

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

PRINTED: 03/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/06/2020
NAME OF PROVIDER OR SUPPLIER ATRIUM POST ACUTE CARE OF WAYNEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2020 ROUTE 23 NORTH WAYNE, NJ 07470	
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F 000	INITIAL COMMENTS	F 000		
F 608 SS=D	<p>COMPLAINT # NJ 129631, NJ 131784</p> <p>Reporting of Reasonable Suspicion of a Crime CFR(s): 483.12(b)(5)(i)-(iii)</p> <p>§483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>§483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.</p> <p>(i) Annually notifying covered individuals, as defined at section 1150B(a)(3) of the Act, of that individual's obligation to comply with the following reporting requirements.</p> <p>(A) Each covered individual shall report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility.</p> <p>(B) Each covered individual shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.</p> <p>(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.</p> <p>(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.</p> <p>This REQUIREMENT is not met as evidenced by: NJ# 129631, NJ # 131784</p>	F 608	<p>PLAN OF CORRECTION</p> <p>SURVEY DATE 2/6/2020</p>	3/2/20

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

TITLE

(X6) DATE

Electronically Signed

02/26/2020

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 608	<p>Continued From page 1</p> <p>Based on interviews, review of the Medical Records (MR), and other pertinent facility documentation on 2/3/2020, 2/4/2020, and 2/6/2020, it was determined that the facility nursing staff failed to report to the New Jersey Department of Health (NJDOH) a reportable event for 1 of 7 sampled residents (Resident #7). This deficient practice is further evidenced by the following:</p> <p>1. According to the "Admission Record" Resident #7 was admitted to the facility on [REDACTED], with diagnoses including but not limited to: [REDACTED] ...</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident # 7 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating that Resident #7 had [REDACTED]. The MDS documentation indicated that Resident #7 required staff assistance for Activities of Daily Living (ADLs).</p> <p>Review of Resident #7's Care Plan (CP) dated 9/17/2019, included under "Focus;" Resident has had an actual episode of [REDACTED]. Under "Goal;" Resident will have no further episodes of [REDACTED]. Under "Interventions" included but were not limited to: Resident agreed to personal belongings/room search, Pain Management consult, send resident to hospital for evaluation.</p> <p>Review of Resident #7's Incident Report dated [REDACTED] 18:18 (6:18 p.m.) revealed the following: On [REDACTED], " Client was found in [REDACTED]</p>	F 608	<p>ATRIUM POST ACUTE CARE OF WAYNEVIEW</p> <p>ID PREFIX F608 SS=D</p> <p>1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Any event that poses a suspicion of a crime resulting in serious bodily injury and/or a threat to self or others, will be reported immediately no later than 2 hrs. upon discovery to Local authorities and DOH. Administrator/Director of Nursing and/or designee will report as indicated. Resident #7 no longer resides in the facility.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice. History and Physical of all residents who are admitted to the facility will be reviewed prior to admission to identify any risk of substance abuse. All Residents who reside in the facility with history of substance abuse have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systematic changes made to ensure that the deficient practice would not recur. Administrator/Director of Nursing and/or Designee will identify residents with history of substance abuse will be</p>		

