

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

PRINTED: 10/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE</b> <b>PITMAN, NJ 08071</b>		
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F 000	INITIAL COMMENTS  COMPLAINT#: NJ147216  CENSUS: 58  SAMPLE SIZE: 3  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 745 SS=D	Provision of Medically Related Social Service CFR(s): 483.40(d)  §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: C#: NJ147216  Based on interviews, medical record review, and review of other facility documents on 11/22/2021 and 11/23/2021, it was determined that the facility's Social Worker failed to ensure that the Health Drive Enrollment Form was completed on admission to ensure the resident received required dental services for 1 of 3 residents reviewed (Resident #2). The facility also failed to follow its policy titled "Activities of Daily Living (RS-65)" and the "Social Worker -HC (Health Care)." job description. This deficient practice was evidenced by the following:  A review of the Electronic Medical Record (EMR)	F 745	Preparation and/or execution of this plan of corrections 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 provisions of state and federal law.  1. Resident #2 is no longer in the community.  2. All residents that need to see the dentist have the potential to be affected by this cited practice. An audit will be completed to ensure all residents have a	1/5/22	

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

TITLE

(X6) DATE

Electronically Signed

12/16/2021

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 745	<p>Continued From page 1 were as follows:</p> <p>According to the "Face Sheet," Resident #2 was admitted on <sup>Ex. Order 26.4(b)(1)</sup> [REDACTED], with Diagnoses which included but were not limited to <sup>EX Order 26 § 4b1</sup> [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 5/19/2021, Resident #2 had a Brief Interview of Mental Status (BIMS) score of <sup>EX Order 26 § 4b1</sup> [REDACTED] /15, indicating the resident was <sup>EX Order 26 § 4b1</sup> [REDACTED]. The MDS also showed the resident required extensive assistance with most <sup>EX Order 26 § 4b1</sup> [REDACTED].</p> <p>Review of the "Care Plan Report" dated 8/1/2021 through 8/31/2021, with an effective date of 3/19/2021, included under "Problems": Resident #2 "needed assistance with my care due to <sup>EX Order 26 § 4b1</sup> [REDACTED]," under: "Goals" included: "I will participate in my care as much as I can." Under Interventions: "... I have <sup>EX Order 26 § 4b1</sup> [REDACTED] but do not fit well, I usually do not wear them ..."</p> <p>A review of the Progress Notes (PNs) dated 02/19/2021 at 1:05 p.m., written by the Registered Nurse (RN #1), revealed Resident #2 <sup>EX Order 26 § 4b1</sup> [REDACTED] on the a.m. (morning) shift, and the <sup>EX Order 26 § 4b1</sup> [REDACTED] was placed in the <sup>EX Order 26 § 4b1</sup> [REDACTED].</p> <p>During an interview on 11/23/2021 at 9:43 a.m., RN #1 stated she notified the Social Worker (SW) about Resident #2's dentures, and she did not recall what happened with the dentures or if the</p>	F 745	<p>dentist or have health drive enrollment on file and any issues identified, the resident's face sheet will be updated to reflect status of dentist.</p> <p>3. All current nursing staff, SW and the clerical assistant will be provided in-service education by the staff educator on the community's dental policy and the importance of timely follow up referral when a dental problem is identified and ensure appropriate documentation is completed to support status. All newly admitted resident's dental status will be reviewed in the initial IDT conference to ensure enrollment form or dentist has been completed and to identify any dental issues upon admit and timely scheduling of dental visit. Dental issues identified will be reviewed in the daily standup meeting and will remain on topic until resolved, or dental enrollment or dentist status has been completed and documented. Residents or POA that declines dental services will complete a declination on the enrollment form, and the resident's care plan, the resident's summary and IDT conference summary will be updated to reflect their preference. Any resident identified in the 24-hour report with a dental problem will be reviewed in the daily stand up to ensure timely scheduling of a dental appointment. Resident will remain on report in stand up until problem resolved. The community's dental policy will be reviewed with all new hires to ensure compliance is ongoing.</p> <p>4. The MDS reimbursement and medical</p>	

