property is alleged or suspected.</p> <p>NJAC 8:39-9.4 (f)</p>	F 609			