

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

PRINTED: 02/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2019
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NAME OF PROVIDER OR SUPPLIER PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	STREET ADDRESS, CITY, STATE, ZIP CODE 1433 RINGWOOD AVE HASKELL, NJ 07420
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(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
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F 000	INITIAL COMMENTS C#: NJ: 127555, 131092 Census: 120 Sample Size: 4	F 000		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance	F 842		1/24/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 01/03/2020
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 842	<p>Continued From page 1 with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by: C#: NJ: 127555</p> <p>Based on interviews and record review, as well as</p>	F 842	<p>On 12/16/2019, Resident # 2 [REDACTED] was reviewed and noted documentation was missing. Staff involved were in serviced</p>		

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F 842	<p>Continued From page 2</p> <p>review of pertinent facility documents on 12/16/19, it was determined that the facility failed to accurately document in Resident's medical record in accordance with acceptable standards and practices for 1 of 3 residents (Resident #2). This deficient practice is evidenced by the following:</p> <p>1. According to the "Admission Record (AR)", Resident #2 was initially admitted to the facility on [REDACTED], with diagnosis that included but was not limited to: [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool, dated [REDACTED], Resident #2 was [REDACTED]</p> <p>The Care Plan initiated on 7/4/18 and reviewed on 6/26/19 showed that Resident #2 displayed verbal and physical aggression during but was not limited to the following: unpredictable situations. Intervention included but was not limited to: make note and document summary of each episode.</p> <p>The CP initiated on 8/1/19 showed the following: On 8/16/19, Resident #2 punched another resident. Intervention included but was not limited to: observe for any signs of emotional disturbance. On 9/17/19, Resident #2 touched other resident's head. Intervention included but was not limited to: redirect when there was an indication of touching other residents. On 12/08/19, Resident #2 grabbed another resident's shirt and attempted to hit him/her. Interventions included but was not limited to: redirect resident before aggressive behavior manifests.</p>	F 842	<p>on completing [REDACTED] for resident # 2 for all 3 shifts. In-service was initiated on 12/16/2019 by Director of Nursing on missing documentation to all nursing staff on [REDACTED] and is still ongoing. No negative outcome was identified by the deficient practice.</p> <p>Residents that require psychotropic medications have the potential to be affected. On 12/17/2019 an audit was initiated by all unit manager/designee to review all residents having the potential to be affected by the deficient practice. Residents receiving psychotropic medications have their [REDACTED] reviewed to ensure documentation is completed. No negative outcome.</p> <p>The unit managers will audit the [REDACTED] weekly to ensure that it is filled out every shift and not left blank to determine the underlying cause and/or improve behavior. The BMFS audit report will be submitted to DON/ designee weekly. Re In-service was initiated by DON and on going. Active nurses will have the in service completed by date of compliance, PRN nurses will have the In-service completed on first scheduled shift.</p> <p>Director of Nursing/designee will review the weekly audits on documentation on [REDACTED] for the first 3 months then quarterly thereafter. Any negative findings will have immediate corrective actions taken by the unit managers and reported to the Administrator. All findings of the audits will be presented during the QA meetings by</p>		

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F 842	<p>Continued From page 3</p> <p>The "Order Summary Report (OSR)" dated 12/19/19 showed that Resident #2 had an order dated 7/23/18 for [REDACTED] tablet by mouth three times a day for [REDACTED] and 5/23/19 an order for [REDACTED] to give by mouth two times a day for [REDACTED]</p> <p>The [REDACTED] dated 12/2019 showed that Resident #2 should be monitored for agitation, slapping/hitting others, and for being verbally and physically aggressive. On 12/1/19, 12/2/19, 12/3/19, 12/4/19, 12/5/19, 12/6/19, 12/7/19, and 12/13/19 during day shift, on 12/2/19, 12/3/19, 12/4/19, 12/5/19, 12/11/19, 12/13/19, and 12/14/19, during evening shift, and on 12/15/19 during night shift, it was not documented that Resident #2 was monitored his/her behavior.</p> <p>The Progress Notes from 12/1/2019 to 12/15/19 the aforementioned dates above showed there was no documentation to indicate that the Resident was monitored for behavior.</p> <p>The Surveyor conducted an interview with Unit Manager (UM) on 12/16/19 at 1:59 pm. The UM stated that the [REDACTED] was used to monitor behavior everyday and every shift for resident who was on antipsychotic medications.</p> <p>The surveyor conducted a telephone interview with the Director of Nursing on 12/20/19 at 11:15 am. The DON stated that the residents' behaviors should be documented on the [REDACTED] form every shift. If the Resident had no behavior the staff should document zero (0) and not leave the form blank. She added that if the form was left blank it</p>	F 842	the Director of Nursing/designee for review and recommendations.		