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F 745	<p>Continued From page 2</p> <p>resident saw the Dentist. RN #1 further stated that the Medical Records person (Clerical Assistant) arranged the transport for dental appointments.</p> <p>Review of a second PN titled IDT (Interdisciplinary Team) Conference and Care Plan Review Summary dated 5/26/2021 written by the IDT Team: SW, MDS Coordinator/RN, Dietician and DON (Director of Nursing) revealed that Resident #2 was not wearing his/her dentures because they did not fit well.</p> <p>A review of Resident #2's PNs dated 7/16/2021 at 3:09 p.m., written by the Administrator, revealed they were in the process of getting his/her teeth addressed, "...dentures had a change in fitting since the last hospitalization .... SW to follow up...." However, further review of the EMR showed Resident #2 went out to the hospital on June 9th and returned on June 25th, 2021.</p> <p>During an interview on 11/23/2021 with the SW at 8:57 a.m., she stated she does not handle dentures/dentist issues. The Medical Records/ Clerical Assistant person scheduled the Dentist. She further stated that the nurses told her or the Medical Records person about seeing the Dentist.</p> <p>During an interview on 11/23/2021 at 9:14 a.m., the Medical Records / Clerical Assistant stated she schedules transport for appointments and appointments if the Dentist comes to the facility. The Medical Records / Clerical Assistant also stated when residents were admitted, they talked to the SW and completed a Health Drive Enrollment form, it listed if they wanted dental care at the facility, and then they were added to</p>	F 745	<p>record's specialist will complete a random audit of all new admits or residents identified with a dental problem weekly x1 month, then monthly x2 months and then quarterly to ensure all residents identified with a dental problem have the appropriate forms completed, a clinical note, an appointment scheduled timely or a declination for treatment completed and filed in the EMR. Discoveries will be addressed immediately and reviewed with the NHA, and all findings will be reviewed in the quarterly QAPI meeting. Audit will be adjusted as needed until substantial compliance is met.</p>		

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F 745	<p>Continued From page 3</p> <p>the list for the Dentist who comes monthly for an annual exam, and problem visits.</p> <p>During a phone interview on 11/23/2021 at 12:45 p.m., RN #2 stated she notified the SW of Resident #2's dentures. She further stated SW was the person who reached out to the family and the Dentist to schedule an appointment. However, the RN stated she does not remember if Resident #2 was seen by the Dentist.</p> <p>During a second interview on 11/23/2021 at 2:00 p.m., the Medical Records/Clerical Assistant stated she did not have any records on file for Resident #2 being scheduled for the Dentist.</p> <p>During an interview on 11/23/2021 at 2:08 p.m., the Executive Director stated Resident #2 had to be <b>EX Order 26 § 4b1</b>, she could recall the conversation, and the SW investigated the issue. However, she did not remember the date or if the resident saw the <b>EX Order 26 § 4b1</b>.</p> <p>At the time of the survey, there was no documentation in the EMR that Resident #2 was scheduled for a dentist appointment. The SW was unable to provide the Health Drive Enrollment form or verify that Resident #2 had a Dental appointment scheduled. <b>EX Order 26 § 4b1</b>.</p> <p>Review of a facility policy dated 7/15/2021, titled "Activities of Daily Living (RS-65)," revealed the following: "Under "Procedure:" included " ...The community will provide care and services for the following activities of daily living: ... Communication, including ... Making appointments, ..."</p> <p>Review of the facility "Social Worker -HC" job</p>	F 745			

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F 745	Continued From page 4 description revealed the following: Under "Position Summary" revealed, "The Healthcare Residence Social Worker oversees the residents, in the skilled nursing setting, by identifying their psychosocial, mental and emotional needs along with providing, developing and/or aiding in the access of services to meet those needs..."	F 745			
F 790 SS=D	N.J.A.C.: 8:39-27.1 (a) Routine/Emergency Dental Srvcs in SNFs CFR(s): 483.55(a)(1)-(5)  §483.55 Dental services. The facility must assist residents in obtaining routine and 24-hour emergency dental care.  §483.55(a) Skilled Nursing Facilities A facility-  §483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(g) of this part, routine and emergency dental services to meet the needs of each resident;  §483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;  §483.55(a)(3) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility;	F 790		1/5/22	

