

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

PRINTED: 01/19/2022
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 08/12/2021
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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)	ID 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 #: NJ145381, NJ146526, NJ146541, NJ145627 Census: 185 Sample Size: 6 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the	F 580		9/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/31/2021
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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 580	<p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Complaint Intake NJ145381</p> <p>Based on record reviews, interviews, and facility policy review, it was determined that the facility failed to notify a responsible party when a resident (Resident #2) had a change of condition. Resident #2 experienced [REDACTED]. A provider was notified and stat (from the Latin word statim meaning "instantly" or "immediately") orders were received for a [REDACTED] and an [REDACTED]. There was no documentation that the responsible party was notified of the change. This affected 1 (Resident #2) of 1 resident reviewed for notification of a change of condition.</p>	F 580	<ol style="list-style-type: none"> 1. Resident has since been discharged from the facility. Licensed nurse assigned to said resident was immediately in serviced regarding notifying family/guardian of any change in condition. 2. All residents have the potential to be affected. 3. A review of all facility policies and procedures was conducted. No changes were made. <p>All direct care staff in-serviced on notification of family/guardian with change of condition.</p>		

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F 580	<p>Continued From page 2</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility on [REDACTED] and discharged on [REDACTED] with diagnoses that included [REDACTED].</p> <p>A quarterly Minimum Data Set (MDS; a comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated [REDACTED] indicated [REDACTED]. Resident #2 required limited assistance of one person for most activities of daily living (ADLs) except for eating, for which Resident #2 only required set up assistance.</p> <p>Resident #2 had a care plan to maintain [REDACTED] function related [REDACTED] with an intervention to monitor [REDACTED] and vital signs.</p> <p>Review of the clinical record revealed a nurse's progress note dated [REDACTED] at 3:20 PM indicating Resident #2 complained of [REDACTED] at 2:00 PM that day. A nurse practitioner (NP) was notified. The resident's blood pressure (BP) was [REDACTED] millimeters of mercury (mmHg) and pulse was [REDACTED] beats per minute (bpm). The nurse took the resident's vital signs again and the BP was [REDACTED] mmHg with a pulse of [REDACTED] bpm. The NP ordered a [REDACTED] and the resident's BP decreased to [REDACTED] mmHg and the pulse was [REDACTED] bpm. The NP ordered a stat [REDACTED] and</p>	F 580	<p>An Audit tool has been created to ensure all families/Guardians are notified of a change in condition in a timely manner.</p> <p>Unit Managers will complete weekly Audits of 5 charts and bring for discussion at High-Risk Meeting.</p> <p>4. Audit results will be reviewed by the QA Committee for comments and recommendations monthly x 3 months.</p>		

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F 580	<p>Continued From page 3</p> <p>stat [REDACTED]. There was no mention in the clinical record that the responsible party was notified of the change of condition.</p> <p>On 08/12/2021 at 3:10 PM, Licensed Practical Nurse (LPN) #4 was interviewed. LPN #4 stated when a resident experienced a change of condition it was her responsibility to notify the physician and/or NP, the unit manager, and the responsible party. LPN #4 stated nursing staff were supposed to document when the resident's family/representative was notified. She indicated that if the responsible party for Resident #2 had been notified, it would have been in her note. LPN #2 continued by saying there was no excuse for not calling and the responsible party should have been notified.</p> <p>On 08/12/2021 at 5:10 PM, the Director of Nursing (DON) was interviewed. The DON stated LPN #4 was one of the most responsible nurses in the facility. Per the DON, LPN #4 expressed remorse for forgetting to notify the responsible party.</p> <p>A statement in the facility policy, undated, titled, "Change in a Resident Condition or Status," indicated, "Our facility shall promptly notify the resident, his or her attending physician and representative (sponsor) of changes in the resident's medical/mental condition and/or status."</p> <p>New Jersey Administrative Code § 8:39-5.1(a)</p>	F 580		