

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

PRINTED: 09/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2020
NAME OF PROVIDER OR SUPPLIER CARE ONE AT HOLMDEL			STREET ADDRESS, CITY, STATE, ZIP CODE 188 HIGHWAY 34 HOLMDEL, NJ 07733		
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F 000	INITIAL COMMENTS 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 VISIT. Survey Date:08/20/20 Census: 95 Sample:10 Complaint #'s: NJ 136693 NJ 136924 NJ 136399	F 000			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Complaint #NJ00136924 Based on observation, interview, record review and review of pertinent facility documentation, it	F 686	1. Resident #10 was immediately addressed during [redacted] rounds on 8/19/2020. An assessment was completed by [redacted] Care Nurse	9/11/20	

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

TITLE

(X6) DATE

Electronically Signed

09/04/2020

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 686	<p>Continued From page 1</p> <p>was determined that the facility failed to identify and initiate a treatment for a resident with a [REDACTED] upon discovery of the open area. This deficient practice was identified for one of three residents reviewed for pressure ulcers, (Resident #10) and was evidenced by the following:</p> <p>On 08/19/20 at 09:56 AM, the surveyor observed Resident #10 in his/her room seated on a wheelchair. The surveyor observed a low air loss mattress (a specialty mattress used for the treatment of pressure ulcers) on the resident's bed. The resident stated that he/she had resided at the facility for about two years and had [REDACTED] " while at the facility. The resident further stated that the nurses performed treatments to the [REDACTED] Care Nurse Practitioner (WCNP) was coming into the facility today to look at the [REDACTED].</p> <p>On 08/19/20 at 10:56 AM, the surveyor interviewed the WCNP who stated that the resident had a history of incontinence and the [REDACTED] first presented with a [REDACTED]</p> <p>At that time the surveyor observed the ADON, in the presence of the WCNP, remove a dressing dated 08/18/20 from the residents [REDACTED]. When the ADON removed the dressing to the resident's [REDACTED] the surveyor observed a [REDACTED] underneath the dressing. At that time, the surveyor observed an open area to the resident's [REDACTED] that was not covered with a</p>	F 686	<p>Practitioner/RN with measurements and a new treatment initiated with appropriate location. In addition, the original [REDACTED] treatment was changed to reflect current healing status. Incident report completed, Med/Treatment Error form, Clinical Referral for the nurse.</p> <p>2. Skin assessments were completed on current residents to ensure that no new skin impairments were identified on 8/19/2020</p> <p>3. Education will be provided to licensed nurses on identification of new wounds, including anatomical sites and initiating new treatment for [REDACTED]. Education will be provided by Assistant Director of Nursing/Facility Educator in conjunction with [REDACTED] Care Certified Nurse, to be completed by 9/11/2020</p> <p>The Medical record for residents developing [REDACTED] within the center will be reviewed by the Unit Manager or Designee within 48 hours for incident report, location, treatment, and documentation.</p> <p>4. The DON or Designee will complete in-house wound audit weekly X 4 weeks, then Monthly X 2. Results of the audit will be reported at the QA meeting X 3 months.</p>		

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F 686	<p>Continued From page 2</p> <p>dressing. The WCNP stated that the [REDACTED] on the resident's [REDACTED]</p> <p>The WCNP stated that the resident further presented with a [REDACTED]</p> <p>The WCNP stated that another physician had seen the resident the week before and he had not known the resident had a [REDACTED] area. The WCNP asked the ADON in the presence of the surveyor if anyone documented on the new [REDACTED]. The ADON stated that she was unsure.</p> <p>The surveyor reviewed the medical records for Resident #10.</p> <p>A review of the resident's Admission Record reflected that the resident was admitted to the facility in [REDACTED] and had diagnoses which included but were not limited to [REDACTED]</p> <p>A review of the resident's most recent quarterly Minimum Data Set, MDS (an assessment tool used to facilitate the management of care) dated [REDACTED] reflected that the resident had Brief Interview of Mental Status (BIMS) score of [REDACTED]. A further review of the resident's quarterly MDS, Section M for Skin Conditions reflected that the resident was at risk for the development of a pressure ulcer and had Moisture Associated Contact Dermatitis (MASD).</p>	F 686		

