

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

PRINTED: 11/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315104	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/14/2020
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NAME OF PROVIDER OR SUPPLIER CORNELL HALL CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 234 CHESTNUT STREET UNION, NJ 07083
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F 000	INITIAL COMMENTS COMPLAINT #NJ00137335, NJ00137786, NJ00136164, & NJ00136980 CENSUS: 90 SAMPLE SIZE: 6 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.	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	F 580		9/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/21/2020
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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>§483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</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: Complaint #NJ00137786</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure that the responsible party was notified of a change in condition with regards to a [REDACTED] in the [REDACTED] and a new skin opening on [REDACTED], in accordance with the facility's policy.</p> <p>This deficient practice was identified for Resident #2, 1 of 1 resident reviewed and was evidenced by the following:</p>	F 580	<p>1. Notification of Changes Policy and Procedure was immediately reviewed for Resident #2 and responsible family member was notified. All residents when a nurse who identifies/identified a [REDACTED] will immediately call/notify the responsible party.</p> <p>2. All Residents with a change of condition i.e.. incident/accident, significant change (medically, mentally or psychosocial), treatment changes, transfer/discharge, room/roommate</p>		

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F 580	<p>Continued From page 2</p> <p>On 8/14/2020 at 8:36 AM, the surveyor observed residents in the [REDACTED] Wing attended by staff promptly. The [REDACTED] Wing was observed to be clean with no foul odor.</p> <p>On 8/14/20 at 8:45 AM, the Certified Nursing Assistant (CNA) informed the surveyor that she remembered taking care of Resident #2 two days before the resident was transferred to the hospital but was unable to remember if the resident had a [REDACTED] because it was a long time ago.</p> <p>On 8/14/2020 at 8:52 AM, the Licensed Practical Nurse#1 (LPN#1) informed the surveyor that she was the nurse for Resident #2. The LPN stated that the resident had only [REDACTED] on the [REDACTED] and was not sure if it developed in the facility. She further stated that the resident like other residents in the facility had a preventative barrier cream, was on a turning and repositioning schedule, and received incontinence care. When the surveyor questioned the LPN about notification of the responsible party concerning development of or change in a [REDACTED] she told the surveyor that the nurse who identifies a new or worsened [REDACTED] should notify the responsible party.</p> <p>On that same day at 9:30 AM, the Director of Nursing (DON) informed the surveyor that the facility provides incontinence care, preventative cream, turning and repositioning to all incontinent residents according to facility protocol. The DON stated that a resident who developed new wounds of any kind would be assessed by a nurse and the care plan would be updated. She further stated that it was facility policy that the</p>	F 580	<p>change or change of resident rights have the potential to be affected by the deficient practice.</p> <p>3. All staff immediately received re-education by the DON/ADON on company policies in regards to Change of Condition notification which ensures the facility promptly informs the required parties involved with care (Injury/Decline/Room, etc). The incident and accident reporting policy which states notification of MD and Family/Resident representative. Education provided on importance of documentation of notification to all responsible parties. Continued education will be provided as audits are conducted and updates are received.</p> <p>4. The Director of Nursing and/or designee will audit all new changes of conditions, SBAR's (Situation, Background, Assessment and Recommendation) and/or incidents and accidents within 24 hours to ensure adherence to the Notification of change policy in regards to communication with MD/Responsible parties involved with care of resident. The audit will be conducted daily for 2 weeks, weekly for 4 weeks and monthly for 2 months. The results of these audits will be submitted to the Quarterly Quality Assurance and Performance Improvement (QAPI) committee for review to determine if further action to the plan is needed.</p>	

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F 580	<p>Continued From page 3</p> <p>nurse who identified a new or worsened [REDACTED] would also be responsible for notifying the responsible party.</p> <p>A review of the resident's Face Sheet (an admission summary), indicated that the resident had diagnoses which included but not limited to [REDACTED].</p> <p>A review of the [REDACTED] Significant Change 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] which reflected that the resident had [REDACTED] cognition. The MDS revealed that the resident had a facility acquired [REDACTED]. Also, the MDS indicated that the resident had a [REDACTED] device for chair and bed, nutrition and hydration interventions to [REDACTED], [REDACTED] and application of ointments.</p> <p>A review of the [REDACTED] Skin Only Evaluation (SOE). Documentation by LPN #2 revealed that the resident was assessed as having a [REDACTED]. This was the initial assessment of the [REDACTED].</p> <p>Further review of the SOE dated [REDACTED] revealed documentation by a Licensed Practical Nurse/Unit Manager (LPN/UM) that the [REDACTED].</p> <p>A review of the [REDACTED] Health Status Note written by the LPN/UM revealed that the responsible party called the facility on [REDACTED] to</p>	F 580		

