

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

PRINTED: 09/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2021
NAME OF PROVIDER OR SUPPLIER NORTH CAPE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204		
(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 DATE: 02/24/2021 CENSUS: 90 SAMPLE: 21 A Recertification Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Deficiencies were cited for this survey.	F 000			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to implement physician orders for 3 of 21 residents (Residents [redacted], [redacted] and [redacted]) reviewed for physician orders. This deficient practice was evidenced by the following: 1. On 02/16/21 at 09:48 AM during a tour of the Admission [redacted] the surveyor interviewed Resident [redacted] in their room. The resident was lying in bed. The resident was [redacted] Executive Order 26, 4.b. At that time, the surveyor observed the resident was wearing a [redacted] Executive Order 26, 4.b. (Executive Order 26, 4.b.) that was attached to an [redacted] Executive Order 26, 4.b. (device used	F 658	Resident [redacted] was [redacted] Executive Order 26, 4.b. facility. Resident # [redacted] had an order entered for calazime on 2/5/21 Resident # [redacted] had an order entered for [redacted] Executive Order 26, 4.b. on 2/22/21 An audit was conducted of medical records of newly admitted residents/patients to identify missing orders with none noted. All nursing staff received education regarding Transcription of Orders policy. Unit Manager or designee will conduct an audit weekly of all new admissions to	3/18/21	

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

TITLE

(X6) DATE

Electronically Signed

03/08/2021

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 658	<p>Continued From page 1 Executive Order 26, 4.b. Executive Order 26, 4.b.</p> <p>During a follow-up interview with the surveyor on 02/19/21 at 10:42 AM, Resident Executive was in his/her room seated in a wheelchair. The resident Executive Order 26, 4.b. At this time, the surveyor observed the resident was Executive Order 26, 4.b. Executive Order 26, 4.b.</p> <p>According to the Face Sheet, Resident Executive was Executive Order 26, 4.b.</p> <p>Review of Resident Executive's admission Minimum Data Set (MDS), an assessment tool, dated 01/29/21, revealed that the resident was Executive Order 26, 4.b.</p> <p>Review of Resident Executive's medical record revealed there were no current physician orders Executive Order 26, 4.b.</p> <p>Review of Resident Executive's medication administration record (MAR) and treatment administration record (TAR) did not reveal physician orders to Executive Order 26, 4.b.</p> <p>Review of Resident # Executive's care plan revealed the resident Executive Order 26, 4.b.</p> <p>Review of the Nurse Assessment tools, dated 02/16/21, 02/17/21 and 02/18/21, revealed,</p>	F 658	<p>confirm that order transcription is present as indicated for treatment of individual resident. Unit Manager or designee will review this audit with Director of Nursing or designee weekly.</p> <p>Director of Nursing or designee will report monthly to QA committee with the results of these audits x3 months. QA Committee will evaluate the need for continued monitoring after 3 months.</p>	

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F 658	<p>Continued From page 2</p> <p>Resident [redacted] received [redacted] Executive Order 26, 4.b.</p> <p>During an interview with the surveyor on 02/22/21 at 10:41 AM, a Licensed Practical Nurse (LPN) #1 confirmed Resident [redacted] did not have a physician's order for [redacted] Executive Order 26, 4.b. LPN #1 confirmed the resident's MAR and TAR did not have a physician's order to [redacted] Executive Order 26, 4.b.</p> <p>During an interview with the surveyor on 02/24/21 at 11:17 AM, the Administrator stated that there was a typographical error on the resident's Nurse Assessment where [redacted] Executive Order 26, 4.b. was noted. She stated that all other free form documentation for nursing notes indicated Resident [redacted] received [redacted] Executive Order 26, 4.b. She further stated that documentation recorded by the Nurse Practitioner (NP) revealed Resident [redacted] Executive Order 26, 4.b. was [redacted] Executive Order 26, 4.b. The Administrator confirmed there was no physician order and further stated that all staff received education on timely order transcription.</p> <p>2. On 02/19/21 at 11:20 AM, the surveyor interviewed Resident [redacted] Executive Order 26, 4.b. his/her room. The resident was [redacted] Executive Order 26, 4.b. The resident acknowledged that he/she was [redacted] Executive Order 26, 4.b. on his/her [redacted] Executive Order 26, 4.b.</p> <p>According to the Admission Record, Resident # [redacted] Executive Order 26, 4.b. was [redacted] Executive Order 26, 4.b.</p> <p>Review of the Nursing Documentation - V6 Admission, dated 01/30/21, revealed under the [redacted] Executive Order 26, 4.b. " that a skin check was completed and a [redacted] Executive Order 26, 4.b.</p>	F 658		

