

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

PRINTED: 03/18/2021  
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>315513</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>12/16/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>POWERBACK REHABILITATION, ROUTE 73</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>113 SOUTH ROUTE 73</b><br><b>VOORHEES, NJ 08043</b> |
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| F 000         | INITIAL COMMENTS<br><br>COMPLAINT # NJ133886, #NJ141484, #NJ141490<br><br>CENSUS: 68<br><br>SAMPLE SIZE: 5<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 VISIT.   | 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) | F 580 |  | 1/7/21 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><br>Electronically Signed | TITLE | (X6) DATE<br><b>12/30/2020</b> |
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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>is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the 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/>Based on interview, review of Medical Records (MRs) and review of other pertinent documentation, it was determined that the facility failed to notify the Physician for not administering a [REDACTED] Treatment ordered for 1 of 5 sampled residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>1. According to the facility Admission Record (AR) and the History &amp; Physical Note dated [REDACTED], Resident #2 was admitted on [REDACTED] and discharged on [REDACTED] with diagnoses which included [REDACTED]</p> | F 580   | <p>1. Resident#2 is no longer at the Center.</p> <p>2. All resident with physician order for [REDACTED] treatment have the potential to be affected by this alleged deficient practice.</p> <p>3. The Clinical Director and or designee will reinservice the nurses on updating the physician on administration of [REDACTED] treatment as ordered and also of any significant changes.</p> <p>4. The Clinical Director and or designee will audit patient with physician order for [REDACTED] treatment for 3xper weeks for 2 weeks then weekly x 4 weeks for continued compliance. The results of the</p> |                      |   |

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| F 580   | <p>Continued From page 2</p> <p>[REDACTED]</p> <p>Record Review of Order Summary Report, Order Date Range, 11/30/2020-12/01/2020, revealed Resident #2 had a [REDACTED] order date and start date of [REDACTED] and [REDACTED] order date and start date of [REDACTED]</p> <p>On 12/7/2020 at 12 p.m., the surveyor interviewed the 11-7 shift Licensed Practical Nurse (LPN) who stated on [REDACTED], she saw the Physician Order for the [REDACTED] for Resident #2, but she did not see the [REDACTED] machine, so she told the Charge Nurse. The LPN informed the surveyor she was not aware to call the Physician.</p> <p>On 12/16/2020 at 12:15 p.m., the surveyor interviewed the Director of Nursing (DON), who stated "If the nurse can't find it [REDACTED] the On-Call Physician should be called."</p> <p>Record Review of Nursing Documentation Note for [REDACTED] revealed no note for Physician notification that the [REDACTED] was not administered as ordered. [REDACTED] was in place.</p> <p>On 12/17/2020 at 4:17 p.m., in a phone interview with the On-Call Physician, [REDACTED], [REDACTED] informed the surveyor that there was no record of the facility notifying the Physician about Resident #2 on [REDACTED] or overnight into the morning of [REDACTED]</p> <p>Surveyor reviewed the facility policy, dated</p> | F 580   | <p>audits will be shared with the QAPI committee for review and further recommendations.</p>                    |   |



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| F 695   | <p>Continued From page 4</p> <p>██████ Treatment Administration for 1 of 5 sampled residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>1. According to the facility Admission Record (AR) and the History &amp; Physical Note dated ██████ Resident #2 was admitted on ██████ and discharged on ██████ with diagnoses which included ██████</p> <p>Record Review of Order Summary Report, Order Date Range, 11/30/2020-12/01/2020, revealed Resident #2 had a ██████ order date and start date of ██████</p> <p>On 12/7/2020 at 10:05 a.m., the surveyor interviewed the Director of Nursing (DON), who stated the ██████ machine is set up by the hospital with pre-set settings through the Admissions Department. The nurse on the (medication) cart gets report to make sure the resident gets the ██████</p> <p>Surveyor interviewed the Staff Respiratory Therapist on 12/7/2020 at 10:40 a.m., she stated that Resident #2 had a ██████ ordered, but she was not aware if the resident got the ██████ on ██████</p> <p>On 12/7/2020 at 12 p.m., the surveyor interviewed the 11-7 shift Licensed Practical Nurse (LPN#1) who stated she saw the Physician Order for the ██████ for Resident #2, but she did not see the ██████ machine, so she told the Charge Nurse. The LPN #1 noted the Treatment</p> | F 695   | 4. The Clinical Director and or designee will audit patient with physician order for ██████ treatment 3xper week for 2weeks then weekly x 4 weeks for continued compliance. The results will be shared with the QAPI committee for review and further recommendations. |                      |   |

