

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

PRINTED: 01/08/2021
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 11/10/2020
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - VOORHEES	STREET ADDRESS, CITY, STATE, ZIP CODE 1086 DUMONT CIRCLE VOORHEES, NJ 08043
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F 000	INITIAL COMMENTS COMPLAINT #: NJ:140877, NJ:141195 CENSUS: 81 SAMPLE: 11 THE FACILITY IS NOT IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART483,SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		11/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/23/2020
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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 656	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #: NJ:140877, NJ:1411195</p> <p>Based on staff interviews, Medical Record (MR) review, and review of other pertinent facility documentation on 11/9/2020 and 11/10/2020, it was determined that the facility failed to develop a Transmission Based Precautions (TBP) Care Plan for new admissions with a diagnosis of positive (+) COVID-19, for 6 of 11 sampled residents (Resident #1, Resident #3, Resident #4, Resident #5, Resident #10, and Resident #11). This deficient practice was evidenced by the following:</p> <p>A review of the electronic medical records revealed the following:</p> <p>1. According to the Admission Record, Resident #1 was admitted to the facility on [REDACTED], with diagnoses which included but not limited to: positive (+) COVID-19, [REDACTED]</p>	F 656	<p>1. Resident #1 no longer resides in facility. Resident #3 no longer resides in facility. Resident #4 no longer resides in facility. Resident #5 no longer resides in facility. Resident #10 no longer resides in facility. Resident #11 still resides in facility.</p> <p>2. Residents who currently reside in facility and have tested positive or those who are new admissions with a diagnosis of covid positive will have their care plans reviewed and revised as needed. Resident #11 had been removed from isolation as per protocol so his care plan was not updated but was reviewed.</p> <p>3. Director of Nursing and or/designee will re-educate Licensed Nursing Staff on the importance of developing a Transmission Based Precautions (TBP)</p>		

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F 656	<p>Continued From page 2</p> <p>██████████.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated ██████████ Resident #1 had a Brief Interview for Mental Status (BIMS) score of ██████████ indicating that Resident #1 had ██████████ cognition. The MDS also indicated Resident #1 required assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #1's Care Plan (CP), dated ██████████, revealed no Transmission Based Precaution (TBP) under Focus, Goal, or Interventions, related to Resident #1's diagnosis of COVID-19.</p> <p>2. According to the Admission Record, Resident #3 was admitted to the facility on ██████████, with diagnoses which included but not limited to: (+) COVID-19, ██████████.</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated ██████████, Resident #3 had a Brief Interview for Mental Status (BIMS) score of ██████████, indicating that Resident #3 had ██████████ cognition. The MDS also indicated Resident #3 required assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #3's Care Plan (CP), dated ██████████, revealed no TBP precautions under Focus, Goal, or Interventions, related to Resident #3's diagnosis of (+) COVID-19.</p> <p>3. According to the Admission Record, Resident #4 was admitted to the facility on ██████████, with diagnoses which included but not limited to: (+) COVID-19, ██████████.</p>	F 656	<p>care plan for new admissions with a diagnosis of positive covid-19.</p> <p>4. Director of Nursing and/or designee will conduct an audit of all new admissions who have a diagnosis of covid-19 for validation of Transmission Based Precautions (TBP) care plans. These audits will be done weekly x4 and then monthly x2. Results of these audits will be reported monthly x2 to the Quality Assessment and Assurance Committee for review and action will be taken as appropriate.</p>		

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F 656	<p>Continued From page 3</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #4 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], indicating that Resident #4 had [REDACTED] cognition. The MDS also indicated Resident #4 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #4's Care Plan (CP), dated [REDACTED] and on-going, revealed no TBP precautions under Focus, Goal, or Interventions, related to Resident #4's diagnosis of (+) COVID-19.</p> <p>4. According to the Admission Record, Resident #5 was admitted to the facility on [REDACTED], with diagnoses which included but not limited to (+) COVID-19 and [REDACTED]</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #5 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated that the resident had [REDACTED] impairment. The MDS also indicated Resident #5 required assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #5's Care Plan (CP), dated [REDACTED] and on-going, revealed no TBP precautions under Focus, Goal, or Interventions, related to Resident #5's diagnosis of (+) COVID-19.</p> <p>5. According to the Admission Record, Resident #10 was admitted to the facility on [REDACTED], with diagnoses which included but not limited to: (+) COVID-19, [REDACTED]</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED] Resident #10 had a Brief Interview for Mental Status (BIMS) score of [REDACTED] which indicated that Resident #10 had [REDACTED] impairment. The MDS also indicated Resident #10 required assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #10's Care Plan (CP), dated [REDACTED] and on-going, revealed no TBP precautions under Focus, Goal, or Interventions, related to Resident #10's diagnosis of (+) COVID-19.</p> <p>6. According to the Admission Record, Resident #11 was admitted to the facility on [REDACTED], with diagnoses which included but not limited to: (+)COVID-19, [REDACTED].</p> <p>According to the Minimum Data Set (MDS), an assessment tool dated [REDACTED], Resident #11 had a Brief Interview for Mental Status (BIMS) score of [REDACTED], which indicated that the resident had [REDACTED] impairment. The MDS also indicated Resident #11 required extensive assistance with Activities of Daily Living (ADLs).</p> <p>Review of Resident #11's Care Plan (CP), dated [REDACTED] and on-going, revealed no TBP precautions under Focus, Goal, or Interventions, related to Resident #11's diagnosis of (+) COVID-19.</p> <p>During an interview on 11/9/20 at 10:30 a.m., the Licensed Practical Nurse (LPN) stated a care plan contains medications, treatments and behaviors. If a resident is on isolation, it should be on the care plan.</p>	F 656		

