

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

PRINTED: 08/13/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL LAKE HLTHCARE &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>395 LAKESIDE BLVD BAYVILLE, NJ 08721</b>
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F 000	INITIAL COMMENTS  C #: NJ 110298, NJ 111694, NJ 121535, NJ 125452  Census: 186  Sample Size: 4	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 resident and the resident representative, if any, when there is-	F 580		8/9/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>07/29/2019</b>
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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>(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: C #: NJ 125452</p> <p>Based on interviews, and record review, as well as review of pertinent facility documents on 7/2/19 and 7/3/19, it was determined that the facility failed to notify and/or document the notification of the resident's physician when there was a significant change in the resident's condition for 1 of 2 residents (Resident #2), reviewed for change in condition. This deficient practice was evidenced by:</p> <p>1. According to "Admission Record (AR)" Resident #2 was initially admitted to the facility on [REDACTED], with diagnoses that included but were not limited to the following: [REDACTED].</p>	F 580	<p>1. Resident #2 was affected by this deficient practice. LPN # 1 was provided one to one education by ADON on Reporting Change in Resident's Condition Policy/Procedure.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. ADON/Designee to provide education to all Licensed Nurses on Reporting Change in Resident's Condition Policy/Procedure starting July 4, 2019</p> <p>4. ADON/designee will monitor 24 hour reports daily for four weeks on residents who have a change in condition, starting July 7, 2019. Those charts will be audited</p>		

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F 580	<p>Continued From page 2</p> <p>The AR revealed the following additional diagnoses with an onset date on [REDACTED].</p> <p>The Minimum Data Set (MDS), an assessment tool dated [REDACTED], indicated that the Resident was [REDACTED].</p> <p>The "Long Term Care Patient Progress Note (LTCPN)" dated 2/1/19, documented by Resident #2's Primary Physician (PP) showed that the Resident's skin was normal.</p> <p>The "Interdisciplinary Progress Notes (IPN)" documented by Licensed Practical Nurse (LPN #1) dated [REDACTED] at 9:40 p.m., showed that Resident #2 was observed in the hallway, sitting in chair. Resident #2's color was gray, he/she had increased weakness and gait was slow. The Resident was non compliant with the medications and the PP was aware of Resident #2's non-compliance with medications. However, the same IPN did not show documentation indicating the PP was notified that Resident #2's skin color was gray specified on the aforementioned date and time.</p> <p>The "Physician's Orders (PO)" dated [REDACTED] at 10:00 a.m., showed an order to transfer the Resident to the Hospital for Medical Evaluation.</p> <p>The IPN dated [REDACTED] at 6:00 p.m., showed that Resident #2 was admitted with diagnoses of [REDACTED].</p>	F 580	<p>for proper notification of all changes in condition as per policy. These audits will be conducted weekly for 4 weeks and then monthly for 3 months. The results will be reported at the monthly QI meetings. These meetings are composed of the LNHA, Medical Director, DON, ADON and Unit managers.</p>	

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F 580	Continued From page 3 [REDACTED]  The "Significant Resident Concerns & [and] Observations" form dated [REDACTED], documented under Resident #2's name at 3:00 p.m.- 11:00 p.m., shift showed the Resident color was gray, increased weakness, gait was slow. However, the Resident denied pain. The same form did not reflect documentation indicating the PP was notified that the Resident's skin color was gray.  The "Supervisor Shift (3pm-11pm)" form dated [REDACTED], did not show documentation regarding Resident #2's change in condition; neither the PP was notified of the Resident's change in condition.  The surveyor conducted an interview with the Unit Manager (UM) on 7/2/19 at 12:34 p.m., she stated change in Resident's condition, including observations, that were out of ordinary such as gray skin color must be documented and physician should be notified.  The surveyor conducted an interview with the Licensed Practical Nurse (LPN#1) on 7/2/19 at 1:21 p.m., the nurse who was assigned to Resident #2 on [REDACTED] from 3:00 p.m.- 11:00 p.m. The LPN stated she did not like Resident #2's skin color (referring to Resident #2's gray skin color) that day on [REDACTED]. Furthermore, she stated that the Resident's normal color was pink, not pale and not gray. LPN #1 revealed that the Resident was not in respiratory distress. However, the Resident refused to have vital signs ( blood pressure, respiratory rate, temperature and pulse rate) taken. LPN #1 stated she could not recall if she reported the aforementioned Resident's condition to the Registered Nurse	F 580			

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F 580	<p>Continued From page 4</p> <p>Supervisor. Furthermore, the LPN revealed she could not recall if she informed the PP and was unable to provide documentation that the PP had been notified of the Resident's change in condition on [REDACTED] at 9:40 p.m.</p> <p>The surveyor conducted an interview with Resident #2's Primary Physician on 7/2/19 at 2:19 p.m. The PP did not recall being informed of the Resident's change in condition on [REDACTED] at 9:40 p.m. The PP explained that gray skin color could mean the following but not limited to: Anemia, Blood Loss, and Infection. He revealed he would have definitely order to transfer the Resident to an Acute Hospital on [REDACTED], if he was notified about it.</p> <p>The "Charge Nurse Job Description" form was updated on 10/4/18, showed: "Qualifications: Registered Professional Nurse or Licensed Practical Nurse in the State of New Jersey. Reports to: Nursing Supervisor." The same form under "Duties and Responsibilities: To provide direct nursing care and supervise all nursing activities on the nursing unit...To observe, evaluate and report patients' symptoms, reactions and progress to the attending physician..."</p> <p>An undated policy titled "Reporting Change in Resident's Condition Policy Procedure" showed: "It is the policy of the [name of the facility] to monitor resident's condition closely and report all changes on a timely manner to ensure appropriate assessment and intervention by all clinicians to maintain optimum resident care...Procedure: 1. Upon identification of changes of a resident, by any nursing staff (all levels) the change is to be reported to immediate supervisory staff, example...Charge Nurse to</p>	F 580			

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F 580	Continued From page 5 Nursing Supervisor...The Physician notified with updated clinical information...2. All changes of condition to be reported are to include, but is not limited to: general condition...skin condition..."  The policy titled, "Response to Change in Resident Condition..." was revised on 8/1/11, showed: "Purpose: To provide prompt intervention when a significant change occurs in the resident's physical...Procedure: When onset of new symptoms is noted, the physician is to be notified by telephone..."  NJAC 8:39-13.1(d)	F 580		