

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

PRINTED: 07/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/08/2020
NAME OF PROVIDER OR SUPPLIER NEW GROVE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 101 NORTH GROVE STREET EAST ORANGE, NJ 07017		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D 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 C#: NJ 136658 Sample Size: 4 Census: 118	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: . C#: NJ00136658 Based on interviews, and record review, as well as review of pertinent facility documents on 6/8/20, it was determined that the facility failed to document to indicate that wound treatment was administered for 1 of 4 residents (Resident #1) reviewed for wound treatment administration. This deficient practice is evidenced by the following: 1. According to the "ADMISSION RECORD (AR)" form, Resident #1 was admitted to the facility on [REDACTED] with diagnosis that included but was not limited to: [REDACTED]. According to the Minimum Data Set (MDS), an assessment tool, dated [REDACTED], Resident #1 had [REDACTED] and required extensive assistance from staff with Activities of Daily Living (ADL).	F 658	I. CORRECTIVE ACTION: Nurse that was identified as not following the facility policy titled "Documentation of Medication/Treatment Administration" for Resident #1, received 1:1 education. II. IDENTIFY OTHER INSTANCES: All residents have the potential to be affected. III. SYSTEMIC CHANGE: Nurses have been re-educated on facility policy titled "Documentation of Medication/Treatment Administration Policy". Unit Managers or designee will complete daily audits of the MAR/TAR for signatures daily for 7 days, weekly for 4 weeks	7/13/20	

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

TITLE

(X6) DATE

Electronically Signed

06/29/2020

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 658	<p>Continued From page 1</p> <p>The Care Plan (CP) initiated on 2/5/20 and revised on 2/6/20 showed that the Resident had an [REDACTED]. Intervention included but was not limited to: follow the facility protocols for treatment of injury.</p> <p>During the tour on 6/8/20 at 9:39 am, the surveyor observed a [REDACTED] on Resident #1's [REDACTED]. There was a [REDACTED]. Resident #1 stated that the [REDACTED] dressing on the aforementioned site had to be changed everyday. The Resident further stated that some nurses would not change the dressing everyday.</p> <p>The "PHYSICIAN'S ORDER (PO)" form, showed an order dated 5/7/20 for Mupirocin 2% ointment and Xeroform dressing to left lateral malleolus.</p> <p>The "Treatment Administration Record (TAR)" for 5/2020, dated 5/8/20, showed the aforementioned order to be done everyday on 7:00 am - 3:00 pm shift. The TAR further showed that it was not documented to indicate that the [REDACTED] treatment was administered to the Resident on 5/21/20, 5/30/20 and 5/31/20.</p> <p>Resident #1's "Progress Notes (PN)" for 5/2020 showed that there was no documentation to indicate that the [REDACTED] treatment was administered to the Resident on the aforementioned dates and time.</p> <p>The surveyor conducted an interview with the Licensed Practical Nurse (LPN #1, float nurse) on 6/8/20 at 10:20 am. LPN #1 stated that no documentation on the TAR meant that the</p>	F 658	<p>IV. MONITOR CORRECTIVE ACTION:</p> <p>For the next month, Director of Nursing or designee will conduct weekly audits of MAR and TAR to ensure proper procedure. Results will be reviewed quarterly at the quarterly QA meeting.</p>		

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F 658	<p>Continued From page 2</p> <p>treatment was not done. She stated that Resident #1 never refused [REDACTED] treatments.</p> <p>The surveyor conducted an interview with the Assistant Director of Nursing (ADON) on 6/8/20 at 1:16 pm. The ADON revealed that the aforementioned treatment for Resident #1 had to be administered every day. She further revealed that if the TAR was not signed, that would mean the treatment was not administered.</p> <p>The facility's undated "R.N./L.P.N. [Registered Nurse/Licensed Practical Nurse] Job Description" showed "JOB SUMMARY: "Registered Nurse/Licensed Practical Nurse employed to plan, supervise, and to ensure quality care...RESPONSIBILITIES AND DUTIES:...13. Responsible for proper and accurate documentation and maintenance of clinical records..."</p> <p>The facility's policy titled "DOCUMENTATION OF MEDICATION/TREATMENT ADMINISTRATION", reviewed and revised on 7/2019 showed that: "Policy Statement The facility shall maintain a medication administration record to document all medications administered..."</p> <p>NJAC 8:39-11.2(b)</p>	F 658			