

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

PRINTED: 12/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/03/2023
NAME OF PROVIDER OR SUPPLIER STERLING MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052		
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F 000	INITIAL COMMENTS Complaint#: NJ162988, NJ162989, NJ162999 Census: 93 Sample: 15 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 survey.	F 000			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary	F 657		5/31/23	

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

TITLE

(X6) DATE

Electronically Signed

05/04/2023

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 657	<p>Continued From page 1</p> <p>team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT#: NJ162988, NJ162999</p> <p>Based on interviews, medical records review, and review of other pertinent facility documentation on 3/30/2023, 3/31/2023, and 4/3/2023, it was determined that the facility failed to update the comprehensive care plan (CP) with interventions for 2 of 15 residents (Resident #11 & #12) at risk for Ex Order 26 abuse. The facility also failed to follow its policy titled "Care Plans, Comprehensive Person-Centered." This deficient practice was evidenced by the following:</p> <p>Review of the Medical Records was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #11 was admitted to the facility on Ex Order 26. 4B1 with diagnoses which included but were not limited to Ex Order 26. 4B1 [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 3/1/2023, Resident #11 had a Brief Interview of Mental Status (BIMS) score of Ex Ord /15, indicating the Resident was Ex Order 26. 4B1. The MDS also showed Resident #11 was independent with Ex Order 26. 4B1 [REDACTED], and Ex Order 26. 4B1 (ADLs).</p> <p>A review of Resident # 11's progress notes (PNs) dated 3/20/2023 at 6:38 a.m. revealed: "Resident [was] NJ Exec. Order 26:4.b.1, [and] Ex Order 26. 4B1 [milligram] via [by] Ex Order 26. 4B1 administered."</p>	F 657	<p>SPECIFIC RESIDENTS</p> <p>Residents #11 and #12 have been discharged.</p> <p>IDENTIFICATION OF OTHER RESIDENTS</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The facility will ensure all residents with a known NJ Exec. Order 26:4.b.1 background, have an updated care plan addressing this issue.</p> <p>SYSTEMIC CHANGES</p> <p>The Clinical team will review and update residents care plan during daily Clinical Meeting, any residents, including those with a change in condition, who are found to be at risk of NJ Exec. Order 26:4.b.1.</p> <p>On 5/8/23 the Director of Staff Development/Director of Nursing/Designee began educating all nurses, including upon Orientation, on initiating and updating comprehensive care plans on all residents according to facility policy, who are at risk for NJ Exec. Ord.</p>		

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F 657	<p>Continued From page 2</p> <p>A review of the "Order Summary Report (OSR)" for Resident #11 revealed a Physician's Order (PO's): <i>Ex Order 26. 4B1</i>; Supervised lobby visits, dated 3/20/2023.</p> <p>A review of Resident #11's Care Plan (CP) initiated 2/17/2023 revealed under "Focus": <i>Ex Order 26. 4B1</i></p> <p><i>Ex Order 26. 4B1</i> The CP also included under "Goal": "The Resident will not exhibit <i>NJ Exec. Order 26:4.b.1</i> by use of <i>Ex Order 26. 4B1</i> unless prescribed by Medical Doctor (MD), no <i>NJ Exec. Order 26:4.b.1</i>." Also, under "Interventions": included, " Discuss <i>NJ Exec. Order 26:4.b.1</i> with Resident and be very clear, Discuss with Resident any issues which may lead to <i>Ex Order 26. 4B1</i>, Education on effects of medication in combination with <i>Ex Order 26. 4B1</i>. Explore alternative methods of <i>NJ Exec Order 26:4</i> Notify when observed to be <i>NJ Exec. Order 26:4.b.1</i> Explain all policies to Resident at various times throughout Resident's stay."</p> <p>Further review of Resident #11's CP revealed the CP was not updated to reflect the aforementioned PO's that the Resident <i>Ex Order 26. 4B1</i> Supervised lobby visits," order date 3/20/2023.</p> <p>2. According to the AR, Resident #12 was admitted to the facility on <i>Ex Order 26. 4B1</i> with diagnoses which included but were not limited to <i>Ex Order 26. 4B1</i>.</p> <p>According to the "Nursing Evaluation (NE)" form dated 3/3/2023, Resident #12 was oriented and</p>	F 657	<p><i>NJ Exec. Order 26:</i> and any resident with a change in condition, that requires revision/update to his or her daily plan of care.</p> <p>MONITORING</p> <p>The Director of Staff Development/Director of Nursing/Designee will complete weekly audits for the next 90 days, of all new admissions and readmissions who are at risk of <i>NJ Exec. Order 26:4.b.1</i>, to ensure a comprehensive care plan is completed within 7 days of admission. The Report will be submitted to the Administrator. The Administrator will report monthly to the facility's monthly QAPI Committee.</p> <p>The Director of Nursing/MDS Coordinator/Designee will complete weekly audits for the next 90 days of all new admissions and readmissions identified as having a new change in condition placing them at risk for <i>NJ Exec. Order 26:</i>, to ensure their care plan is updated. The Report will be submitted to the Administrator. The Administrator will report monthly to the facility's monthly QAPI Committee.</p>	

