

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

PRINTED: 08/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/24/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY ARCH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 114 PITTS TOWN ROAD PITTS TOWN, NJ 08867		
(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	
F 000	INITIAL COMMENTS Standard Survey 12/24/2019 Census: 121	F 000			
F 658 SS=D	Sample Size: 24 + 2 Closed Records 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 complete a wandering assessment in a timely manner and follow the facility's policy regarding Wandering Assessment for 2 of 2 residents reviewed for elopement (Resident #11 and #61) according to the standards of clinical practice. This deficient practice 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 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	Element # 1 A current [REDACTED] assessment was properly completed in the EHR for Resident #11 and reviewed by the IDC team on December 26, 2019. The care plan was reviewed and updated as needed to reflect continued use of the [REDACTED]. The Unit Manager was re-educated regarding the facility policy for completion of wandering assessment and review of results by IDC team. A current [REDACTED] assessment was properly completed in the EHR for Resident #61 and reviewed by the IDC team on December 26, 2019. The care plan was reviewed and updated as needed to reflect continued use of the [REDACTED]. The Unit Manager was re-educated regarding the facility policy for completion of wandering assessment and review of results by IDC team. Element # 2	1/3/20	

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

TITLE

(X6) DATE

Electronically Signed

01/03/2020

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>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 case finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist."</p> <p>1. On 12/18/19 at 9:43 AM, the surveyor observed Resident #61 in the activity room with other residents.</p> <p>A review of the resident's Face Sheet (FS), an admission summary, disclosed that the resident was admitted to the facility on [REDACTED] and had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the [REDACTED] Comprehensive Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, indicated a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The Comprehensive MDS indicated that the resident had wandering behavior.</p> <p>A review of Resident #61's December 2019 Physician's Order Form (POF) showed an order dated 5/7/19 for a [REDACTED] for</p>	F 658	<p>All residents who wander have the potential to be affected by this practice.</p> <p>Element # 3 Wandering Assessments were audited in the electronic medical record for residents who have a [REDACTED] to ensure timely completion in compliance with facility policy. The Nurse and Interdisciplinary team were re-educated to ensure that all wandering assessment results are reviewed by the IDCP team when reviewing the Comprehensive Care Plans. This is to take place on a quarterly basis at the IDCP meeting.</p> <p>Element # 4 An audit of wandering assessments and corresponding care plans will be completed by the Unit Managers weekly for four weeks, then monthly for three months to ensure compliance. Audit results will be provided to the DON for review and acted upon as appropriate weekly then monthly. Findings will be presented by the DON at the quarterly QA meeting and acted upon as appropriate.</p>		

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F 658	<p>Continued From page 2</p> <p>safety and to check it's placement every shift. The corresponding physician order was transcribed into the December 2019 Treatment Administration Record (TAR) and was signed by nurses as being checked. The [REDACTED] POF included additional diagnosis of [REDACTED]</p> <p>Further review of the resident's medical record revealed that there was no wandering assessment done.</p> <p>There was no documentation found that the resident had attempted to leave the facility.</p> <p>On 12/23/19 at 9:00 AM, the Registered Nurse/Unit Manager (RN/UM) informed the surveyor that Resident #61 was [REDACTED], ambulatory with assistance, and had a [REDACTED]. She stated that routine Wandering Assessment should have been done and it should be in the electronic medical record. She further stated that she will get back to the surveyor with a copy of the Wandering Assessment when the surveyor informed the RN/UM that there was no documentation of the said assessment in the resident's record.</p> <p>On that same date at 9:31 AM, the RN/UM provided a copy of the Wandering Risk Scale Assessment (WRSA) dated 5/7/19, 8/6/19 and 10/30/19. All were signed as completed on 12/23/19. The RN/UM informed the surveyors that Wandering Assessment should be done quarterly.</p> <p>On 12/23/19 at 10:53 AM, the RN/UM informed the surveyor that "probably something came up</p>	F 658		

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F 658	<p>Continued From page 3</p> <p>and I forgot to complete the Wandering Assessment." The RN/UM explained that because she forgot to complete the Wandering Assessment, "it was all electronically signed on 12/23/19" for the WRSA dated 5/7/19, 8/6/19 and 10/30/19 when the surveyor asked the RN/UM why the assessments completion dates were 12/23/19.</p> <p>On 12/23/19 at 1:21 PM, the survey team met with the Administrator and the Director of Nursing (DON), Assistant Director of Nursing (ADON) and discussed the above observations and concerns. The DON informed the surveyors that Wandering Assessment should be done on initial assessment, annually, significant change, not only quarterly according to their facility policy. The DON stated "she probably just did it today" in reference to the WRSA, supplied to the surveyor that were dated 5/7/19, 8/6/19 and 10/30/19 and all were signed as completed 12/23/19.</p> <p>On 12/23/19 at 1:21 PM, the DON added that the wandering and use of wander guard should be included in the Quarterly Interdisciplinary Care Plan (IDCP) Team Conference meeting and notes, as per facility policy.</p> <p>A review of the facility Wandering Risk Policy provided by the DON with a facility review date of 7/19 indicated, "IDT Members will assess and identify residents at risk of elopement by the use of assessment for all new admissions, readmission and with significant changes as appropriate," and "██████████ use will be re-evaluated quarterly during IDT Conferences or as needed."</p> <p>On 12/24/19 at 10:35 AM, there was no further</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>information provided by the facility to explain why the WRSA was not completed in a timely manner or why the resident's [REDACTED] was never reviewed in the IDCP meeting.</p> <p>2. On 12/18/19 at 10:45 AM, during the initial tour, Resident #11 was observed seated in a wheelchair in their room watching TV. A [REDACTED] was observed attached to the left side of the wheelchair.</p> <p>The surveyor reviewed Resident #11's FS. Resident #11 was admitted to the facility on [REDACTED] and readmitted on [REDACTED] with diagnosis that included but was not limited to, [REDACTED]</p> <p>A review of the resident's Quarterly MDS dated [REDACTED] revealed that Resident #11 had a BIMS score of [REDACTED]. A BIMS score between [REDACTED]</p> <p>A review of the December 2019 POF identified an order dated 8/20/19 for a [REDACTED] to the left side of wheelchair for safety and another order to check it's placement every shift. The corresponding physician order was transcribed into the August 2019 through December 2019 TAR and was signed by facility nurses.</p> <p>Further review of the resident's medical record showed that there were two assessments for Wandering Risk dated 9/25/19 and 12/19/19. Both were signed and completed on 12/23/19 with an assessment category result of high risk to wander.</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>On 12/24/19 at 9:45 AM, the surveyor interviewed the RN/UM who stated that Resident #11 was [REDACTED] and that the resident self propels around the unit towards the hallway leading to the main entrance at times. The RN/UM explained that the resident was easily redirected by staff and there were no incidents of the resident attempting to leave the facility. The RN/UM further stated that the two routine Wandering Assessments, dated 9/25/19 and 12/19/19 were not signed and completed until 12/23/19 and she could not provide any further information to explain this.</p> <p>On 12/24/19 at 10:00 AM, the surveyor met with the Administrator and the DON to discuss the above observations and concerns. The DON agreed that the wandering assessments were not signed and completed in a timely manner according to their facility's policy.</p> <p>On 12/24/19 at 10:35 AM, there was no further information provided by the facility.</p> <p>NJ 8:39-11.2 (b)</p>	F 658			