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| F 695   | <p>Continued From page 5</p> <p>Admsintration Record (TAR) as not available. She was not aware of writing a note.</p> <p>On 12/7/2020 at 2:20 p.m., the surveyor interviewed LPN #2 on the phone, who stated she was the Desk Nurse, LPN Charge Nurse on [REDACTED] and she " ...does not recall a nurse telling her resident (Resident #2) didn't get [REDACTED]</p> <p>On 12/16/2020 at 9:30 a.m., the surveyor interviewed the Admissions Director who stated a [REDACTED] was ordered for Resident #2 from [REDACTED] (Provider of respiratory-therapy products) on [REDACTED]</p> <p>Record Review of "Genesis Healthcare [REDACTED] Request Form", revealed Order for a [REDACTED] was submitted by the Admissions Director with a requested delivery date of [REDACTED].</p> <p>Record Review of [REDACTED] Form, with a date/time: [REDACTED] 3:20:47 PM ET, revealed [REDACTED] delivered for Resident #2 and signed for by the Recreation Program Manager.</p> <p>On 12/16/20 at 10:30 a.m., the surveyor interviewed the Recreation Program Manager, who confirmed her signature on the [REDACTED] Delivery Form for Resident #2 on [REDACTED]</p> <p>On 12/16/2020 at 11:20 a.m., the surveyor interviewed the Central Supply Person, who stated she remembers picking up the [REDACTED] machine for Resident #2 at the front desk on [REDACTED], taking it to the floor and giving it to the patient's nurse. She does not remember the name of the nurse or what time of day she delivered it.</p> | F 695   |   |                      |   |

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| F 695   | <p>Continued From page 6</p> <p>Record Review of (TAR) dated [REDACTED] revealed a treatment [REDACTED] ...apply at HS (bedtime) and remove in AM ..." on [REDACTED] with the code of "NN". The Chart Code/Follow-up Code of NN means "NN=No/See Nurse Notes".</p> <p>Record Review of Nursing Documentation Note for [REDACTED] revealed no notation for the [REDACTED] being administered at HS (bedtime). [REDACTED] was in place.</p> <p>On 12/16/2020 at 12:15p.m., the surveyor interviewed the DON, she stated "if nurse can't find it [REDACTED] ...it should be documented in a nurse's note what was done." " ...she doesn't know what happened to the [REDACTED] for Resident #2.</p> <p>Surveyor reviewed the facility policy, dated Revision Date: 11/01/19, titled "[REDACTED] Treatments", "Policy" "A licensed nurse ...per state regulations, will perform ordered treatments. Accepted standards of practice will be followed." "Purpose" "To provide a safe and effective administration of treatments." ..."Practice Standards" " ...4. Perform treatment ..."</p> <p>Surveyor reviewed facility policy, dated Revision Date: 7/1/19, titled "OPS402 Clinical Record: Charting and Documentation", "Policy" "Only authorized personnel or individuals may provide documentation in the clinical records that will include the medical plan of treatment, assessments, interventions, responses to care and treatment by multiple health care providers ...that may impact the patient's physical or</p> | F 695   |   |                      |   |

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| F 695   | Continued From page 7<br>emotional well being and the plans for the patient as discharge." "Purpose" "To provide a complete account of the patient's total stay from admission through discharge, provide information about the patient that will be used in developing a plan of care, and as a tool for measuring the quality of care provided to the patient." "Process" " ...2. Chart ...reaction to treatment, ...7. Document treatments, ...as required ...10. All entries must reflect the date and be signed with the title of the person recording the data."<br><br>N.J.A.C.: 8.39-27.1(a) | F 695   |   |                      |   |