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F 657	<p>Continued From page 3</p> <p>Ex Order 26. 4B1. The NE also showed Resident #12 was NJ Exec. Order 26:4.b.1 and transfers with Ex Order 26. 4B1.</p> <p>A review of Resident #12's PNs revealed the following:</p> <p>On 3/6/2023 at 2:26 p.m., the "Resident was given a Ex Order 26. 4B1 test with Ex Order 26. 4B1 results. The Unit Manager explained to the Resident that he/she will have all his/her Ex Order 26. 4B1 discontinued, with the exception of his/her Ex Order 26. 4B1 for Ex Order 26. 4B1 symptoms ... his/her visits will now be supervised, and they will have to be held in the lobby area of the building ..."</p> <p>On 3/7/2023 at 10:41 p.m., " ... Resident received in bedroom, sent to Ex Order 26. 4B1 and received medication dose. Ex Order 26. 4B1 x 3 ... Resident is to have supervised visits and have a companion while out on appointments ..."</p> <p>A review of the "Order Summary Report (OSR)" for Resident #12 revealed a PO's for Ex Order 26. 4B1 without staff escort; Lobby monitored visits only, order date 03/07/2023.</p> <p>A review of the Resident's Care Plan (CP) initiated on 3/08/2023 revealed under "Focus": "The Resident has a NJ Exec. Order 26:4.b.1 Ex Ord Ex Order 26. 4B1 Ex Order 26. 4B1." The CP also included under "Goal": "The Resident will have fewer episodes of Ex Order 26 abuse." Also, under "Interventions": included, " Explain all policies to Resident at various times throughout Resident's stay, Explain all procedures to the Resident before starting and allow the Resident (x minutes) to adjust to changes, If reasonable, discuss the</p>	F 657			

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F 657	Continued From page 4 Resident's ^{NJ Exec. Order 26:4.b.1} Explain/reinforce why the NJ Exec. Order 26:4.b.1 and/or ^{NJ Exec. Order 26:4.b.1} to the Resident." Further review of Resident #12's CP was not updated to reflect the aforementioned PO's that the Resident <i>Ex Order 26. 4B1</i> without staff escort; lobby monitored visits only," order date 3/7/2023. During an interview on 4/3/2023 at 2:10 p.m., when the Surveyor asked the Vice President of Clinical Services (VPCS) about the purpose of the CP, she replied, "The purpose of the CP is to identify the residents' needs, interventions, and the goals, their plan of care." She continued, "If a resident has a Physician's Order to go out on pass with restrictions, [the] restrictions to go out on pass should be on the care plan." A review of the facility policy titled "Care Plans-Comprehensive Person-Centered," revised 11/2017, revealed the following: Under "Policy Statement," "The Facility's Interdisciplinary Team (IDT) will develop a Baseline and /or Comprehensive Care Plan for each resident in accordance with OBRA and MDS guidelines." Under "Procedure," "X. The Comprehensive Care Plan must be completed within 7 days after completion of the Comprehensive Admission Assessment and must be periodically reviewed and revised by a team of qualified persons after each assessment, including the comprehensive and quarterly reviews assessment."	F 657			
F 755 SS=D	N.J.A.C.: 8.39-27.1 (a) Pharmacy Srvcs/Procedures/Pharmacist/Records	F 755		5/31/23	

