

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

PRINTED: 01/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315500	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/08/2019
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - VOORHEES			STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE VOORHEES, NJ 08043		
(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	F 000			
F 658 SS=D	<p>COMPLAINT # NJ 116697, NJ 124211, NJ 126347</p> <p>CENSUS: 109</p> <p>SAMPLE SIZE : 7</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 116697, NJ 124211, NJ 126347</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 provision of care supportive to restorative of life and wellbeing, 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 framework of</p>	F 658	<p>Resident #3 was reassessed with no negative outcome. Resident #3 was discharged to the hospital on [REDACTED] and anticipated to return to the facility.</p> <p>All residents who have treatment orders for [REDACTED] and [REDACTED] have the potential to be affected.</p> <p>Director of Nursing and/or designee will educate Licensed Nurses on the policy and procedure regarding Treatment Administration Record completion of ordered treatments. Education was started on 11/26/2019.</p> <p>The DON and/or Designee will conduct an audit on 11/27/2019 to include residents who receive [REDACTED] and [REDACTED].</p>	12/27/19	

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

TITLE

(X6) DATE

Electronically Signed

11/27/2019

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>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 Record (MR), and other pertinent facility documentation on 11/7/2019 and 11/8/2019, it was determined that the facility staff failed to follow a Physician Order to Monitor [REDACTED] for placement, and consistently document in the Treatment Administration Record (TAR), as well as follow their own policy titled "Licensed Nurse Documentation" for 1 of 7 sampled residents (Resident #3). This deficient practice was evidenced by the following:</p> <p>1. According to the facility "Admission Record Report," Resident #3 was admitted to the facility on [REDACTED] with diagnoses which included but were not limited to: [REDACTED]</p> <p>According to the Minimum Data set (MDS), an assessment tool dated [REDACTED], Resident #3 had a Brief Interview for Mental Status (BIMS) score of [REDACTED].</p> <p>Review of Resident #3's Care Plan (CP) dated 6/4/2019, with revision on 7/29/2019, included under "Focus" "Resistant /noncompliant with treatment/care [REDACTED] going to sleep at hs,[at night]</p>	F 658	<p>These audits will be completed weekly x 4 weeks, then monthly x 2. Results of the audits will be reported to the monthly Quality Assessment and Assurance Committee for the next 3 months for review and action as appropriate. The Quality Assessment and Assurance Committee will determine the need for further and continued action based on findings of the audits.</p>		

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F 658	<p>Continued From page 3</p> <p>During an interview on 11/8/2019 at 12:35 p.m., the Director of Nursing (DON) stated that TARS, and MARS (Medication Administration Records) should be documented on everyday, every order unless it is a PRN. (as necessary when required).</p> <p>Review of a facility policy titled "Documentation" updated 7/2017 revealed under guidelines: "Patient Clinical records include handwritten documentation as well as data entered into an electronic health record (EHR). The policy further outlined under "Licensed Nurse Documentation" : Treatment Administration Record Completion of ordered treatments.</p> <p>NJAC 8:39.27(a)</p>	F 658			