

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

PRINTED: 10/02/2019
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 09/10/2019
NAME OF PROVIDER OR SUPPLIER ROLLING HILLS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 16 CRATETOWN ROAD LEBANON, NJ 08833	
(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 000	INITIAL COMMENTS STANDARD SURVEY: 9/10/18 CENSUS: 57 SAMPLE: 23	F 000		
F 658 SS=D	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: Based on observation, interview and record review, it was determined that the facility failed to follow professional standards of nursing practice when a.) a nurse documented the incorrect [REDACTED] provided for Resident # 40; and, b.) a physician order for [REDACTED] was written as a range for Resident # 40. This deficient practice was identified for 1 of 2 residents reviewed for [REDACTED] and 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 case finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by	F 658	F658 I. Corrective action(s) accomplished for resident(s) affected: " The identified Licensed Nurse was re-educated regarding the principles of documentation. " The identified Licensed Nurse, Dietician and Medical Director were re-educated regarding obtaining specific orders for total volume of the [REDACTED] not a range. " Resident #40 had no negative outcomes related to the [REDACTED] order and inaccurate documentation of [REDACTED] II. Residents identified having the potential to be affected and corrective action taken: " All residents receiving [REDACTED]	10/21/19

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

TITLE

(X6) DATE

Electronically Signed

09/27/2019

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 658	<p>Continued From page 1</p> <p>a licensed or otherwise legally authorized physician or dentist."</p> <p>On 9/10/19 at 10:16 AM, the surveyor observed Resident # 40 in the wheelchair in the hallway. The resident was [REDACTED].</p> <p>On 9/10/19 at 11:00 AM, the surveyor reviewed the record of Resident #40 who was admitted to the facility on [REDACTED] with diagnoses which included [REDACTED]. The resident was assessed as [REDACTED] on the Admission Minimum Data Set, an assessment tool used to facilitate the management of care, dated [REDACTED].</p> <p>The surveyor reviewed the September 2019 Order Summary Report which revealed that the resident had a current physician's order for [REDACTED].</p> <p>The surveyor reviewed Resident # 40's August 2019 and September 2019 [REDACTED] which indicated that on 8/23/19, 8/27/19, 8/30/19, 8/31/19 and 9/3/19, the nurse documented [REDACTED] administered to Resident # 40 outside of the physician's ordered volume for the [REDACTED].</p> <p>On 9/10/19 at 11:36 AM, the surveyor interviewed the Director of Nursing (DON) and Administrator regarding this concern. On 9/10/19 at 11:57 AM, the surveyor interviewed the Physician responsible for ordering the [REDACTED] administered to Resident # 40. The Physician stated that the resident had a [REDACTED] order was written in a range because the resident needed to receive a certain amount of [REDACTED].</p>	F 658	<p>[REDACTED] have the potential to be affected by this deficient practice.</p> <p>" Residents with [REDACTED] orders were reviewed by the Dietician to validate that the [REDACTED] orders were specific that the [REDACTED] was documented accurately. with follow up actions as necessary.</p> <p>III. Measures will be put into place to ensure the deficient practice will not recur: " Licensed Nurses were re-educated by the ADON/designee regarding Principles of Documentation. " All Licensed Nurses, Physicians and the Dietician were re-educated by the ADON/designee regarding specific orders must be obtained for [REDACTED] orders not a range. " A new process is in place to include a [REDACTED] Audit Tool.</p> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur: " The ADON/Designee will conduct a weekly audit times 4 weeks and then monthly times 2 months of residents with [REDACTED] orders to validate the [REDACTED] order is specific and documented accurately. " The ADON/Designee will report audit findings to the DON. The DON will follow up on any discrepancies as necessary.</p>	

