

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

PRINTED: 07/25/2022
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 06/06/2022
NAME OF PROVIDER OR SUPPLIER STERLING MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 794 N FORKLANDING ROAD MAPLE SHADE, NJ 08052		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS COMPLAINT: # NJ154030 Census: 94 Sample : 4 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 837 SS=D	Governing Body CFR(s): 483.70(d)(1)(2) §483.70(d) Governing body. §483.70(d)(1) The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and §483.70(d)(2) The governing body appoints the administrator who is- (i) Licensed by the State, where licensing is required; (ii) Responsible for management of the facility; and (iii) Reports to and is accountable to the governing body. This REQUIREMENT is not met as evidenced by: COMPLAINT: # NJ154030 Based on interviews, record review and review of	F 837	1. Resident [REDACTED] Medication Administration Record was updated to reflect the updated order of [REDACTED] mg three times daily. Resident [REDACTED] Treatment	6/8/22	

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

TITLE

(X6) DATE

Electronically Signed

06/17/2022

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 837	<p>Continued From page 1</p> <p>other pertinent facility documents on 6/3/2022 and 6/6/2022 it was determined that the facility failed to follow their policy on "Monthly Medication Reconciliation..." for 1 of 4 residents (Resident [REDACTED] reviewed for Medication Administration Record (MAR) and Treatment Administration Record (TAR). This deficient practice is evidenced by the following:</p> <p>According to the admission record titled "Face Sheet" Resident [REDACTED] was admitted on [REDACTED] with diagnoses that included but not limited to [REDACTED]).</p> <p>A review of the Physician Order Sheet (POS) signed by the Advanced Practice Nurse (APN) includes the following orders: On [REDACTED]: 1) Start [REDACTED] milligrams (mg) PO (by mouth) TID (three times a day) (give with [REDACTED] mg TID for total of [REDACTED] mg for [REDACTED]; 2) Apply [REDACTED] to [REDACTED] daily, remove at bedtime for [REDACTED]</p> <p>The MAR and TAR for the month of [REDACTED] showed the aforementioned orders. However: the MAR for [REDACTED] shows [REDACTED] Tablet [REDACTED] mg, 1 tablet orally three times daily for [REDACTED]. The entry for the additional [REDACTED] mg was not found. The TAR for [REDACTED] does not show any entry for [REDACTED] to [REDACTED] daily.</p> <p>During the interview with the Nurse Practitioner (NP) on 6/3/2022 at 1:00 pm, she stated that she does not recall changing the dosage of [REDACTED] from [REDACTED] mg to [REDACTED] mg.</p>	F 837	<p>Administration Record was updated to reflect the application of [REDACTED] to the [REDACTED] daily.</p> <p>2. All residents have the potential to be affected by the deficient practice of not ensuring that medication orders are properly transcribed to the resident's Medication Administration Record and Treatment Administration Record.</p> <p>3. The Director of Nurses will in-service all nurses regarding the Medication Reconciliation Policy and Procedure to ensure that all orders are correctly reconciled to the resident's administration record.</p> <p>4. The Director of Nurses or designee will monitor five resident charts weekly for one month to ensure that all updated orders have been accurately transcribed to the resident's record. All findings will be reported at the Quality Assurance meeting.</p>		

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F 837	<p>Continued From page 2</p> <p>During an interview with Unit Manager (UM #1) on 6/3/2022 at 1:28 pm, she stated that all the nurses are responsible for entering the medication/treatment information from the POS into the MARs and TARs correctly that will be used for the next month (recap). The UM and the Assistant Director of Nursing (ADON) are responsible to ensure that the MARs and TARs for the upcoming months are reconciled accurately. The UM further stated that the additional [REDACTED] mg of [REDACTED] was overlooked.</p> <p>The job description titled "Unit Manager (Nursing)" states in "Position Summary: Assist with planning, organization, development, coordination and direction of the Nursing Department in its Programs and activities in accordance with current federal, State and Local guidelines and regulations, accepted standards of practice and as may be directed by Administration and/or Director of Nursing." The document further states under "Essential functions of the job: Ensures any orders written by the physician have been noted, picked up and transcribed correctly and reviewed."</p> <p>A review of the facility policy titled "Monthly Medication Reconciliation (Recap) Policy and Procedure" states under "Policy: It is the policy of this facility that medications, treatments, diet changes, diagnosis, therapies, labs, personal data, etc. will be reconciled on a monthly basis as orders are obtained." The policy also states under "Procedure: Recap shift, Using the chart and the current POS, MAR and TAR verify the orders on the POS and make corrections to POS, MAR and TAR." The policy further states under "Nursing All Shifts: When a new order is obtained, the nurse</p>	F 837			

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F 837	Continued From page 3 receiving the order will update changes on the MAR/TAR currently in use and note changes on the MAR/TAR for the upcoming month. Updates will also be added to the new order(s) to the resident's POS that will be used for the next month.	F 837			
F 842 SS=D	NJAC 8:39-27.1(b) 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;	F 842		6/8/22	

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F 842	<p>Continued From page 4</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance 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: COMPLAINT: # NJ154030</p>	F 842	1. The [REDACTED] treatment record		

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F 842	<p>Continued From page 5</p> <p>Based on interviews, record review and review of other pertinent facility documents on 6/3/2022 and 6/6/2022 it was determined that the facility failed to ensure the completeness of closed medical records for 1 of 4 residents (Resident [REDACTED]) reviewed for medical records. This deficient practice is evidenced by the following:</p> <p>According to the admission record titled "Face Sheet" Resident [REDACTED] was admitted on [REDACTED] with diagnoses that included but was not limited to [REDACTED].</p> <p>The Physician's Order Form (POS) dated [REDACTED] and with a review date of [REDACTED] includes the following treatment orders: [REDACTED] (cream, [REDACTED]) [REDACTED], Apply every shift as needed; Weekly skin assessments on Tuesdays on (3-11) shift; Vital signs weekly on Mondays on (7-3) shift.</p> <p>Furthermore, the POS dated [REDACTED] includes: cleanse [REDACTED] solution, apply [REDACTED] dressing gel and cover with border gauze QD (once per day), Diagnosis: [REDACTED]</p> <p>A request to the facility to review the Treatment Administration Record (MAR) for the month of [REDACTED] revealed that it was not found.</p> <p>During an interview with the Regional Nurse on 6/6/22 from 1:30 pm, she stated that the Treatment Administration Record for the month of [REDACTED] cannot be located.</p>	F 842	<p>for resident [REDACTED] was located.</p> <p>2. All residents have the potential to be affected by the deficient practice of failing to ensure the completeness of closed medical records.</p> <p>3. The Administrator will in-service the Medical Records Clerk and nursing staff regarding the Charting, Documentation, and Maintenance of Resident Charts Policy and Procedure with emphasis importance of maintaining all residents complete medical record.</p> <p>4. The Administrator or designee will monitor 5 closed resident records weekly for one month for documentation completion. All findings will be reported at the Quality assurance meeting.</p>		

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F 842	Continued From page 6 A review of the facility policy titled "Charting, Documentation, Maintenance of Resident Charts" shows under section "Policy: All Services provided to the resident...shall be documented in the resident's medical record." The facility policy further shows under section "Procedure...8. Discharged charts will be maintained in a secured location..." NJAC 8:39-35.2(k)	F 842		