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F 755	Continued From page 5 CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: C#: NJ162988 Based on interviews, review of the Medical	F 755	SPECIFIC ISSUE Resident #4 was discharged.		

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F 755	<p>Continued From page 6</p> <p>Records (MR), and pertinent facility documents on 3/30/2023, 3/31/2023, and 4/3/2023, it was determined that the facility failed to ensure that the medications ordered by the Physician were received and available to be administered for 1 of 15 residents (Resident #4). The facility also failed to follow its policy titled "Physician Orders." The deficient practice was evidenced by the following:</p> <p>A review of the Medical Record was as follows:</p> <p>According to Resident #4's "Admission Record (AR)," Resident #4 was admitted to the facility on <u>Ex Order 26. 4B1</u>.</p> <p>According to the "Nursing Evaluation (NE)," form dated 03/27/2023, Resident #4 was admitted with a <u>Ex Order 26. 4B1</u> and was <u>NJ Exec. Order 26-4B1</u> and <u>Ex Order 26. 4B1</u>.</p> <p>The "Order Summary Report (OSR)" dated March 30, 2023, contained the following Physician's Orders (POs):</p> <p><u>Ex Order 26. 4B1</u> <u>Ex Order 26. 4B1</u>. Use 2 grams intravenously three times a day for <u>Ex Order 26. 4B1</u>, order date 3/27/2023.</p> <p><u>Ex Order 26. 4B1</u>, Give 1 tablet by mouth three times a day for <u>Ex Order 26. 4B1</u>, order date 03/27/2023.</p> <p>A review of the Medication Administration Record dated 3/1/2023 through 3/31/2023 revealed blank spaces indicating the above POs were not documented as having been administered to</p>	F 755	<p>IDENTIFICATION OF SIMILAR ISSUES</p> <p>All of the residents have the potential to be affected by this deficient practice.</p> <p>SYSTEMIC CHANGE</p> <p>The Director of Staff Development/Director of Nursing/Designee began inservicing all nurses, including newly hired nurses, on 5/8/23, on immediately calling the pharmacy for STAT medication orders for medications that need to be administered prior to routine pharmacy delivery times and if the medication(s) are not available in the back up box; and for those orders that are received after pharmacy hours.</p> <p>The Director of Staff Development/Director of Nursing/Designee began inservicing all nurses, including newly hired nurses, on 5/8/23, on following physician orders in accordance with facility policy.</p> <p>The Director of Staff Development/Unit Manager/Director of Nursing/Designee will review all new admissions, readmissions, an in-house residents with new medication orders during daily clinical meeting regarding timeliness of medication receipt and accuracy of all medication orders.</p>		

