

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

PRINTED: 08/09/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315206</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/13/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANAHAWKIN CONV CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 RT 72 WEST</b> <b>MANAHAWKIN, NJ 08050</b>		
(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  COMPLAINT: # NJ 140226  CENSUS: 84  SAMPLE SIZE: 4  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842		5/25/21	

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

TITLE

(X6) DATE

Electronically Signed

05/25/2021

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 842	Continued From page 1  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.  §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening	F 842			

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F 842	<p>Continued From page 2</p> <p>and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 140226</p> <p>Based on observations, interviews, review of medical records and other pertinent facility documents on 5/13/2021, it was determined that the facility failed to: maintain a complete, accurate, and readily accessible medical records and follow the facility policy titled, "Medical Records." for 1 of 4 residents (Resident #3). This deficient practice is evidenced by the following:</p> <p>According to the "FACE SHEET" Resident #3 was originally admitted to the Facility on [REDACTED] with diagnoses which 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], which indicated that the Resident had [REDACTED]. The MDS also indicated that the Resident required limited assistance for Activities of Daily Living (ADLs).</p> <p>The "NURSE'S NOTES (NN)" dated [REDACTED] showed that Resident #3 was discharged from the facility to the hospital for admission.</p>	F 842	<p>F-tag 842</p> <ol style="list-style-type: none"> <li>On 5/13/2021 all attempts to locate the missing documentation from resident #3 medical record was immediately initiated by the Director of Nurses and the Facility Director. The Medical Record for resident #3 was located.</li> <li>All residents have the potential to be affected by this deficient practice when medical records are not maintained in a complete, accurate and readily available manner. An audit was done of the medical records of residents that were discharged from the facility in the past 30 days to ensure they were complete, accurate and readily available. None were found to be deficient.</li> <li>An in-service was done on 5/14/2021 by the Director of Nurses and Assistant Director of Nurses with all nurses and Topline staff in regards to the policy and procedure for Maintaining Medical Records and the importance of maintaining complete, accurate and readily available resident records. On 5/17/21, A Root Cause Analysis (RCA) was conducted by the management staff to determine the cause of the event and to</li> </ol>		

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F 842	<p>Continued From page 3</p> <p>The staff agreed that they were not able to find the following documentation for Resident #3's medical record such as:</p> <ol style="list-style-type: none"> <li>1. The Physician Progress notes for [REDACTED]</li> <li>2. The Nursing Progress notes from [REDACTED] to [REDACTED]. The last documentation was [REDACTED]</li> <li>3. The Physician's Order Form (POF) for [REDACTED], showed an order dated [REDACTED] for [REDACTED] every 3 months. The MR did not contain the aforementioned [REDACTED] results for the months of [REDACTED] and June [REDACTED]</li> </ol> <p>During an interview with the Director of Nursing (DON) and the Facility Director (FD) on 5/13/2021 at 11:41 a.m., and 12:45 p.m., stated that the facility did not currently have a Medical Records Manager since she left in [REDACTED], and other staff are filling in. They could not explain why the aforementioned MR for Resident #3 was unavailable.</p> <p>The facility policy titled, "Medical Records." undated, showed "...C) Medical records shall be initiated for each resident upon admission. The current medical record shall be readily available and shall include at least the following information when such information becomes available...6. Clinical notes for the past three months incorporating written, signed and dated notations by each member of the health care team who provided services to the resident...The record will be protected against loss, destruction, or unauthorized use. Medical records will be retained for a period of 10 years."</p>	F 842	<p>make corrective actions. It was determined that the Medical record for resident #3 had been misfiled due to insufficient education of the nursing staff in regards to the Policy and Procedure for Medical Records.</p> <p>4. The Facility Director and the Director of Nurses will review the medical records of three (3) discharged residents monthly x 60 days to ensure the Policy and Procedure for Maintaining Medical records is being followed. All findings will be reviewed at the Quality Measure Meeting x 2 quarters.</p>		

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