

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103
---	---

(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 COMPLAINT #: NJ126504 CENSUS: 67	F 000		
F 837 SS=E	<p>Governing Body CFR(s): 483.70(d)(1)(2)</p> <p>§483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and</p> <p>§483.70(d)(2) The governing body appoints the administrator who is-</p> <ul style="list-style-type: none"> (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interviews and review of facility documentation, it was determined that the Administrator failed to ensure that the facilities policy on the Crash Cart (CC) inventory count (IC) was successfully implemented for 2 of 2 CC (CC #1 and CC #2). This deficient practice was evidenced by the following:</p> <p>1. On 7/30/2019 at 1:07 p.m., during an observation of the [REDACTED] with Unit Manager (UM #1), the surveyor conducted an IC of CC #1, which is a wheeled container carrying medicine and equipment for use in emergency situations.</p>	F 837	<p>This plan of correction is the facility <input type="checkbox"/>s credible allegation of compliance. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p> <p>1). The IC for CC #1 was immediately</p>	9/20/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/13/2019
--	-------	-----------------------------

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2019
NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103		
(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 837	<p>Continued From page 1</p> <p>The surveyor visualized a document on the left side of CC #1 titled "11-7 Daily Nursing Crash Cart Check List (CCCL)...Month: [REDACTED] : [REDACTED]. The document listed the name of items and quantity of items. UM #1 indicated that the list represented the contents of the CC.</p> <p>At 1:10 p.m., in the presence of the surveyor, UM #1 completed the IC of CC #1. The IC revealed that 4 of 31 items were missing from the CC; one [REDACTED], and one [REDACTED].</p> <p>The CCCL for CC #1 was signed by a nurse as completed for [REDACTED]. During an interview with UM #1 during the IC of CC #1, UM #1 explained that a signature indicated that the IC of CC #1 was completed on the 11 p.m. to 7 a.m. shift. UM #1 acknowledged that the items on the CCCL should have been in the CC.</p> <p>At 1:20 p.m., in the presence of the surveyor and UM #2, Licensed Practical Nurse (LPN #1) completed the IC for CC #2. The IC revealed that 3 of 31 items were missing which included: one [REDACTED]. The surveyor visualized a document on top of CC #2 titled "11-7 Daily Nursing CCCL... Month: [REDACTED]..." The document was identical to the document located on CC #1.</p> <p>The surveyor observed that [REDACTED] were replaced on CC #1 and CC #2 by the end of the survey.</p>	F 837	<p>replenished to include an [REDACTED].</p> <p>The IC for CC #2 was immediately replenished to include an [REDACTED] bag, one [REDACTED].</p> <p>All licensed nursing personnel were immediately educated regarding the facility Crash Cart Inventory Policy.</p> <p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. All facility licensed nursing personnel have been in serviced regarding the necessity to maintain the facility Crash Cart Inventory on a daily basis and in accordance with expiration dates and inventory indicated on the daily Nursing Crash Cart Check List.</p> <p>4. The facility Unit Managers will conduct daily audits to ensure compliance in this policy and procedure. The facility Administrator as well as the facility Director of Nurses will conduct unannounced routine audits to ensure compliance in this area.</p> <p>The facility Administrator as well as Nursing Administration will evaluate and present all findings to the QAA Committee on a quarterly basis. The facility Administrator will review and evaluate all findings in this area, as well as ongoing evaluation and implementation of all policies and procedures regarding the</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2019
NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103		
(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 837	Continued From page 2 The CCCL for CC #2 was signed for the date of July 30. During an interview with UM #2 during IC of CC #2 at 1:20 p.m., UM #2 revealed that the signature indicated that the IC was completed. UM #2 acknowledged that all items on the CCCL should be in the CC. During the IC of CC #2 at 1:20 p.m., the Assistant Director of Nursing (ADON) stated that there had been no recent emergencies that would have required the utilization of the [REDACTED] or the other missing items on either floor. The ADON acknowledged that the missing items should be on both CCs. At 3:20 p.m., during an interview with the surveyor, the Director of Nursing (DON) revealed that the facility protocol was to have the 11 p.m. to 7 a.m. shift nurse sign and check CCCL daily. The DON further explained the signature indicated that the nurse on duty would be required to check for the presence of all items in the CC before signing. Per the DON, in the event that items are missing from the CC, the facility would have 24 hours to replace the items. The DON explained that this notification process is done verbally during the day or during morning report. The DON was not aware of the missing items from CC #1 and CC #2. The DON further confirmed that there had been no recent emergencies that would account for the missing items on CC #1 or CC #2. Review of an undated facility policy titled "Crash Cart Protocol" included but was not limited to; "Purpose: To have Crash Cart ready to be used in the event of a medical emergency...Crash Cart will include items identified that may be needed for cardio-pulmonary resuscitation. See Crash	F 837	management and operation of this facility together with the facility Governing Body on a regular basis.		

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

PRINTED: 05/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/30/2019
NAME OF PROVIDER OR SUPPLIER MAJESTIC CENTER FOR REHAB & SUB-ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE TWO COOPER PLAZA CAMDEN, NJ 08103		
(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 837	Continued From page 3 Cart Check List. The 11 [p.m.] to 7 [a.m.] licensed nurse will check the crash cart daily to ensure the check list items are available. In the event that there are any missing items, missing items will be replaced immediately or within 24 hours." N.J.A.C.: 8:39- 27.1 (b)	F 837			