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F 755	<p>Continued From page 7 Resident #4 as follows:</p> <p><i>Ex Order 26. 4B1</i> [REDACTED] <i>Ex Order 26. 4B1</i> [REDACTED]. Use 2 gram intravenously three times a day for <i>Ex Order 26. 4B1</i> [REDACTED], on 3/28/2023 at 6:00 a.m.</p> <p><i>Ex Order 26. 4B1</i> [REDACTED]. Give 1 tablet by mouth three times a day for <i>Ex Order 26. 4B1</i> [REDACTED] on 3/28/2023 at 6:00 a.m.</p> <p>A review of Resident # 4's Progress Notes (PNs) dated 3/27/2023 at 10:12 p.m. written by the Licensed Practical Nurse (LPN), revealed the following:</p> <p><i>Ex Order 26. 4B1</i> [REDACTED] Use <i>Ex Order 26. 4B1</i> [REDACTED] intravenously three times a day for <i>Ex Order 26. 4B1</i> [REDACTED] [,] waiting for [the] Pharmacy to deliver.</p> <p>A review of Resident # 4's Progress Notes (PNs) dated 3/27/2023 at 10:13 p.m., written by the LPN, revealed the following:</p> <p><i>Ex Order 26. 4B1</i> [REDACTED] Give 1 tablet by mouth three times a day for <i>Ex Order 26. 4B1</i> [REDACTED] [,] waiting for Pharmacy to deliver.</p> <p>A review of the facility's Backup Box Medication List showed no evidence that <i>Ex Order 26. 4B1</i> [REDACTED] and <i>Ex Order 26. 4B1</i> [REDACTED] were available in the Backup Medications.</p> <p>During a telephone interview on 3/31/2023 at 1:19 p.m., the Pharmacist stated he did not have a record on file for Resident #4.</p>	F 755	<p>MONITORING The Director of Staff Development/Unit Manager/Designee will submit a weekly report for 90 days of all new admissions, readmissions, as well as in-house residents with new medication orders, regarding timeliness of medication receipt and accuracy of all medication orders, to the Director of Nursing and Administrator. The Director of Nursing will submit a monthly report to the facility's monthly QAPI Committee.</p>	

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F 755	Continued From page 8 During a telephone interview on 3/30/2023 at 2:12 p.m., the LPN who cared for Resident #4 stated the Resident was admitted with a [Physician's] order for an <u>Ex Order 26. 4B1</u> ; but the Resident's medication was not on hand. The LPN said she and another nurse faxed it to the Pharmacy. During an interview on 3/30/2023 at 12:00 p.m., the Assistant Director Of Nursing (ADON) stated if the medication IV <u>Ex Order 26. 4B1</u> is not available, the backup box should be checked first for the medication, and if it is not there, then call the Doctor [Physician] to change the order. When asked by the surveyor what should be done when a medication is unavailable in the backup box, the ADON stated that a one-time or substitute order can be obtained from the Doctor until the medication arrives. She further stated the Pharmacy could also be contacted to get the medication delivered as soon as possible to get an emergency delivery. The ADON continued to say, "[the] nurse should have called the doctor and the Pharmacy's emergency [phone] number to get another IV medication or a STAT (immediate) order." During an interview on 3/31/2023 at 2:00 p.m., the Vice President of Clinical Services (VPCS) stated, "If there's no medication in [the] backup, nurses can call the Pharmacy and ask to send a STAT delivery, the medications are entered electronically and linked to the Pharmacy." The VPCS stated, "For [Resident #4], the nurse should have called for a STAT delivery with the Resident's name, DOB (date of birth), referenced the medication in the computer, and told the Pharmacy [it was] not received, [the] nurse should be calling the Pharmacy and the doctor	F 755			

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F 755	<p>Continued From page 9</p> <p>[physician] to get a STAT order for the medication." She further stated, "There's a 4-hour window for the STAT order to be delivered by the Pharmacy."</p> <p>A review of the facility's policy titled "Pharmacy, LLC (Licensed Liability Corporation) Policy and Procedure Manual", "Section I: Introduction" with a revised date June 2014 included "2.0 Reference Guide for Pharmacy": included but was not limited to the following: "STAT Orders" "All STAT orders must be called into the pharmacy and faxed, to ensure they are delivered promptly." Under "AFTER HOURS COMMUNICATION" "After cutoff/After Hours Admissions or Readmissions:" included "If a resident is admitted to your facility and you are in urgent need to get the medication, please fax the signed POS (Physician Order Summary) with Allergies, DOB (date of birth), Rm# (room number) etc. to the Pharmacy, then proceed to call the Pharmacy or on-call service and ask to speak with a Pharmacist. At that point, the Pharmacist will determine the best way for the medication to reach the facility. Remember-the key is speaking to a Pharmacist to resolve any and all patient medication needs."</p> <p>A review of the facility's policy titled "Pharmacy, LLC Policy and Procedure Manual" "Section VI: Delivery, Receipt, Storage and Inventory of Medications and Products" with a revised dated of June 2014 included "3.0 Receipt of Interim/STAT/Emergency Deliveries" included but was not limited to the following: Under "POLICY" "Pharmacy provides emergency deliveries of medication during and after normally scheduled hours of pharmacy operation to ensure the customer is provided medications and care as</p>	F 755			

