

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

PRINTED: 10/14/2022  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                         |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>315346</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>08/13/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>N J VETERANS MEM HOME PARAMUS</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1 VETERANS DRIVE</b><br><b>PARAMUS, NJ 07652</b>                    |   |
| (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<br><br>Complaint #: NJ00141637<br>Census: 189<br>Sample Size: 4<br><br>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 survey.   | F 000   |   |   |
| F 580<br>SS=D  | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).<br>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.<br>(iii) The facility must also promptly notify the | F 580   |   | 9/3/21  |

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

TITLE

(X6) DATE

Electronically Signed

09/01/2021

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 580  | <p>Continued From page 1</p> <p>resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)<br/>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br/>This REQUIREMENT is not met as evidenced by:<br/>C#: NJ 00141637</p> <p>Based on interviews and record review, as well as review of pertinent facility documents on 8/12/21 and 8/13/21, it was determined that the facility failed to notify the physician and the resident representative (RR) of a change in condition for 1 of 4 residents (Res [REDACTED]). This deficient practice is evidenced by the following:</p> <p>According to the "Resident Face Sheet (RFS)" Res [REDACTED] was originally admitted on [REDACTED] and discharge on [REDACTED], with diagnoses that included but were not limited to: [REDACTED].</p> | F 580   | <p>F580<br/>Corrective Action</p> <p>-Resident [REDACTED] was affected by the deficient practice.</p> <p>-The facility will inform the resident ; consult with the resident's physician; and notify the resident representative(s) when there is-</p> <p>*An accident involving the resident which results in injury and has the potential for requiring physical intervention.</p> <p>*A significant change in the resident's physical, mental, or psychosocial status.</p> <p>*A need to alter treatment significantly or</p> <p>*A decision to transfer or discharge the resident from the facility as specified in</p> |                      |   |

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| F 580  | <p>Continued From page 2</p> <p>The Minimum Data Set (MDS), an assessment tool, dated [REDACTED], showed that Res [REDACTED] cognition was severely impaired and required total assistance with Activities of Daily Living (ADLs).</p> <p>The Plan of Care (POC) initiated on [REDACTED] showed that Res [REDACTED] had the potential for [REDACTED] and at Risk for Difficulty with [REDACTED]. Interventions included [REDACTED] but were not limited to monitor [REDACTED], [REDACTED] diet and monitor for decline notify physician.</p> <p>Res [REDACTED]'s PN showed the following:</p> <p>On 12/1/20 at 9:00 pm, documented by Registered Nurse (RN #1) showed that Res [REDACTED] had [REDACTED] and was observed [REDACTED] in his/her mouth, no distress noted with oxygen saturation of [REDACTED] on room air.</p> <p>On 12/3/20 at 9:00 pm, documented by RN #2 that the Resident was [REDACTED] while being fed, oxygen saturation [REDACTED], will continue to monitor.</p> <p>The PN/medical records did not indicate that the Primary Physician (PP) and the RR for Res [REDACTED] were notified of the aforementioned change in condition.</p> <p>The surveyor conducted a telephone interview with the PP on [REDACTED] at 11:57 am. The PP stated that he was not notified of the Resident's [REDACTED] and he should have been at that time. The PP stated that if he was notified, he would have ordered to keep the patient [REDACTED]</p> | F 580   | <p>483.15(c0(1)(ii).</p> <p>*The information specified will be available upon request to the physician.</p> <p>*The facility will also promptly notify the resident and the resident representative, if any, when there is A change in room or roommate assignment as specified in 483.10(e)(); or</p> <p>A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>*The facility will record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>The facility diagram (layout) will be included with the admission agreement (packet. policies for room changes ( Infection Control) will be included in same.</p> <p>Potential To Affect</p> <p>-This deficiency has the potential to affect all residents, staff and families POAs in the facility.</p> <p>Systemic Change</p> <p>-The nursing staff was in-serviced to ensure that any substantial change in resident condition is documented in the chart.</p> <p>-The physician will be consulted along with the resident representative and documented in the chart per physician's order and family notification confirmation.</p> <p>-Plan of Care will be amended if necessary.</p> <p>-All facility disciplines will be alerted to changes if needed.</p> <p>-The facility layout and policies for room change will be added to the admission packet. This pertains to Infection Control</p> |                      |   |

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| F 580  | <p>Continued From page 3</p> <p>██████████) and to be evaluated by the Speech Therapist for safety due to potential for ██████████.</p> <p>During staff interview Nurse Practitioner , Assistant Director of Nursing , Supervisor, Speech Therapist and Dietitian on 8/13/21 from 9:09 am to 11:55 am, they stated that ██████████ was considered a change in physical condition and the PP/RR should have been notified. They agreed that RN#1 failed to notify the Physician and family member.</p> <p>The facility policy titled "Change in a Resident's Condition or Status" revised 5/2017, showed "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status...d. significant change in the resident's physical...condition; e. need to alter the resident's medical treatment significantly...5...notifications will be made twenty-four (24) of a change occurring in the resident's medical/mental condition or status. 6. Regardless of the resident's medical or physical condition, a nurse or healthcare provider will inform the resident of any changes in his medical care or nursing treatments..."</p> <p>NJAC 8:39-13.1(c)(d)<br/>NJAC 8:39-27.1 (a)</p> | F 580   | <p>for a new admission.</p> <p>– ██████████ ██████████ will be reported to physician and documented in the chart and family notification will be confirmed.</p> <p>-The resident will be informed of any changes in his medical care or nursing treatment regardless of the resident's medical condition.</p> <p>-new orders if received will be documented and Plan of Care will be amended.</p> <p>_Speech Therapy and other disciplines will evaluate for safety due to Aspiration Pneumonia.</p> <p style="text-align: center;">Monitoring</p> <p>The morning huddles may indicate to staff a potential for a resident change in condition.</p> <p>The MDS nurse along with Nursing will review monthly substantial changes in resident care. MDS Assessments must correspond to nursing observations. Any variance will be amended immediately. This will be reported to the QAPI Committee for further action planning as needed.</p> <p>Respectfully Submitted,<br/>Timothy Doyle, LNHA<br/>The NJ Veterans Memorial<br/>Home-Paramus</p> |                      |   |