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F 790	<p>Continued From page 5</p> <p>§483.55(a)(4) Must if necessary or if requested, assist the resident;</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dental services location; and</p> <p>§483.55(a)(5) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ147216</p> <p>Based on interviews, medical record review, and review of other facility documents on 11/22/2021 and 11/23/2021, it was determined that the facility failed to promptly refer a resident for needed dental services within three (3) business days after the resident dentures were identified as being partially broken and document the circumstance that led to the delay, for 1 of 3 residents reviewed (Resident #2). The facility also failed to follow its policies titled "Activities of Daily Living (RS-65)" and "Dental Service (RS-41)," and the "Social Worker -HC (Health Care)" and "Clerical Assistant" job description. The deficient practice was evidenced by the following:</p> <p>Review of a facility policy dated 7/15/2021, titled "Activities of Daily Living (RS-65)," revealed the following: "Under "Procedure:" included " ...The community will provide care and services for the following activities of daily living: ...</p>	F 790	<p>Preparation and/or execution of this plan of corrections 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 provisions of state and federal law.</p> <p>1. Resident #2 is no longer in the community.</p> <p>2. All residents with a dental problem that need to see the dentist have the potential to be affected by this cited practice. An audit will be completed to ensure all residents that have had or has a dental problem identified in the last 30 days has had an appointment scheduled. Any issues identified; a dental referral will be made immediately.</p>		

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F 790	<p>Continued From page 6</p> <p>Communication, including ... Making appointments, ..."</p> <p>Review of the facility policy titled "Dental Service (RS-41)" last revised 9/10/2019 revealed the following: Under "Policy" included "All (facility) shall provide oral assessments and dental care to its residents. Under "Purpose" included "... To Ensure that each (facility) has incorporated a system for ensuring proper oral assessment, dental care, and assistance in obtaining necessary dental services for the residents served." Under "Procedure" included "...6. Each (facility) will obtain an outside dental resource or dental services to meet the needs of its residents...7. When emergency dental problems arise, the (facility) must make a referral to a dentist promptly within 3 days which includes time of onset, describe the dental problem and document... 9. The Executive Director and the Director of Nursing must be aware of all emergent dental problems or loss of dentures to ensure a dental plan of care has been implemented for the resident and that the resident has been provided prompt dental service."</p> <p>Review of the facility "Social Worker -HC" job description revealed the following: Under "Position Summary" revealed, "The Healthcare Residence Social Worker oversees the residents, in the skilled nursing setting, by identifying their psychosocial, mental and emotional needs along with providing, developing and/or aiding in the access of services to meet those needs..."</p> <p>Review of the facility "Clerical Assistant" job description revealed the following: Under: "Position Summary" revealed "Provides clerical</p>	F 790	<p>3. All current nursing staff, SW and the clerical assistant will be provided in-service education by the staff educator on the community's dental policy and the importance of timely follow up of a referral when a dental problem is identified and ensure appropriate documentation to support status of an appointment. Dental issues identified will be reviewed in the daily IDT standup meeting and will remain on topic until resolved and timely scheduling of appointment. Residents or POA that declines dental services when a dental issue has been identified will complete a declination form, the physician notified, and a clinical note will be completed in EMR documenting resident's choice. The community's dental policy will be reviewed with all new hires and agency staff by the staff educator to ensure compliance is ongoing.</p> <p>4. The MDS reimbursement and medical record's specialist will complete a random audit of all new admits or residents identified with a dental problem weekly x1 month, then monthly x2 months and then quarterly to ensure all residents identified with a dental problem have the appropriate forms completed, a clinical note, an appointment scheduled timely or a declination for treatment completed and filed in the EMR. Discoveries will be addressed immediately and reviewed with the NHA, and all findings will be reviewed in the monthly and quarterly QAPI meeting. Audit will be adjusted as needed until substantial compliance is met.</p>		

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F 790	<p>Continued From page 7</p> <p>services to Assisted Living/Healthcare as directed by the DRL/DON. Under "Essential Functions (Specific Tasks/Duties)" included: "...5. Schedules all resident appointments with doctors, dentists, and other professional, as well as for any diagnostic studies ...."</p> <p>A review of the Electronic Medical Record (EMR) were as follows:</p> <p>According to the "Face Sheet," Resident #2 was admitted on [REDACTED], with Diagnoses which included but were not limited to [REDACTED].</p> <p>[REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 5/19/2021, Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED]/15, indicating the resident was [REDACTED]. The MDS also showed the resident required [REDACTED].</p> <p>Review of the "Care Plan Report" dated 8/1/2021 through 8/31/2021, with an effective date of 3/19/2021, included under [REDACTED]: Resident #2 "needed assistance with my care due to [REDACTED]," under: "Goals" included: "I will participate in my care as much as I can." Under Interventions: "... [REDACTED]."</p> <p>A review of the Progress Notes (PNs) dated 02/19/2021 at 1:05 p.m., written by the</p>	F 790			