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F 755	Continued From page 10 ordered by the physician." A review of the facility's policy titled "Physician Orders" with a date revised August 01, 2017 included "Purpose": "This will ensure all physician orders are complete and accurate." Under "Policy": "The Medical Records Department will verify the physician orders are complete, accurate and clarified as necessary." Under "Procedure": "...VIII. Whenever possible, the Licensed Nurse receiving the order will be responsible for documenting and implementing the order..XI. Documentation pertaining to physician orders will be maintained in the resident's medical record. Current month's administration records will be maintained in the MAR/TAR (Medication Administration Record/Treatment Administration Record) binders."	F 755			
F 921 SS=E	NJAC 8:39-27.1(a) Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: C#: NJ162988, NJ162989 Based on observations, interviews, and facility document review on 3/30/2023, 3/31/2023, and 4/3/2023, it was determined that the facility failed to provide a clean and sanitary environment that	F 921	SPECIFIC ISSUE The toilet of the shared bathroom between rooms 6206 and 6208 was unclogged and cleaned on 4/3/23. Residents in these rooms were informed that the toilet was available for use. The toilet will be	5/31/23	

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F 921	<p>Continued From page 11</p> <p>was functional for 2 of 15 residents (Resident #14 and #15). The facility also failed to follow the "Job Description Maintenance Director" and "Job Description Director of Housekeeping." This deficient practice was evidenced by the following:</p> <p>On 4/3/2023 at 11:45 a.m., the Surveyor observed the bathroom shared by Resident #14 and Resident #15. The toilet bowl was full of feces and looked like it was used several times for bowel movements without being flushed in between. The bathroom had an odor of feces. The Surveyor observed a towel on the floor under the bathroom door that opened to Resident #14's room. There were no paper towels or toilet rolls available for use in the bathroom.</p> <p>At the time of the observation, the Surveyor interviewed Resident #14; when asked by the Surveyor how long the toilet had been this way with the packed feces, he/she stated that the bathroom had been like this on and off for a month. Resident #14 indicated the staff sometimes comes and unclogs the toilet, but he/she does not use the restroom and uses the bathroom in the hallway in the shower room. The Resident stated he/she informed the Maintenance Director a few times, and the toilet has been like this off and on for a month. Resident #14 further stated that the "toilet overflows and smells toxic and leaks out from the toilet room into my room under the door, and I eat my food here and it smells, so I put a towel under the door to keep the smell out of my room. Resident #14 told the Surveyor that there had not been any toilet paper or paper towels in the bathroom for at least two weeks. The Resident further stated that the room and bathroom are cleaned daily, but not the toilet.</p>	F 921	<p>replaced on 5/23 with a high flow toilet to reduce the potential of clogging. Paper towels and toilet paper has been provided.</p> <p>IDENTIFICATION OF SIMILAR ISSUES</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>SYSTEMIC CHANGE</p> <p>The facility jetted the main sewer line on 12/15. The toilet in question will be replaced with a high flow toilet. All maintenance staff were inserviced on 5/23 by the Administrator on signing the Maintenance Logs as work is completed as well as informing residents and Housekeeping staff on important issues. The facility conducted a 100% inspection of all toilets noted to be clogged in the Maintenance Logs for the month of April. All were noted to be working and clean. The Maintenance Director was re-inserviced on 5/23 by the Administrator on signing the Maintenance Logs as work is completed.</p> <p>MONITORING</p> <p>The Maintenance Director will submit all Maintenance Logs to the Administrator on a weekly basis and review the status of all repairs with focus on all toilets. The Administrator will submit a monthly report to the facility's monthly QAPI Committee on the repair turnaround time on all toilets.</p>		

