

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

PRINTED: 09/30/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STERLING MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>794 N FORKLANDING ROAD</b> <b>MAPLE SHADE, NJ 08052</b>
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F 000	INITIAL COMMENTS  COMPLAINT #: NJ 00134405, NJ 00134366, NJ 00136484  CENSUS: 81  SAMPLE SIZE: 6  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 VISIT.	F 000		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)  §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section.  §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.	F 623		9/14/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  09/08/2020
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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 623	<p>Continued From page 1</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with</p>	F 623			

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F 623	<p>Continued From page 2</p> <p>developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00136484</p> <p>Based on interview, medical record review and review of other facility documentation, it was determined that the facility failed to notify a resident's emergency contact representative regarding transfer to the hospital.</p>	F 623	<p>F-623</p> <p>1. The nurses involved that did not write a note in the chart on contacting the family on 5/21 and 7/13, were given an in-service on notification and documentation and Universal Transfer</p>		

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F 623	<p>Continued From page 3</p> <p>This deficient practice was identified for Resident #5, 1 of 3 residents reviewed for hospital transfers and was evidenced by the following:</p> <p>According to the face sheet, Resident #5 was admitted to the facility with diagnoses that included [REDACTED].</p> <p>Review of the most recent Minimum Data Set (MDS), an assessment tool, dated [REDACTED]. The MDS included a diagnosis of [REDACTED] and required physical assistance of two staff members for Activities of Daily Living.</p> <p>Review of the Nurse's Notes revealed that Resident #5 was sent to the hospital on [REDACTED]. A copy of the face sheet from that date indicated that the person responsible for the resident's account was "Self." The section listing "Next of Kin to Notify in Case of Emergency" was blank. The Nurse's Note, dated 03/23/2020, included the following information: "After investigation able to locate [REDACTED]...and she was agreeable to be next of kin on face sheet." The resident's current face sheet from the medical record indicated that it was updated on 03/23/2020 and it included the name of the resident's [REDACTED] as the next of kin.</p> <p>Further review of the Nurse's Notes revealed that Resident #5 was again hospitalized from</p>	F 623	<p>Form information completion in its entirety.</p> <p>2. All residents have the potential to be affected when emergency contacts are not notified and documentation on Universal Transfer Forms are not completed in its entirety.</p> <p>3. An in-service was done with the nurses on contacting resident Emergency Contacts and documentation of contacts in the nurses notes when a resident is sent to the hospital. The in-service also included filling out of Universal Transfer Forms.</p> <p>The Director of Nurse and/or the Assistant Director of Nurses will review each chart with the transfer sheet daily x 30 days for proper documentation and completion then 3 x a week (if possible) x 60 days. All findings will be reviewed at the Quality Assurance meeting x 2 quarters.</p>	

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F 623	<p>Continued From page 4</p> <p>05/21/2020 - 05/26/2020. The resident was also sent to the hospital on [REDACTED] and returned to the facility that day. Neither of these nursing progress notes, dated 05/21/2020 or 07/13/2020, included documentation that the resident's emergency contact was notified of the transfer. In addition, the Universal Transfer Forms (UTF) for these hospitalizations did not include any "Contact Person" or telephone number to reach a family representative.</p> <p>On 08/21/2020 at 2:11 PM, the surveyor interviewed the Licensed Practical Nurse (LPN #1) who had written the progress notes on 05/21/2020 and 07/13/2020 as well as the corresponding UTFs. LPN #1 stated that when a resident was sent to the hospital, the nurses should contact the family as soon as possible to let them know so that the hospital unit staff doesn't call and surprise them. When the surveyor inquired about documentation of the notification, LPN #1 replied, "When we write a Nurse's Note, we write that the doctor was notified and which relative was notified." After surveyor inquiry, LPN #1 stated that she thought the resident's [REDACTED] name had just been added to the face sheet and that was the reason [REDACTED] was not contacted.</p> <p>On 08/21/2020 at 3:05 PM, the surveyor interviewed the Director of Nursing (DON) who stated that when a resident was transferred to the hospital, the nurse would have to get an order from the physician and get the resident ready for transport. She stated that after the resident left the building, the staff would "call the family listed on the face sheet." She added that the staff were supposed to try and contact all of the family names listed on the face sheet. If they were</p>	F 623			