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F 656	Continued From page 5 During an interview on 11/9/20 at 11:55 a.m., the Registered Nurse (RN), stated If a resident is positive for COVID, that would be included on the resident's care plan for isolation precautions. During an interview on 11/10/20 at 10:35 a.m., the Director of Nursing (DON) stated residents who were COVID positive should have isolation precautions on the care plan. The nurses should have put isolation precautions in the care plan for COVID positive residents but they did not. Review of the facility "Interdisciplinary Care Planning" policy and procedure, dated 11/2016, updated 03/2018, revealed that "The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient's needs. It also identifies the types and methods of care that the patient should receive." The policy indicated that "The Care Plan should focus on managing patient risk factors, and should include patient specific measurable objectives and time frames."	F 656			
F 882 SS=D	NJAC 8:39-11.2(d); (e)(1-2); (i) Infection Preventionist Qualifications/Role CFR(s): 483.80(b)(1)-(4)(c) §483.80(b) Infection preventionist The facility must designate one or more individual(s) as the infection preventionist(s) (IP) (s) who are responsible for the facility's IPCP. The IP must: §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field; §483.80(b)(2) Be qualified by education, training,	F 882		11/30/20	

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F 882	<p>Continued From page 6 experience or certification;</p> <p>§483.80(b)(3) Work at least part-time at the facility; and</p> <p>§483.80(b)(4) Have completed specialized training in infection prevention and control.</p> <p>§483.80 (c) IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ: 140877, NJ:141195</p> <p>Based on facility staff interviews and review of pertinent facility documentation on 11/9/2020 and 11/10/2020, it was determined that the facility failed to provide a designated qualified Infection Prevention and Control Nurse. This deficient practice is evidenced by the following:</p> <p>During an interview on 11/10/2020 at 12:21 p.m., the Registered Nurse Unit Manager (RNUM), stated that she has been the Infection Prevention and Control Nurse (IPC) since 11/2019, and that she is the only Infection Prevention and Control Nurse at this time in the facility.</p> <p>The RNUM further stated that she is working full time as a Unit Manager and has been able to do both positions because the census has been low. She stated that in November 2019, she had trained with another IPC Nurse on how to do</p>	F 882	<ol style="list-style-type: none"> 1. This could affect all residents. 2. Employee (RNUM) has been the Infection Prevention and Control Nurse since November 2019. She will provide 20 hours per week management of Infection Prevention and Control Practices. She will provide 20 hours per week as a Unit Manager. She is a full time employee She had been previously educated and trained on her position. These hours will be documented and submitted weekly to the Director of Nursing. Facility is actively recruiting for a full time Infection Prevention and Control Nurse. 3. Administrator and/or Director of Nursing will validate/audit that the part time ICP has the required number of hours per week to educate staff, document when reviewing new infections, and antibiotic stewardship. The audits will 		

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F 882	<p>Continued From page 7</p> <p>rounding, mapping tools, and guidelines. She also stated that she had attended two weeks of training in another facility in November/December 2019, with another IPC Nurse, and has been the RNUM and the IPC Nurse simultaneously for about a year now, and participates in QAPI (Quality Assurance and Performance Improvement).</p> <p>During an interview on 11/10/2020 at 12:35 p.m., the Director of Nursing (DON) stated that the RNUM has been the Infection Prevention and Control Nurse since November 2019, as well as the RNUM, and that the facility is presently looking for a full time IPC Nurse at this time.</p> <p>Reference: State of New Jersey Department of Health Executive Directive No 20-026-1 dated October 20, 2020, revealed the following: ii. Required Core Practices for Infection Prevention and Control:</p> <p>Facilities are required to have one or more individuals with training in infection prevention and control employed or contracted on a full time basis or part-time basis to provide on-site management of the Infection Prevention and Control (IPC) program. The requirements of this Directive may be fulfilled by:</p> <p>An individual certified by the Certification Board of Infection Control and Epidemiology or meets the requirements under N.J.A.C. 8:39-20.2; or</p> <p>b. A Physician who has completed an infectious Disease fellowship; or</p> <p>c. A healthcare professional licensed and in good standing by the State of New Jersey, with five (5)</p>	F 882	<p>be done weekly x8 weeks and then monthly x2.</p> <p>4. These audits will be reported monthly x2 to the Quality Assessment and Assurance Committee for review and action will be taken as appropriate.</p>		

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F 882	Continued From page 8 or more years of Infection Control experience. NJAC 8.39-20.2	F 882		