

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

PRINTED: 04/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2020
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NAME OF PROVIDER OR SUPPLIER PREFERRED CARE AT OLD BRIDGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6989 RT18 OLD BRIDGE, NJ 08857
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F 000	INITIAL COMMENTS COMPLAINT # NJ 133401, NJ 133451 CENSUS: 112 SAMPLE SIZE: 4	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 133401, NJ 133451 Based on observation, interviews, and review of Medical Records (MR), and other pertinent facility documentation on 2/18/2020 and 2/20/2020, it was determined that the facility failed to provide appropriate incontinence care, and failed to follow the Facility Policy titled "Incontinent Care" for 1 of 4 sampled Residents (Resident #4). This deficient practice was evidenced by the following: 1. According to the Admission Record (AR), Resident #4 was admitted to the facility on [REDACTED] and readmitted on [REDACTED], with diagnoses which included but were not limited to: [REDACTED]	F 677	#1) Resident #4 was provided incontinence care as soon as the cited deficient practice was identified, and two incontinence care products were removed. Resident #4 is free from skin breakdown resulting from cited deficient practice. Dignity of Resident #4 is maintained in administering care and assistance with all activities of daily living (ADL). Power of Attorney for Resident #4 denies any complaints of care towards Resident #4 by the facility staff. #2) All incontinent residents are at risk to be potentially affected by the cited deficient practice. An audit was implemented and completed by the director of nursing on 2/18/2020 to identify any resident who had [REDACTED] incontinence care products applied to them. No deficient practice was identified. Five residents with a Brief Interview for	3/20/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/15/2020
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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 677	<p>Continued From page 1</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #4 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating Resident #4 had [REDACTED] cognitive impairment. The MDS also indicated the resident needed extensive assistance for Activities of Daily Living (ADLs) and was frequently incontinent of [REDACTED].</p> <p>Review of the Care Plan (CP) for Resident #4 with an initiated date of [REDACTED], included the following problem: "...at risk for alteration of [REDACTED], at risk for [REDACTED] due to [REDACTED], and [REDACTED]." Under "Interventions/Tasks" included but was not limited to: Resident's [REDACTED] wants resident to be [REDACTED] diapered at all times. Risks have been explained to family and resident. The CP revision date was [REDACTED]</p> <p>During a Care Tour on 2/18/2020 at 10:10 a.m., accompanied by the Unit Manager (UM) and the Director of Nursing (DON), it was observed that Resident #4 had [REDACTED] disposable diapers in place. The [REDACTED] diaper was yellow which was dry, the [REDACTED] diaper was blue, which was wet and had a [REDACTED]. Resident #4's skin was observed intact.</p> <p>During an interview on 2/18/2020 at 10:11 a.m., the UM stated, the Certified Nursing Assistants (CNAs) should not be [REDACTED] diapering residents here. In addition, she stated she was not sure why they [REDACTED] diapered this resident.</p> <p>During an interview on 2/18/2020 at 10:12 a.m., the DON stated, the resident should not have [REDACTED] diapers in place because we do not [REDACTED]</p>	F 677	<p>Mental Status (BIMS) of 8 or greater were interviewed by the director of nursing to ensure that the staff preserves dignity and satisfactorily provides ADL care according to Federal, State, and company policy and procedures. Two Resident family members/responsible parties with a Brief Interview for Mental Status (BIMS) [REDACTED] were interviewed by the director of nursing to ensure that the staff preserves dignity and satisfactorily provides ADL care according to Federal, State, and company policy and procedures.</p> <p>#3) Root Cause Analysis revealed that retraining about ADL care provision policy in accordance with facility policy and procedures needed to be implemented immediately.</p> <p>Education carried out across all nursing personnel on the ADL care provision policy and procedure specifically including that applying more than one diaper is not a part of policy. Completion date: 02/25/2020</p> <p>Education will be given annually, as necessary and will be a part of the orientation and on-boarding process of new staff.</p> <p>Education carried out across all nursing personnel that if resident representative request application [REDACTED] incontinence care products, the staff will immediately notify the supervisor or the Unit Manager or ADON.</p> <p>The supervisor or the Unit Manager or the ADON or designee will educate the resident representative about the risks of</p>		