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F 658	Continued From page 2 <p>█. The Physician also stated that since the resident was █, the range could provide some █. The resident's Physician could not identify when the nurse should █.</p> <p>The resident's Physician stated that there should be a specific order for the █, rather than a range.</p> <p>On 9/10/19 at 12:16 PM, the surveyor interviewed the Licensed Practical Nurse (LPN) over the phone. The LPN acknowledged that he documented Resident # 40 █ outside of the range amounts which were ordered by the Physician for the dates of 8/23/19, 8/27/19, 8/30/19, 8/31/19 and 9/3/19. The LPN stated that he must have made a mistake documenting the █ amount outside of the range of the Physician's order on those dates.</p> <p>On 9/10/19 at 12:33 PM, the surveyor interviewed the Registered Dietitian (RD) Supervisor, who stated that the RD responsible for Resident # 40 is not available at this time. The RD Supervisor stated that this resident should have had an order written for a specific █ amount and not a range.</p>	F 658	" The DON/Designee will analyze and trend findings from the █ audit and report outcomes quarterly to the QA Committee the next meeting, with follow up to recommendations as necessary.		
F 790 SS=D	NJAC 8:39-27.1 (a) Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5) §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(a) Skilled Nursing Facilities A facility-	F 790		10/21/19	

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F 790	Continued From page 3 §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident; §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services; §483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; §483.55(a)(4) Must if necessary or if requested, assist the resident; (i) In making appointments; and (ii) By arranging for transportation to and from the dental services location; and §483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of medical records, it was determined that the facility failed to follow a physician's order related to a dental consult and treatment as needed in a timely manner. This deficient practice was	F 790	F790 I. Corrective action(s)accomplished for resident(s)affected: " Resident #4 was seen by the [REDACTED]		

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F 790	<p>Continued From page 4</p> <p>identified for 1 of 15 residents reviewed (Resident #4), and was evidenced by the following:</p> <p>During the surveyor's initial tour on 9/05/19 at 10:25 AM, Resident #4 was observed sitting on their wheelchair inside their room watching TV. It was noted that Resident #4 had [REDACTED].</p> <p>The surveyor reviewed the Resident's records which reflected that Resident #4 was originally admitted to the facility on [REDACTED], and discharged back to the community on [REDACTED]. Resident #4 was readmitted to the facility on [REDACTED] with diagnoses not limited to [REDACTED].</p> <p>The Minimum Data Set (MDS) an assessment tool dated [REDACTED], documented Resident #4 with a score of [REDACTED]. This score indicated that the resident was [REDACTED].</p> <p>The MDS also showed that the resident required limited to extensive assistance of one staff member for Activities of Daily Living (ADL).</p> <p>Review of the September 2019 Order Summary Report, revealed an order dated 8/15/18, [REDACTED] Consult and Treatment as Needed."</p> <p>The resident's Care Plan (CP) was reviewed and revealed that Resident #4 was identified as having [REDACTED]. [Resident #4] continues with [REDACTED] on [Resident #4's [REDACTED]]. This CP was initiated on 9/4/18 with a revision date of 2/4/19. "Interventions and Tasks" related</p>	F 790	<p>on [REDACTED] and will be placed on the tracking list for routine and follow up appointments as needed.</p> <p>II. Residents identified having the potential to be affected and corrective action taken: " All residents with physician orders for [REDACTED] consults have the potential to be affected by this deficient practice. " All residents with [REDACTED] consult orders were reviewed by the ADON/Designee to validate that the [REDACTED] consult was completed with follow up actions as necessary.</p> <p>III. Measures will be put into place to ensure the deficient practice will not recur: " Licensed Nurses were re-educated by the ADON/designee regarding following physician orders for dental consults. . " A new process is in place to include a [REDACTED] Consult Tracking Form to ensure all residents dental consults are completed in a timely manner.</p> <p>IV. Corrective actions will be monitored to ensure the deficient practice will not recur: " The ADON/Designee will conduct a weekly audit times 4 weeks and then monthly times 2 months of residents with dental consult orders to ensure all residents dental consults are completed in a timely manner. " The ADON/Designee will report audit findings to the DON. The DON will follow</p>