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OMB NO. 0938-0391

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F 921	<p>Continued From page 12</p> <p>During an interview on 4/3/2023 at 12:00 p.m., Resident #15 stated that the toilet had been full of feces for at least two weeks. Resident #15 also said they use the toilet in the hall shower room. Resident #15 stated that he/she has been in this room for over a month and cannot use the toilet because it's too dirty. The Resident further stated that the person who cleans the room and bathroom daily could see and smell the toilet.</p> <p>During an interview on 4/3/2023 at 12:10 p.m., the Licensed Practical Nurse (LPN) stated that she was aware the toilet was "stuffed up," and it was written in the logbook. When asked by the Surveyor who writes in the log book when something is broken, she stated, "We do [nurses] or the Certified Nursing Assistants (CNAs)." The LPN further stated that "the maintenance guy comes every day and looks in the book."</p> <p>The Surveyor review of the facility document titled "Maintenance List" from a binder titled "Maintenance Log Book" located at the Nurse's Station reveals reports of the broken toilet in the bathroom for Residents #14 and #15 on 2/13/2023, 2/23/2023, 3/23/2023, 3/31/2023, and 4/2/2023. These reports have the initials of the Housekeeper or the nurse who entered the problem. In the columns "Date Corrected" and "Initials," the boxes are blank for 2/23/2023, 3/23/2023, 3/31/2023, and 4/2/2023.</p> <p>During an interview on 4/3/2023 at 12:33 p.m., the Maintenance Director stated, "We have maintenance logs at each Nurse's Station. He further stated that he is aware that the toilet shared by Residents #14 and #15 "clogs a lot." The Maintenance Director acknowledged the log used to document repairs to be completed by the</p>	F 921			

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F 921	<p>Continued From page 13</p> <p>Maintenance Staff was not signed or initialed as being completed. He stated, "I didn't sign every time I fixed the toilet."</p> <p>During an interview on 4/3/2023 at 1:48 p.m., the Housekeeper assigned to Residents #14's and 15's rooms stated that the toilet in the Residents room had been clogged for four weeks, and today is the first time it was cleared. The Housekeeper stated she informed the Maintenance Director "a week ago," and he told her to write it in the Maintenance Log, and that's when she began reporting the clogged toilet. The Housekeeper acknowledged documenting the broken toilet in the Maintenance Log on 3/23/2023, 3/31/2023, and 4/2/2023. The Housekeeper stated she cleaned "the sink and mopped the floor, but didn't do the toilet at all." She further stated that the Administrator took her to the toilet before being interviewed by the Surveyor and showed her the toilet in Residents #14's and 15's room was fixed and should be cleaned.</p> <p>A review of the Electronic Medical Record was as follows:</p> <p>1. According to the "Admission Record (AR)," Resident #14 was admitted to the facility on <u>Ex Order 26. 4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26. 4B1</u></p> <p>[REDACTED]</p> <p>According to the MDS, an assessment tool dated 1/4/2023, Resident #14 had a (BIMS) score of <u>Ex Ord</u>/15, indicating the Resident was <u>Ex Order 26. 4B1</u></p>	F 921			