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F 608	<p>Continued From page 2</p> <p>[REDACTED]</p> <p>[REDACTED] 911 called and client transferred to the hospital. Client states [REDACTED]"</p> <p>During an interview on 2/4/2019 at 10:00 a.m., the Director of Nursing (DON), and the Director of Compliance stated that the facility uses a separate Reportable Grid of events to determine what they report to the NJDOH, and that bringing elicit drugs in to a facility is a crime.</p> <p>During a telephone interview on 2/4/2019 at 12:45 p.m., the Administrator stated that the incident was not reported to the NJDOH because no one saw the [REDACTED], and the resident said it was not [REDACTED]. The police came to the facility via 911 and followed the resident to the hospital and did not take [REDACTED] in to custody. The resident returned to the facility 5 hours later. The Administrator further stated that when she looked at the resident the next morning the resident had [REDACTED] that were old. The resident stated that [REDACTED] was not feeling well, it was not because of using drugs in the bathroom, the resident was trying to discard the [REDACTED]. The Administrator also stated there was nothing proven, no clinical indication this was a drug over dose. The police were involved, notified and came on the scene.</p> <p>Review of Resident #7's Hospital "Emergency Documentation" record dated [REDACTED] 19:03 (7:03 p.m.) revealed the following: Under "Chief</p>	F 608	<p>screened and identified prior to admission. Residents who are identified as having history will be checked for possibility of bringing substance abuse related items with them upon admission and monitored closely for any further evidence of possession.</p> <p>In-service will be provided to staff on suspicious activity and reporting immediately following incidents.</p> <p>In- services done 2/19/20-2/25/20.</p> <p>4. How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not occur? What will be in place to monitor effectiveness of systematic changes?</p> <p>Administrator, Director of Nursing and or Designee will be conduct audits of all resident referrals daily to assure proper documentation is available relative to diagnosis and [REDACTED]</p> <p>Audits will be conducted on any patient admitted with such history are checked for possibility of bringing substance abuse related items with them upon admission and monitored closely for any further evidence of possession.</p> <p>These audits will be done weekly x 4 weeks then monthly x 3 months. Audit reports will be reviewed in the QAPI Committee meeting and will be continued or revised as needed to assure compliance per recommendation of the committee</p> <p>Compliance date 3/2/2020</p>	

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F 608	Continued From page 3 Complaint;" as per patient "I have been clean for 1 month, today I used a [REDACTED]. They found me in the bathroom I guess and shook me to wake up." Further review of Resident #7's Hospital "Emergency Documentation" under "History of Present Illness" revealed: [REDACTED] with a past medical history of [REDACTED] coming from (Facility name) Rehabilitation because of [REDACTED] use. Patient was found to be lethargic in [REDACTED] room and suspected abusing [REDACTED] therefore was sent here to the Emergency Department. Patient admits to using [REDACTED] and states [REDACTED] has not used for the past 1 month. Patient did not receive [REDACTED] and is currently awake oriented x3. Patient denies any acute complaints and states that [REDACTED] would like to go home." Review of a facility policy titled "Accidents and Incidents - Investigating and Reporting" under: Policy Interpretation and Implementation 1. Reporting Accidents/Incidents revealed under a. For reporting purposes, an "accident/incident" is defined as the occurrence of injury, illness, fire, explosion, water damage, spill, altercation, etc, or any similar event that results in personal injury or illness to a resident, employee, or visitor or in damage to the building, equipment, or property of this facility.	F 608			
F 658 SS=D	NJAC 8:39 43.5(a)2 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans	F 658		2/27/20	

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F 658	<p>Continued From page 4</p> <p>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: NJ 129631, NJ 131784</p> <p>Reference : New Jersey Statutes, Annotated Title 45 Chapter 11, Nursing Board. The Nurse Practice Act for the state of New Jersey states; "the practice of nursing as a Registered Professional Nurse is defined as diagnosing, and treating human response to actual or potential physical and emotional health problems, through such services as casefinding, health teaching, health counseling, and to restorative of life and well being, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist."</p> <p>Reference : "The practice of nursing as a Licensed Practical Nurse is defined as performing tasks, and responsibilities within the frame work of casefinding, reinforcing the patient and family teaching program through health teaching, health counseling and provision of supportive and restorative care under the direction of a Registered Nurse, or otherwise legally authorized physician or dentist."</p> <p>Based on interviews, review of the Medical Records (MR), and other pertinent facility documentation on 2/3/2020, 2/4/2020, and 2/6/2020, it was determined that the facility</p>	F 658	<p>ATRIUM POST ACUTE CARE AT WAYNEVIEW SURVEY DATE 2-6-2020 Plan of Correction F 658 SS=D</p> <p>1. HOW THE CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE.</p> <p>All residents who are transferred or discharged from the facility will have proper documentation in the medical record with details of the resident's condition or status upon leaving the facility as well as documentation relative to changes in the medical/mental condition or status.</p> <p>Resident # 3 no longer reside in the facility.</p> <p>Administrator/Director of Nursing and or designee will assure this documentation is completed in a timely manner.</p> <p>2. How the Facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents in the facility have the potential to be affected by this practice.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice would not recur.</p> <p>All license professionals will be</p>		

