

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

PRINTED: 01/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/26/2020
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NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833
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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	F 000		
	COMPLAINT # NJ 138556			
	CENSUS: 46			
	SAMPLE SIZE : 5			
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4)	F 700		9/14/20
	<p>§483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements.</p> <p>§483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.</p> <p>§483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>§483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight.</p> <p>§483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: COMPLAINT # 138556</p>		<p>Resident #3 has since [REDACTED].</p> <p>All residents with side rails have the potential to be affected by this deficiency practice.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/09/2020
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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 700	<p>Continued From page 1</p> <p>Based on observation, interviews, and review of the "Medical Record" (MR), and other pertinent facility documentation on 8/26/2020, it was determined that the facility staff failed to maintain bedrail safety for 1 of 5 sampled residents, (Resident #3) as well as follow their own Side Rail policy. This deficient practice is evidenced by the following:</p> <p>1. According to the facility "Admission Record," Resident #3 was admitted to the facility on [REDACTED], with diagnoses that included but were 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], indicating that Resident #3 had [REDACTED]. The MDS also revealed that Resident #3 required extensive assistance for Activities of Daily Living (ADLs).</p> <p>Review of Resident #3's Care Plan (CP) with initiated date of [REDACTED] and a revision date of [REDACTED], revealed under "Focus : resident is at risk [REDACTED] unwitnessed [REDACTED] with [REDACTED], sent to [REDACTED]. Interventions /Tasks included: 1:1 (one to one) temporary until scheduled [REDACTED]</p>	F 700	<p>All new admissions and readmissions were reviewed by the Director of Nursing/Designee to ensure that timely education was provided to the resident(s) or POA for the use of side rails as well as having bed rail consents signed by either the resident or POA. The medical records were also reviewed by the Director of Nursing/Designee to ensure that maintenance has reviewed the side rails for correct installation, use and/or measurements.</p> <p>All Licensed Nurses were reeducated regarding timely education that must be provided to the resident(s) or POA for the use of side rails as well as having bed rail consents signed by either the resident or POA.</p> <p>The Maintenance Director was reeducated by the Administrator regarding the inspection and documentation of side rails for correct installation, use and/or measurements.</p> <p>A new process will include a side rail tracking form to ensure all admissions/readmissions utilizing side rails have been educated on the use of side rails, consents have been obtained, and maintenance has reviewed the side rails for correct installation, use and/or measurements and has documented accordingly.</p> <p>The Director of Nursing/Designee will conduct random audits with residents with</p>		

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F 700	<p>Continued From page 2</p> <p>_____ checks initiated. Assist to participate in activities of choice. Escort/transport to activities as needed." There were no Interventions for Side Rail use.</p> <p>Review of an Incident report dated _____, revealed under "Incident Description" the following: Writer and CNA (Certified Nursing Assistant) went in to pt. (patient) room and found pt holding on to the _____.</p> <p>_____ Under "Immediate Action Taken" revealed _____</p> <p>_____ Open areas cleaned with _____),</p> <p>_____ MD (Medical Doctor) made aware sent pt. to E.D. (Emergency Department) to _____.</p> <p>_____ . 911 was called.</p> <p>During an interview on 8/26/2020 at 11:03 a.m., Registered Nurse #1 (RN#1) stated that "we get consents for the Long Term Care siderail use during assessment, we educate the residents and family." There was no documentation provided that included education to Resident #3 or the family related to Siderail Safety, Risk versus benefits, or a siderail consent.</p> <p>During an interview on 8/26/2020 at 11:23 a.m., the Director of Nursing (DON) stated that the facility uses 1/4 siderails, we assess all residents, but do not get consents for 1/4 siderails, and that Resident #3 had 1/4 siderails.</p> <p>During an interview on 8/26/2020 at 12:46 p.m., the DON further stated that bed measurements</p>	F 700	<p>side rails to ensure education and signed consent are in place. Weekly X 4 weeks, then monthly x 2 months. The results of these audits will be brought to the QA/QAPI committee by the Director of Nursing/Designee for review and further actions as warranted.</p> <p>The Maintenance Director/Designee will document that he/she has reviewed the side rails for correct installation, use and/or measurements.</p>		

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F 700	<p>Continued From page 3 are done only for 1/2 bedrails, and the facility does not use full siderails.</p> <p>There was no documentation found in the Medical Record of Resident #3 indicating that Maintenance had done an inspection to ensure correct installation, use and maintenance of bedrails, or measurements.</p> <p>Review of a facility policy titled "Side Rail Policy" dated January 2020, revealed the following under Procedure :</p> <ol style="list-style-type: none"> 1. Assessment/observation of siderail use is determined upon admission and upon change of condition as needed to determine resident preference, appropriateness, and rationale. 2. Maintenance will inspect beds prior to admission to assure that half side rails do not present a risk of entrapment. 3. Maintenance will ensure correct installation, use and maintenance of bed rails. 6. Residents have the right to utilize side rails (as an enabler to promote independence, for support with sitting, balance and transfer). Potential risks vs (versus) benefits will be discussed with the resident/resident representative to provide information for their decision. <p>NJAC 8:39 31.4 (c)</p>	F 700			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315302	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/15/2020	Y3
NAME OF FACILITY ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833		

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 F0700	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.25(n)(1)-(4)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	09/14/2020	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 _____	
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 8/26/2020		<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		