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F 921	<p>Continued From page 14</p> <p>^{Ex Order 26.4} The MDS also showed the Resident was ^{NJ Exec. Order 26:4.b.1} with mobility, transfers, and ^{Ex Order 26.4B1} (ADLs).</p> <p>2. According to the "AR," Resident #15 was admitted to the facility on ^{Ex Order 26.4B1} with diagnoses which included but were not limited to ^{Ex Order 26.4B1}.</p> <p>According to the MDS, an assessment tool dated 11/24/2022, Resident #14 had a (BIMS) score of ^{Ex Ord}/15, indicating the Resident was ^{Ex Order 26.4B1}. The MDS also showed the Resident needed ^{NJ Exec. Order 26:4.b.1} and ^{NJ Exec. Order 26:4.b.1} and ADLs.</p> <p>On 4/3/2023 at 12:55 p.m., the Surveyor accompanied the Maintenance Director to Resident #14's and #15's bathroom, where he attempted to flush the toilet, but the toilet did not flush, and the feces remained. The Maintenance Director stated, "The toilet is not working right now; the toilet is clogged."</p> <p>During an interview on 4/3/2023 at 3:07 p.m., the Administrator stated that he spoke with Resident #14, the toilet had been clogged on and off, and they had an outside plumbing company that "jetted the building." The Administrator read the Maintenance Log with the dates: 3/23/2023 and 3/31/2023, reading "toilet broken." The Administrator stated, "No one told me the toilet was clogged." The Surveyor asked what the blank spaces on the maintenance log meant. He replied work completed should have been documented and that there were intermittent issues with toilets.</p>	F 921			

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F 921	Continued From page 15 A review of the facility document updated 10/2013 and titled "Job Description Maintenance Director" reveals under "Job Summary: The primary purpose of this position is to maintain the orderly functioning of all equipment in the facility [...]. Under "Qualifications," it reveals "2. Basic knowledge of plumbing, electricity, and heating, and air-conditioning. Licensure or certification in any of these areas is preferred." The document further reveals under "Main Duties: [...] B. Be on call seven (7) days a week, 24 hours a day to troubleshoot in any and all kinds of emergencies or urgent repairs. [...] D. Assure the proper maintenance and running condition of all electricity and plumbing in the entire facility, including (but not limited to): [...] c) the residents' rooms [...] e) all common areas, including bathrooms, showers, etc." A review of the undated facility document titled "Job Description Director of Housekeeping" reveals under "Job Summary: The Director of Housekeeping is responsible for planning, organizing, staffing, directing, coordinating, reporting, budgeting, and physical management of the housekeeping department's employees and equipment in a way that maximum cleanliness and order throughout the building and laundry services for both resident clothing and facility linen are maintained." The document further reveals under a second "Job Summary: The primary purpose of this job is to perform the day-to-day activities of the Housekeeping Department in accordance with current federal, state, and local standards guidelines, and regulations governing the facility, and as may be directed by the Administrator."	F 921			

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F 921	Continued From page 16	F 921			
F 949 SS=D	<p>NJAC 8:39-31.4 (a) Behavioral Health Training CFR(s): 483.95(i)</p> <p>§483.95(i) Behavioral health. A facility must provide behavioral health training consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e). This REQUIREMENT is not met as evidenced by: C#: NJ163785</p> <p>Based on interviews and review of other pertinent facility documents on 3/30/2023, 3/31/2023, and 4/3/2023, it was determined that the facility failed to ensure an agency staff, a Certified Nursing Assistant (CNA), received behavioral training upon hire or at the facility. This deficient practice was evidenced by the following:</p> <p>According to Resident #9's "Admission Record (AR)," Resident #9 was originally admitted to the facility on <u>Ex Order 26.4B1</u> and readmitted on <u>Ex Order 26.4B1</u> with diagnoses which included but were not limited to <u>Ex Order 26.4B1</u>.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 9/3/2022, Resident #9 had a Brief Interview of Mental Status (BIMS) score of <u>Ex Order 26.4B1</u>/15, which indicated the Resident was <u>Ex Order 26.4B1</u>. The MDS also showed Resident #9 needed <u>NJ Exec. Order 26:4.b.1</u> with <u>NJ Exec. Order 26:4.b.1</u> with most <u>Ex Order 26.4B1</u> (ADLs).</p>	F 949	<p>SPECIFIC ISSUE</p> <p>The facility could not provide behavior training for the specific CNA as he was removed from the facility after the incident and before the facility identified this gap in training. Resident #9 is still in the facility and has not exhibited any significant <u>NJ Exec. Order 26:4.b.1</u>.</p> <p>IDENTIFICATION OF SIMILAR ISSUES</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>SYSTEMIC CHANGE</p> <p>The facility initiated a QAPI on 5/20/23 to ensure all agency staff receive all mandatory inservices including behavior management training. They will be inserviced a minimum of upon hire and annually consistent with facility staff. All agency staff currently assigned to the facility as well as those newly assigned,</p>	5/31/23	