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F 658	<p>Continued From page 5</p> <p>nursing staff failed to document a significant change in condition for 1 of 7 residents (Resident # 3). This deficient practice is further evidenced by the following:</p> <p>1. According to the Progress Note (PN), Resident #3 was admitted to the facility on [REDACTED], with diagnoses including but not limited to: [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] 9, Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED]. The MDS documentation indicated that Resident #3 required staff assistance for Activities of Daily Living (ADLs).</p> <p>Review of a Nursing Progress Note (PN) dated 10/12/2019 at 13:51 (2:51 p.m.), revealed "Resident received in bed alert and verbally responsive with periods of confusion, breathing easy and non labor no acute distress, discomfort or shortness of breath noted, denies pain at this time, resident refused breakfast x 3 and medications.... Dr. in facility update with resident status and refusals, Dr. seen resident stated to monitor resident and call [REDACTED] y if condition getting worse...Resident in bed resting comfortably in no distress, extensive assist with ADLs no complaint voiced call bell within reach will endorse to next shift."</p> <p>Review of a PN dated [REDACTED] at 00:41 (12:41 a.m.), revealed "Received report that resident is out to hospital. Placed call to ER (Emergency</p>	F 658	<p>in-serviced on proper discharge documentation policies and procedures. (In- service education provided to staff on 2/19/20 thru 2/25/2020)</p> <p>All licensed professionals will be educated on reporting proper documentation in the medical record with details of the resident's condition or status upon leaving the facility as well as documentation relative to changes in the medical/mental condition or status. (In- service education provided to staff on 2/19/20 thru 2/25/2020)</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. What will be in place to monitor the systematic change. Administrator/Director of Nursing and/or designee will be responsible for assuring all residents who reside in the facility have adequate documentation with details of resident's status upon discharge from the facility as well as documentation relative to changes in the medical/mental condition or status in the medical record in a timely manner.</p> <p>Director of Nursing /Assistant Director of Nursing and / or designee will conduct audits weekly x4 weeks then monthly x 3 months. Audit reports will be reviewed in the QAPI Committee meeting and will be continued or revised as needed to assure compliance per recommendation of the committee</p> <p>Compliance Date 3/21/2020</p>		

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F 658	<p>Continued From page 6</p> <p>Room) was told that resident is admitted in [REDACTED] with diagnosis of [REDACTED]</p> <p>[REDACTED]</p> <p>There was no documentation in the PN explaining why Resident #3 was transferred to the hospital, or what happened to Resident #3 to be sent to the ER.</p> <p>Review of a Universal Transfer Form (UTF) dated [REDACTED] at 7 p.m., under 8. Reason for transfer revealed: [REDACTED].</p> <p>Review of a Nursing Home to Hospital Transfer Form dated [REDACTED], under reason for transfer revealed: [REDACTED]</p> <p>During an interview on 2/4/2020 at 10:00 a.m., the Director of Nursing stated that changes in a residents condition should be documented in " Incident/Accident reports, Progress notes or skilled notes," and that the nurse caring for Resident #3 "should have put it in the Progress note or skilled noted".</p> <p>Review of a facility policy titled "Change in a Resident's Condition or Status" dated 8/25/2011, revealed the following: Under Policy Interpretation and Implementation 5. "The Nursing Supervisor/Charge Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status."</p>	F 658			

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F 658	Continued From page 7 NJAC 8:39 27.1(a)	F 658			