CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFIC ENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:		. ,	E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY COMPLETED C		
		B. WING				
315200 NAME OF PROVIDER OR SUPPLIER ARISTACARE AT DELAIRE				O8/18/20 STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE LINDEN, NJ 07036		
(X4) ID PREFIX TAG	(EACH DEFIC ENC	TATEMENT OF DEFIC ENCIES CY MUST BE PRECEDED BY FULL LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETIO	
F 000	INITIAL COMMENTS	3	F 000			
	COMPLAINT #: NJ 136889; NJ 135867; NJ 136419; NJ 135241 CENSUS: 163 SAMPLE: 5 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 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)		F 658	3	9/15/20	
	The services provide as outlined by the co must- (i) Meet professional	rehensive Care Plans ed or arranged by the facility, omprehensive care plan, standards of quality. T is not met as evidenced				
	Complaint #: NJ001	36889 n, interview and record		-LPN #1 and LPN #2 were disciplined due to failure to follow wound protocol not initiating an incident report and treatment orders to the identified ^{Exec Order}		
	review, it was determined that the facility failed to follow wound protocol to initiate incident report and treatment when there is a new ^{Exec Order 20} identified, in accordance with nursing standards of clinical practice and the facility's pressure ulcer policy.			of resident #1 on 6/8/2020 and 6/9/2020.	-	
				-The clinical educator/designees will complete a re-education with the nursi staff on the policy and procedures rela to wounds in relation to incident report	ited	
		e was identified for Resident wiewed for pressure ulcer e following:		completion and treatment initiation. The Director of nursing/designee will audit wound reports once a week for 2 mon including incident reports and treatment	the ths	
	Reference: New Jers	sey Statutes, Annotated Title		orders to ensure proper procedure is		
	DRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	RE	TITLE	(X6) DATE 09/03/202	

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/25/2020 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFIC ENCIES (X2) MULT PLE CONSTRUCTION AND PLAN OF CORRECTION IDENT FICATION NUMBER: COMPLETED A. BUILDING С 315200 B. WING 08/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE ARISTACARE AT DELAIRE LINDEN, NJ 07036 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFIC ENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID D (EACH DEFIC ENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENT FY NG INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 658 Continued From page 1 F 658 45, Chapter 11. Nursing Board The Nurse completed for Exec Order 26 documentation. Practice Act for the State of New Jersey stated, "The practice of nursing as a registered -After the weekly audits x2 months the professional nurse is defined as diagnosing and steering committee will determine continued need/frequency of the audits. treating human responses to actual or potential physical and emotional health problems, through These audits will be reported monthly such services as case finding, health teaching, through the Quality Assurance Steering health counseling, and provision of care Committee to identify any trends or supportive to or restorative of life and wellbeing, concerns. and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist." Reference: New Jersey Statutes, Annotated Title 45, Chapter 11. Nursing Board The Nurse Practice Act for the State of New Jersey stated, "The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case-finding; reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist." On 8/18/20 at 9:20 AM, the surveyor observed the NUSA 47 1A-1 reasonable pr and residents' rooms, noted to be clean and with no identified odor. On 8/18/20 at 9:11 AM, the Licensed Practical Nurse #1 (LPN#1) informed the surveyor that according to the facility's policy, all residents with incontinence and required assistance with activities of daily living (ADLs) are provided with turning and repositioning (T and P), preventative cream barrier and incontinence care every two hours or as needed. She further stated that the nurse would assess any resident who develops a

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFIC ENCIES (X2) MULT PLE CONSTRUCTION AND PLAN OF CORRECTION IDENT FICATION NUMBER: COMPLETED A. BUILDING С 315200 B. WING 08/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE ARISTACARE AT DELAIRE LINDEN, NJ 07036 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFIC ENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID D (EACH DEFIC ENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENT FY NG INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 2 F 658 F 658 Exec Order 26 § 4b1 individual's health inft, initiate an investigation report, report to the physician to obtain a treatment order, and notify the responsible party. LPN#1 informed the surveyor that all the facility residents were on weekly skin monitoring in the Treatment Administration Record (TAR). At that time, LPN#1 indicated that she was the nurse of Resident #1 in the unit. LPN#1 stated that Resident #1 was Exec Order 26 § 4b1 indiv She further stated that she could not remember if she was the one who first identified the Exec Order 26 § 4 and if an investigation was initiated when the new Exec Order 26 § 4 were identified. Furthermore, LPN#1 informed the surveyor that the Exec Order 26 § 4b1 individual's health info doctor weekly until the resident expired. LPN#1 was unable to remember if there were previous treatment medications before the Exec Order 26 § 4b1 individ A review of the resident's Face Sheet (an admission summary), disclosed that the resident had diagnoses that included, but was not limited to, Exec Order 26 § 4b1 individual's health info A review of the 11/8/19 Comprehensive Minimum Data Set (CMDS) and [145] 4b1 individual's hea