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F 790	Continued From page 5 to the CP initiated on 5/6/19, established [REDACTED] consult and follow-up as needed. Monitor/document/report to Medical Doctor areas of concern [REDACTED] Nursing staff to assist resident/family in making [REDACTED] appointments and/or transportation arrangements as needed." The surveyor interviewed Resident #4 on 9/6/19 at 10:15 AM, who stated that an attempt was made to speak to a nurse a few months back about seeing a [REDACTED]. The resident also stated that the facility never followed up. On 9/9/19 at 10:30 AM, during the surveyor's routine tour, the resident once again stated that they would like to see a [REDACTED]. The Director of Nursing (DON) was interviewed and informed the surveyor that the [REDACTED] routinely visits the facility residents monthly. The DON could not offer any further information regarding why Resident #4 was never seen by the [REDACTED] during the resident's stay at the facility.	F 790	up on any discrepancies as necessary. " The DON/Designee will analyze and trend findings from the [REDACTED] Consult Tracking Form and report outcomes quarterly to the QA Committee the next meeting, with follow up to recommendations as necessary		
F 812 SS=D	NJAC 8:39-15.1 (b) (c) Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State	F 812		10/21/19	

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F 812	<p>Continued From page 6 and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record and policy review, it was determined that the facility failed to maintain the kitchen environment and equipment in a sanitary manner to prevent contamination from foreign substances and potential for the development of food borne illness.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 9/5/19 at 09:34 AM, in the presence of the Food Service Supervisor, the surveyor observed the following:</p> <ol style="list-style-type: none"> In the food preparation area, the surveyor observed four of six stove cook top burners soiled with a thick black grease-like substance. On a shelf in the food preparation area, the surveyor observed two of four white food containers that contained powdered chicken and beef stock soiled with brown particulates on multiple areas of the containers. In the food preparation area, the surveyor 	F 812	<p>F812</p> <p>I. Corrective action(s) accomplished for resident(s) affected:</p> <p>" All burners on the stove top were immediately cleaned thoroughly</p> <p>" All the food containers in the kitchen were immediately cleaned</p> <p>" All the sprinkler heads in the kitchen were immediately cleaned.</p> <p>" The light cover over the stove top was immediately cleaned as well.</p> <p>" The Lid of the Pellet Warmer was immediately cleaned</p> <p>II. Residents identified having the potential to be affected and corrective action taken:</p> <p>" All residents residing in the facility have the potential to be affected by the sanitary conditions in the kitchen.</p> <p>III. Measures will be put into place to ensure the deficient practice will not recur:</p>		

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F 812	Continued From page 7 observed one of three sprinklers heads above the stove cook top soiled with a brown grease like substance and one light fixture above stove cook top soiled with a brown grease like substance. 4. The surveyor observed the lid of the pellet cart containing clean pellets soiled with a smeared brown colored substance. NJAC 8:39-17.2(g)	F 812	" Cooks shall clean the stoves top burners daily before closing the kitchen. " Storage containers shall be wiped daily by dietary staff. Food Service Director/Designee shall be responsible to monitor the cleanliness of storage containers and will check it daily on closing of the kitchen. " Ansul System caps and ends, sprinkler heads under the hood found above the stove top shall be cleaned daily by cooks before closing the kitchen. " Lids of the Pellet Warmers will be cleaned by the dietary staff before closing the kitchen. " These items are on a daily cleaning schedule. The Food Service Director/Designee shall be responsible to monitor the cleanliness and will check it daily prior to closing of the kitchen to ensure ongoing compliance. IV. Corrective actions will be monitored to ensure the deficient practice will not recur: " The Food Service Director/Designee will report the findings from the closing checklist and any system changes implemented as a result of monitoring the daily checklist to the Administrator monthly for 3 months. The Food Service Director/Designee will report trends to the QAPI Committee for the next quarter, for follow up recommendations as necessary.		