

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

PRINTED: 03/15/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2021
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NAME OF PROVIDER OR SUPPLIER PREFERRED CARE AT HAMILTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690
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(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
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F 000	INITIAL COMMENTS Complaint #: NJ146992 and NJ148000 Census: 93 Sample Size: 5 The facility is not in compliance with the requirements of 42 CFR Part 483, Subpart B, for Long Term Care Facilities based on this complaint survey.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the	F 609		10/26/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 10/15/2021
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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 609	<p>Continued From page 1</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Complaint Intake: NJ146992</p> <p>Based on record reviews, interviews, and review of facility policy, it was determined that the facility failed to report an unwitnessed injury for one of three residents (Resident #1) reviewed for an injury of unknown origin.</p> <p>Findings included:</p> <p>1. The facility originally [redacted] Resident #1 on [redacted] and [redacted] the resident on [redacted] with diagnoses that included [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted]</p> <p>A review of the annual Minimum Data Set (MDS) dated [redacted], revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of [redacted], which indicated the resident's [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The resident was totally dependent on staff for bed mobility, transfer, dressing, toilet use, personal hygiene, and bathing. The resident required extensive assistance for eating.</p> <p>Resident #1 had a discharge MDS assessment for [redacted] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [redacted] to the hospital due to an elevated [redacted].</p>	F 609	<p>This response to findings outlined in the Statement of Deficiencies CMS 2567 is the facility's credible allegation of compliance. Preparation and/or execution of this response does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The response is prepared and/or executed solely because it is required by the provisions of federal and state law. The facility respectfully denies these findings, notwithstanding the following actions have been taken:</p> <ol style="list-style-type: none"> 1. Resident #1 is no longer a resident in the facility. The incident was reportable faxed to the NJDOH as well as the office of the Ombudsman on 10/21/2021. 2. The DON reviewed incidents reports for the past 3 months and did not note any other incidents that involve abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident required being reported to the Department of Health and/or Ombudsman's office. 3. Re-education was initiated on 9/28/21 and ongoing for the staff regarding the facility's policy on Incidents, Accident and Abuse Prohibition and Reporting policy. The same in-service will be given to newly hired employees during orientation, annually, and as deemed 		

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F 609	<p>Continued From page 2</p> <p>A review of the nurse's notes written by Licensed Practical Nurse (LPN) #6 dated 07/16/2021 revealed LPN #6 placed a call to the hospital and an emergency room nurse stated Resident #1 was admitted for [REDACTED].</p> <p>A review of the care plan, updated on 07/11/2021, revealed Resident #1 had actual NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and usage of NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.). Resident #1 had a [REDACTED] to the [REDACTED] on [REDACTED]. A further review of Resident #1's care plan revealed the following interventions were put in place: Identify/document potential causative factors and eliminate/resolve where possible. Padding to siderails. Place Resident #1's personal care items such as cell phone within easy reach. Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface.</p> <p>A review of Resident #1's incident report, dated 07/11/2021, revealed Temporary Nurse Aide (TNA) #1 observed a [REDACTED] with [REDACTED] on the [REDACTED] of Resident #1's [REDACTED]. The TNA immediately informed Licensed Practical Nurse #4 of the [REDACTED]. LPN #4 assessed the resident. The resident denied pain or discomfort. No injuries were observed at the time of the incident. Resident #1 was able to get things from the bedside table located on the left side. Resident #1 used hand motions to show they were reaching for the phone and accidentally hit their [REDACTED]. [Per an interview with the Director of Nursing (DON) on 09/26/2021 at 2:00 PM, the resident was nonverbal but able to use hand motions to indicate what happened or</p>	F 609	<p>necessary by the staff educator and/or staff designee.</p> <p>4. The Administrator, and or designee will conduct an audit of 3 incident reports per week, for 4 weeks then monthly for 3 months to assure compliance with State and federal regulation for reporting alleged violations, involving abuse, neglect, exploitation mistreatment including injuries of unknown origins. Any incident identified as reportable event will be corrected and reported immediately as required.</p> <p>The results of the audit will be reported during the Quality Assurance meeting, who meets quarterly. Will determine the frequency and necessity of future audits.</p>		