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391	
STATEMENT OF DEFIC ENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT FICATION NUMBER:	l` í	LT PLE CONSTRUCTION		(X3) DATE COME	(X3) DATE SURVEY COMPLETED	
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NAME OF PF	ROVIDER OR SUPPLIER		ł		STREET ADDRESS, CITY, STATE, ZIP CODE			
ARISTACARE AT DELAIRE			400 W STIMPSON AVE LINDEN, NJ 07036					
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F 658	Summary Statement of DEFIC ENCIES (Each DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION) Continued From page 3 Exec Order 26 § 4b1 individual's health info Underterly MDS both revealed that the resident had no become 20 abl individual's health info by LPN 2000 20 abl individual's health info Deficiency and the incident Report (IR), provided by the Medical Record Staff (MRS), showed that the resident was noted with a become 20 abl individual's health and the family were notified of the new become 20 able (B/20) IR summary showed that the physician and the family were notified of the new become 20 able (B/20) at 15:06 (3:06 PM), LPN #1 informed Resident #1's responsible party about the Exec Order 26 § 4b1 individual's health info identification of the Exec Order 26 § 4b1 individual's health info . A review of the IR provided by the MRS showed no investigation was initiated for the 6/9/20 identification of the Exec Order 26 § 4b1 individual's health info . The surveyor reviewed the New Order Review of the physician for June 2020, which revealed that Resident #1 had a physician's order, dated 6/11/20, Exec Order 26 § 4b1 individual's health info area every shift for skin protectant ointment to apply to the Exec Order 26 § 4b1 individual's health info area every shift for skin protectant with a start date on 2/22/18 and discontinued on 6/11/20. There was no physician's order noted for the Exec Order 26 § 4b1 individual's health info identified on 6/8/20.		F	658				
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PRINTED: 09/25/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFIC ENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULT PLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENT FICATION NUMBER: A. BUILDING С 315200 B. WING 08/18/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 400 W STIMPSON AVE ARISTACARE AT DELAIRE LINDEN, NJ 07036 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFIC ENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID D (EACH DEFIC ENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENT FY NG INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 658 Continued From page 4 F 658 During a phone conversation on 8/18/20 at 11:50 AM, LPN#2 declined to talk to the surveyor. On 8/18/20 at 1:24 PM, the Director of Nursing (DON) informed the surveyor that it was expected for the nurses who identified a new Exec Order 26 § 4b1 individuals to initiate an investigation, notify the physician to obtain a treatment order, notify the responsible party and document according to the facility protocol and policy with regards to Exec Order 26 § 4b1 individual's health info. She further stated that preventative treatments were in place and that the Exec Order 26 § 4 were unavoidable due to the resident's comorbidities. On that same date at 2:48 PM, the DON informed the survey team that LPN#1 and LPN#2 were disciplined due to failure to follow Exec Order 26 § protocol by not initiating an incident report and treatment orders to the identified Exec Order 26 § 4b of Resident #1 on 6/8/20 and 6/9/20. The DON provided a copy of the Disciplinary Action Report dated 8/18/20 addressed to LPN#1 and LPN#2. A review of the undated Pressure Ulcers/Skin Breakdown-Clinical Protocol Policy that was provided by the Licensed Nursing Home Administrator (LNHA) reflected, "The physician will authorize pertinent orders related to wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings, and application of topical agents."

A review of the undated Pressure Ulcer Risk Assessment Policy provided by the LNHA revealed that "Risk Assessment-a pressure ulcer

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		ID HUMAN SERVICES MEDICAID SERVICES					M APPROVED O. 0938-0391
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	ROVIDER OR SUPPLIER			40	TREET ADDRESS, CITY, STATE, ZIP CODE 00 W STIMPSON AVE INDEN, NJ 07036		<i>ii</i> 10/2020
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F 658	nurses are to be notif skin changes are ider	be completedMonitoring: ied to inspect the skin if ntifiedreport other ance with facility policy and	F	- 658			
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