STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315206	A. BUILDING _____ B. WING _____	09/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANAHAWKIN CONV CTR	1211 RT 72 WEST MANAHAWKIN, NJ 08050

(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 CENSUS: 79 SAMPLE SIZE: 29	F 000		
F 688 SS=D	The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities. Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of other documentation, it was	F 688	F-688	10/9/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/24/2019

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F 688	Continued From page 1 determined that the facility failed to effectively monitor the use of a [redacted] used to [redacted] of a resident with limited range of motion. This deficient practice was identified for 1 of 2 residents (Resident #80) who were reviewed for mobility and positioning and was evidenced by the following: On 9/8/19 at 11:55 AM, the surveyor observed Resident #80 seated in a wheelchair, self propelling independently down the hallway using the right arm and both feet. The resident was not using the [redacted] The surveyor observed that there were [redacted] in place. On 9/8/19 at 12:29 PM, the surveyor observed the resident in the dining room. The [redacted] was visible and [redacted]. There was [redacted] in place to the [redacted]. On 9/9/19 at 12:18 PM, the surveyor observed the resident eating lunch in the dining room using their right hand. At the end of the meal, the resident left the dining room and the surveyor observed that the resident's [redacted] e. During all subsequent observations on 9/10/19 and 9/11/19, the resident did not use their [redacted], which remained [redacted]. According to the medical record, Resident #80 had a physician's order dated 1/31/19 for Occupational Therapy (OT) treatment to include [redacted] Upon review, the OT Discharge Summary dated 3/7/19 included recommendations for a [redacted] and indicated that the staff had been inserviced in its	F 688	1. Resident # 80 [redacted] was discontinued on 9/12/2019. 2. All residents have the potential to be effected when orders for non-use or non-compliance of [redacted] are not used. An audit of all residents using [redacted] were reviewed to ensure continuation of use or discontinuation if necessary, and care plans updated if needed. 3. An in-service was done by the DON with the unit managers, therapy director and the nursing administration on ensuring that documentation is up to date monthly on the use of restorative devices or the lack of use. 4. The DON will ensure monthly meetings are done and updates are completed on the use of [redacted]. The DON will monitor every month x 3 months and every other month x 6 months. All findings will be reported at the Quality Assurance meeting x 3 quarters.	

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F 688	Continued From page 2	F 688		

application and instructions for use. The surveyor note a subsequent physician's order dated 3/6/19 for a [redacted] to be [redacted] for up to eight hours as tolerated during the day and to be removed for hygiene and skin checks.

A review of the most recent Minimum Data Set, (an assessment tool used by the facility) dated [redacted] revealed, Resident #80 had a diagnosis of a [redacted]. The assessment also indicated that the resident was not [redacted].

The Care Plan dated 4/2/19 indicated that the resident was at risk for [redacted]. The Care Plan also reflected that the interventions were last evaluated on 8/14/19.

In an interview on 9/10/19 at 10:39 AM the Unit Manager recalled that the resident had used a [redacted] in the past and had sometimes refused to wear it. The Unit Manager went on to say that she was unsure if the resident still used the [redacted] and speculated that it might have been discontinued. The Unit Manger accompanied by the surveyor went to resident's room and found the [redacted] lying inside the resident's top drawer.

On 9/10/19 at 11:30 AM, in the presence of the Unit Manager and the surveyor, the resident was able to demonstrate the ability to open th [redacted] into a

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F 688	Continued From page 3	F 688		

partially open position without difficulty. When asked at that time, the resident replied that it had been approximately [redacted]. In a follow up interview on 9/10/19 at 12:41 PM the resident stated it had been approximately two months.

In an interview on 9/11/19 at 10:37 AM, the Director Of Rehabilitation (DR) stated that the [redacted]. The DR explained that the staff had received inservice training regarding its use, application and monitoring and that this information was located inside a Certified Nursing Assistant (CNA) binder which was available to staff on the unit. The DR also stated there was a visual reference of the resident's [redacted] contained in the binder and inside the resident's closet to ensure proper application. When reviewed, the [redacted] instructions, inservice training and visual reference were all present in the CNA Binder. There was no visual reference posted inside the resident's closet. The DR stated that the order and instructions for the [redacted] were to be documented on the resident's Treatment Administration Record (TAR) to ensure its daily application, monitoring and documentation of its use by nursing personnel. The surveyor and DR then reviewed the resident's 9/19 monthly Physician Order Sheet (POS) and 9/19 TAR and the order for the [redacted] that had been ordered on 3/7/19 was not present on either record. Furthermore, of the resident's TAR and Monthly POS documents from 4/19 through 8/19 also failed to contain the orders for the [redacted] or documentation regarding its use. The DR stated that she performed regular audits regarding the use of these devices to ensure that all of the necessary documentation was present

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F 688	Continued From page 4 as required. The DR then stated that she must have overlooked this resident. In an interview on 9/12/19 at 10:15 AM, the Regional Executive Director stated that a meeting had been held on 7/8/19, which included the Unit Manager and Director of Rehabilitation, to discuss the resident's observed non-compliance with wearing the [redacted]. The Regional Executive Director then stated that all who had been present at the meeting had agreed to discontinue the [redacted] at that time due to refusals and lack of use. The facility was unable to provide documentation of the meeting, or documented evidence that the [redacted] had been discontinued. According to the facility's Resident Mobility and Range Of Motion Policy dated 5/26/19, indicated Residents with limited mobility were to receive appropriate services, equipment and assistance to maintain or improve mobility unless a reduction in mobility was unavoidable. this was to include the application of [redacted] recommended by the therapy director and approved by the physician. NJAC 8:39-27.2(m)	F 688		