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F 609	<p>Continued From page 3</p> <p>express needs.] The phone was found on the floor next to Resident #1's bedside table at the time of the incident. The presentation of the [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1., consistent with hitting the edge of the side rail. The [REDACTED] NJAC 8:43E-2.1 had extended NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. The resident was on [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. and was predisposed to [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4.</p> <p>A review of the nurse's notes written by LPN #4 dated 07/11/2021 revealed TNA #1 called LPN #4 to Resident #1's room where LPN #4 observed a [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. to Resident #1's [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. with [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. There were two small water bottles and a phone on the floor next to the bed and bedside table. When questioned, Resident #1 was unaware of how the [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. LPN #4 observed Resident #1 lying in the center of the bed. Resident #1 was observed attempting to reach with the resident's [REDACTED] NJAC 8:43E-2.1 towards the bedside table on the left side of the bed while being asked questions regarding the [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. No items were on the table at this time.</p> <p>A review of the nurse's notes written by the Director of Nursing (DON), dated 07/12/2021, revealed the Interdisciplinary Care Team discussed that day the [REDACTED] NJAC 8:43E-2.1 was found on Resident #1's [REDACTED] NJAC 8:43E-2.1. Further investigation and interview of staff who were assigned to Resident #1 care was conducted. TNA #1 observed Resident #1 with a [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. in the outer aspect of the resident's [REDACTED] NJAC 8:43E-2.1 with [REDACTED] NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.. TNA #1 and LPN #4 stated that during the start of the shift, they did not observe [REDACTED] NJAC 8:43E-2.1 on Resident #1's [REDACTED] NJAC 8:43E-2.1 while the resident was in bed. Upon further investigation, staff</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>observed that Resident #1's phone was found on the floor next to the bedside table located on Resident #1's [REDACTED] side. Resident #1 may have reached out for the phone and accidentally bumped the side of their [REDACTED] on the edge of the side rail. The presentation of the [REDACTED] was consistent with hitting the edge of the rail. Resident #1 was on multiple [REDACTED] and was predisposed for easy bruising. Based on the investigation, there was no evidence to suspect abuse or neglect.</p> <p>LPN #4 was on vacation and unavailable for interview.</p> <p>During an interview on 09/26/2021 at 2:00 PM, the DON stated that Resident #1 was nonverbal but able to point to the siderail and the cell phone, so an injury of unknown was ruled out.</p> <p>During an interview on 09/27/2021 at 12:57 PM, the Administrator stated that Resident #1 was nonverbal, and Resident #1 pointed to the siderail when asked what happened to the area near their [REDACTED]. The Administrator further indicated the facility ruled out that it was an injury of unknown because Resident #1 was able to point to where they hit their [REDACTED]. The Administrator stated that since this incident was not an injury of unknown, it was not reported to the State Agency.</p> <p>During an interview on 09/27/2021 at 2:03 PM, TNA #1 stated that she noticed Resident #1 had a [REDACTED] the size of a pea near the [REDACTED] on 07/11/2021. TNA #1 further indicated that she was going in Resident #1's room to feed the resident their dinner. TNA #1 indicated that she</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>immediately told LPN #4 about the [REDACTED] TNA #1 said the next day the [REDACTED] had spread around Resident #1's [REDACTED]. She indicated that Resident #1 did not seem to be in pain. She indicated that Resident #1 was nonverbal but able to point at the side rail when the nurse asked what happened to the resident's [REDACTED] TNA #1 further indicated that there were two bottles of water and the telephone on the floor next to the bed on the [REDACTED]. TNA #1 indicated that Resident #1 could have been reaching for the phone and bumped the area near the resident's [REDACTED] on the side rail.</p> <p>A review of the facility's policy titled, "Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property," dated 05/17/2019, revealed, "Definitions of abuse and neglect: g. Injuries of unknown origin: An injury should be classified as an injury of unknown source when both of the following conditions are met: i. The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; ii. The injury is suspicious because of the extent of the injury of the location of the injury (e.g., the injury is located in an area not vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time. G. Reporting and Response: "Abuse" Policy Requirements: It is the policy of this facility that "abuse" allegations (abuse, neglect, exploitation, or mistreatment, including injuries unknown source and misappropriation of resident property) are reported per Federal and State Law. The facility will ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown</p>	F 609			

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F 609	Continued From page 6 source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. In addition, local law enforcement will be notified of any reasonable suspicion of a crime against a resident in the facility." New Jersey Administrative Code § 8:39 - 5.1 (a)	F 609			

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315111	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 10/26/2021	Y3
NAME OF FACILITY PREFERRED CARE AT HAMILTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 STATE HWY 33 HAMILTON SQUARE, NJ 08690		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0609	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	10/26/2021	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/27/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		