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F 677	<p>Continued From page 2 diaper here.</p> <p>During an interview on 2/18/2020 at 10:18 a.m., CNA #1, who was assigned to Resident #4 that day, stated she had not changed the resident since starting her shift at 7:00 a.m., and she did not put [redacted] diapers in place. "I guess the night shift [redacted] diapered him/her." In addition, the CNA stated, the Policy states to change incontinent residents every 2 hours to prevent skin problems and she was never instructed to [redacted] diaper Resident #4.</p> <p>During an interview on 2/18/2020 at 2:44 p.m., the DON stated, if we find a resident [redacted] diapered we talk to the staff and check with the family to see if they requested it. "We try to encourage the [redacted] not to request it. It's a dignity issue." In addition, the DON stated Resident #4 was CP for [redacted] diapering. The Assistant Director of Nursing (ADON) added it to the CP today because she just remembered a conversation she had with the [redacted] a month ago.</p> <p>During an interview on 2/18/2020 at 3:15 p.m., the ADON stated she was reviewing the CP today and realized she never CP the [redacted] diapering the [redacted] requested after having a conversation with her a month ago. The ADON also stated it had nothing to do with the survey today. In addition, the ADON stated the risks were explained to the [redacted] member and [redacted] still wanted him/her double diapered. The ADON was unable to explain why the [redacted] member wanted the resident [redacted] diapered.</p> <p>During an interview on 2/20/2020 at 9:59 a.m., CNA #2 stated, when Resident #4 was on [redacted] assignment about a month ago and a [redacted]</p>	F 677	<p>the request and efforts will be made to discourage such a request and will be documented in the resident's medical record.</p> <p>The supervisor or the Unit Manager or the ADON or designee will document in a patient's medical record as a progress note, update the care plan, and notify all nursing personnel involved in the care of that resident. Furthermore, the supervisor or the Unit Manager or the ADON or designee should ensure that skin check for such residents will be performed and documented daily.</p> <p>The supervisor or the Unit Manager or the ADON or designee will review the request with the social worker at the next care conference meeting or with a change in condition.</p> <p>Completion date: 02/25/2020</p> <p>#4) The Unit Managers or the Assistant Director of Nursing or designee will perform audits of five incontinent residents on all units monthly for three months and then quarterly for 2 more quarters, to ensure that the cited deficient practice is not in place.</p> <p>The results of the audit will be discussed monthly with the administrator and the DON for 3months and then quarterly to the Quality Assurance Performance Improvement Committee.</p> <p>Any deficient practice will be corrected immediately, and the necessity of more audits will be based off the audits.</p>		

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F 677	<p>Continued From page 3</p> <p>member was in the room when the resident was being changed and she "insisted," I put ■■■ diapers on the resident. CNA #2 also stated, "I said it isn't policy here," however, he spoke with the ADON about it and was told to put ■■■ diapers in place.</p> <p>During a post survey telephone interview on 2/21/2020 at 10:18 a.m., Resident #4's ■■■ member stated, ■■■ makes all the decisions for him/her and is the ■■■). The ■■■ stated ■■■ never spoke to anyone at the Facility regarding putting ■■■ diapers in place on Resident #4, and never requested ■■■ diapering. In addition, she stated the staff never spoke to ■■■r about ■■■ diapering and the risks.</p> <p>Review of the Facility's progress notes on ■■■ and ■■■, did not include any documentation by the staff regarding a conversation with the POA of Resident #4 about ■■■ diapering or incontinence care. In addition, the DON was unable to provide any documentation/progress note by the staff regarding conversation with the POA requesting ■■■ diapers.</p> <p>The DON was unable to provide a policy on double diapering.</p> <p>Review of the Facility Policy titled "Incontinent Care" undated, under "Policy:" Residents who are incontinent will be checked on a regular schedule and kept dry. Under "Objective:" To keep the resident as clean and dry as possible. To prevent skin irritation and/or breakdown. To facilitate personal hygiene.</p>	F 677			

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