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F 686	<p>Continued From page 3</p> <p>A review of the resident's August 2020 Treatment Administration Record (TAR) reflected that the resident had a physician's order dated 05/20/20 to [REDACTED].</p> <p>A further review of the August 2020 TAR did not reveal a physician's order for the treatment of a [REDACTED] area.</p> <p>A review of a [REDACTED] care time line provided by the facility dated 08/19/20 indicated, "The nurse from the day shift [initials extracted], noted a slit to the [REDACTED] area, which she assumed that was the area for the [REDACTED] treatment. There were no other open areas to [REDACTED] since the original [REDACTED]. No new orders were initiated because [initials extracted] assumed that [REDACTED] was not new.</p> <p>A review of the resident's Care Plan (CP) reflected a focus area for actual skin breakdown related to muscle weakness, incontinence, and moisture associated skin problems. The goal of the CP reflected that the resident's skin would heal without complications. Interventions for the CP included administer treatment per physician orders, call for staff with incontinent episodes, and encourage and assist as needed to turn and reposition.</p> <p>A review of the [REDACTED] Incident Report dated 08/19/20 and timed at 19:49 (7:49 PM) revealed a statement from the Licensed Practical Nurse (LPN) who had performed the [REDACTED] treatment on 08/18/20. The statement indicated, "I put [REDACTED] dressing over the open area to the [REDACTED]. It</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>was an open [REDACTED]. I applied the [REDACTED] to the area in which I thought was following the MD order as there was no [REDACTED]."</p> <p>On 08/20/20 at 9:36 AM, the surveyor interviewed the LPN who performed the [REDACTED] care to the [REDACTED] on Tuesday, 08/18/20 and observed the resident's [REDACTED]. The LPN stated that she put cream on the resident's [REDACTED] and performed the treatment to the open area on the resident's [REDACTED]. The LPN further stated that she did not notify a Unit Manager or Nursing Supervisor of the open area and did not get a Registered Nurse to assess the area because she, "thought the open area was the existing treatment to the [REDACTED]." The LPN stated that if she suspected there was a new open area, she would have called the supervisor to assess the resident.</p> <p>On 08/20/20 at 9:45 AM, the surveyor interviewed the Licensed Practical Nurse/Unit Manager (LPN/UM) who stated she had observed the resident's [REDACTED] on 8/19/20 in the evening after the WCNP and ADON performed the treatment to the resident. The LPN/UM stated that she identified that the resident had a [REDACTED]. The LPN/UM further stated that she further identified the resident had a [REDACTED]. The LPN/UM stated that if a nurse or CNA identified that there was a change in a resident's skin condition, they should do an incident report, notify the primary care physician, resident's family and initiate a treatment order.</p>	F 686			

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F 686	<p>Continued From page 5</p> <p>On 08/20/20 at 10:36 AM, the surveyor interviewed the ADON who stated the day prior she had observed an open area to the resident's [REDACTED]. The ADON further stated that if a nurse was performing a treatment to a resident and identified an open area that did not match the physician's order, the nurse should question it and look for further clarification. The ADON stated that the nurse should have questioned if the physician's order was wrong, if the area was wrong, or if the treatment was wrong for that resident. The ADON further stated the nurse could also get the Unit Manager or ADON involved to further assess the resident. The ADON stated that a written description of the resident's wound was in the resident's medical records which the nurses have access to and could have been used for further clarification.</p> <p>On 08/20/20 at 11:02 AM, the surveyor conducted an interview with the WCNP who stated, "If a nurse identified a new wound on a resident that I was following, I would expect to be notified of the new open area." The WCNP further stated that when he assessed the resident in the presence of the ADON on 08/19/20, that was the first time he had become aware that there was an additional [REDACTED] to the resident's [REDACTED] and he initiated a new treatment to the area.</p> <p>A review of the resident's progress notes dated 08/19/20 and timed at 16:17 (4:17 PM) indicated that the resident was seen on [REDACTED] rounds that day and an area of skin breakdown to the resident's [REDACTED] was identified. The progress note further reflected that the area was</p>	F 686			

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F 686	Continued From page 6 assessed by the WCNP and new treatment orders were obtained. NJAC: 8:39-27.1(a)	F 686			