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F 790	<p>Continued From page 8</p> <p>Registered Nurse (RN #1), revealed Resident #2 broke part of his/her <b>EX Order 26 § 4b1</b> on the a.m. (morning) shift, and the <b>EX Order 26 § 4b1</b> was placed in the <b>EX Order 26 § 4b1</b>.</p> <p>During an interview on 11/23/2021 at 9:43 a.m., RN #1 stated she notified the Social Worker (SW) about Resident #2's <b>EX Order 26 § 4b1</b>, and she did not recall what happened with the <b>EX Order 26 § 4b1</b> or if the resident saw the Dentist. RN #1 further stated that the Medical Records person (Clerical Assistant) arranged the transport for dental appointments.</p> <p>Review of a second PN titled IDT (Interdisciplinary Team) Conference and Care Plan Review Summary dated 5/26/2021 written by the IDT Team: SW, MDS Coordinator/RN, Dietician and DON (Director of Nursing) revealed that Resident #2 was not wearing his/her <b>EX Order 26 § 4b1</b> because they did not fit well.</p> <p>A review of Resident #2's PNs dated 7/16/2021 at 3:09 p.m., written by the Administrator, revealed they were in the process of getting his/her <b>EX Order 26 § 4b1</b> addressed, <b>EX Order 26 § 4b1</b> <b>EX Order 26 § 4b1</b>. However, further review of the EMR showed Resident #2 went out to the <b>EX Order 26 § 4b1</b> on June <b>EX Ord</b> and returned on June <b>EX Order</b>, 2021.</p> <p>During an interview on 11/23/2021 with the SW at 8:57 a.m., she stated she does not handle <b>EX Order 26 § 4b1</b> issues. The Medical Records/ Clerical Assistant person scheduled the <b>EX Order 26 § 4b1</b>. She further stated that the nurses told her or the Medical Records person about seeing the <b>EX Order 26 § 4b1</b>.</p>	F 790			

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F 790	<p>Continued From page 9</p> <p>During an interview on 11/23/2021 at 9:14 a.m., the Medical Records / Clerical Assistant stated she schedules transport for appointments and appointments if the [REDACTED] comes to the facility. The Medical Records / Clerical Assistant also stated when residents were admitted, they talked to the SW and completed a Health Drive Enrollment form, it listed if they wanted dental care at the facility, and then they were added to the list for the [REDACTED] who comes monthly for an annual exam, and problem visits.</p> <p>During a phone interview on 11/23/2021 at 12:45 p.m., RN #2 stated she notified the SW of Resident #2's dentures. She further stated SW was the person who reached out to the family and the [REDACTED] to schedule an appointment. However, the RN stated she does not remember if Resident #2 was seen by the Dentist.</p> <p>During a second interview on 11/23/2021 at 2:00 p.m., the Medical Records/Clerical Assistant stated she did not have any records on file for Resident #2 being scheduled for the [REDACTED].</p> <p>During an interview on 11/23/2021 at 2:08 p.m., the Executive Director stated Resident #2 had to be refitted for dentures, she could recall the conversation, and the SW investigated the issue. However, she did not remember the date or if the resident saw the [REDACTED].</p> <p>During the survey, the Administrator was unavailable for an interview.</p> <p>At the time of the survey, there was no documentation in the EMR that Resident #2 was scheduled for a dentist appointment. The SW and the Medical Records/ Clerical Assistant were</p>	F 790			

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

PRINTED: 10/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315427</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>535 N OAK AVE</b> <b>PITMAN, NJ 08071</b>		
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F 790	Continued From page 10 unable to provide documentation or verify that Resident #2 had a [REDACTED] appointment scheduled or saw the [REDACTED].  N.J.A.C.: 8:39-15.1	F 790			