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F 623	Continued From page 5 unable to contact a representative, they should put it in the 24 hour report. The next shift should follow-up and let the family know that the resident was hospitalized. The DON added that the nurses at the facility "do everything, but the documentation is very poor. When they send them out you have to write the notes."  The facility staff could not provide any documentation that the resident's representative was notified that Resident #5 was sent to the hospital on [REDACTED]  On 08/21/2020 at 4:07 PM, the Administrator provided the facility's policy regarding "Change in a Resident's Condition or Status." This policy, which was "Reviewed on 5/2020," included the following statement:  "Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.)."	F 623			
F 880 SS=D	NJAC 8:39-13.1 (c) Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control	F 880		9/14/20	

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F 880	<p>Continued From page 6 program.</p> <p>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Complaint #NJ 00134366</p> <p>Based on observation, interview, and review of other facility documentation, it was determined that the facility failed to ensure an [redacted] was stored in an appropriate manner to prevent the spread of infection.</p> <p>This deficient practice was identified for Resident #1, 1 of 1 sampled resident reviewed for [redacted] and was evidenced by the following:</p> <p>During a tour of the [redacted] Unit, on 08/21/2020 at 9:18 AM, the surveyor observed Resident #1 lying in bed. The surveyor observed Resident #1's [redacted] on the side of the bed that faced the door. The [redacted] was not in a [redacted] and was not attached to the</p>	F 880	<p>F-880</p> <ol style="list-style-type: none"> <li>1. Resident #1 the [redacted] was immediately taken off the floor and replaced and put in a [redacted] and hooked to the bed.</li> <li>2. All residents with [redacted] have the potential to be affected when [redacted] are not properly hung and stored in a privacy bag. All residents with [redacted] were checked to ensure that the [redacted] was hung on the bed and placed in a privacy bag.</li> <li>3. The CNAs and nurses were in-serviced on checking [redacted] to ensure proper hanging and privacy technique are followed every shift.</li> </ol>	



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F 880	<p>Continued From page 8</p> <p>bed. The [REDACTED] were lying directly on the floor. When interviewed at that time, Resident #1 stated that the [REDACTED] was not supposed to be on the floor and that it had a hook to attach it to the bed frame. The surveyor observed an intact hook to the resident's [REDACTED].</p> <p>Review of the Quarterly Minimum Data Set (MDS), an assessment tool, dated [REDACTED], revealed Resident #1 was readmitted with diagnoses that included but were not limited to: [REDACTED]. The MDS revealed the resident was identified as [REDACTED] and totally staff dependent for activities of daily living.</p> <p>On 08/21/2020 at 10:17 AM, the surveyor entered Resident #1's room with the Certified Nurse Assistant (CNA #1) and observed the resident's [REDACTED] stored directly on the floor. When interviewed at that time, CNA #1 stated the resident's [REDACTED] should not have been stored directly on the floor. CNA #1 further stated the [REDACTED] should have been hooked to the bed and kept off of the floor.</p> <p>During an interview with the Licensed Practical Nurse (LPN #1) on 08/21/2020 at 10:48 AM, LPN #1 stated that drainage bags were changed biweekly and as needed. LPN #1 further stated that the resident's [REDACTED] was supposed to be inside of a privacy bag and attached to the bed or wheelchair. LPN #1 stated the [REDACTED] should not be stored on the floor for infection control.</p> <p>During an interview with the Director of Nursing</p>	F 880	4. The QA CNA will check all foley catheter bags to ensure that the bags are appropriately attached to the bed and that the bag is placed in a privacy cover daily x30 days then 3x a week x 60 days and weekly ongoing. All findings will be reviewed at the Quality Assurance meeting x 2 quarters.		

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F 880	<p>Continued From page 9</p> <p>(DON) on 08/21/2020 at 3:12 PM, the DON stated that a resident's [REDACTED] should be inside a [REDACTED]. The DON further stated that [REDACTED] should not drag or be stored on the floor for infection control.</p> <p>The surveyor reviewed the facility's [REDACTED] policy with the revision date of 09/2014. The policy reflected, under the Infection Control section, to use standard precautions when handling the drainage system. The policy further reflected to "be sure the [REDACTED] are kept off the floor."</p> <p>NJAC 8:39 - 19.4(a)(5)</p>	F 880			