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F 949	<p>Continued From page 17</p> <p>A review of the Resident's Care Plan (CP) initiated on 09/02/2021 revealed under "Problem": <i>Ex Order 26. 4B1</i> [REDACTED] <i>NJ Exec. Order 26-4.5.1</i> at Staff and impatience with others in the hallway and <i>NJ Exec. Order 26-4.5.1</i> Staff. The CP also included under "Goal": "Resident will demonstrate a decrease in <i>NJ Exec. Order 26-4.5.1</i>, occasionally calling out <i>Ex Order 26. 4B1</i> at Staff and increased patience with others in wheelchairs that he/she perceives are in his/her way through next review date, The Resident will remain on the lowest <i>Ex Order 26. 4B1</i> dose and will not exhibit any adverse affects related to <i>Ex Order 26. 4B1</i> medications through the next review date." Also, under "Interventions": included, " ...redirect target <i>NJ Exec. Order 26-4.5.1</i> by providing assistance as needed ..."</p> <p>A Review of the Facility Reportable Event/Report (FRE), a New Jersey Department of Health Document used by the facilities to report incidents dated 11/10/2022, with an event date of 11/8/2022 and a "time of event" of 9:00 a.m., revealed the following: On 11/8/2022, at approximately 9:00 a.m., There was a <i>Ex Order 26. 4B1</i> altercation between an agency Certified Nursing Assistant (CNA) and Resident #9, were the Resident <i>Ex Order 26. 4B1</i> the Staff, and the Staff in return <i>Ex Order 26. 4B1</i> the Resident. The Staff was immediately removed from the facility, and an investigation was completed. However, at the time of the survey, no documented evidence was provided that the Agency CNA received behavior training.</p> <p>During an interview on 4/3/2023 at 11:10 a.m., when the Surveyor asked the Administrator if the</p>	F 949	<p>will be trained on dealing with residents with <i>NJ Exec. Order 26-4.5.1</i></p> <p>MONITORING</p> <p>The Director of Staff Development will submit a weekly report to the Administrator reflecting the status of mandatory inservice training, including behavior management training, for all newly assigned agency staff. The Administrator will submit a monthly report to the facility's monthly QAPI Committee. Additionally, the Director of Staff Development will submit a monthly report to the QAPI Committee regarding the status of all mandatory inservices, including behavior management training, for all in-house agency and facility personnel.</p>		

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F 949	Continued From page 18 facility provides its own training to agency staff, he replied, "...Absolutely, we do training here at [the] facility even though [the] Agency doesn't do it. I'm still looking for the behavior training [for the CNA]." During a second interview at 12:00 p.m., the Administrator stated, "There's no policy on Behavior Training. I did a QAPI (Quality Assurance Performance Improvement) for the agency staff in December, including behavior training. [The] CNA was here before that review. [The] agency process was broken. I'm still looking, but the Agency doesn't have a behavior topic for him [the CNA]." However, he could not provide evidence that the CNA was trained. The CNA was unavailable for an interview at the time of the survey. N.J.A.C.: 8:39-9.3 (4)	F 949			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315149	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 6/15/2023	Y3
NAME OF FACILITY STERLING MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052		

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 F0657	Correction	ID Prefix F0755	Correction	ID Prefix F0921	Correction
Reg. # 483.21(b)(2)(i)-(iii)	Completed	Reg. # 483.45(a)(b)(1)-(3)	Completed	Reg. # 483.90(i)	Completed
LSC	05/31/2023	LSC	05/31/2023	LSC	05/31/2023
ID Prefix F0949	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.95(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/31/2023	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 4/3/2023		<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		