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
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S 560	<p>8:39-5.1(a) Mandatory Access to Care</p> <p>(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ147216</p> <p>Based on interviews and facility document review of on 11/22/2021 and 11/23/2021, it was determined that the facility failed to ensure staffing ratios were met to maintain the required minimum staff-to-resident ratios as mandated by the state of New Jersey for 17 of 28 shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every ten residents for the evening shift provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct</p>	S 560	<p>Preparation and/or execution of this plan of corrections 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 provisions of state and federal law.</p> <ol style="list-style-type: none"> <li>1. No residents were identified in the sited practice.</li> <li>2. All residents have the potential to be affected by the cited practice. The SW will conduct an interview with residents and families regarding satisfaction of care as it relates to staffing challenges to ensure resident care needs (bathing and hygiene) continue to be maintained. Any issues identified will be corrected immediately.</li> <li>3. The associate resource director (HR) continues to actively be engaged in recruitment of nurse aides with pay incentives. Nurses and nurse aide assignment and shift tasks including bathing and hygiene will be adjusted to ensure the resident care needs are met timely to the resident's preference by the nursing staff. Weekly recruitment and</li> </ol>	1/5/22

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

TITLE

(X6) DATE

Electronically Signed

12/16/21

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030801</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>	STREET ADDRESS CITY STATE ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>
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S 560	<p>Continued From page 1</p> <p>care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>1. Week of 02/14/2021 was deficient in CNA staffing for residents on 4 of 7-day shifts as follows:</p> <p>On 02/14/21, had 7 CNAs for 59 residents on the day shift, required 9 CNAs. On 02/16/21, had 7 CNAs for 59 residents on the day shift, required 9 CNAs. On 02/17/21, had 7 CNAs for 59 residents on the day shift, required 9 CNAs. On 02/19/21, had 7 CNAs for 59 residents on the day shift, required 9 CNAs.</p> <p>2. Week of 04/04/2021 was deficient in CNA staffing for residents on 4 of 7-day shifts as follows:</p> <p>On 04/04/21, had 5 CNAs for 62 residents on the day shift, required 8 CNAs. On 04/05/21, had 5 CNAs for 62 residents on the day shift, required 8 CNAs. On 04/06/21, had 6 CNAs for 61 residents on the day shift, required 8 CNAs. On 04/07/21, had 5 CNAs for 60 residents on the day shift, required 8 CNAs.</p> <p>3. Week of 06/06/2021 was deficient in CNA staffing for residents on 5 of 7-day shifts as follows:</p> <p>On 06/06/21, had 4 CNAs for 58 residents on the day shift, required 8 CNAs. On 06/08/21, had 6 CNAs for 58 residents on the day shift, required 8 CNAs.</p>	S 560	<p>retention focus group meeting will be implemented with DON, Associate Resource Director, NHA, executive director, and member(s) of the nursing team to review staffing patterns and recruitment efforts. Staffing patterns will be reviewed in the daily stand up and shift report to ensure staffing patterns are at acceptable level. NHA will communicate weekly with families to make them aware of staffing patterns and recruitment efforts until staffing stabilizes. License staff and certified nurse aides will be provided in-service education on the importance of communication and notifying the DON or NHA if they are unable document bathing care or to meet the needs of the residents related to staffing.</p> <p>4. The NHA and Associate Resource Director (HR) will continue to review recruitment and staffing weekly and the NHA and the household coordinator will audit the nursing schedule daily as part of the daily stand-up meeting to ensure all means of adequate staff have been initiated and to assess the outcome of recruitment efforts. The daily stand-up review of staffing will continue daily during this statewide nursing staff workforce shortage or until the community's staffing becomes stable and meets state's staffing requirements daily. Findings will be reviewed with the NHA and in the monthly QAPI meeting with immediate corrective action as warranted to ensure compliance with staffing.</p>	

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030801</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNITED METHODIST COMMUNITIES AT PITMAN</b>	STREET ADDRESS CITY STATE ZIP CODE <b>535 N OAK AVE PITMAN, NJ 08071</b>
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S 560	<p>Continued From page 2</p> <p>On 06/10/21, had 7 CNAs for 58 residents on the day shift, required 8 CNAs. On 06/11/21, had 7 CNAs for 58 residents on the day shift, required 8 CNAs. On 06/12/21, had 6 CNAs for 57 residents on the day shift, required 8 CNAs.</p> <p>4. Week of 11/14/2021 was deficient in CNA staffing for residents on 4 of 7-day shifts and deficient in total staff for residents on 2 of 7 overnight shifts as follows:</p> <p>On 11/15/21, had 6 CNAs for 58 residents on the day shift, required 8 CNAs. On 11/15/21, had 4 total staff for 58 residents on the overnight shift, required 5 total staff. On 11/16/21, had 6 CNAs for 58 residents on the day shift, required 8 CNAs. On 11/16/21, had 4 total staff for 58 residents on the overnight shift, required 5 CNAs. On 11/17/21, had 7 CNAs for 58 residents on the day shift, required 8 CNAs. On 11/18/21, had 4 CNAs for 59 residents on the day shift, required 8 CNAs.</p> <p>A review of the facility policy titled Healthcare Staffing Guidelines (RS-73) dated February 1, 2021, listed the aforementioned N.J.S.A new minimum staffing requirement for nursing homes.</p>	S 560		
S1790	<p>8:39-27.2(i) Mandatory Quality of Care</p> <p>(i) Each resident shall receive at least one bath (tub or shower) per week unless contraindicated.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ147216</p>	S1790	Preparation and/or execution of this plan of corrections does not constitute	1/5/22