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F 842	<p>Continued From page 4 meant the staff did not document.</p> <p>The form "In-Service" dated 11/6/19, for "Topic: Nursing Updates- Missing Documentation" showed...-All residents receiving psychoactive medication/s must have a target behavior/s monitoring initiated...Nurse should write...(0) if not observed during the shift..."</p> <p>The facility's policy titled "Nursing Behavior Management:" showed "Policy: The facility is committed to ensuring that residents are free from physical and chemical restraints, as well as, unnecessary hospitalizations. When a resident exhibits a behavioral problem interventions will be implemented in an effort to determine underlying cause and/or improve behavior ...When All the above non pharmacological intervention is not effective and resident continue to have the behavior that disrupt, unsafe & harmful to self and other...Nursing will initiate and document in the behavior monitoring flow sheet during every shift ..."</p> <p>NJAC 8:39-27.1(a)</p>	F 842			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 315229	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/16/2019
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F 584	<p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: C#: NJ: 131092</p> <p>Based on interviews, record review, as well as review of pertinent facility documents on 12/16/19, it was determined that the facility failed to ensure that the residents' physical environment was maintained in a clean and sanitary condition for 4 of 4 shower rooms, reviewed for shower room schedule cleaning. This deficient practice is evidenced by the following:</p> <p>The form "Wheelchair Schedule (WS)" dated 11/2019 showed that residents' shower rooms (from the first floor to the fourth floor units) in the facility were scheduled to be cleaned on 11/6/19, 11/13/19, 11/20/19, and 11/27/19.</p> <p>The form "Environmental Services Night Porter Tasks (ESNPT)" for 11/2019 showed that the form was completed and signed by the housekeeping staff on 11/1/19, 11/15/19, 11/18/19, 11/22/19, and 11/29/19. There was no documentation to indicate that the residents' shower rooms were cleaned on the aforementioned</p>
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The above isolated deficiencies pose no actual harm to the residents

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F 584	<p>Continued From Page 1</p> <p>dates. There was no documentation completed in 11/2019, to indicate that the residents' shower rooms were cleaned and to ensure that it was clean.</p> <p>The surveyor conducted an interview with the Housekeeping Director (HD) on 12/16/19 at 12:21 pm. The HD revealed that all residents' shower rooms in the facility were cleaned every Wednesday as reflected on the aforementioned WS form. He further revealed that residents' shower rooms cleaning was documented on ESNPT form by the housekeeping staff. He stated the housekeeping staff would document on the ESNPT form on the same day the task (including cleaning of shower rooms) was done. The HD stated that he ensures that his staff completed the task by checking the shower rooms and the completion of the ESNPT form on the same day that the shower rooms were clean as scheduled. However, the HD stated that if the ESNPT was not completed that same day the housekeeping staff could complete the form the following day.</p> <p>The surveyor conducted a follow up interview with HD on 12/16/19 at 2:50 pm. The HD stated that he did not have documentation showing that shower rooms were cleaned for the month of 11/2019 because of short staffing. He further stated that he did not check to ensure that the residents' shower rooms were clean on the aforementioned dates. However, he knew that the housekeeping staff would clean the shower rooms as scheduled.</p> <p>The surveyor attempted to conduct a telephone interview with Housekeeping staff on 12/20/19. However, they were not available.</p> <p>The undated Job Description titled, "Environmental Service (EVS) Account Manager..." showed "...Section 2: Position Summary. Manages and supervises the environmental services staff at a single site...and to ensure that quality standards,...and customer service expectations are met...Section 2A: Essential Functions of the Job...Communicates between various shifts to ensure completion of tasks...Maintains required records including but not limited to: inventory, compliance, income/expense, and personal records ... Ensures that established sanitation and safety standards are maintained ..."</p> <p>NJAC 8:39-31.4(a)</p>
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