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F 580	<p>Continued From page 4</p> <p>report she observed a [REDACTED] on the resident's [REDACTED] when she accompanied the resident out for an appointment. The responsible party also stated that they were not notified of the new [REDACTED] on the [REDACTED]</p> <p>There was no documentation in the medical record that the responsible party was made aware of the change in a condition of the [REDACTED] which had [REDACTED] and there was a new [REDACTED].</p> <p>On 8/14/2020 at 12:15 PM, the DON informed the surveyor that there was no documentation that the responsible party of Resident #2 was notified of the [REDACTED] to the [REDACTED] and the [REDACTED].</p> <p>On 8/14/2020 at 2:20 PM, the surveyor was unable to reach the LPN/UM for an interview.</p> <p>A review of the Notification of Changes Policy with a revised date on 11/2017 provided by the DON reflected that the facility must inform the resident, consult with the resident's physician, and/or notify the resident's family member or legal representative when there is a change requiring such notification.</p>	F 580			
F 812 SS=D	<p>NJAC 8:39-13.1 (d) Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources</p>	F 812		9/14/20	

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F 812	<p>Continued From page 5</p> <p>approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: C#NJ00136980</p> <p>Based on observation, interview and record review, it was determined that the facility failed to serve meals in a manner that was palatable to residents. This deficient practice was identified and confirmed with test tray temperatures, as evidenced by the following:</p> <p>On 8/14/20 during the entrance conference, the team coordinator requested Resident Council minutes from the month of June 2020. Review of the June 2020 Resident council minutes dated 6/25/20 revealed that three residents were interviewed. Under "Current Situation/Concern" for dietary revealed the following:</p> <ul style="list-style-type: none"> - "Soups are 'deplorable.' - "Food is not served hot." - "Beverages like soda, juice or milk are given warm temperature." 	F 812	<ol style="list-style-type: none"> 1. Resident Council minutes will be reviewed immediately for concerns regarding food and temperatures. Food Truck #1 and all Trucks used to provide meals to residents were immediately identified and cold items were served at 40 degrees F or below and all hot foods 145 degrees F or higher. 2. All residents who are provided meals and reside at [REDACTED] Care had the ability to be affected by this deficient practice. The center will continue to have food prepared by methods that conserve nutritive value, flavor, and appearance with the safe/appropriate temperatures. 3. The Director of Dinning Services and or designee will in service all dietary personnel on properly chilling all cold food items and recording cold food 		

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F 812	<p>Continued From page 6</p> <p>On 8/14/20 at 12:03 PM, the surveyor observed food truck #1 arrive to the high side of the [REDACTED] unit. The surveyor observed that the food trucks utilized to deliver food trays on the units were open trucks.</p> <p>On 8/14/20 at 12:11 PM, on the high side of the [REDACTED] unit the surveyor, in the presence of a Licensed Practical Nurse (LPN), took the following temperatures of a regular diet lunch tray:</p> <p>Crispy Fried Fish with sesame ginger sauce: 135.6 degrees Fahrenheit (F). Sauteed cabbage: 135.5 degrees F. White rice: 136.9 degrees F. Fruit cocktail: 62.4 degrees F. Black coffee: 130.3 degrees F. Reduced fat milk: 57.6 degrees F.</p> <p>On 8/14/20 at 12:30 PM, the surveyor interviewed the Food Service Director (FSD) who stated he took lunch tray line temps in the kitchen and there were no issues with temperatures off the the tray line. The surveyor requested copies of the tray line temperatures. The FSD further stated that the holding temperature for the fish should be 135 degrees. At that same time the surveyor questioned the FSD regarding the milk and fruit cocktail temperatures. The FSD stated, " I place the milk in the freezer in the morning then on ice. I don't know why those temperatures came in at 57.6 and 62.4 degrees. The FSD confirmed the temperatures were to warm and should be below 41 degrees.</p> <p>Review of the 8/14/20 tray line temperatures for the lunch meal provided by the FSD revealed the</p>	F 812	<p>temperatures prior to meal service.</p> <p>The Director of Dinning Service and or designee will in service all cooks and dietary personnel on properly preparing all hot foods and recording of hot food temperatures prior to meal service.</p> <p>The Director of Dinning Service and/or designee will monitor the cold and hot food temperatures for all menu items at each meal.</p> <p>The Director of Dinning Service and/or designee will continue to enforce and monitor the hot and cold food policy. All dietary personnel have been educated on hot and cold food temperatures.</p> <p>The Director of Dinning Services and/or designee will continue to educate and monitor all dietary personnel to ensure proper hot and cold food standards are being met.</p> <p>4. The Director of Dinning Service and/or designee will do daily tray assessment inspections for 60 days and report findings to the Administrator.</p> <p>Following the 60 day checks the Food Service Director and/or designee will do weekly tray assessment audits and report findings, will be brought to the QAPI meeting and Administrator for further review and recommendations for the next 3 quarterly meeting and as needed afterwards.</p>		

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F 812	<p>Continued From page 7</p> <p>following temperatures: Entree- main: 185 degrees F. Milk: 31 degrees F Hot beverage: 189 degrees F dessert: 36 degrees F</p> <p>On 8/14/20, the FSD provided the surveyor with a "Cold Food Policy" revised 6/3/13. The policy revealed that "food will be delivered to resident at a temperature of 41 degrees Fahrenheit or lower."</p> <p>On 8/14/20 at 3:10 PM, the surveyor meet with the administrator, Director of Nursing and the Assistant Director of Nursing regarding the above observations and concerns.</p> <p>NJAC 8:39-17.4(e)</p>	F 812			