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030801</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
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S1790	<p>Continued From page 3</p> <p>Based on interviews and review of other pertinent facility documents on 11/22/2021 and 11/23/2021, it was determined that the facility failed to provide [REDACTED] for 1 of 3 sampled residents (Resident #2). The facility also failed to follow its [REDACTED] " policy. The deficient practice was evidenced by the following:</p> <p>Review of the Electronic Medical Record (EMR) were as follows:</p> <p>According to the "Face Sheet," Resident #2 was admitted on [REDACTED] with Diagnoses which included but were not limited to [REDACTED]</p> <p>[REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated 5/19/2021, Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED]/15, indicating Resident #2 had [REDACTED]. The MDS also showed the resident required extensive assistance with [REDACTED]</p> <p>Review of the "Care Plan Report" for Resident #2 dated 8/1/2021 through 8/31/2021 revealed Resident #2 needed [REDACTED]</p> <p>Review of "MDS ADL Coding Tip Sheet," undated, revealed the following: [REDACTED]</p> <p>[REDACTED]</p>	S1790	<p>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 provisions of state and federal law.</p> <ol style="list-style-type: none"> <li>1. Resident #2 is no longer in the community.</li> <li>2. All residents have the potential to be affected by this cited practice. All residents bath schedules will be reviewed and adjusted as needed to meet resident's preference.</li> <li>3. Current license staff and nurse aides will be provided in-service education by the resident service staff educator on the importance of documenting care provided and following the resident's preferred bath schedule. Baths will be reviewed daily in the morning stand-up by the IDT team for bath completion. The evening shift charge nurse will also review bath schedules in the evening shift huddle to ensure compliance with bath schedule and documentation for that shift. Baths will also be reviewed in the IDT care conference meetings to ensure resident satisfaction. Immediate corrective disciplinary action will be provided to staff that fail to follow the plan of care and documentation. Any missed bath due to unforeseen circumstances, the resident will be provided an alternate bath day of their choice. Bath refusal will be documented as such, and resident's representative will be made aware of any</li> </ol>	
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New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>030801</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/23/2021</b>
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S1790	<p>Continued From page 4</p> <p>revealed " ... Code for most support provided for all shifts; Code regardless of resident's self-performance classification. <b>EX Order 26 § 4b1</b></p> <p>[REDACTED]</p> <p>A review of the ADL Verification Worksheet (VW) for Resident #2 dated from May 1, 2021, through August 30, 2021, for baths were as follows:</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of May 2 through May 8, 2021.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of May 9 through May 15, 2021.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of May 16 through May 22.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of May 23 through May 29.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of June 6 through June 12.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of June 13 through June 19.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of June 27 through July 3.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of July 11 through July 17.</p> <p>There was no documented evidence that a <b>EX Order</b> was provided to the resident the week of July 18 through July 24.</p> <p>There was no documented evidence that a <b>EX Order</b></p>	S1790	<p>persistent refusals and refusals will be care planned. Ongoing education on the community <b>EX Order 26 § 4b1</b> protocol will be provided by the staff educator to all new hires and agency staff to ensure compliance with documentation.</p> <p>4. Random audits for <b>EX Order 2</b> completion will be conducted 3 times weekly by the household coordinator for 90 days, on the day and evening shifts to ensure nursing assistants are following residents <input type="checkbox"/> individualized care plan for <b>EX Order 24</b>. The social worker will randomly interview 10% of the resident population weekly x 4 weeks then monthly x 2 months, then quarterly to ensure resident satisfaction with their plan of care regarding <b>EX Order 24</b>. Findings will be reviewed with the NHA in the monthly and quarterly QAPI meeting with immediate corrective action as warranted.</p>	