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F 658	<p>Continued From page 3 was identified.</p> <p>Review of the Nursing Documentation Note, dated 01/30/21 at 7:55 PM, revealed "The following Executive Order 26, 4.b. were identified: ... Executive Order 26, 4.b. [redacted] e]: description: Executive Order 26, 4.b." The Nursing Documentation Note further revealed "Summary of any additional findings: ... Executive Order 26, 4.b."</p> <p>Review of Resident # Executive Order 26, 4.b. Order Summary Report, dated 02/23/21, did not reveal a treatment order in place from 01/30/21 through 02/04/21.</p> <p>During an interview with the surveyor on 02/23/21 at 9:30 AM, the Unit Manager (UM) stated that they used a Executive Order 26, 4.b. when the resident was admitted with Executive Order 26, 4.b. until the Executive Order 26, 4.b. At that time, a new order for Executive Order 26, 4.b. to the Executive Order 26, 4.b. was ordered and the resident was followed by the Executive Order 26, 4.b. nurse. The UM stated that Executive Order 26, 4.b. needed to have an order from the physician.</p> <p>During an interview with the surveyor on 02/24/21 at 11:28 AM, the Administrator provided two Individual Statement Forms with the handwritten notation of "1/30 - 2/4" to surveyor, one from a Certified Nursing Assistant (CNA) and one from a Licensed Practical Nurse (LPN). The CNA's statement revealed that every time she changed resident, she would apply Executive Order 26, 4.b. Executive Order 26, 4.b.. The LPN's statement revealed that the resident was receiving Executive Order 26, 4.b. Executive Order 26, 4.b. The Administrator confirmed that Executive Order 26, 4.b. and</p>	F 658		

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F 658	<p>Continued From page 4</p> <p>that [redacted] required a prescription. The Administrator further confirmed that the resident received the [redacted] without an order.</p> <p>3. On 02/16/21 at 10:39 AM, during a tour of the Admission Observation Unit, the surveyor interviewed Resident [redacted] in his/her room. The resident was Executive Order 26, 4.b. [redacted] The resident was fully dressed while seated in a wheelchair. Resident [redacted] confirmed he/she had an indwelling [redacted] [redacted]</p> <p>During a follow-up interview with the surveyor on 02/19/21 at 10:56 AM, Resident [redacted] was [redacted] [redacted]. At this time, the surveyor observed the Executive Order 26, 4.b. [redacted] was attached to the drainage bag that contained urine. Resident [redacted] confirmed that he/she had the indwelling catheter upon admission to the facility.</p> <p>According the Face Sheet, Resident [redacted] was Executive Order 26, 4.b. [redacted]</p> <p>[redacted] Resident [redacted] admission MDS, dated 02/03/21, revealed the resident had an Executive Order 26, 4.b. [redacted]. The MDS further revealed that Resident [redacted] was [redacted]</p> <p>Review of Resident [redacted] s care plan, dated 02/04/21, revealed the resident required an Executive Order 26, 4.b. [redacted]</p>	F 658		

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F 658	<p>Continued From page 5</p> <p>Review of Resident [REDACTED]'s current physician orders did not reveal the resident required [REDACTED]</p> <p>During an interview with the surveyor on 02/22/21 at 10:25 AM, LPN #1 confirmed the Resident # [REDACTED]'s medical record did not contain a physician's order for an [REDACTED] Executive Order 26, 4.b. [REDACTED]. LPN #1 stated, "Looks like someone forgot."</p> <p>During an interview with the surveyor on 02/24/21 at 11:17 AM, the Administrator confirmed the resident's physician's orders were updated on 02/22/21, after surveyor inquiry. She further stated that all nurses received education on process for timely order transcription.</p> <p>Upon multiple requests for a policy related to the obtaining of the physician order, the facility provided a "Transcription of Orders" policy dated revised 08/31/20. Review of this revealed under "Purpose:" "To communicate all practitioner orders to caregivers regarding patient's/resident's care and treatment."</p> <p>NJAC 8:39-27.1 (a)</p>	F 658		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315350	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/6/2021	Y3
NAME OF FACILITY NORTH CAPE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 TOWNBANK ROAD CAPE MAY, NJ 08204		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0658	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.21(b)(3)(i)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/06/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/24/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		