New Jersey Department of Health

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S1790	<p>Continued From page 5</p> <p>was provided to the resident the week of July 25 through July 31.</p> <p>There was no documented evidence that a [REDACTED] was provided to the resident the week of August 1 through August 7.</p> <p>There was no documented evidence that a [REDACTED] was provided to the resident the week of August 8 through August 14.</p> <p>There was no documented evidence that a [REDACTED] was provided to the resident the week of August 15 through August 21.</p> <p>There was no documented evidence that a [REDACTED] was provided to the resident the week of August 22 through August 28.</p> <p>During an interview on 11/23/2021 at 9:43 a.m. with the Registered Nurse (RN), she stated that residents received [REDACTED] twice a week, once in the morning and once in the evening, and they are supposed to get their [REDACTED].</p> <p>During an interview on 11//23/2021 at 12:08 p.m. with the Corporate Director of Clinical Services (CDCS), when the surveyor asked her about the codes and if the resident received a [REDACTED] she stated the facility gave the surveyor all they could find on the ADL sheets for Resident #2. At 12:19 p.m., she further stated that it was not the resident's [REDACTED] day if the box was blank.</p> <p>During an interview with the Certified Nursing Assistant (CNA) on 11/23/2021 at 1:06 p.m., she stated [REDACTED] were twice a week. When the surveyor asked about the code #8, she stated that she answered questions on a laptop device; if the resident did not get a [REDACTED], she answered no. At 1:22 p.m., the CNA stated that all residents' hair were washed during the [REDACTED]. The CNA demonstrated to the surveyor by pressing activity did not occur on the iPad, which was #8.</p>	S1790		

New Jersey Department of Health

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S1790	<p>Continued From page 6</p> <p>The surveyor reviewed the corresponding Code that appears as "8," meaning "Activity did not occur."</p> <p>During a second interview on 11/23/2021 at 1:42 p.m. with the CDCS, when the surveyor asked why the ADL printout sheet would appear for the resident not getting a <b>Code 8</b>, she stated, "there is no reason." She stated, "ask the staff; they work with them, I don't!" She further said she gave the surveyor the coding sheet, and the Code of "8" was the day the bath should occur.</p> <p>At the time of the survey, there was no documentation to confirm Resident #2's scheduled bath days.</p> <p>Review of a facility policy dated 7/15/2021, titled "Activities of Daily Living (RS-65)" revealed the following: Under "Policy" included: "It is the policy of UM Communities to specify the responsibility to create and sustain each resident's quality of life by ensuring direct caregivers, across all shifts, understand the principles of quality of life and activities of daily living." Under "Purpose," included: "To assess the resident's need for assistance with activities of daily living (ADLs) ..." Under "Procedure:" included: "The community will ensure a resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living. The community will provide care and services for the following activities of daily living: Hygiene-bathing, ...The direct care giver is responsible for documentation of the ADLs each shift, whether through paper or electronic documentation ...The responsibility of the CNA or the person completing the ADL assessment is to capture the total picture of the resident's ADL self-performance over a 7-day period, 24 hours a</p>	S1790		
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New Jersey Department of Health

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S1790	Continued From page 7  day (the assessment should determine how the evaluating clinician sees the resident, and how the resident performs on other shifts as well)."	S1790		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315427	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 1/6/2022	Y3
NAME OF FACILITY UNITED METHODIST COMMUNITIES AT PITMAN			STREET ADDRESS, CITY, STATE, ZIP CODE 535 N OAK AVE PITMAN, NJ 08071		

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 F0745	Correction	ID Prefix F0790	Correction	ID Prefix	Correction
Reg. # 483.40(d)	Completed	Reg. # 483.55(a)(1)-(5)	Completed	Reg. #	Completed
LSC	01/05/2022	LSC	01/05/2022	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 11/23/2021

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES  NO

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 030801	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/6/2022
NAME OF FACILITY UNITED METHODIST COMMUNITIES AT PITMAN		STREET ADDRESS, CITY, STATE, ZIP CODE 535 N OAK AVE PITMAN, NJ 08071

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 S0560	Correction	ID Prefix S1790	Correction	ID Prefix _____	Correction
Reg. # 8:39-5.1(a)	Completed	Reg. # 8:39-27.2(i)	Completed	Reg. # _____	Completed
LSC _____	01/05/2022	LSC _____	01/05/2022	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 11/23/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float:right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO                 </span>		